

Pleasure of
Prescribing
in Homoeopathy



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Pleasure of Prescribing

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PLEASURE OF PRESCRIBING IS DEDICATED
TO “THE PHYSICIAN” WHO FEELS PLEASURE
IN PRESCRIBING AND GETS ENJOYMENT
FROM CASE PERCEIVING

WHAT IS READING QUEVEDO (1580-1645),
THE SPANISH POET AND ARTIST DEFINES IT
IN AN IMMORTAL QUATRAIN AS ‘LISTENING
WITH—EYES TO THE DEAD.’

Introduction

The basic structure and tenets of homoeopathy are still similar and potent. Curiousness is one of the basic characters shared by both higher and lower animals. My curiosity is narcissistic* *I have always tried to know the way by which I can easily perceive myself and my patient on the bedside. My purpose is to merge the patients and their sufferings (up to their minutest details) and form a grand order. Every new case that we face is a mystery in itself, and when we open the magic door to begin the journey from the surface to the depth, from the body to the soul, from the human to the being, we find the result beyond expectation.*

These are the *sophisticated* and unforgettable moments of my life-the assets, which I would like to share with my honorable profession. Now, as the science begins to decode the genetic code, we hope to find that all our secrets may be laid there. I too believe that if our art is perfect we can remove the capsule of prejudice sterilized and make our prescription very simple and meaningful for the suffering humanity.

In fact, we are *more than the* sum and total of our human being. *Scientific studies are only formalized curiosities.* In a nutshell, the real homoeopath is a child at play. *As I found a grown up master prescriber, from whom I have learnt a little of this art, I am still fascinated by the way things are presented together. Now, I hope to show you about the curiosity to learn the art of prescribing and curiousness.* Our species consider it a great honour in giving things a name, and so I have indulged myself and given the title to my experience. Homoeopathy cannot be perceived without (the serious devotion and honest effort) the workings of the past and present stalwarts. There is much, which is sensational, in descriptions of the art of prescribing. This sensationalism reflects in the pages of my writings. *Here I*

have tried to explain many difficulties and I have failed partially to overcome.

It is indeed a pleasure to present to the profession-The Prescibing, as I have found pleasurable from my point of view.

* Narcissism describes the trait of excessive self-love, based on self-image or ego. The term is derived from the Greek mythology of Narcissus. Narcissus was a handsome Greek youth who rejected the desperate advances of the nymph Echo. As punishment, he was doomed to fall in love with his own reflection in a pool of water. Unable to consummate his love, Narcissus pined away and changed into the flower that bears his name, the narcissus.

Acknowledgement

It is my pleasure to admit that I can make but limited claims for originality in this book. It is due to the personal communication and sharing of the knowledge with my learned colleagues that has given me this opportunity to bring out this book.

I thank all the people who have practiced the Rational Healing Art, which I have found to be so interesting and deeply gratifying, and also those who have written about it in a manner to excite my attention and kindled a deep desire to look into the depth of homoeopathy.

I apologise to those who may feel that I have neglected their contribution; it is a sin of omission, which I will be pleased to correct on being reminded. I give special thanks to people around me/associated with me, both nationally and internationally who encouraged me to write this book, and for guiding me as it grew.

Finally I would like to thank my publishers B. Jain, and most respectfully the father of Kuldeep Jain, Shri Prem Nath Jain for his extremely helpful attitude, especially for giving me this divided legacy many years ago with his love and affection which I have enjoyed meaningfully. The mistakes that remain are upon my own shoulders.

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CHAPTER 1

The Physician

Introduction

“Physic is the science or knowledge of those things by whose application and effects, health may be preserved when present and restored when lost, by the cure of disease” and Physician is the one who has the expert knowledge of preservation and restoration. In fact, a popular Homeric saying in ancient Greek about the physicians went as- “Those men endowed with knowledge beyond that of all other men.”

As man of ideals, wisdom, endeavours and achievements, since antiquity, a physician's life blaze with greatness. He, in his threefold capacity, as a professional, as a member of society, and as a human being, has throughout the history helped man in his physical, mental, and social ascent. As a professional man in particular, the physician has always acted as a healer, using magic, faith, empiricism, or rational resources; as a knower, for he knows the secrets of nature and of the human being; as a preserver of health, for he can arrest disease by forestalling its inroads before they develop; and as an organizer, for he can guide the society in fighting the historicosocial process called disease. To heal, to know, to prevent, to organize-these will be the four future spheres of professional activity, embraced in the expression “to be a Physician”, which means much more than to dispense the pills. To be a physician means an intermediary between man and God.

As Paracelsus said, “the physician springs from God”. He should therefore cultivate that relationship of faith with the patient in which resides the key to the healing miracle, which is accomplished through the physician’s voice and hands and the patient’s faith. For these are the things that ultimately direct the healing medicine, the mending scalpel, or the reassuring psychotherapy.

The word “physician” is derived from the Greek word “physis”, or nature, denoting that the physician has its roots in understanding the nature of things; the word “medic” comes from “mederi”, to heal, and the prefix “med” means to meditate or think, so that medic is equivalent to thinker and healer; the word “doctor”, originally meant master or instructor. Thus, semantically, our profession involves learning, knowing, healing, and teaching. In its turn, the word “medicine” not only means what medical men do, but also denotes a social science that uses the methods of natural sciences to attain three main objectives-to promote health, to prevent disease, and to rehabilitate the patient. ‘Physician’ is also linked with ‘physics’, which comes from Greek word physis ‘nature’, a derivative of phuein ‘bring forth, cause to grow.’ The science of studying the natural world was hence phusike episteme ‘knowledge of nature’, and phusike turned into a noun, passed into English via Latin physica and old French physique as fisika. By now its meaning had shifted from ‘natural science’ to ‘medicine’, a sense preserved in the now archaic ‘physic’ and in the derivative ‘physician’.

Physician is the one skilled in or specialized in the art or practice of healing diseases; a registered medical practitioner who specializes in medicine as opposed to surgical treatment of disease and disorders; anyone who is legally qualified to practice medicine.

Though the scope of medicine was always the same throughout the history of medicine-to cure the disease and eventually prevent it, the definition of physician was never the same, but was a very different one in different periods, determined by the structure and requirement of the society of the time.

The Physician-Through The Ages

Prehistoric physician

The first PREHISTORIC physician was man himself.

A million years later, came the NEOLITHIC medical man, according to the designation given by the North American Indians, or ‘Shaman’ as he was called in the Siberian tribes, who practiced exorcism, made prophecies, and combined the function of physician, magician and the priest. He knew how to placate the deities, how to ward off witch-craft, and was experienced in the application of herbs. It was his function to consult oracles in order to know the nature of a man’s disease and to be able to cure it. He was paid according to the success of his treatment. If the patient dies, he might be suspected of having caused the harm himself. Being skilful in the art of magic, it was believed that he was not only able to remove a spell but also to do harm by means of magic. In many tribes shamanism was hereditary; in others one was born to be a shaman by some particular event at the time of birth, e.g., a child being born with a tooth; or events in early childhood, e.g., a child having survived an accident which would otherwise been fatal. The young one was trained by a shaman until he was consecrated and become independent. Thus, the physician of primitive society was a physician, priest and sorcerer-all in one.

With developing civilization, the threefold function of the primitive medicine man was split up, though the function of the priest and the physician remained the same, till Hippocrates in 460 B.C. separated medicine from religion. But even then there remained patients at all times, who sought healing not from medicine but from religion.

MESOPOTAMIAN physicians were priests. Surgery progressed as wars increased. Mesopotamians had knife doctors (surgeons), herb doctors (internists) and spell doctors (psychiatrist). Medical care was completed by laying the sick in the public square so that passers-by may offer the advice if they ever had the disease themselves or known of anybody who had suffered from it.

In BABYLONIA, the physicians were priests. The Babylonian civilization had an entirely religious character, and all sciences were a part of theology. Their purpose was to keep the Gods benevolent or to placate

them if they were offended. The priest-physician watched the stars, a flickering flame, a drop of oil poured into water, the organs of a sacrificed animal, in order to know what the fate of the patient would be and to be able to counteract it. Omens, however, were not only the phenomena just mentioned but the symptoms of disease as well. These too had to be observed fully and given a meaning. The treatment consisted chiefly of incantations and a great many texts give a very graphic description of the priest-physician-dressed in the red cloak, a raven in one hand, a falcon in the other, pronouncing the incantation over the patient.

The misuse of the physician's power was a serious menace to the society and so the society endeavoured to protect itself by establishing the rules regulating the physician's behavior. The first regulation of this kind is found in the code of Hammurabi (2000 B.C.) where a tariff was established. The surgeon's fee varied according to the social standing of his patients. Moreover, the surgeon was declared liable for his doings and in case of fatality in an operation, his right hand was cut off.

In ancient PERSIA, surgeons were submitted to strict tests. Before being allowed to practice surgery on Persians, the candidate was to have to his credit three successful operations performed on infidels.

The first EGYPTIAN physicians and priests came from a caste of scribes. Medical practice was shared by physicians, priests and medicine men. Later, it reached such a degree of specialization and hierarchy that some physicians were exclusively "guardians of the anus" of the Pharaoh, and most of them were experts in one disease only. Medical training was received in the schools connected with the courts, the chancelleries, or the temples, the most famous of which were in Memphis, Thebes and Sais. The physician was summoned for an ordinary ailment and the priest for a grave one, and their fees were paid in kind.

Sekhet's Enanach, a physician to one of the pharaoh's of Egypt has been said to be the first recorded physician of history. Imhotep, the Egyptian God of medicine equally contests the title.

In GREEK, the doctor did not hold a very high social position. He was as a man who worked for money, sold his services in the open market, and practiced a craft-much of which was manual. Greek society at the time

despised manual labor and the making of money, however the service sold was considered extremely important, since it helped people to remain normal individuals or to regain normal status from the curse of sickness. The ideal man, to the Greeks, was the harmonious being whose balance in the soul and body was noble, beautiful and perfect. Disease was considered a great curse because it removed man from the condition of perfection and made him inferior. The physician's duty was to maintain and restore the health. A physician therefore among all craftsman was the most highly esteemed-a doctor is a man who is as valuable as many other men combined.

From Greek mythology, we learn that the first Greek physician was *Aesculapius*, who was the son of nymph Coronis. The God of healing, Apollo, had her slain with arrows. The lovely Coronis fell dead, and her son Aesculapius was taken to the mountain by the kind and gifted Chiron, the centaur, who taught Aesculapius the medicinal virtues of herbs and many incantations. Aesculapius performed numerous miracles of healing, became a physician who cured many sick men, and even resuscitated some, who were already dead. Zeus struck him with his thunderbolt for such presumption. Aesculapius was worshipped as a God in the Asclepieia, his temple, throughout the Greek. He was identified with Imhotep, the Egyptian God of medicine. The priests, the Asklepiads, were the first doctors of Greek. At those times, medical practice was a purely religious medicine, which had nothing to do with the healing art that originated in the schools of the pre-socratic philosophers and found its highest expression in the school of Hippocrates. In Greek, initially no license to practice medicine was granted by the state or any other organization. A good reputation was the only credential the physician had, through his consciousness and correct prognosis. Medicine was practiced by court physicians, and by military surgeons or by itinerant physicians. These wandering physicians, who travelled ceaselessly, were experts in the art of 'pronoia' or observation, and often bombarded the onlookers with a detailed description of their ailments. This empirical medicine was represented by the old school of Cnidus, which was only interested in diagnosis, and later by the school of Cos, which specialized in observation. Hippocrates of Cos, better known in history as the Father of Medicine, was responsible for this new attitude in medicine. He was the first to treat patients instead of diseases and to prepare clinical case histories after investigating and comprehending the

individuality of the patient, his way of life, his occupation, diet and so on. According to Hippocrates, it was the business of the physician to know the things, which were to be perceived by sight, touch, hearing, smell, and taste. Verbal inquiry was combined with careful systemic examination. With the advent of Hippocrates, the sick were ceased to be considered as sinners, while sinners began to be considered as sick people. Patients became human beings who went through a certain process in their life history that was called disease. Like a wreath of laurel crowing his work, there remains the Hippocratic oath-a great code based on the golden rule that to be a good physician, one must be a good and a kind man. Great and noble is our Greek medical heritage, which encouraged the creation of a new type of physician- a humanist and a humanitarian, conscious of his mission and his destiny, as the kind and good Hippocrates himself was.”

Originally ROMAN medicine was left chiefly in the hands of slaves whose medical knowledge was very primitive. From the fourth century B.C. onwards, the Greek physicians began to immigrate. Their superior knowledge was soon recognised and they were attracted to Rome as much as possible. The first Greek physician arrived in Rome, particularly Asclepiades of Bithynia, who with his golden tongue conquered Rome and created a solidistic philosophical system based on the notion of atoms. Thereafter several schools of thought flourished. There were *Methodists* who considered disease as an alteration in the organic pores; *Pneumatists* (Athenaeus of Attalia, Archigenes and Aretaeus of Cappadocia) recognised the vital force as pneuma, or soul of the world, any alteration wherein produced disease; and *Eclectics*, such as Pliny the elder; Dioscorides, the naturalist and master of medicinal plants, Celsus, etc.

In 46 B.C., Julius Caesar granted freedom to all Greek physicians practicing in Roman territory. Augustus knighted his body-physician Musa. The doctors were given greater privileges, were freed of taxation, of military service, and the duty of taking lodgers and of accepting offices. A kind emperor, Antonius Pinus, instituted state regulations protecting municipal physicians. Physicians of the invincible Roman legions and of the military hospitals co-existed with palatine or imperial physicians and with “specialists”.

There was no state control of any kind, no university which could deliver a recognised degree. The greater the privileges, the more tempting it became to call oneself a physician. To restrict this situation, Antonius Pinus introduced numerous clauses, according to which, in all Roman cities, only five, seven, or ten doctors, according to the size of the city, should be so privileged. They were called *valde docti*, and in order to attain this rank, they had to prove their medical knowledge. In this way, a kind of license was instituted, which guarded the rights of the competent physician.

Through inscriptions, we know that there were medical societies in the Roman Empire. Their chief purpose was to propagate the common cult of their patrons, Aesculapius and Hygeia. Some of these societies endeavoured to improve the physician's knowledge and stimulate their zeal. The medical society of Ephesus had prizes for the most brilliant cure effected by one of their members during the year, or for the invention of the best surgical instrument.

The Roman physician, Galen, born at Pergamon, conquered the Imperial city with his gifted tongue and his great culture, and he left behind a pyramid of more than 500 works, which could be the basis of his dictatorship in medicine for fifteen centuries. His anatomy, based exclusively on dissection of monkeys and only two human corpses, was correct; his physiology and pathology were speculative; his therapy was empirical; and he believed in the Aristotelian notion that body is the vehicle of the soul. He believed in the Hippocratic nosology and in humoral pathology.

With the coming of the dark MIDDLE AGES, medicine passed into the hands of the Christian Church and the Arab Scholars.

The position of the sick man and the physician in society was radically changed by Christianity, which came into the world as the religion of healing. It promised to heal spiritually and physically. In the Christian world, disease meant purification and the sick man was a person who had obtained a share in the grace of God.

Christ cured the sick without medicine. There was hardly any room for physicians in the early Christian society, and Greek medicine was considered as pagan art. The church reconciled itself with ancient medicine,

recognizing that the sick people also need medical treatment along with nursing. The church, however, did not approve of its ministers occupying themselves with medicine. Medicine was a worldly art. Surgery was considered unsuitable, particularly, for the priests because any operation might be fatal, and the priests were not allowed to undertake anything that could lead to death. From 1131 onwards, edicts were passed, restricting the clerics from medical work. The fourth Lateran Council, in 1215, forbade the priest from taking part in any surgical procedure. The surgeons, therefore, were more and more frequently laymen.

In the early Middle Ages most of the physicians were monks. The medical literature was chiefly compiled from the ancient sources and the principles of Greek therapy were followed.

The medieval physicians belonged to the clergy and their ethical standards were directed by the church, and continued to be so directed in the later Middle Ages as well, when great many laymen joined the medical profession. Healing practices that existed were the healing miracles of patron saints, like St. Sebastian and St. Roch, and the “Royal Touch”, healing performed by a mere touch from the hand of a king. The church declared that it was the patient’s duty to consult a physician. The sick man who avoided treatment was considered to commit sin.

As the universities came up, a new type of medieval scholastic physician was born, a doctor-cleric crammed with book knowledge and dialectic and highly versed in Latin. Set by their office above all manual labor, physicians eschewed surgery, which was practiced briefly by barber-surgeons, with scarcely any preliminary technical training, and by empirical barbers, blood-letters, and executioners.

The ARAB physicians believed that God had created pain and also a remedy for it. They mainly followed the thoughts of Aristotle and Galen. The eastern caliphate, or caliphate of Baghdad, was illuminated by the presence of four Persian luminaries: Al-Tabari, Rhazes, Haly Abbas, Avicenna.

In the TENTH CENTURY, towards the end of Middle Ages, the school of Salerno came up in the south of Naples and gave sound basis of medical learning. In 1224, the Emperor Frederick II published decrees regulating the

medical conditions of his empire –it was the first time in European history that medical practice was strictly regulated by public law. The medical curriculum comprehended three years study of philosophy, five of medicine, and one of practice. The candidate had to pass an examination in Salerno, after which a licence was given to him. Salerno was the first school to confer diplomas and the title of doctor. In Salerno, the most famous hexameter poem of popular medicine in history was written, *the Regimen sanitatis Salemitanum*, later contributed to Arnold of Villanova, which recommended diet, exercise, herbs, drugs, rest, and recreation. And in Salerno, disease was regarded as arising from natural causes and not as a result of divine punishment; astrology and magic was rejected, and the path was open that would lead to medieval universities. The Universities crystallized the passionate desire for knowledge that permeated medieval Europe. The centre of knowledge shifted with political power, passing successively from Salerno to Bologna, Paris, Montpellier, Oxford, Cambridge, and Padua. Physicians were still “book doctors,” more philosophers than clinicians, although already in the fourteenth century, genuine clinical histories were being written, such as the famous concilia of Padua and Bologna. More significantly, the belief in magic and demons flourished, and so did the use of amulets, gems, bezoars, and saints’ relics, the doctrine of astronomical signatures and so on. Medieval medicine, via Arabian medicine and the European universities, preserved and passed down the Greek medical thought.

Medieval Surgeons

There were different types of surgeons.—The ones who were trained in universities and had theoretical knowledge-their task was to examine the patient and to indicate the appropriate therapy, which was applied by the physician’s helpers, the surgeons or the apothecaries.

Other kind of medieval surgeons were educated as craftsmen and were organised in the guilds of the barber surgeons. They were always available and visited to every house daily in the morning. They not only shaved their clients but performed venesection at regular intervals. They gave advice in all matter of cosmetics and personal hygiene.

When syphilis was observed towards the end of the 15th century, the surgeons were the first to treat the new disease, and were the first to apply mercury. In the middle of 13th century, the college de St. Come, Et St. Damian was organised in Paris for the training of surgeons.

There was another category of individuals who performed surgical operations-the numerous quacks, who wandered all over the Europe as tooth pullers, bone-setters and eye specialists.

Thus, medieval surgery reached a high level to which it was to return only much later.

Fifteenth Century

The period in history that began about at the end of 15th century is known as the *Renaissance, or Rebirth*. It was a period of change between the Medieval period and the Modern period. It was a change in the entire outlook of thinking in men, who wanted to escape from the traditional strict authority of the church prevailing in the Middle Ages. The ideal which stressed what man himself can do to rise above his ordinary level without supernatural intervention gave the name of Humanism to this movement. While it was marked by an intensive study of the writings of classical past, it was not return to the past but was a tremendous driving force into the future. This age emphasized the value of the experimental method in science. Sydenham shut his books and opened his eyes to look at the patient, he recommended naturalistic clinical observation, the study of the whole patient, and of a “species” of diseases instead of “disease” in general. Marcello Malphigi, pioneer in microscopic anatomy, described the delicate network of capillaries and their circulation; Jean Riolan and Jean Pecquet confirmed the mystery of lymphatic circulation. The fact that the lymph does not travel to the liver, stripped the liver of the supreme hierarchical rank conferred on it by Galen.

Eighteenth Century

The period of ENLIGHTENMENT OR THE EIGHTEENTH CENTURY was the Golden age of the medical profession, where it enjoyed high social standing and high gain. The rise of democracy at the end of 18th century abolished the class privileges. The profession was open to everybody.

Physician of the time thought that he already knew practically everything and his concern was rather to spread swiftly his knowledge among the people and the faculties of the medical schools began to devote more of their activities to medical research. Surgery advanced as acceptance of the importance of manual and mechanical arts enhanced the social status of the surgeon.

Various systems of medicine, very similar to those prevalent in the Greco Roman era reappeared. Specialities made progress, particularly paediatrics, spurred by the interest in children aroused by the writings of Rousseau and Pestalozzi. Public health advanced with Johann Peter Frank, advisor to emperors, whose idea of a “health police” to protect the people’s health made him the father of modern social hygiene. In psychiatry, Pinel freed mental patients at the Saltpetriere from their fetters, championed the rights of the mentally ill at the National Assembly, and made diagnosis an “exact” science based on a Linnaean type of classification of diseases. The leading lights in England were Mead, Huxham, Pitcairn, and various other nosographers, while Scotland shone with the Monro, Bell, the Hunter brothers and Cullen. The Viennese, Franz Anton Mesmer, invented mesmerism, which mobilized the “magnetic fluid of the universe”. The German, Samuel Hahnemann, held that the diseases were of “natural classes” and treated them with drugs, in infinitesimally small doses, that caused mild form of similar diseases, thus propounding principles of a unique therapeutic system, *Homoeopathy*. This was the time when the epidemic of small pox scourged Europe and the country doctor, Edward Jenner, inoculated pus from a dairy maid with cowpox into a small boy, who later successfully withstood a smallpox inoculation. The discovery of vaccination led to a glorious page in the history of medicine, when Spaniard Francisco Xavier de Balmis journeyed around the world with twenty two children, in whose arms he kept the vaccine alive by passing it from one to the other, and vaccinated hundreds of thousands of people around the globe.

Nineteenth Century

In his turn, the physician, who had been an artisan in ancient Greek, a priest in the Middle Ages, and a “doctor” since the renaissance, now became a hospital physician and public health servant, with the increasing development of health welfare services. Xavier Bichat, founded modern

histology and topographical anatomy in Paris. He dissected 600 cadavers in a single winter. Bichat localized disease in a specific organ and regarded life as a complex of functions resisting death. Bichat's "membranes", or tissues, became the basic unit of the living creature. A notable achievement in the United States was the discovery of anesthesia, in whose history the names of Crawford Williamson Long and the dentist Horace Wells will be well remembered.

Clinical medicine made headway with the discovery of stethoscope by a French physician, Laennec. France in that period produced an abundance of clinicians, outstanding among who was Broussais, who inspired an era of "vampirism" in therapy, increasing France's annual consumption of leeches to more than 41 million.

Hippocrate's humoral pathology was placed on the intimate level of cell by the German Rudolf Virchow, who, with his cellular concept of disease, displaced the concept that disease was seated in an organ, as asserted by Morgagni, or in a tissue, as Bichat maintained. Virchow also replaced the ancient concept of the organic humors with his "cellular democracy" or "republic of the cells", in which the cells were social classes, the organs and systems were their territory, and disease was a civil war between germs and the police of the cell state, the leucocytes. Then, a new science was born with the work of Jacob Henle, the Vesalius of histology and father of modern embryology. The laws of heredity were evolved by the Augustinian friar Gregor Mendel while counting his rosary of peas, and Wilhelm Roentgen discovered x-rays.

Claude Bernard taught the medical world to "think physiologically." He discovered the glycogenic function of the liver, and established the concepts of milieu interieur, functional correlation, and the principles of physiological experimentation-observation, hypothesis, experiment.

Louis Pasteur, the investigator of wine diseases and ferments, microbe-hunter and maker of vaccines, identified microbes with the ancient contagium animatum. **Koch** established the microbial specificity of infections and isolated the tuberculosis germ; Von Behring, investigated toxins and antitoxins; Klebs and Löffler investigated, bacilli; Jaime Ferran, his vaccines. The greatest advance in surgery of this century was antiseptic-physical disinfection of instruments and wounds with carbolic acid-

initiated by the Scotsman Joseph Lister, the Lincoln of surgery, who liberated humanity from the chains of infection. Antisepsis later became asepsis-chemical and preventive disinfectant of the air and wounds. Maternal mortality from puerperal infection was drastically reduced by Ignaz Philipp Semmelweis in Austria, who intuitively instructed his colleagues and students to disinfect their hands with a calcium chloride solution, and by the impassioned campaign of the Bostonian Oliver Wendell Holmes, who independently discovered the origin of puerperal fever. Thus, to increase the knowledge, research methods increased and became greatly complicated, and the consequence was that the research workers necessarily had to specialize, which gave impetus to specialization of medical practice.

There arose the memorable figures-the statesman and pioneer psychiatrist, Benjamin Rush, in America; Canada's Sir William Osier, professor at the universities of McGill in Montreal, Pennsylvania, John Hopkins, and Oxford, who became the modern ideals of the humanist-physician; good, kind, and courageous, whose wise and gentle voice still inspire today's physicians.

Twentieth Century

Clinical practice changed. The family doctor was replaced by the physician-counselor and the physician-statesman. The physician now was not only the man who heals; he was also the man who planned, organized, and promoted health in public health centres. Medicine increasingly became a social science that used the methods of a natural science. Psychology advanced with the systems of Freud, Adler, and Jung and the new schools of physiodynamic psychiatry, psychobiology, psychosomatic medicine, medical anthropology, and psychoanalysis blossomed. Medicine was made in laboratories, just as in the nineteenth century it was made in hospitals, and in the middle ages in the libraries; it became more and more a matter of technology.

The Twenty-first Century Physicians

Life in the twenty-first century exposes people to hazards and traumas-both mental and physical, contagion and intoxication, industrial accidents and specific work related diseases; and the physician is beginning to play an increasingly important role. Now-a-days, with the increasing pressure of

modern life, a new group of patients is on the rise-the criminals. So the physician now plays the additional role of scientific and psychological adviser to the court and without his cooperation the administration of justice would not be possible. He has to determine the cause of death and advise the judge regarding the sentenced criminal. Psychiatrists are consulted more and more frequently in determining a sentence that will not merely punish but rehabilitate a criminal.

An additional ‘modern’ hazard springs from the physicians who dwell in it, for the pressures of city life may create the habit of regarding patients not as human beings but as professional subjects. Thus mechanization of the human personality hampers the physician’s understanding of “the persona”, without which it is difficult to heal.

In the past, the physicians did much to restore the magnificent original impulse that created the society, the impulse to gather people together, to converse and live in harmony. Recollection of this noble meaning of society will help us, the physicians, to take better care of our patients, because we shall regard them not as mere professional denizens (person living or growing permanently in the district) of the society but as human beings. The physician in his capacity as architect of people, can help better than anyone to restore the most important and most beautiful thing in any city not the contour of its buildings, but the contour of its souls.

Students

The student in our profession becomes more important everyday as a catalyst for the school of medicine as well as a future man of medicine. As a student of the healing art, one embarks on a fascinating voyage leading to the harbour of one of the most dynamic professions. Year after year, new windows keep opening before his eyes, revealing the multifaceted landscape of medical art and science.

Many physicians, while still students, made historic contributions to medical science—Vesalius’ pre-graduation discoveries in anatomy; Lorenzo Bellini’s discovery, as a student, of the renal tubules in a stage; Henry Gray’s comparative study of the optic nerves while at St. George’s hospital,

Medical School in London; Joseph Lister's student papers on the contractile tissue of the iris; Ramon y Cajal's studies in his youth on bones, which were stolen from cemeteries; the two thousand thumbnail biographies written by Albrecht von Haller, at the age of eight he wrote Greek dictionary with Chaldean and prepared the Egyptian equivalents at the age of ten years old; John Shaw Billing's modern concept of a medical reference library, born while he was performing his doctoral thesis; William Harvey's observations on chicken embryo's, made with his master Fabricius ab Aquapendente in Padua; Ehrlich's pre-graduation Archives of microscopic anatomy outlining his theory of histological affinity; Niel Stensen's discovery as a student of the parotid duct bearing his name; Claude Bernard's studies of gastric juice; Ivan Pavlov's studies on the nerves of the pancreas and pancreatic fistula; Paul Langerhans' studies on the microscopic anatomy of the pancreas; Pierre Marie's discovery of the sign of tremor in the hand and digits in thyroid diseases; Laennec's studies on peritonitis and visceral membranes; William Osier's first paper on the microscopy of some algae he found on Christmas Eve; the self-immolation of the Peruvian student Daniel Carrion when he inoculated himself with the blood from a patient with verruga peruana in order to prove its affinity to Oroya Fever; Sigmund Freud's studies on the nervous system of the lower invertebrates; Jean Pecquet's discovery of the thoracic duct; Max von Pettenkofer's identification of arsenic with a Marsh apparatus; discovery of insulin by Charles H. Best with Frederick Banting; and many other students, who were dedicated to the profession.

Looking through the history of medicine, we find that the students of medicine faced varied situations depending on the cultural, social and economic conditions prevalent in the society. In the ancient civilizations, they underwent many hardships. In the Middle Ages, poor students had to beg on the street corners. Even so, the thirst for knowledge was so strong that the students flocked in thousands to the universities and stood for hours in the public squares of Paris or Padua, Bologna, or Oxford to listen to the learned discourses of eminent teachers. Much time passed before the medical profession gained, from the eighteenth century, a social status and the medical students won the consideration and comfort that their studies merited.

As the centuries passed, a stricter criterion was established in the selection of students of medicine, and the relationship between student and teacher became increasingly closer. From my teacher, Dr. Jnan Majumdar, I learned that the teacher must create in the student the spirit that seeks truth, shows tolerance, cultivates scientific curiosity, respects investigation techniques, and is eager 'to invent duties' beyond those imposed by the curriculum. Only then will the student respond to his vocation—the inner voice that calls us to a particular profession—through love of duty and efficiency in doing. A student must be guided by sincere inclinations rather than by mere aptitude. The teacher's mission is to diagnose inclinations rather than to determine aptitudes. The teacher must encourage the student's own originality and imagination, setting himself, as an example, to be followed by continuing to be himself a student who is always learning and not a dogmatic teacher. No great teacher has ever liked to repeat his courses word by word, preferring to create something original each year, stimulated by the young minds in his care. Every teacher achieves his best educational work not from his professorial chair, but through his free and independent work accomplished in the chair of everyday life, where the teacher through his word, his pen, his thought, and, above all, his example exerts his influence not only on students and colleagues, but also on those who read his writings or enjoy the intellectual fruits of his labour.

Not yet, however, has a philosophy of medical education been established on the basis that the important thing is not just to instruct the student but to educate him, that is, he must be taught philosophy and history of medicine, poetry, art, literature of all people as a means of knowing mankind better. Literature and poetry reflect man's dreams, thoughts, and visions, but history records the deeds and action of mankind as a whole, its supreme greatness and its tragic errors. Nothing is better than the history of medicine for instilling into the medical student a high sense of professional mission. History is taught not for the purpose of making the student a historian on a small scale, but for making him a better physician, by making him a better man. Taught not as recital of names and dates but as a living tapestry of human figures brought back to life by the magic of the teacher's and student's enthusiasm, the history of medicine creates a historical conscience in the student within which he can frame the scattered, fragmentary learning acquired in the classroom. Though history will matter little when the student takes his medical degree, but the accumulated

centuries—long experience of his predecessors will be a priceless spiritual guide for his thoughts and for his hands in the practice of his profession. It will give him moral fortitude, wisdom, understanding, and tolerance towards his patients, his colleagues, and his teachers, towards himself and towards society. And since medicine is merging more and more each day with medical anthropology—the study of the image of man in health and disease considered in both space and time, that is, in his country and society and in his passage through historical time—medical anthropology should also be added to the student’s basic education.

In this day and age, when everyone flaunts his rights, the student has the opportunity to dedicate himself solely to his duties—those imposed by the university and those that he himself invents—that is to say, the duties to be a whole man, a good citizen, an expert in his profession, and, above all, to be faithful to those tasks that stimulate in him the vision of history as a spur to his own dreams. If he understands his mission in this way, the student may hold in his hands the power to become the strongest and brightest thread in the fabric of healing art.

Attributes and Duties of a Physician

At all times, three main attributes are required of a physician—readiness to help, knowledge concerning the nature of disease, and skill in curing the sick man.

From his very student life, three types of ethical duties guide a physician’s life:

1. Duties to the teacher, because they, the parents of your mind, are the most important people in a student’s life, next to his own parents.
2. Duties to the society:
 - i. A physician’s duty to society is to accept his profession *as a service to mankind*, not as a source of profit; *as investigators*, to seek the knowledge that will benefit your fellow beings; *as clinicians*, to alleviate the pain and heal the sick; *as teachers*, to share and spread your knowledge and always because you

are imbued with an ideal of service and not the ambition for gain.

- ii . A physician's duty to his patient is to treat the patients with kindness, courtesy, and honesty. Healing is a sacred act, requiring pure hands and as pure a heart. The physician must be an artist in his science, for his alliance with art will open within him a fort of healing forces for the good of his patients. He must, with his perceptive mind, consider both the patient's life history and his spirit and not simply break his patient down into cells and atoms in his laboratory. He must be a man of science when facing disease lesions and a man of faith when facing the patient—a suffering human being—a fact exemplified by Laennec in the eighteenth century. He must learn when and how to withhold the truth from the patients, if by not telling them all the facts of the case, he can relieve or console them. He must, with his actions, words and attitude, inspire confidence and faith in the patients, and should give understanding and consolation to his patients.
- ii i. All physicians should travel as much as possible, and always with curious, loving, wonder-filled eyes. For, to know the environments and geographies of the world, we live in, is the best way not only to understand health and sickness in man, in fact, the classical physicians from the kind Hippocrates to restless Paracelsus, searched for the secret of disease in the air, waters, and earth. The gallery of explorer-physicians is crowded with men who, not content with exploring the physical space of man's mind, their biography and their organism, plunged into virgin lands and wide seas, to scour the world, helped in the conquest and colonization of the new continents, but brought back to Europe a great treasure in medicinal plants and traditional aboriginal remedies that opened new frontiers to the medical world of their time. The finest example of what medicine combined with exploration has done for mankind is found in the Spanish born surgeon, Francisco Xavier de Balmis' expedition to the American hemisphere and the Pacific for the purpose of introducing small pox vaccination.

i A physician must communicate with people, in order to
v transmit his knowledge to both the healthy and the ailing.
. When writing was invented, the physicians started writing
huge books—the *Canon of Avicenna* or the *Fabrica of Vesalius*
and so on. The advent of medical journals expedited the
progress of medical communication. There was no longer any
need to say long volumes to say short things. The medical
paper became the banner for scientific progress. Now the
physician communicates with the public by means of
newspaper columns, public lectures, radio or television
programs, and popular medical books, and with his colleagues
and pupils by means of lectures, lessons, papers, textbooks,
thesis, seminar or panel discussions, symposia, and talks at
hospitals or professional societies. Paradoxically, despite the
physicians' willingness to strip their profession of all mystery
and to cease being "men who call a headache by a Greek-
sounding name and use Latin to communicate with the
druggist," medicine has retained an aura of mystery; while the
physician himself has become the one who holds in his hands
the secret of life and death. The present eagerness of the
physician to tell people, what he knows, is a reflection of
today's intense preoccupation with health. Never as in our
times, in which human life is so universally threatened, has
humanity been so anxious to be informed on medical matters,
and never before has the physician been so interested in
helping the public to understand medicine and in sharing his
knowledge and experience with his colleagues.

We are proud indeed that our profession, once the most
mysterious, is now intent upon telling the whole world in
simple clear language, its secrets, its failures, and its dreams.^k

v Duty to colleagues: To his colleagues, he has the obligations
. of civilized men sharing a great and noble task and fighting
for a common cause in a crusade. He should never speak ill of
a colleague, since to do so, would be the same as speaking
evil of medicine.

3. Duty to his own self: His life, his personality as a physician must be such that the ideal profile of himself would be filled in with brilliant achievements.

Our profession is the only one that still speaks of its duties in this world of today, in which almost everyone else speaks only of his rights. To be a doctor is, in other words, to be a whole man, who fulfils his task as a scientist with professional quality and integrity; as a human being, with a kind heart and high ideals; and as a member of society, with honesty and efficiency.

Physician from Organon¹

Physician's Mission

1. To cure (§1, 2) in curable cases.
2. To palliate in incurable cases.
3. To preserve the health (§4).

Sole Aim of a Physician

1. To trace the picture of disease as completely as possible.
2. To give remedy accordingly.
3. To remove whole of the symptoms and restore health.

What a Physician must not do

1. Speculate and hypothesize regarding the disease phenomenon and cause of disease.
2. Deceive the patients with talks (§1 §6 footnote, 6 footnote).
3. Endanger life of the patient by large and frequent doses of dangerous, violent medicine, whose action is not properly known.
4. Should not imitate the imperfect efforts of unintelligent vital force to help itself. (Introduction, 6th edition; §22, foot note, 6th edition).

Physician's Qualifications

He should be

1. An observer
 - i. Unprejudiced (§6)
 - ii. Intelligent (§7 foot note)
 - iii. Accurately observing (§14)
 - .
 - iv. Carefully observing and investigating physician (§16)
 - .
 - v. Attentively observing and investigating physician (§234)
 - vi. Observes the disease manifestation, that is, morbid signs and symptoms (§14), and functions of those parts of the organism exposed to his senses. (§11)
 - .
 - vi. Observes the state of disposition of the patient (§211)
 - i.
 - vi. Observes the increase or decrease of symptoms (§254)
 - ii.
 - ix. Attention in observing (§83)
 - .
2. Have sound senses (§3), perseverance and penetration (§216)
3. Laborious (§149 footnote)
4. Have fidelity in tracing the picture of disease (§83, 101)
5. Should have freedom from indolence, love of ease, obstinacy (Preface to the first edition)
6. Should have untiring zeal (Preface to the first edition)
7. Should have knowledge of individual case of disease (§3), that is, the sufferings or the totality of symptom of each patient (§70)
8. Have knowledge of medicinal powers (§3) by drug proving (§105 to §145)
9. Adapt the most appropriate medicine according to its mode of action, to the case before him (§3)
10. Know the preparation of medicine—In this way the physician will be assured of the intrinsic superior quality of these divine curative

implements (§3, 271)

11. Know when to repeat the medicine (§3) to reduce the period of treatment (§246)
12. Know obstacles to recovery of each case and be aware of how to remove them so that the restoration of health may be permanent (§3).
13. Know the things that maintains the disease (§7), disturb and endanger the health and how to remove them (§4)

A Homoeopathic Physician

1. Sole aim: Elucidate most striking, singular, uncommon and peculiar symptoms. (§153)
2. Qualification:
 - i. Carefully investigates a patient, notes his symptoms and characteristics and never guesses hypothetically. (§81 footnote 1)
 - ii Observes:
 - a Each physician can train himself to be a good observer by proving the medicine on himself and observing the morbid symptoms temporarily appeared in him by the medicines. (§141 footnote)
 - b Observes increased aggravation of symptoms when suppressed palliatively. (§58)
 - c Is master in observation to distinguish symptoms of the simple medicine employed for a curative purpose from the symptoms of the disease, especially in chronic disease, in case of clinical proving. (§142)
 - iii Notes the most significant factors in the whole history of protracted wasting sickness, to find the fundamental cause. He must take into account the patient's,
 - a Discernible body constitution.

- .
 - b Mental and emotional characteristic.
 - .
 - c Occupation.
 - .
 - d Lifestyle and habits.
 - .
 - e Civic and domestic relations.
 - .
 - f Age.
 - .
 - g Sexual functions.
 - .
 - h Prudent physician must be able to judge where to apply the medicine and where not (§ 76, 150), to ascertain what kind of allopathic treatment had been taken and to judge how to proceed the cure. (§207).
 - iv Intelligent physician, is the one:
 - .
 - a Who removes the exciting or maintaining cause from disease picture (§7 footnote)
 - b Who observes the symptoms by which vital force asks for help, cures them, thus bringing the vital force back to health. (§22 footnote)
 - c No intelligent physician can try to cure with large doses of drugs and sacrifice the patient's strength.

When we enter medical school, we have to work hard, and this leaves us little time to see or watch what is going on around us. All of us are dependent on each other. If large parts of the population suffer, it is quite obvious that the rest will be affected by it. To us, medical men, the idea that one sick organ affects the whole organism should be familiar. There is one lesson that can be derived from the history, which is: the physician's position in society is never determined by the physician himself, but by the society he is serving.

Never before has society presented the physician with so wide a field of activity and with so much influential power as the modern society.

If never before, certainly today, the doctor may become a statesman, the Asklepios politikos visualised by Plato.

What unites us is that, unlike other professions, all of us, whether we work at the bedside, in the laboratories, or at the writing desk, we have but one purpose: to benefit the sick man.

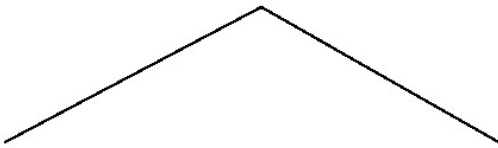
CHAPTER 2

Cure: A Study

Origin

The word “CURE” originated from Latin word “CURA” which means “TO TAKE CARE”

TO TAKE CARE of “BEING”



In health

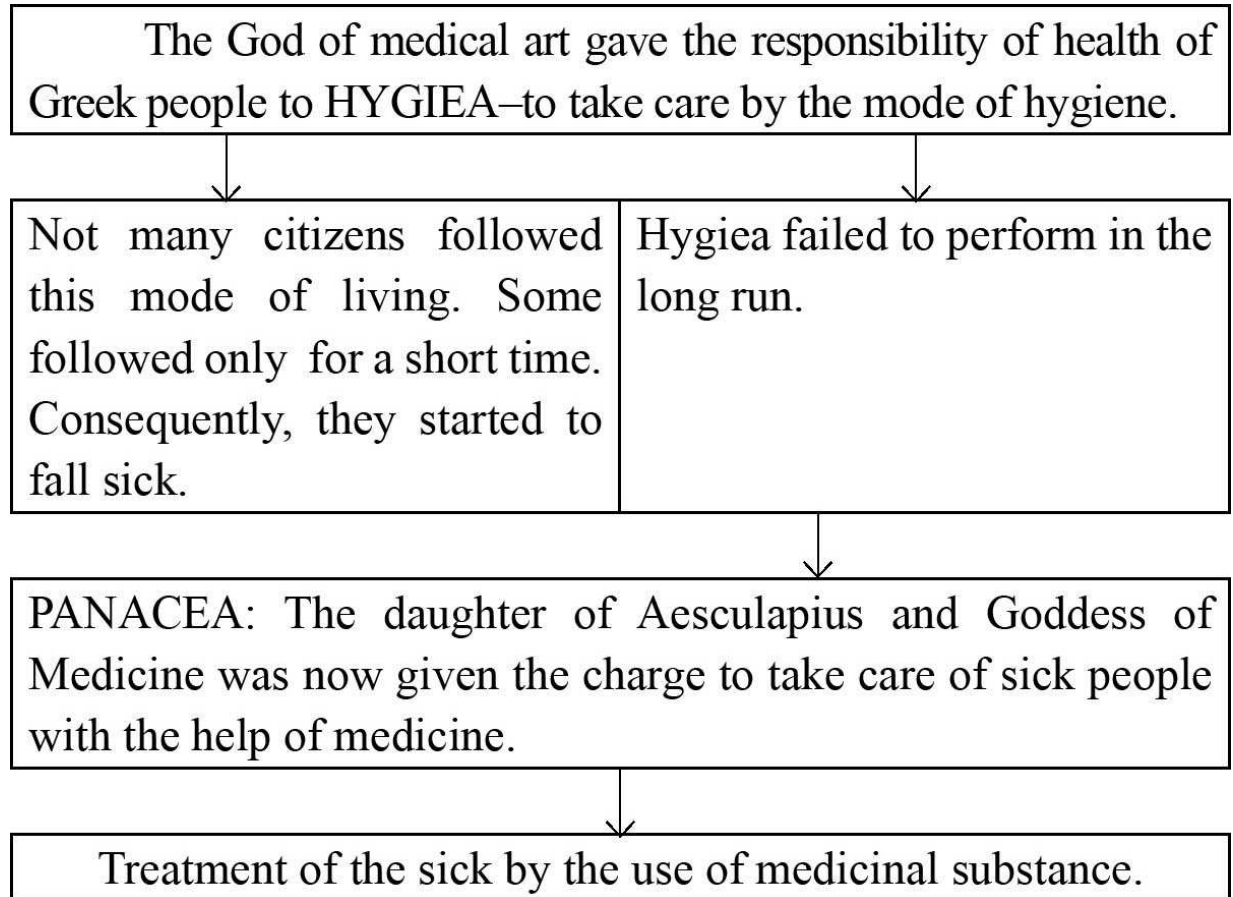
In disease

Definition

Hahnemann defined the term Cure as “recovery undisturbed by after-sufferings” (Ref.: Materia Medica Pura, pg. 410; “China”, Drug Pictures by M.L. Tyler, p. 312).

Philosophical Background

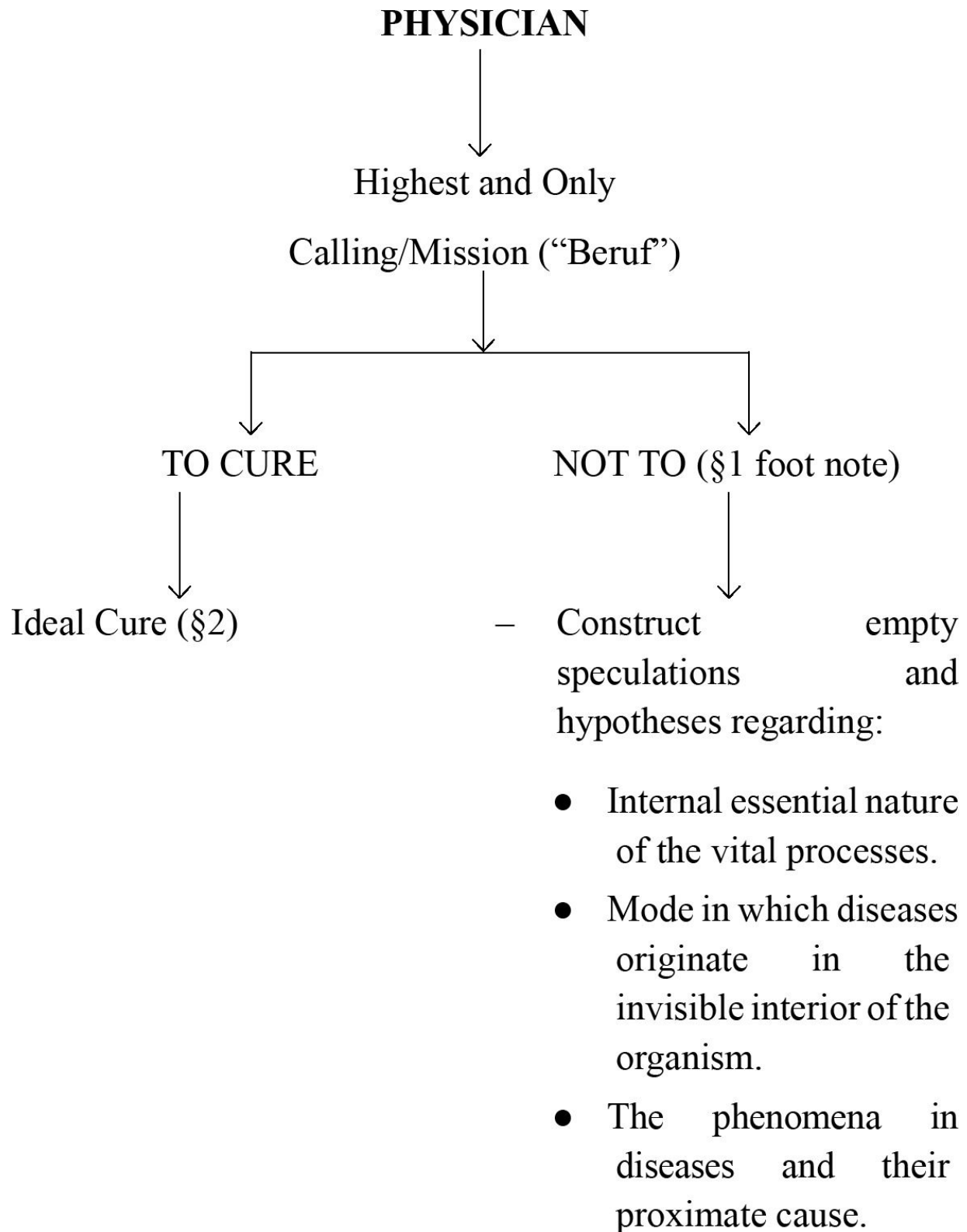
Development of the concept in Greek:



Hippocrates: *primum non nocere*: First, do no harm.

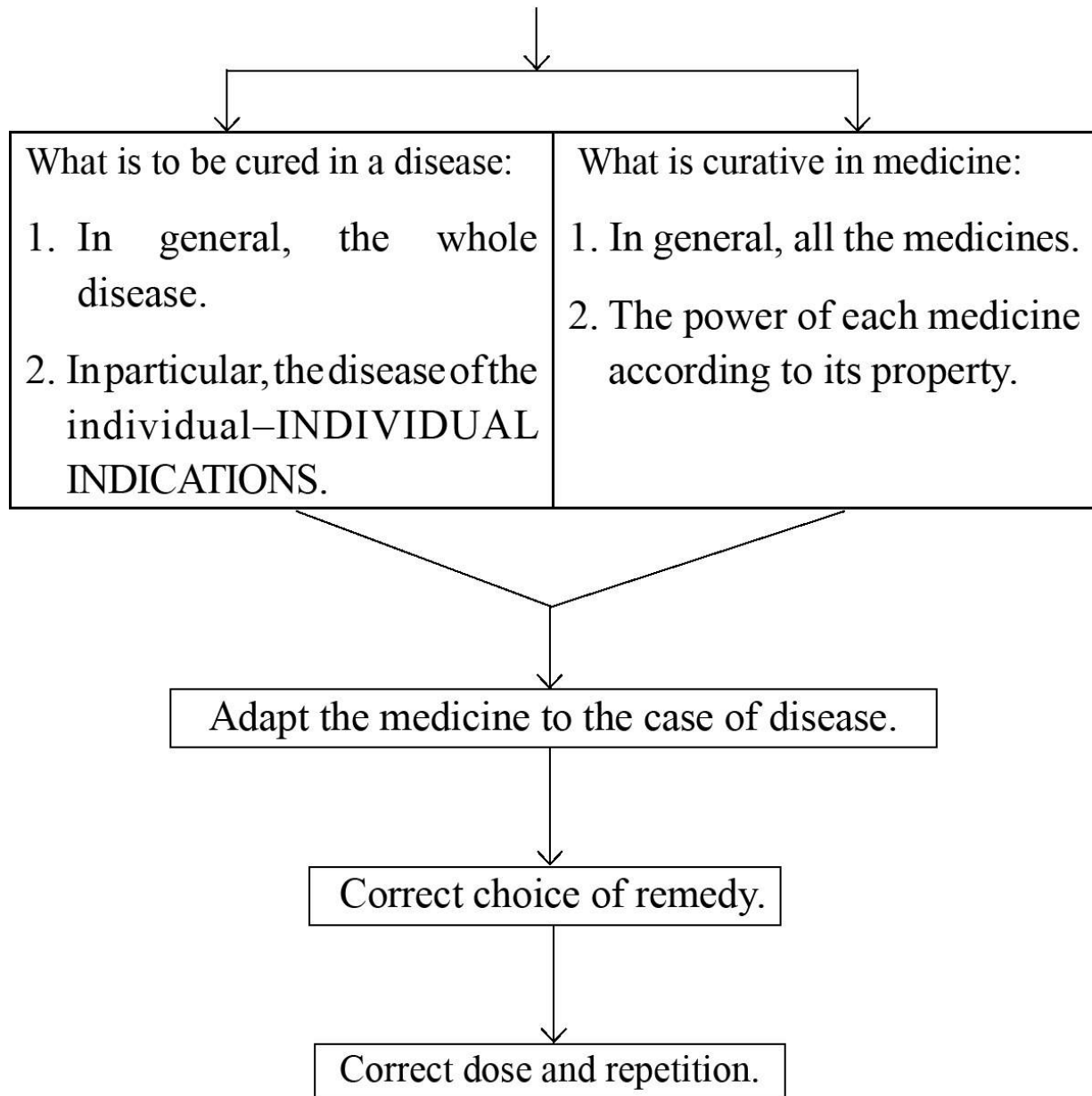
Hahnemann: *si non juvat, modo ne noceat*: This philanthropic maxim discovered by Hahnemann means “If a medicine does not help then it may at least not harm.”

We find the concept and principle of cure throughout the “Organon—The Art of Healing”.



What must be known to cure: (Ref: aph 3,71)

Clearly Perceive

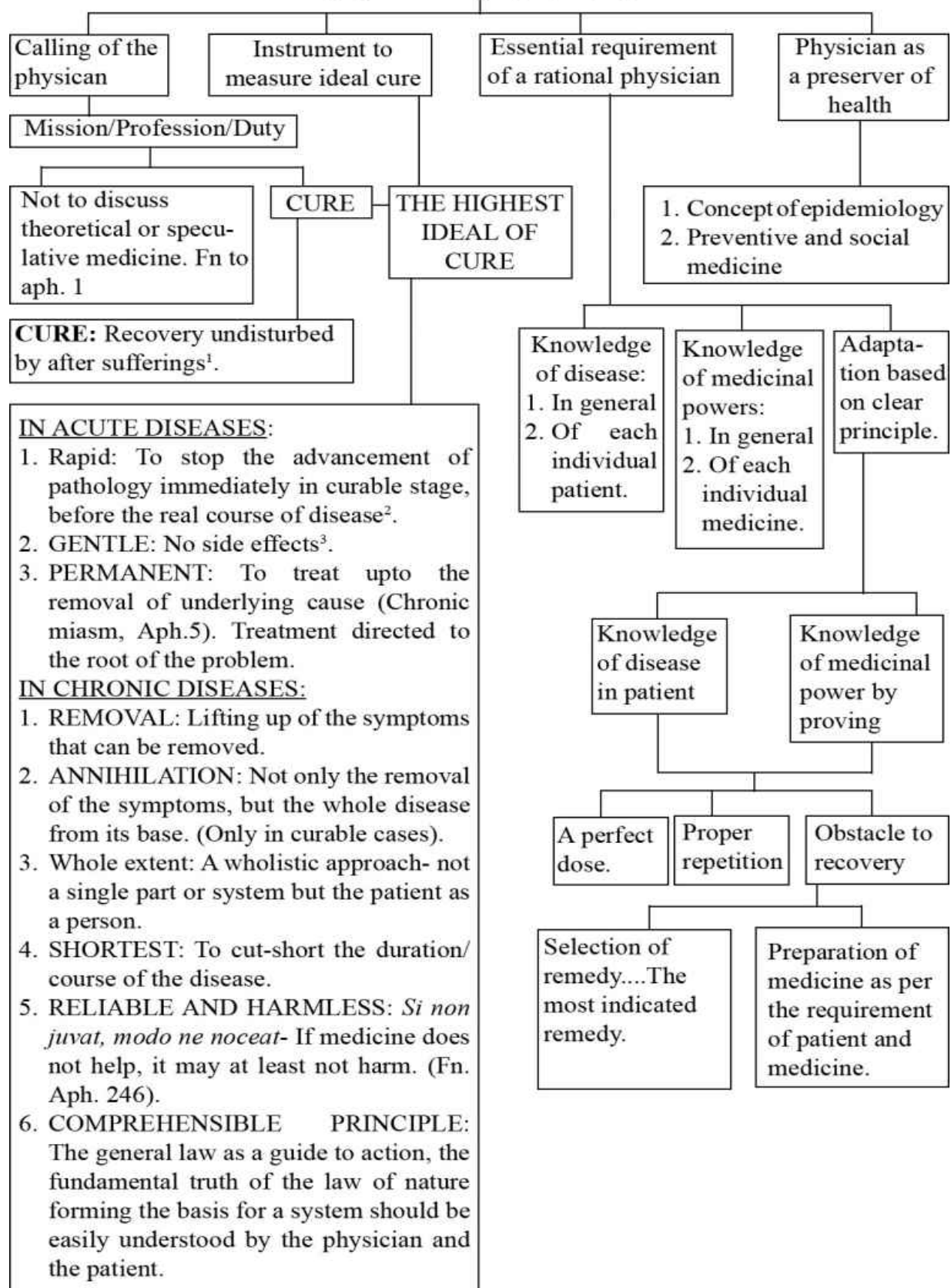


To be a genuine practitioner of the medical art, a physician must:

1. Clearly perceive what is to be cured in a disease, that is, in each single case of disease. (Knowledge of disease, indication)
2. Clearly realize what is curative in a medicine, that is, in each particular medicine (Knowledge of medicinal powers).
3. Be aware of how to adapt what is curative in a medicine to what he has discovered to be undoubtedly diseased in the patient, according to clearly defined principles.
4. Adapt the most appropriate medicine, according to its mode of action, to the case before him (Selection of the remedy, that which is indicated).
5. Prepare the medicine exactly as it is required.
6. Give the medicine in the exact amount required (The right dose).
7. Properly time the repetition of doses.
8. Have knowledge of obstacles to recovery and ways to remove them.

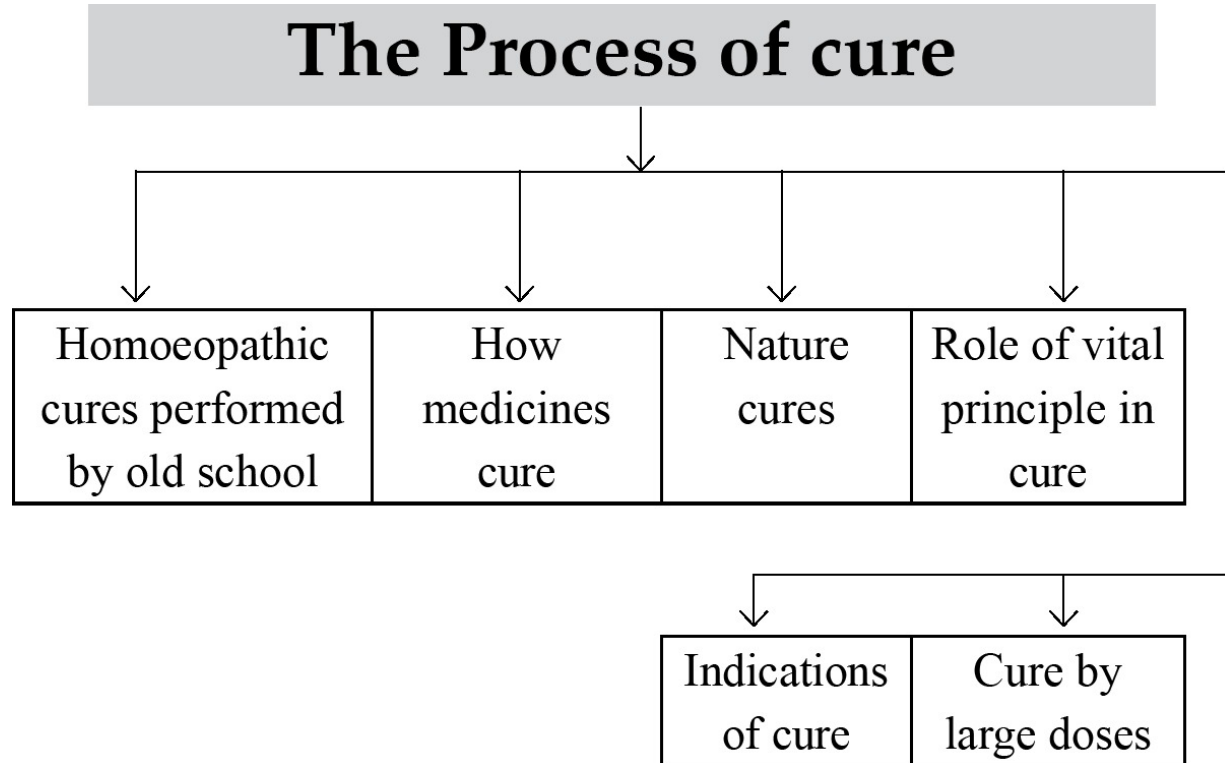
Idealism in Concept of Cure

(Aphorism 1, 2, 3, 4)



References:

1. Materia Medica pura (Pg 410).
2. Homoeopathy Explained- by J.H. Clarke (Pg 174).
3. Homoeopathy Explained- by J.H. Clarke (Pg 184).



Homoeopathic cures performed (blindly) by old school

When we read the introduction of Organon we will see several examples of cures that were blindly executed by adherents of the old school:

1. A drink of elder blossom which can lift the catarrhal fever through a peculiar similarity of action, and hence restore the patient most rapidly and in the best possible manner without sweat.
2. Application of very warm, frequently renewed, poultices to hard, acute swellings whose over-violent inflammation, amid intolerable pains hinders their transition to suppuration. The pains decrease rapidly themselves with speedy formation of the abscess.
3. Employment of St. Yve's ointment, which contains chiefly the red oxide of mercury, in case of inflammation of eye.
4. Parsley juice for a painful urge to urinate.

5. Pimprenal root which arouses a great deal of mucous secretions in the air passages could cure mucous angina.
6. Sabina leaves which bring forth the uterine hemorrhage or 'metrorrhagia' on its own, were used to cure uterine hemorrhage.
7. Opium which retards evacuation was one of the most excellent and surest means in cases of constipation from strangulated hernias and intestinal colic. Similarly, due to its stupefying and heating property, it removed comatose state in acute fevers.
8. Mercury, in small doses, was used to cure non-venereal throat infection.
9. Rhubarb, in small doses, quelled various cases of diarrhoea.
10. Belladonna cured rabies on account of it being capable of producing a similar malady.

How medicines cure

The process of treatment by homoeopathic medical art:

1. True medical art is that cognitive pursuit which develops upon the higher human spirit, free deliberation, and the selecting intellect which decides according to well-founded reasons.
2. It does so, in order to differently tune the instinctual (intellect and awareness lacking), automatic, energetic life force when the life force has been mistimed, through disease, to abnormal activity.
3. It differently tunes the life force by means of an affection similar to that of the disease, engendered by a medicine that has been homoeopathically selected.
4. By means of this medicine, the life force is rendered medically sick to such a degree (infact to a somewhat higher degree) that the natural affection can no longer work on the life force.
5. In this way, the life force becomes rid of the natural disease, remaining occupied solely with the so similar, somewhat stronger medicinal disease affection against which the life force now directs its whole energy and which it soon overcomes.
6. The life force thereby becomes free and able again to return to the norm of health and to its actual intended purpose—that of enlivening

and sustaining the healthy organism.

7. It can do this without having suffered painful or debilitating attacks by this transformation.

The medical art teaches how to produce this—

DYNAMIC ACTION OF MEDICINE: Just as the proximity of one pole of a magnet can impart only magnetic energy to the steel (through a kind of contagion, to be sure) but no other properties (e.g. hardness or malleability, etc.), likewise each medicinal substance also alters the human condition through a kind of contagion in a way exclusively peculiar to itself and not in a way that is inherent in any other medicine. This impingement of the medicine upon our condition happens dynamically, as by contagion, entirely without communication of any material part of the medical substance.

In Aph 70 Hahnemann says “... only other possible mode of treatment (the *homœopathic*), in which there is employed *for the totality of the symptoms* of a natural disease a medicine capable of producing the most similar symptoms possible in the healthy individual, given in suitable dose, is the only efficacious remedial method whereby diseases, which are purely dynamic deranging irritations of the vital force, are overpowered, and being thus easily, perfectly and permanently extinguished, must necessarily cease to exist-and for this mode of procedure we have the example of unfettered Nature herself, when to an old disease there is added a new one similar to the first, whereby the new one is rapidly and forever annihilated and cured”.

Nature cures (Ref. Aph 43, 44, 45, 46)

It is known by the experience that whenever two similar diseases (differing as to modes but similar in manifestations and actions) meet, the stronger new disease cures the older weaker one. Examples are as follows:

1. Small pox vaccinations have cured eye inflammations causing blindness.
2. Small pox has lifted deafness and dyspnoea.
3. Small pox has cured testicular swellings.
4. Small pox has conquered dysentery.

5. Small pox has lifted recently inoculated cowpox, and cowpox inoculation has prevented or greatly diminished the small pox.
6. Inoculated cowpox has cured skin eruptions in children.
7. Cowpox has cured a *swollen* half-paralyzed arm.
8. Cowpox has cured intermittent fever.
9. Measles temporarily protected children from whooping cough during epidemic.
10. Measles permanently lifted a chronic eruption of herpes.
11. Measles cured an excessively burning skin eruption with fever.

Role of Vital Principle in cure (Ref. Aph 186)

The mechanical intervention in a surgical case removes the external obstacles to cure; but the cure can be expected by means of the life force only. Significant injuries require dynamic aid in addition to mechanical removal of obstacles to cure. For example: When the stormy fever from extensive contusions or torn flesh, tendons, or nerves is to be dispatched through internal medicine or when the external pain of burned or corroded parts is to be taken away homoeopathically.

Indications of cure (Ref. Aph 200, 253)

In Aph 200, Hahnemann says that “If the local symptom had still been present during the internal treatment, the homoeopathic remedy for the total disease would have been discoverable. If the remedy were found and then used only internally, the continued presence of the local malady would show that the cure had not yet been completed. But if the local symptom were cured at the site, untouched by any external suppressive means, then this would prove persuasively that the malady have been extirpated right down to the root and that recovery from the total disease had flourished all the way to the desired goal, the local malady thus provides an inestimable, indispensable advantage in arriving at a complete cure”.

In Aph 253, Hahnemann says “In all diseases, specially the rapidly arising (acute) ones, the patient’s emotional state and entire behavior are the surest and most enlightening of the signs showing a small beginning (Not visible to everyone) of amelioration or aggravation.....”

Cure by large doses (§ 282 sixth edition footnote)

Here Hahnemann says “The rule to commence the homœopathic treatment of chronic diseases with the smallest possible doses and only gradually to augment them is subject to a notable exception in the treatment of the three great miasms while they still effloresce on the skin, *i.e.*, recently erupted *itch*, the untouched *chancre* (on the sexual organs, labia, mouth or lips, and so forth) and the *fig-warts*. These not only tolerate, but indeed require, from the very beginning large doses of their specific remedies of ever higher and higher degrees of dynamization daily (possibly also several times daily). . .”

CHAPTER 3

Administration of Medicine for Cure

Administration of medicines occupies one of the most important places in homoeopathic therapeutics. The various shades of administration can be learnt by an exclusive study of the Organon, the Art of Healing. Let us scrutinize its each aspect separately.

Matching the diseases with remedy (Ref: Aph 230)

Aph 230: “If the antipsoric remedies selected for each particular case of mental or emotional disease (there are incredibly numerous varieties of them) be quite homœopathically suited for the faithfully traced picture of the morbid state, which, if there be a sufficient number of this kind of medicines known in respect of their pure effects, is ascertained by an indefatigable search for the most appropriate homœopathic remedy all the more easily, as the emotional and mental state, constituting the principal symptom of such a patient, is so unmistakably perceptible, then the most striking improvement in no very long time, which could not be brought about by physicking the patient to death with the largest oft repeated doses of all other unsuitable (allopathic) medicines. Indeed, I can confidently assert, from great experience, that the vast superiority of the homœopathic system over all other conceivable methods of the treatment is nowhere displayed in a more triumphant light than in mental and emotional diseases

of long standing, which originally sprang from corporeal maladies or were developed simultaneously with them.”

Use of Placebo (Ref: Aph 91, 281 6th edition, 96 footnote)

Aph 91: “... When the disease is of a chronic character, and the patient has been taking medicine up to the time he is seen, the physician may with advantage leave him some days quite without medicine, or in the meantime administer something of an unmedicinal nature and defer to a subsequent period the more precise scrutiny of the morbid symptoms, in order to be able to grasp in their purity the permanent uncontaminated symptoms of the old affection and to form a faithful picture of the disease.”

Aph 281 6th edition: “In order to be convinced of this, the patient is left without any medicine for eight, ten or fifteen days, meanwhile giving him only some powders of sugar of milk. If the few last complaints are due to the medicine simulating the former original disease symptoms, then these complaints will disappear in a few days or hours. If during these days without medicine, while continuing good hygienic regulations nothing more of the original disease is seen, he is probably cured...”

Aph 96 footnote: “A pure fabrication of symptoms and sufferings will never be met with in hypochondriacs, even in the most impatient of them—a comparison of the sufferings they complain of at various times when the physician gives them nothing at all, or something quite unmedicinal, proves this plainly...”

Administration through breast milk (Ref: Aph 284 6th edition footnote; The Chronic diseases)

Aph 284 6th edition footnote: “The power of medicines acting upon the infant through the milk of the mother or wet nurse is wonderfully helpful. Every disease in a child yields to the rightly chosen homœopathic medicines given in moderate doses to the nursing mother and so administered, is more easily and certainly utilized by these new world–citizens than is possible in later years. Since most infants usually have imparted to them psora through the milk of the nurse, if they do not already possess it through heredity from the mother, they may be at the same time protected antipsorically by means of the milk of the nurse rendered medicinally in this manner...”

Administration during pregnancy (Ref: Aph 284 6th edition footnote, The Chronic diseases)

Aph 284 6th edition footnote: “...But the case of mothers in their (first) pregnancy by means of a mild antipsoric treatment, especially with sulphur dynamizations prepared according to the directions in this edition 6th, is indispensable in order to destroy the psora—that producer of most chronic diseases—which is given them hereditarily; destroy it both within themselves and in the foetus, thereby protecting posterity in advance. This is true of pregnant women thus treated; they have given birth to children usually more healthy and stronger, to the astonishment of everybody. A new confirmation of the great truth of the psora theory discovered by me”.

Administration by inhalation (Ref: Aph 284 6th edition)

Aph 284: “Besides the tongue, mouth and stomach, which are most commonly affected by the administration of medicine, the nose and

respiratory organs are receptive of the action of medicines in fluid form by means of olfaction and inhalation through the mouth...”

**Administration by olfaction (Ref:
Aph 284 6th edition, 248 6th edition,
Aph 269 6th edition footnote)**

Aph 248 6th edition: “...If only a small vial say a dram of dilute alcohol is used in the treatment, in which is contained and dissolved through succussion one globule of the medicine which is to be used by olfaction every two, three or four days, this also must be thoroughly succussed eight to ten times before each olfaction”.

Aph 269 6th edition footnote: “On this account it refers only to the increase and stronger development of their power to cause changes in the *health* of animals and men if these natural substances in this improved state, are brought very near to the living sensitive fibre or come in contact with it (by means of intake or olfaction)...”

**Correct external application: (Ref:
Aph 284 6th edition, Aph 285 6th
edition)**

Aph 284 6th edition: “...But the whole remaining skin of the body clothed with epidermis, is adapted to the action of medicinal solutions, especially if the inunction is connected with simultaneous internal administration.”

Aph 285 6th edition: “In this way, the cure of very old diseases may be furthered by the physician applying externally, rubbing it in the back, arms, extremities, the same medicine he gives internally and which

showed itself curatively. In doing so, he must avoid parts subject to pain or spasm or skin eruption”.

Incorrect external, application (Ref: 6th edition Aph 194, footnote 285)

Aph 194: “It is not useful, either in acute local diseases of recent origin or in local affections that have already existed a long time, to rub in or apply externally to the spot an external remedy, even though it be the specific and, when used internally, salutary by reason of its homœopathicity, even although it should be at the same time administered internally...”

Use of LM potency (Ref: Aph 248 6th edition footnote)

Aph 248 6th edition footnote: “Made in 40, 30, 20, 15 or 8 tablespoonfuls of water with the addition of some alcohol or a piece of charcoal in order to preserve it. If charcoal is used, it is suspended by means of a thread in the vial and is taken out when the vial is succussed. The solution of the medicinal globule (and it is rarely necessary to use more than one globule) or a thoroughly potentized medicine in a large quantity of water can be obviated by making a solution in only 7-8 tablespoonfuls of water and *after thorough succussion of the vial* take from it one tablespoonful and put it in a glass of water (containing about 7 to 8 spoonfuls), this *stirred thoroughly* and then give a dose to the patient. If he is unusually excited and sensitive, a teaspoonful of this solution may be put in a second glass of water, thoroughly stirred and teaspoonful doses or more be given. There are patients of so great sensitiveness that a third or fourth glass, similarly prepared, may be necessary. Each such prepared glass must be made fresh daily. The globule of the high potency is best crushed in a few grains of

sugar of milk which the patient can put in the vial and be dissolved in the requisite quantity of water”.

Administration without the knowledge of patient (Ref: Aph 228)

Aph 228: “...We must merely endeavour to prevent the destruction and injury of surrounding objects, *without reproaching the patient for his acts*, and everything must be arranged in such a way that the necessity for any corporeal punishments and tortures whatever may be avoided. This is so much the more easily effected, because in the administration of the medicine—the only circumstance in which the employment of coercion could be justified—in the homœopathic system the small doses of the appropriate medicine *never* offend the taste, and may consequently be given to the patient without his knowledge in his drink, so that all compulsion is unnecessary”.

Administration in one-sided diseases (Ref: Aph 176, 177, 183)

Aph 177: “In order to meet most successfully such a case as *this*, which is of *very rare* occurrence, we are in the first place to select, guided by these few symptoms, the medicine which in our judgement is the most homœopathically indicated”.

Aph 183: “Whenever, therefore, the dose of the first medicine ceases to have a beneficial effect (if the newly developed symptoms do not, by reason of their gravity, demand more speedy aid—which, however, from the minuteness of the dose of homœopathic medicine, and in very chronic diseases, is excessively rare), a new examination of the disease must be instituted, the *status morbi* as it now is must be noted down, and a second homœopathic remedy selected in accordance with it, which shall exactly

suit the present state, and one which shall be all the more appropriate can then be found, as the group of symptoms has become larger and more complete.”

A Golden rule (Ref: Aph 273 6th edition)

Aph 273: “In no case under treatment is it necessary and *therefore not permissible* to administer to a patient more than *one single, simple medicinal* substance at one time. It is inconceivable how the slightest doubt could exist as to whether it was more consistent with nature and more rational to prescribe a *single, simple* medicine at one time in a disease or a mixture of several differently acting drugs. It is absolutely not allowed in homœopathy, the one true, simple and natural art of healing, to give the patient *at one time* different medicinal substances”.

CHAPTER 4

Aggravation, Its' Cause and Diversions

Aggravation, worsening: verschlimmerung:

It means an increase in the severity of the symptoms; a worsening of the condition of a sick individual.

In *homœopathic aggravation*, a very similar medicinal disease displaces the patient's original disease. Though it appears to the patient to be a worsening of pre-existing symptoms, it is actually the initial action of the homœopathic medicine whose symptoms are somewhat stronger than those of the already existing natural disease. In other words, the patient with a homœopathic aggravation is experiencing stronger medicinal symptoms, not his original disease symptoms.

Aggravation involving new symptoms (Ref: Aph 161, 163, 180)

It is a medicinal disease produced by a medicine that is not completely homœopathic to the patient's disease. An aggravation involving new symptoms is the initial action of the medicine, however the new symptoms brought forth by the inappropriate homœopathic medicine may pertain to the sphere of action of medicine, or they may be symptoms of the already

existing natural disease that were rarely or never felt by the patient until the medicine was given.

Aph 163: “In this case we cannot indeed expect from this medicine a complete, untroubled cure; for during its use some symptoms appear which were not previously observable in the disease, accessory symptoms of the not perfectly appropriate remedy. This does by no means prevent a considerable part of the disease (the symptoms of the disease that resemble those of the medicine) from being eradicated by this medicine, thereby establishing a fair commencement of the cure, but still this does not take place without those accessory symptoms, which are, however, always moderate when the dose of the medicine is sufficiently minute”.

Aph 180: “In this case the medicine, which has been chosen as well as was possible, but which, for the reason above stated, is only imperfectly homœopathic, will, in its action upon the disease that is only partially analogous to it—just as in the case mentioned above (§ 162, *et seq.*) where the limited number of homœopathic remedies renders the selection imperfect—produce accessory symptoms, and several phenomena from its own array of symptoms are mixed up with the patient’s state of health, *which are, however, at the same time, symptoms of the disease itself, although they may have been hitherto never or very rarely perceived*; some symptoms which the patient had never previously experienced appear, or others he had only felt indistinctly become more pronounced”.

Various Aspects of Aggravation

Signs of aggravation: (Ref: Aph 256)

Aph 256: “If, on the other hand, the patient mention some newly arisen befallments and symptoms of consequence—features of a medicine that was not fittingly homœopathic in its selection—then we must regard the patient’s state as having taken a turn for the worse, as it will soon be perfectly apparent that it has. We should conclude that his condition is worse even if the patient good-naturedly assures us that his condition is improving”. (O’ Reilly)

Chronic disease aggravates itself (Ref: Aph 201-203)

The old school of medicine misinterpreted the efforts of the life-force in disease, both its evacuations and its production of local symptoms. They did not realize that all those discharges and eliminations (apparent crisis) organized by nature left to itself were, in chronic diseases, only palliative short-lasting alleviations, which far from contributing to a true cure, on the contrary, only aggravate the original internal wasting sickness by the squandering of vitality and bodily fluids. No one ever saw any chronically sick patient restored to lasting health through such efforts of crude nature, nor any chronic disease cured through such evacuations accomplished by the organism. Rather, it is obvious that the original wasting sickness continually aggravates itself. After ever shorter and shorter periods of relief, the bad attacks recur more frequently and more severely, in spite of the continuation of the evacuations.

Aph 201: The life force makes and sustains symptoms on the exterior to silence chronic internal disease. Local symptoms of the chronic disease grow worse in order to continue to appease the worsening internal disease. For e.g.:

1. Old thigh ulcers get worse as long as internal Psora is uncured.
2. The chancre enlarges as long as internal syphilis is uncured.
3. The figwarts multiply and grow as long as sycosis is uncured, whereby the sycosis becomes more and more difficult to cure.

The internal total disease also grows of itself with time. (O' Reilly)

Aph 203: "Every external treatment for clearing away such local symptoms from the surface of the body, without having cured the internal miasmatic disease (e.g. the eradication of the itch diathesis from the skin by all kinds of salves, the cauterization of chancres, and the annihilation of figwarts just by cutting, tying or burning them off)—these hitherto universal, external ruinous treatments (which have been all too common) have become the most prevalent source of the countless named and unnamed chronic sufferings under which humanity so generally sighs. This practice is one of the most criminal acts of which the medical guild could make itself guilty, and yet it has been the commonly established one and it has been taught from the rostrums (of medical schools) as the only one". (O' Reilly)

Relationship with mental and emotional, status (Ref: Aph 253)

Aph 253: “Among the signs that, in all diseases, especially in such as are of an acute nature, inform us of a slight commencement of amelioration or aggravation that is not perceptible to every one, the state of mind and the whole demeanour of the patient are the most certain and instructive. In the case of ever so slight an improvement we observe a greater degree of comfort, increased calmness and freedom of the mind, higher spirits—a kind of return of the natural state. In the case of ever so small a commencement of aggravation we have, on the contrary, the exact opposite of this: a constrained, helpless, pitiable state of the disposition, of the mind, of the whole demeanour, and of all gestures, postures and actions, which may be easily perceived on close observation, but cannot be described in words.”

Aggravation in antipathic mode of treatment (Ref: Aph 58, 59, 60, 69; Aph 7 footnote)

It is here intended that the annihilation of the disease symptom takes place with an opposite medicinal symptom, which is impossible. The palliative medicine renders the disease mistunement, initially unfeeling to the life force by a semblance of dynamic neutralization but it soon expires itself, like every medicinal disease, and not only leaves the disease behind, as it was before, but also (since, like all palliatives, it had to be given in large dosage in order to achieve a pseudo-assuagement) compels the life force to bring forth an opposite state to the palliative medicine, the opposite of the medicinal action. The disease symptom consequently becomes worse after the duration of the action of the palliative medicine has lapsed. The symptom is all the worse, the larger the dose of the palliative medicine given.

Faults in the antipathic approach: Only a small part and not the totality of the whole disease is treated.

Examples:

1. Coffee for day time drowsiness.
2. Opium for insomnia, diarrhoea, pains, nocturnal cough.

3. Cantharides for weakness of bladder.
4. Purgatives and laxative salts for constipation.
5. Wine for protracted debilitation.
6. Bitter and hot spices for a weak and cold stomach.
7. Warm baths for chilliness and lack of vital heat.
8. Cold water for burns.
9. Sternutatory means for protracted nasal blockage.
10. Electricity and galvanism for weak and almost paralyzed limbs.
11. Blood lettings for congestion of blood.
12. Valerian for mental and bodily enervation.
13. Digitalis for a small rapid heart beat.

Footnote 7: “In all times, the old school physicians, not knowing how else to give relief, have sought to combat and if possible to suppress by medicines, here and there, a *single* symptom from among a number in diseases—a *one-sided* procedure, which, under the name of *symptomatic treatment*, has justly excited universal contempt, because by it, not only was nothing gained, but much harm was inflicted. A single one of the symptoms present is no more the disease itself than a single foot is the man himself. This procedure was so much the more reprehensible, that such a single symptom was only treated by an antagonistic remedy (therefore only in an enantiopathic and palliative manner), whereby, after a slight alleviation, it was subsequently only rendered all the worse”.

Aggravations with new symptoms (Ref: Aph 248, 249, 250)

If the patient undergoes one or another important ailment that he never had before in his life, and the rest of the disease appears in a group of altered symptoms, then another medicine, more homœopathically appropriate, must now be selected in place of the one that was used, the new medicine should be administered in just such repeated doses.

If so-called homœopathic aggravations appear towards the end of treatment of a chronic disease, after almost daily repetition of the fully homœopathically fitting medicine, then this is an indication that the

medicinal disease which is so similar to the original disease, is now audible almost by itself. In such a case, diminish the dose and frequency of the medicine, or, stop it for several days.

Aggravations with new symptoms indicate unhomœopathic treatment. It never results from a too-small homœopathic dose.

A poorly selected medicine should be replaced by the most appropriate homœopathic remedy for the present disease state.

Aggravations from allopathic treatment

Indirect allopathic treatments are like acts of war. The land (organism) is destroyed but the enemy remains. The indirect methods, which attack the innocent parts and organs compelling evacuations, purgations, etc. bring forth a far greater disease of different kind, in the healthier parts, whereby vitality and bodily fluids are wasted. Daily experience shows the sad results of this maneuver in chronic diseases, curing being the least result. Any artificial imitation or suppression of the efforts of the life force increases the malady, or, through suppression, renders it dangerous.

Aggravation from compound prescription

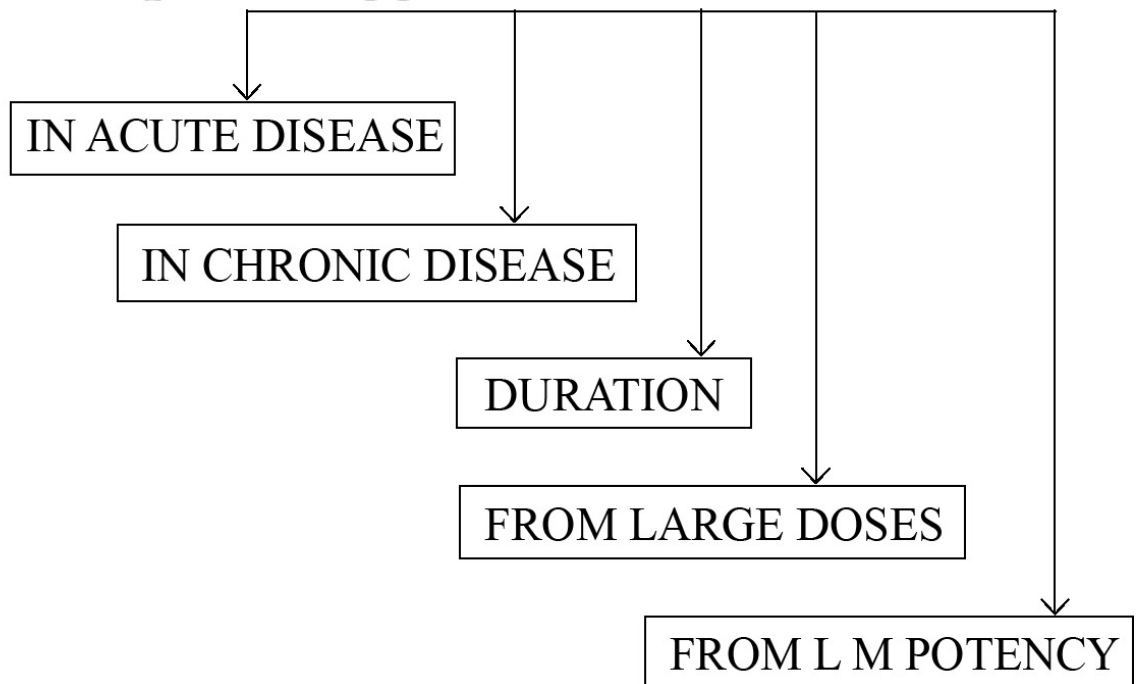
All semblance of purposeful treatment of diseases disappeared altogether, however, with a practice that was introduced from the oldest times and was even put into law: the mixture of medicinal substances which were (almost without exception) unknown in their true action and (continually and entirely without exception) divergent from one another.

1. One medicine (the extent of whose medicinal actions were not known) was placed foremost as the principal means (basis) to conquer what the physician assumed to be the chief character of the disease.
2. Another medicine was added to the dispatch of this or that accessory indicator, or as a strengthening means (*adjuvantia*).
3. To this was added an alleged improvement means (*corrigens*), likewise unknown as to the extent of their medicinal powers.
4. All these were mixed together. (*decocted, extracted*).

5. Medicinal syrup or distilled medicinal water brought still more medicinal properties to the formula.

RESULT: A new disease mistunement which was often unnoticeable in the tumult of the disease symptoms.

Homoeopathic aggravation



In Acute disease: (Ref: 5th edition Aph 157)

“But though it is certain that a homœopathically selected remedy does, by reason of its appropriateness and the minuteness of the dose, gently remove and annihilate the acute disease analogous to it, without manifesting its other unhomœopathic symptoms, that is to say, without the production of new, serious disturbances, yet it usually, immediately after ingestion—for the first hour, or for a few hours—causes a kind of slight aggravation (where the dose has been somewhat too large, however, for a considerable number of hours), which has so much resemblance to the original disease that it seems to the patient to be an aggravation of his own disease. But it is, in reality, nothing more than an extremely similar *medicinal disease*, somewhat exceeding in strength the original affection.”

In Chronic disease: (Ref: 6th edition Aph 161, 248, 282)

Aph 161 6th edition: “When I here limit the so-called homœopathic aggravation, or rather the primary action of the homœopathic medicine that seems to increase somewhat the symptoms of the original disease, to the first or few first hours, this is certainly true with respect to diseases of a more acute character and of recent origin; but where medicines of long action have to combat a malady of, considerable or of very long standing where no such apparent increase of the original disease ought to appear during treatment and it does not so appear if the accurately chosen medicine was given in proper small, gradually higher doses, each somewhat modified with renewed dynamization (§ 247). Such increase of the original symptoms of a chronic disease can appear only at the end of treatment when the cure is almost or quite finished”.

Aph 248 6th edition: “...On the other hand, should there appear during almost daily repetition of the well indicated homœopathic remedy, towards the end of the treatment of a chronic disease, *so-called (§161) homœopathic aggravations* by which the balance of the morbid symptoms seem to again increase somewhat... The doses in that case must then be reduced still further and repeated in longer intervals and possibly stopped several days, in order to see if the convalescence need no further medicinal aid. The apparent symptoms (Schein–Symptome) caused by the excess of the homœopathic medicine will soon disappear and leave undisturbed health in its wake...”

Aph 282 6th edition: “It would be a certain sign that the doses were altogether too large, if during treatment, especially in chronic diseases, the first dose should bring forth a so-called *homœopathic aggravation*, that is, a marked increase of the original morbid symptoms first discovered and in the same way every repeated dose (p. 247) however modified somewhat by shaking before its administration (*i.e.*, more highly dynamized).”

Duration: (Ref: Aph 161)

In chronic diseases, homœopathic aggravations from the medicines ensue from time to time over the course of several days.

From large doses: (Ref: Aph 159 6th edition, Aph 160 foot note)

Aph 159 6th edition: “The smaller the dose of the homœopathic remedy is, in the treatment of acute diseases so much the slighter and shorter is the apparent increase of the disease during the first hours”.

Aph 160 footnote: “This exaltation of the medicinal symptoms over those disease symptoms analogous to them, which looks like an aggravation, has been observed by other physicians also, when by accident they employed a homœopathic remedy...”

Lysons says (Med Transact, vol II London, 1772) “The bark of the elm cures most certainly those skin diseases which it increases at the beginning of its action”. Had he not given the bark in monstrous doses usual in the allopathic system, but in the quite small doses requisite when the medicine shows similarity of symptoms, that is to say, when it is used homœopathically, he would have effected a cure without or almost without, seeing this apparent increase of the disease (Homoeopathic Aggravation)”.

With L M potency: (Ref: 6th edition Aph 161, 248, 280, 281)

Aph 280 6th edition: “The dose of the medicine that continues serviceable without producing new troublesome symptoms is to be continued while *gradually ascending*, so long as the patient *with general improvement*, begins to feel in a mild degree the return of one or several old original complaints. This indicates an approaching cure through a gradual ascending of the moderate doses modified each time by succussion (§ 247). It indicates that the vital principle no longer needs to be affected by the similar medicinal disease in order to lose the sensation of the natural disease (§ 148). It indicates that the life principle now free from the natural disease begins to suffer only something of the medicinal disease hitherto known as *homœopathic aggravation*.”

Aggravations from psychological treatment: (Ref: Aph 224)

Aph 224: “If the mental disease be not quite developed, and if it be still somewhat doubtful whether it really arose from a corporeal affection, or did not rather result from faults of education, bad practices, corrupt morals, neglect of the mind, superstition or ignorance; the mode of deciding this point will be, that if it proceed from one or other of the latter causes it will diminish and be improved by sensible friendly exhortations, consolatory arguments, serious representations and sensible advice, whereas a real moral or mental malady, depending on bodily disease, would be speedily aggravated by such a course, the melancholic would become still more dejected, querulous, inconsolable and reserved, the spiteful maniac would thereby become still more exasperated, and the chattering fool would become manifestly more foolish.”

Aggravation by unmodified doses: (Ref: 6th edition Aph 247, 248)

Aph 247 6th edition: “It is impractical to repeat the same unchanged dose of a remedy once, not to mention its frequent repetition (and at short intervals in order not to delay the cure). The vital principle does not accept such unchanged doses without resistance, that is, without other symptoms of the medicine to manifest themselves than those similar to the disease to be cured, because the former dose has already accomplished the expected change in the vital principle and a second dynamically wholly similar, unchanged dose of the same medicine no longer finds, therefore, the same conditions of the vital force. The patient may indeed be made sick in another way by receiving other such unchanged doses, even sicker than he was, for now only those symptoms of the given remedy remain active which were not homœopathic to the original disease, hence no step towards cure can follow, only a true aggravation of the condition of the patient. But if the succeeding dose is changed slightly every time, namely potentized somewhat higher (pp. 269-270) then the vital principle may be altered without difficulty by the same medicine (the sensation of natural disease diminishing) and thus the cure brought nearer”.

Homoeopathic aggravations that were misunderstood by physicians: (Ref: Aph 160)

Aph 160: “But as the dose of a homœopathic remedy can scarcely ever be made so small that it shall not be able to relieve, overpower, indeed completely cure and annihilate the uncomplicated natural disease of not long standing that is analogous to it, we can understand why a dose of an appropriate homœopathic medicine, not the very smallest possible, does always, during the first hour after its ingestion, produce a perceptible homœopathic aggravation of this kind.”

Aph 160 footnote: “...The facial eruption which the *viola tricolor* cured was aggravated by it as the commencement of its action,” Leroy tells us (*Heilk. für Mutter*, p. 406) but he knew not that the apparent aggravation was owing to the somewhat too large dose of the remedy, which in this instance was to a certain extent homœopathic...”

A similar medicinal disease: (Ref: Aph 157)

Aph 157: “... has so much resemblance to the original disease that it seems to the patient to be an aggravation of his own disease. But it is, in reality, nothing more than an extremely similar *medicinal disease*, somewhat exceeding in strength the original affection.”

CHAPTER 5

Patient as a Person

Introduction

Heraclitus (500BC) said that everything in the world is changing and is in a constant state of conflict. He illustrated this by a famous saying “you can never step into the same river twice.”

Medicine as a science and art should never base its structure on opinions or arm chair theories but on some laws, and experience. Principles of homoeopathy is an outcome of empirical data and experimental results concomitant with laws and principles. Disease develops under the influence of laws and principles and cure also takes place on the basis of laws and principles. Health too is weakened by some laws and principles. So, a rational physician uses his skill and art tactfully on laws and principles.

Patient as a person with his internal defensive mechanism has a constant interaction with external environment, and a state of homoeostasis is maintained. This homoeostasis is constantly maintained by our defensive mechanism, but sometimes it fails and a series of symptoms (syndrome) develops.

Symptom

It is a mutual understanding of disease and vital principle. It is a representative of the interaction between the defence mechanism and the morbidic stimulus. This is also based on certain laws and principles.

The climate, electromagnetic radiations, the atmosphere, moon, the solar system, etc. have a major influence on man. Every man from different country, religion and culture differs from the other and all this has a deep influence on the expression of the human being as an individual. Man is constantly exposed to so many obnoxious substances, radioactive products, different types of bactericides, chemical exposure-through food grains, fertilizers, pollution-from noise, light, etc.; all of which constitute and are responsible for occupational hazards. But we are not facing or having any obvious illness! This is because we are the healthy individuals having a capacity to resist humidity, heat, cold, radiations, chemicals, etc. without disturbing our equilibrium to a certain extent. We as individuals also have an influence from the family thread which is a significant factor in the development of disease.

The medicines we use are an outcome of proving—a purposeful understanding between the individual and the medicine and its effects which has got the power to disturb prover as a person and mobilizes its effects on the defence mechanism. It is the defence mechanism which demonstrates its feelings to the unprejudiced observer in the process of proving, and by means of this response, we learn the peculiar and uncommon nature of a substance—prover and medicine. In the most modern language we can express the process of proving as a purposeful interaction of the electromagnetic fields of the prover and the medicine. The field of medicine in general is gradually entering into the arena of force, energy, etc.

During the proving when a substance is given to several provers, we observe and perceive a mutual understanding of personalities of different provers with personalities of medicinal substances, in different environments, climates, cultures, religion, etc. All these factors together with their encapsulated past coded in the genes, expressed through the miasm, have a tremendous influence on the provers; and also the wisdom of medicinal substances which have their own individuality, affect the interaction. The interaction differs from prover to prover and medicine to medicine and there are many subtle changes that can't be detected by any sophisticated instrumental investigation.

A plant has got its own wisdom under the influence of the soil; soil containing many types of elements, some known, some unknown; many

more subtle substances; their understanding between the roots of the particular plant to the other associated plants which are growing under the influence of climate, all together having a capacity to produce many known and unknown types of diseases/ syndromes/manifestations. The minerals have their own toxic effect which is an outcome of interaction between surrounding soil elements-known, unknown, trace. They are getting subtle influence from climate, environment, their own background, electromagnetic field, etc.

Animals and their poison have their own composition of chemical chain. The dynamic effect latent within this chemical chain becomes exaggerated or highlighted by a certain process, in a particular time or environment, in certain animals, during their bite when they are angry or when they are calm and quiet. Every poison has its own duration of poisoning, reaction, and lethality.

Diseased product (*NOSODE*) too has its own wisdom, causative organisms have their own individuality, their shape, size, their different staining—an individualization on microscopic level; their own electromagnetic field, immune system, toxic effects, chemical reactions, etc. When they attack a human being, every individual sick personality respond in a different way to the same causative organism, depending upon time, circumstances, climate, immunity, virulence, etc.

The healthy tissues, secretions, etc. (*SARCODES*) have their individual electromagnetic fields, sphere of action and chemical compositions. Unseen power (*IMPONDERABILIA*) such as x-ray, effects of moon and sun, etc.—their noxious influence is capable of many types of destructive influences, known and unknown at the subtle level.

The human being is the most honourable creature on this earth, with its own *morphology*, own genetic code and a long past starting from primitive to present, having endured a long history of stresses, diseases, etc. and passing through numerous centuries of cultures and societies down to the present era.

A medicine contains all the above described phenomena. The outcome of mutual understanding (love affair) between these two wisdoms is expressed in the language of the symptoms and not in the language of disease. A physician, rational physician, conscious physician, uses this

instrument for the sick person without referring to the disease rather targeting the patient as a person. We apply all the wisdom this instrument contains knowingly and unknowingly to eradicate the symptom combination of diseases known to us, may be unknown to us, by constitutional prescribing. A medicine has got a mutual understanding with various constitutions, temperaments, genetic codes with all the beauty and ugliness presented. This understanding is to be used by us on fixed principles. We have got a mission as a physician or as a prover to bring about perfection in the healing art; an art which has been pure and genuine since its development, not based on theories, hypothesis, suggestions, or physicians' own whimsical mood.

Proving Hahnemann (1790)–After 19 years of Halen

Fragmenta de viribus (1805)	Materia Medica Pura (1827) 2 vol. in English	Chronic diseases (1828)
–Proving on healthy human beings	–Proving on healthy human beings	–Proving on sick human beings
–Poisonings	–Pure effects of medicines	–2nd, 3rd, 4th part 1828, 1830 2nd ed. with a 5th part 1835, 1839
–27 medicines	–67 medicines	–48 medicines
Hahnemann proves–100 medicines		

In 1833–Psorinum was published in Stapf's 'Archive'.

CHAPTER 6

Perceiving Personality Profile: Its Importance in Study of Materia Medica

Constitution

The analysis that follows is my own. It is influenced by what I have learnt from others, but represents my own interpretation and experience after applying the concept in practice.

Definition (Concise Oxford Dictionary)

Constitution may be defined as character of the body as regards health, strength, etc.; mental character; mode in which state is organized.

CONSTITUTIONAL: Of, inherent in, affecting bodily or mental constitution; essential.

Our personal constitution is the habitual state of our organism: the organization and interaction of our constituent parts, and the way we are organized to interact with the world.

Most importantly, it considers the patient's predisposition to illness, the evolution and natural history in general of the illness. Any constitution may have within it the seeds of potential crisis. It may have its weaknesses, flaws and idiosyncrasies—no constitution is perfect.

The constitutional characteristics of the patient prevail in the absence of illness. But they are also the aspects of the individual which may intensify when we are ill, thus becoming symptoms. Particular physical characteristics, body functions and general reactions, physiological traits and social behaviour, that exist as normal traits when we are well may become exaggerated or altered when we are ill. It could be said that one man's constitutional characteristic is another man's symptom. The difference is either a matter of degree or a matter of context.

Patterns of constitutional characteristics that are seen consistently and repeatedly in a number of people are known as 'constitutional types'. These constitutional patterns have their likeness, their similitude, in the characteristics of homoeopathic medicines, just as clinical pictures do.

A morbid constitutional tendency develops due to a miasm which directs human being to a particular dynamic pathological destiny.

As a homoeopathic physician, we have to recognize the dynamic range of patient as a person through a constitutional disposition, to identify the determined pathology.

Landing on morbid constitution needs perceiving of the whole history of the patient as a person; entire organism as a biological unit.

The present ailment should be considered along with the lateral development of symptomatology—from mind to body; psyche to somatic level, noted in the present moment, and this moment is going to decide the constitutional demand for THE REMEDY.

The constitutional predisposition to a specific dynamic attitude and organic pathology has been the physician's deepest desire to discover—the sick's general inclination or tendency towards its expression—DYNAMIC DISEASE.

A primitive encapsulated biological consciousness in the human being which links disease as well as develop the personality. (Study Carl Jung's ARCHETYPE)

We as homoeopathic physicians have in our materia medica such constitutional biotypes with most of the polychrest remedies like Pulsatilla, Sulphur, Nux vomica, Natrium muriaticum, Lycopodium, Phosphorous, etc.

In acute conditions, mostly an acute remedy comes to the picture for prescribing, but, when we get the picture of a deep acting constitutional medicine, we have to think thrice before prescribing the remedy; it may cause harm in cases of advanced pathology.

Constitutions have a tendency to determine the reaction of a person and many psychological factors that are involved.

A person may be having both—a deep desire to be well and healthy as well as a subconscious desire to be ill which we must learn through the study of constitution.

A constitutional pattern of this kind associated with a particular medicine ‘typed’ accordingly. Thus, we speak of a Pulsatilla type, when we recognise the clinical picture of Pulsatilla, when we recognize its characteristic symptoms.

How to learn constitution

The association between certain constitutional characteristics and particular homoeopathic medicines has been made in two ways.

Firstly, from the sensitivity shown by certain constitutional types to substances used in experimental pathogenesis (provings). In this case healthy people showing common characteristics have been found to react particularly strongly to test doses of a particular substance. The substance and the medicine derived from it therefore correspond to that constitutional type, and vice-versa. In the *second case*, patients with certain common constitutional characteristics are found to respond particularly well to one specific medicine in the course of treatment. Their common characteristics represent the constitutional type of that medicine. Clinical experience may corroborate the experimental evidence or supplement it with new observations. Alternatively, the constitutional type of a medicine may be derived wholly from clinical experience. Thus, both the clinical and constitutional picture of medicines is similarly based on experimental and clinical observations.

When we become ill, the clinical picture may include constitutional features which have become exaggerated—they have become symptoms. Alternatively, the clinical picture may have no relationship to the

constitutional picture and become superimposed upon it. Hence there is a need to distinguish between constitutional and clinical picture.

Some homoeopaths, for instance, will describe a prescription based on the totality of symptoms as a constitutional prescription, whether it corresponds to the underlying constitutional picture of the individual or not. Alternatively, many homoeopaths include constitutional characteristics in a clinical picture even though they are not the clinical features of the illness.

Now let us address the question of ‘constitutional remedy’. Hahnemann had himself stated that in order to cure completely and permanently, you need to find the ‘deeper’ indicated remedy according to the theory of chronic miasms.

A remedy can be defined as constitutional when, by virtue of its symptomatology, it covers the basic chronic or acute symptomatology of the person throughout his life. In spite of the fact that such a person may suffer, in different stages of his life, from different nosological entities like otitis media, lumbago, sciatica, bronchitis, or psoriasis, the indicated remedy remains always the same.

However, such a definition has no meaning in deep chronic cases that we meet today. In fact, what we mean by ‘constitutional’ remedy is not an easy task and perhaps is not necessary for successful treatment.

We may define a constitutional remedy as the main remedy that will benefit the patient the most. But such a statement has no meaning apart from indicating that there is one remedy that is always indicated at a certain state of pathology for each patient and such a remedy should be found and prescribed in order to give the most benefit to the patient.

Again, experience shows that in every complicated case, there is a precise sequence of remedies that should be discovered after studying the case and a correct evaluation of the symptomatology, and such a sequence has to be prescribed at the right time and in the right potency.

Every remedy has some basic characteristic symptoms in its mental, emotional and physical pathology, and if these characteristics are observed in the patient, we tend to say that this is the constitutional remedy of such a patient. Here we are again using this term in a loose manner.

Another definition may be that the constitutional remedy is the one that will actually prevent the pathology from manifesting. But such a patient may eventually develop different pathology with symptoms indicating another remedy as a second level of pathology and again the question will arise regarding the constitutional remedy.

Thus, the meaning of ‘constitutional’ remedy is rather an elusive one.

Constitution and homoeopathic prescribing

Several master homoeopathic physicians have developed the notion of constitutional types, describing symptoms in terms of personality caricatures and categorizing individuals, as for example, *Phosphorus* or *Sulphur* types.

Hering applied the appellation of the ‘ragged philosopher’ to the *Sulphur* patient, in reference to his or her tendency to theorize while neglecting the physical aspects of existence.

It was Kent, however, who was a genius in making many of the more fully proven homoeopathic drug pictures come alive. ‘He could see unity in diversity; an order and light in an apparent confusion of jumbled up symptoms.’

Various other more modern homoeopaths have continued and amplified the tradition of creating ‘portraits’ of homoeopathic constitutional remedies. Margaret Tyler, for example, gives a graphic vignette of *Sepia* as the overworked housewife: Picture her-the sallow, tired mother of a big family, on “washing day”.

Catherine Coulter is the consummate artist in developing detailed psycho-analytical portraits of many of the most well-known constitutional remedies.

More recently, Phillip, M. Bailey, has published in-depth analytical descriptions of the personalities of the major constitutional remedies, including an attempt to portray the ‘essence’ of each remedy. For each remedy, he has selected a ‘keynote’ based on the psychological characteristic. For example, *Nux vomica* is ‘the conqueror’, *Phosphorus* is ‘the lack of boundaries’, *Sepia* is ‘the independent woman’. *Sepia* is also

represented by five descriptive subtypes: the witch, the dancer, the courtesan, the shrew and the drudge.

Lockie and Geddes have provided their readers with full-page, colour photographic depictions of people, whom they feel represent the prototype of their constitutional type.

The danger, of course, in homoeopathy's fascination with prototypical descriptions of constitutional types, is misprescribing. Rarely is an individual a 'pure type'; rather an individual may reflect partial aspects of a number of remedies from which the appropriate similimum must be selected.

The art of constitutional homoeopathic prescribing involves the ability to recognize and deal appropriately with all such symptom patterns, including recognizing and removing any obstacles to recovery, and determination of the dose, potency and frequency of repetition of that remedy or remedies which will, over time, best arouse the curative powers of the patient and evoke the most gentle, complete and permanent healing response.

Constitution in the psychiatric literature

While no uniform definition of 'constitution' has been accepted in the psychiatric literature, there are many references to the concept which broadly overlap with the concept as described by homoeopathy.

During the late 19th and early 20th centuries, psychiatry embraced the concept of somatic characteristics under the definition of 'constitution'; the concept seems to have receded from prominence, with one or two exceptions.

Slater and Roth have argued that both genetic and environmental factors conspire together to produce what is referred to as 'constitution' and that this may change at various ages in the life cycle, moulded by different environmental factors at different time points. They state "at any particular time, the reactions of an individual are the compound results of the complexity of forces".

Rees broadly defined three types of somatotypes—*endomorph*, *mesomorph* and *ectomorph*. Slater and Roth refer to the fact that stature is

affected more by social history and background, than by mental or environmental factors. They also related specific disorders such as anorexia nervosa, epilepsy, symptomatic psychoses, depressive and cyclothymic disorders, as well as war neurosis, with particular constitutional predispositions. While Slater and Roth's writings are illuminating, one difficulty is their failure to clearly define the term constitution, and to distinguish it from personality and temperament, all of which are related.

Kretschmer considered that pyknic (endomorph) individuals tended to be cyclothymic and more liable to manic depressive disorder. Leptosomatic (ectomorphic) individuals were more likely to exhibit schizotypal features or schizophrenia.

Jung gave his typology of extroverted and introverted people. Sheldon et al developed a somewhat more complex system, which offered no more advantages than simple linear mode of distribution between two poles, which had been described by Rees and Eysenck.

Akiskal has pointed out that temperament, a concept closely allied to constitution, is an underused and misunderstood concept in psychiatry and that it refers to the biological constitutional core of the personality, and as such refers to reactivity, variability, intensity and the drive component of the emotional disposition. Temperament does not in itself constitute pathology, but it may be associated with desirable outcomes or serve as a precursor to a clinical disorder.

Akiskal and his colleagues have delineated the cyclothymic, hyperthymic and dysthymic (depressive) temperaments, mentioning that often they are unfortunately misdiagnosed as borderline personality disorder, and that, of great importance, some psychopharmacological treatments are clinically promising for reversing not only the major psychopathology, but more subtle interpersonal and social disturbances in the lives of these individuals.

As promising as this system is, it differs from the homeopathic concept of constitution in denying any particular role of somatic features, as well as behaviors related to the natural environment such as climate, food preferences, etc.

Cloninger and co-workers have proposed a biosocial approach to personality, which stresses an on-going interaction of genetically inherited traits and environmental experience in determining personality. Three dimensions of temperament are proposed by Cloninger, which are matched by behavioral correlates and specific brain neurotransmitter pathways.

Currently, psychiatry is more pre-occupied with elaboration of the concepts of temperament and personality, which embraces one part of the more total notion of 'constitution'.

Constitution has been defined as the inherited and acquired physical, emotional and intellectual make-up of the person, revealing itself in the habit, basic emotional and intellectual inclinations, and the way the individual reacts to internal and external stress factors.

Eysenck has opined that personality can be reduced to two core dimensions of introversion and neuroticism.

Both psychiatry and homoeopathy agree that the constitution can be an important predictor of more serious pathology and may also direct the choice of treatment. They both agree that constitutional pure types are quite rare and that overlap or fuzziness of categorization is more reflective of reality. For psychiatry, there is perhaps a need to embrace again the aspects of constitution that relate to physical characteristics [for example, body type and interaction with the natural environment–Accessory Circumstances (§5)] as well as to explore further the basic neurobiology.

Attempts to validate and test the homoeopathic concept of constitution through research work had been attempted by Ives by operationally testing the concepts of *Sulphur*, *Pulsatilla*, *Lycopodium*, *Nux vomica*, *Phosphorous* and *Sepia* constitutions. Ives found that one cluster emerged which suggested high neuroticism and another which suggested stability.

There is a further need to undertake such kind of research work, and for this purpose, there needs to be a matchup of a homoeopathic constitutional type questionnaire with some of the more well established psychiatric scales such as the Eysenck Personality Inventory and the Cloninger Tri-Dimensional Personality Questionnaire.

Personality

The work on personality to determine the factor of disease has been chiefly done by Sheldon, Carl Jung, Kretschmer (1888-1964).

Kretschmer assigned a certain number of diseases to a special category of personality as follows:

1. Short, thickest individual with a broad trunk and shoulder have a tendency to develop vascular and manic depressive condition.
2. Tall, thin asthenic individuals, have a predisposition to schizoid state and tuberculosis.

Personality

We perceive through the hole with the coverage of entire appearance in the terms of human relationship—the persona (mask) we build in order to face the crisis, the demands of our surroundings.

We need to know or perceive the personality of the patient as well as the personality of a medicine as a remedy through deep, repeated and systemic studies from psychological and physical components, psychological components sometimes expressed through physical behavior and attitude which we learn through the body language; to arrive to the concept of person's individuality. This process is always touched through the constitution, temperament, anthropological development, encapsulated past, psychic somatic trauma, suppressed emotional and physical identity of expression of miasmatic evolution, general modality and lateral symptom (lateral, non-linear symptomatology). These represent through the personality of the remedy in materia medica on one hand and on the other side, perceiving of patient as a person at clinical bedside. In a nutshell, personalities are not only the coverage of total appearance but it is the essence which develops through the combination and integration with logical sequence of all the above factors.

Personality Profile

For chronic and miasmatically obstinate cases whole person is involved and the person is unable to adjust with his environment. This conflict between person and environment is going to express through different parts of the body. Our main target is human being and in fact, we consider more its being.¹

PERSON—We find being, the inner most site which we can say person. The person is expressed through our unconscious will and from where our motivation to act originates. From this innermost depth, thoughts and determination emerge which are very powerful.

TEMPERAMENT—The temperament is a person's way of being; in fact his emotional constitution; the person's way of doing and his reaction to environment.

Definition

The personality profile is an individual brief outline or sketch or assessment of human being, including his constitution and temperament by which we get an individual distinct character which is mentioned by Hahnemann in §153, is the core of Jungian psychology.

History of development of the term 'Personality Profile'

The word 'Personality' originates from '*persona*'; a term introduced for the first time in the history of psychology by Carl Gustav Jung. It portrays individual human being and includes person's constitution and temperament—the qualities that give distinctness of character—an integrated WHOLE as they are presented to others.

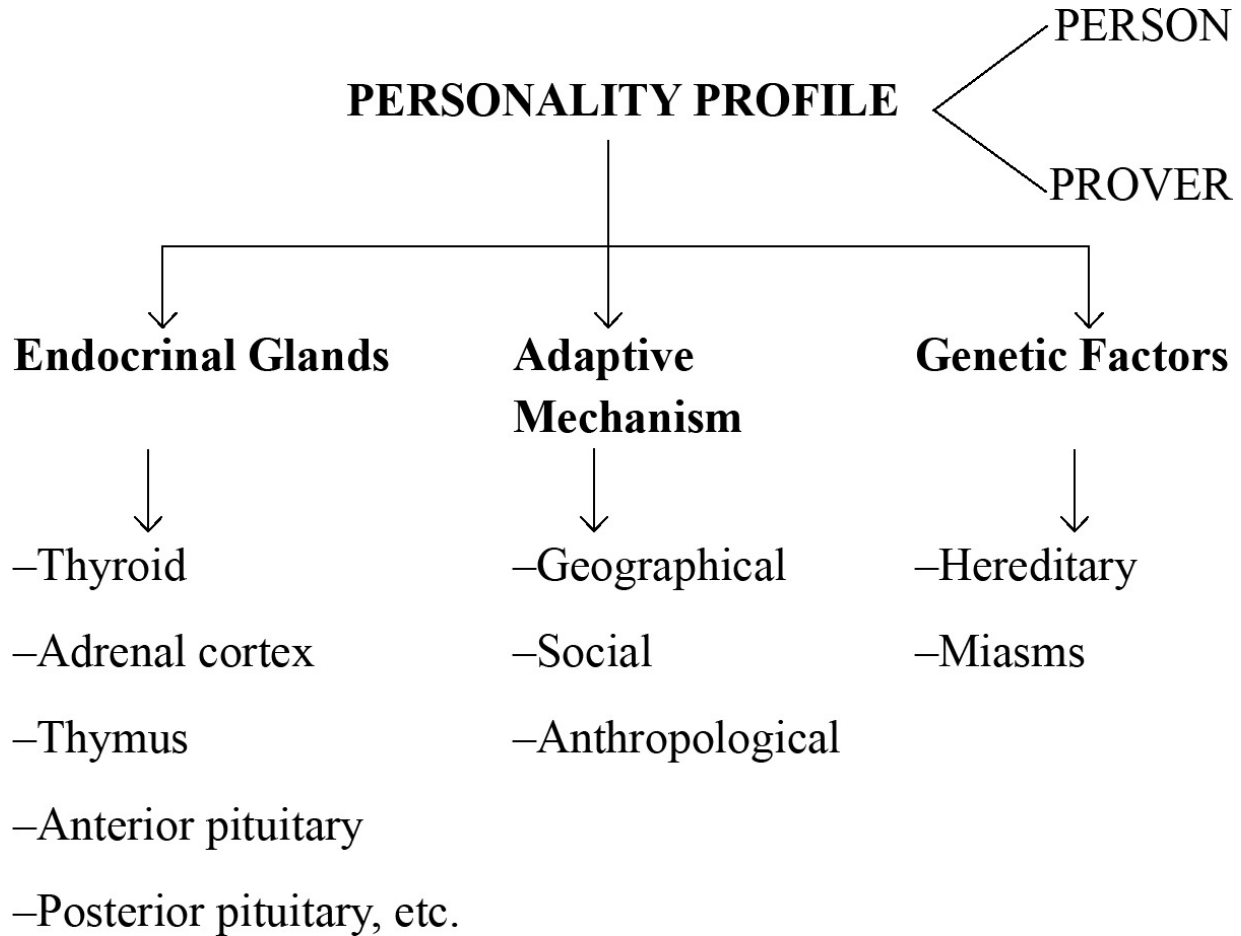
The term '*persona*' originates from Latin, meaning 'a mask', particularly worn by an actor or used in the fancy party of antiquity. It gradually evolved through 'character played by an actor'.

The term 'profile' comes from early modern Italian word '*profile*'; a derivative of '*profilare*' meaning 'draw an outline'.

This was a compound word formed from the prefix '*pro*'—'forward' and '*filare*' meaning 'draw a line'. In fact profile denotes a brief outline; a

sketch or an assessment of a view.

Personality profile develops due to the influence of various factors. They are as follows:



Endocrinology and development of personality profile

The internal essences of human beings—*Hormones*, play a dominant role in the development and integration of human personality. The growth of hair, heart, blood, organs, etc. and man's actions, emotions, mentality, the man himself are controlled by the glands.

To understand the man, we ought to understand the glands; to behold the man; we ought to comprehend the glands.

The most precious bit of knowledge that we possess today about man is that he is the creature of his glands of internal secretion. That is, man as a distinctive organism is the product, the by-product, of a number of cell

factories which control the parts of his make-up, much as the different divisions of an automobile concern produce the different parts of a car. These chemical factories consist of cells, manufacture special substances, which act upon the other cells of the body and so start and determine the countless processes which we call 'life'. Life, body and soul emerge from the activities of the magic ooze of their silent chemistry, precisely; as a tree of tin crystals arises from the chemical reactions started in a solution of tin salts by an electric current.

(‘The Glands Regulating Personality’ by *Dr. Louis Bermen*, M.D., pg. 26).

Dr. Rubin has remarked: “The physical appearance of the individual, his psychic traits or what might be called the chemistry of soul, are demonstrated in a great measure by the character and amount of the internal secretions of his various glands.’

(‘Your Mysterious Glands’ by *Rubin, Herman H*, M.D.; pg. 54)

Dr. Cobb, while stressing on the role of endocrinological system in the personality development, wrote in his introduction to ‘The Glands of Destiny’:-

“The action of the glands in determining the bodily build is indisputable and the mental outlook-‘the behavior complexes’ of an individual appears to be depend on the physical well-being and the physical well-being undoubtedly depends upon the successful action and interaction of the various glandular secretions.”

To quote him further:

...‘the absence of one chemical can result in a failure of development of the body and mind of an individual.’

Thus, there is no doubt that the whole pattern of life, for an individual or a group, can be profoundly altered by the action of hormones that manipulate almost at will the physical appearance and behavior of any given patient.

Hence, we can very well perceive that the mysterious internal secretion-the inner essence technically called hormones are responsible for

man's development of constitution, temperament, emotions, etc.—in essence the MAN himself.

The body-mind is a perfect corporation. Of this corporation the glands of internal secretion are the directors... behind the body and behind the mind is this board of Governors.

(‘The Glands Regulating Personality’ by *Dr. Louis Bermen, M.D.*; pg. 96-97)

Now, from the point of view of development of personality profile, I would like to briefly outline the role of various individual endocrinal glands; so as to further elaborate upon this subject:

Thyroid Gland

Dr. I.G. Cobb very well portrays the essence of thyroid gland, when he tells us that “Only 3½ grains of thyroid secretion stands between intelligence and idiocy.” It is a gruesome thought to realize that the absence of one chemical can result in failure of development of mind and body of an individual (“The Glands of Destiny”, pg. 5)

Thyroid is a gland found astride the neck above the windpipe, close to the larynx and is a large gland. It was once a sex gland and is frequently called the “third ovary”, since it is always involved in ovarian cases in the lower vertebrae. It is clearly involved with the ducts of sexual organs, but in the march of evolution rose upwards.

Dr. Louis Bermen says that the relation is lost. The thyroid migrates more and more to the head region to become a great link between sex and brain. (“The Glands Regulating Personality” by Dr. Louis Bermen).

It controls the metabolism of energy. It has been called an efficient lubricator of energy transformation and is a great catalyst of energy in the body. It controls the speed of living and is the keystone of endocrine system.

Dr. Bermen says ‘Without thyroid, there can be no complexity of thought, no education, no learning, no habit formation, no response energy for situations as well as no physical enfolding of faculties and functions, no sign of adolescence at the expected age and no exhibition of sexual

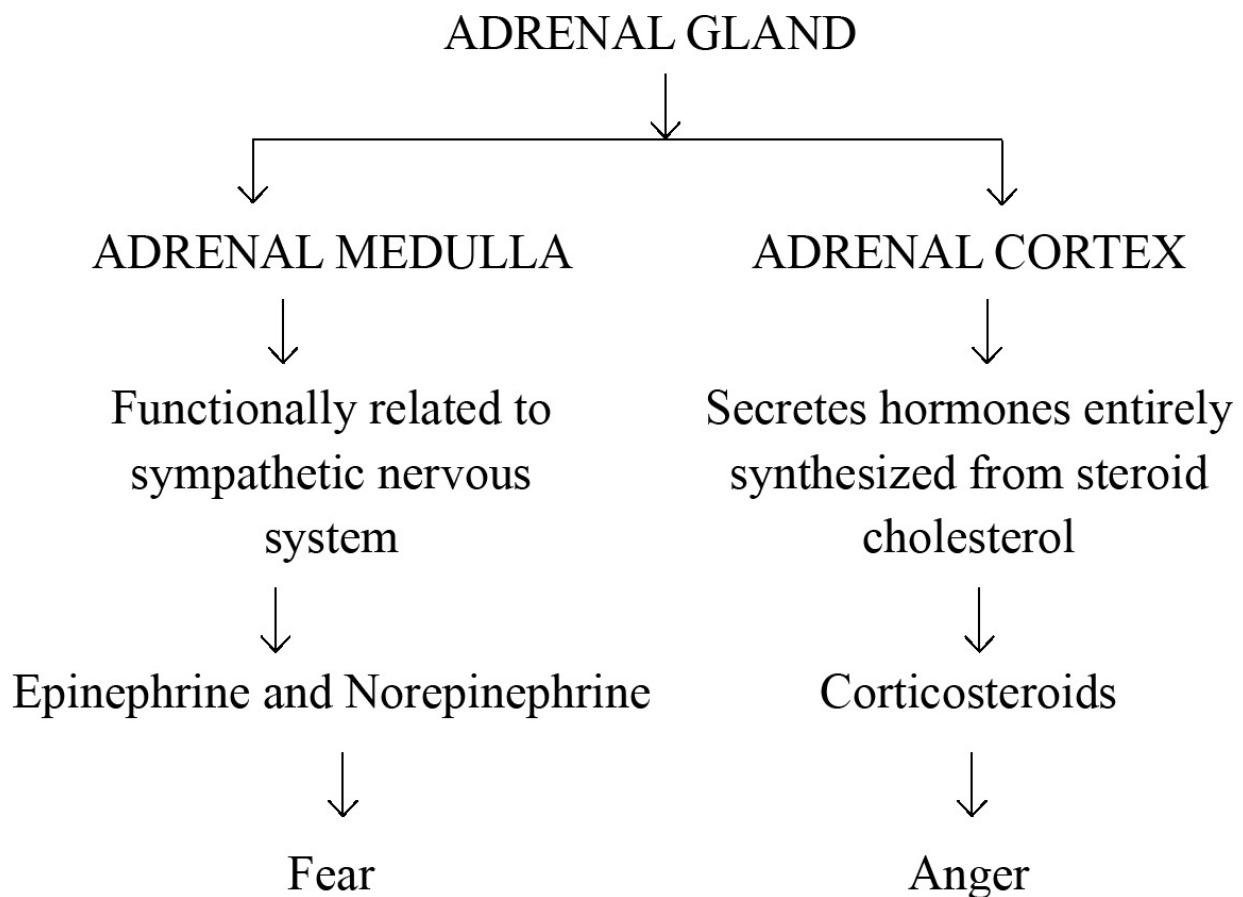
tendencies thereafter” (“The Glands Regulating Personality” by Dr. Louis Bermen, pg.55).

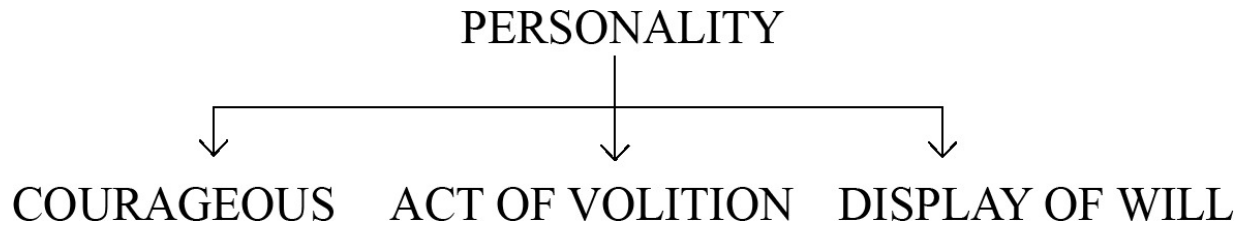
Dr. Bermen tells us that “Sensitivity, the ability to discriminate between grades of sensation or acuteness of perception is another thyroid quality. Just as the thyroid plus is more energetic, so is he more sensitive. He feels and thinks more, he feels pain more readily, he feels pain more freely, he arrives more quickly at the stage when stimulus damages his normal apparatus” (Ibid, pg. 180).

The thyroid like pituitary has a close connection with memory. Dr. Bermen says that “The pituitary seems to be related to the preservation of memory deposit: the thyroid memory applies particularly to perception and percepts, the pituitary to conception (reading, studying) and concept.”

Adrenal Cortex

Location: The adrenal glands, lie at the superior poles of both the kidneys.

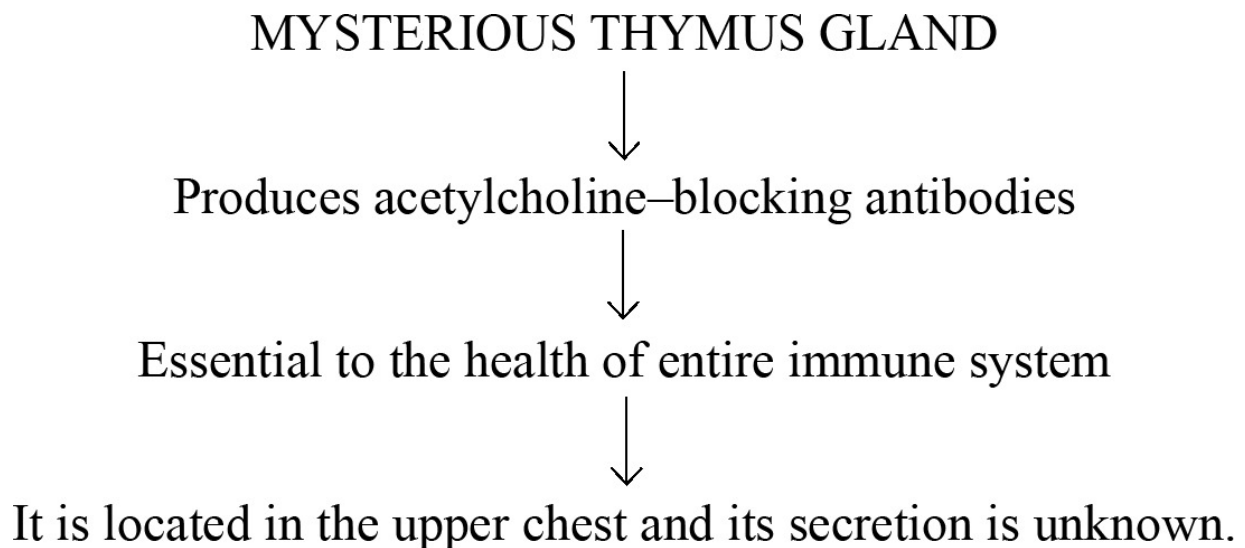


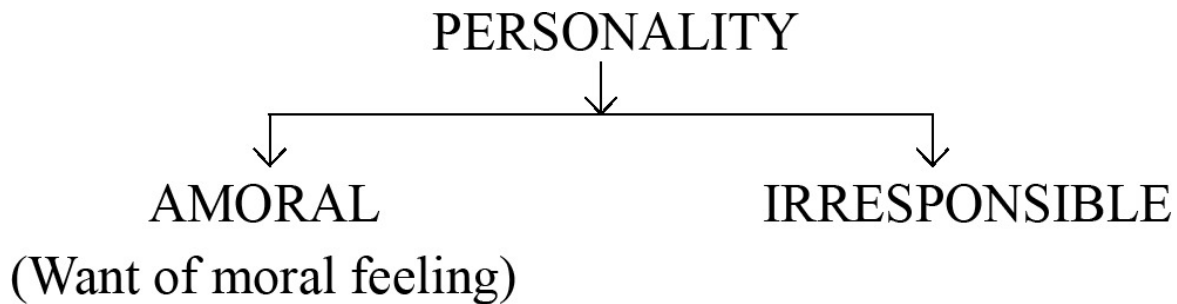


The revolution in the field of endocrinology was brought about by the pioneering research of a great endocrinologist, Hans Selye, whose studies of the effects of stress in laboratory animals were elucidated in his 'general adaptation syndrome'. Selye's research clearly demonstrated that the stimulation of the adrenal cortex was the hallmark of the organism's response to various stressors. As a part of this 'alarm reaction', there was also a marked involution of the lymphatic tissue and the thymus, major producers of immune system components.

In light of this fact, we can very well evaluate the role of the adrenal cortex in influencing the action and behavior of a patient as a person; as an *integrated personality* in face of stress stimulus.

Thymus Gland





Pineal Gland

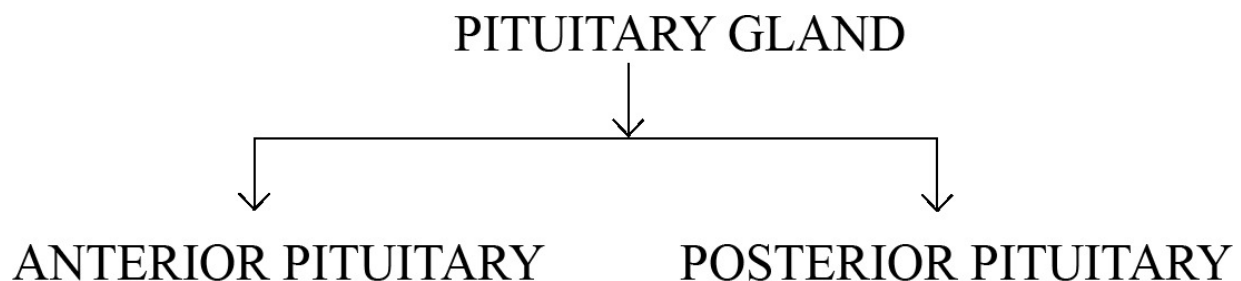
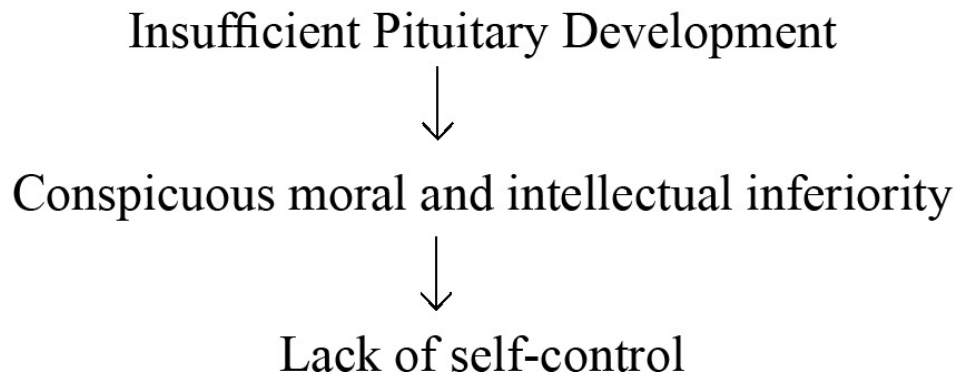
It is located in the head region and its secretion is unknown.

It regulates our susceptibility to light. It has profound effect upon the sexual nature, brain growth and its functioning.



Pituitary Gland

It is located in the head and is known as the ‘Nature’s darling Treasure’.



Anterior pituitary:

Increased function: *Intellectual*

1. It is a gland of intellectuality—the capacity of mind to control its environment by concepts and abstract ideas. (“The Glands Regulating Personality” by Dr. Louis Bermen, M.D.).
2. Courageous personality.
3. Act of aggression.

Posterior pituitary:

Increased function: *Emotion*

1. Governs the natural sexual instincts and their sublimations.
2. Social and creative instincts.
3. Energize deeply, the tender emotions.
4. All the basic instincts—as opposite to intellectualized, self-protective sentimentalism.
5. Tender heartedness, sympathy and suggestibility.

Role of adaptive mechanism in evolution of personality profile

The living organism cannot be defined or even described merely in terms of their activities or of the constituents of their body. Under any conditions that support life, its creatures tend to organize themselves into highly integrated systems which involve all the forces of the environment, lifeless and living, atmospheric and geological.

Man, needless to say, is as susceptible as are animals or plants, to sudden changes in his physical environment, and, to attack by new parasitic invaders.

There are some illustrations of adaptive mechanisms in framing a particular personality profile.

Distribution of muscles and the structure of bones in evolutionary history

From anatomical point of view—people who live in forests or who are compelled to plod through snow are more likely to be at an advantage if they possess heavy bones, whereas the swift runner is better served by long light bones.

Similarly, from physiological point of view—the greater the amount of blood per body weight the more efficient is the sweating mechanism, which permits for better cooling in hot dry climates.

The colour of skin

Certain skin pigments can shield the body from ultra-violet and from other forms of radiant energy which are harmful if excessive. Penetration of some ultra-violet light into the skin is essential for the synthesis of vitamin D in the body, and may have other beneficial effects. On the basis of these simple facts, it is easy to rationalize the prevalence of darkness of the skin in some parts of Africa and of pale skin colours in regions where cloudy skies prevail, as in North Western Europe.

Problem of lack of water in deserts

The problem of small human groups living under unusual environments often reveals strong adaptive mechanisms. The aborigine Central Australia, for example, face extraordinary problems of water supply. While traveling from one hunting ground to another, the aborigine exhibit a physiological personality profile that permits them to survive with very small amounts of precious fluid. They store large volumes of water in their stomach.

Adaptation to water supply

One of the strongest adaptations to water supply has been recently observed in a large town of North Africa. The only ground water used by the inhabitants of this town is extremely high in sodium chloride (3000 parts per million). This water is unacceptable to an outsider, but the inhabitants are so accustomed to it that they carry salt with them on their travels to mix in their coffee.

In contrast, there have been and still are many groups of men all over the world who do not consume salt regardless of the type of food eaten.

Personality profile in high altitude

The Aymara Indians of the Lake Titicaca region in the Peruvian Andes illustrate the ability of man to survive at very high altitudes. The large chests of these Indians, their great depth of respiration and the richness of their blood in haemoglobin permit them to engage in vigorous physical exertion in areas above 12,500 ft., where other men are handicapped by the low oxygen supply.

Sick cell gene

It is known that a large number of Negroes—up to 40% of the total population in certain tribes of Africa—carry the sickle cell gene which is associated with a certain form of anaemia; 4% of these natives receive the gene from both the parents and hence are subject to the disease, *sickle cell anaemia*. A child inheriting two sickle-cell genes has only about 1/5th as much chance as other children of surviving to reproductive age, with the result that about 16% of sickle cell genes must be removed in every generation. Yet there is no sign that the level of incidence of these genes has decreased in Africa during historical times.

This surprising fact makes it necessary to assume that the sickle cell trait gives some survival advantage to individuals who carry it over those who do not, thus counter-balancing the higher mortality of sufferers from sickle cell anaemia.

It appears that the children with the sickle cell trait exhibit an unusually high degree of resistance to malaria.

Thus, our environment is a major factor contributing to the evolution of personality profile. This aspect of personality development mediated through our environment had been appreciated by our great master, Master Hahnemann, in terms of *accessory circumstances*.

From the writings of Hahnemann, it can be very well perceived that personality profile of an individual emerges through interplay between man, as the living organism and the environment in which he finds himself—i.e. his accessory circumstances.

Hahnemann very well understood the utility of perceiving the patient as a person in his environment and its effects to change the constitution and temperament as well as the development of disease. But Hahnemann goes one step further and considers it from prescribing point of view; he believed it to be an obstacle to recovery which demanded removal, for cure—in the language of Organon—accessory circumstances.

Role of genetic factors in evolution of personality profile

Will Durrant has wonderfully illustrated the concept of evolution of personality profile through an interaction of environment and hereditary factors when he states that:

As for the self or soul, it is merely the sum total of the hereditary character and the acquired experiences of the organism.

(Durant, Will, 'The Mansions of Philosophy'—pg. 75)

Hahnemann with his 12 years of serious, diligent study into the analysis and anamnesis of his failure cases, developed revolutionary concept of '*personality profile*' in terms of constitutional deficiency or genetic weakness towards some of the diathesis or diseases, as the profession may prefer. Hahnemann perceived, through the deep study of past histories of successive generations of patients, this constitutional stain or taint or weakness transmitted through generations of mankind and resulting in numerous, varied chronic disease—which he termed as 'MIASM'. The taint may be transmitted by genetic message from our parents or combination of genetic message or weakness from parents; our forefathers in the form of an *encapsulated past*.

This genetic role in the evolution of diseases was echoed in the field of rational medicine from 1828 onwards, after the publication of 'The Chronic Diseases—Their Peculiar nature and Their Homoeopathic Cure'.

As a homoeopathic physician, it is our sacred duty to evaluate each and every individual case of disease through its evolution from its original seat or corrupted soil or *constitution*.

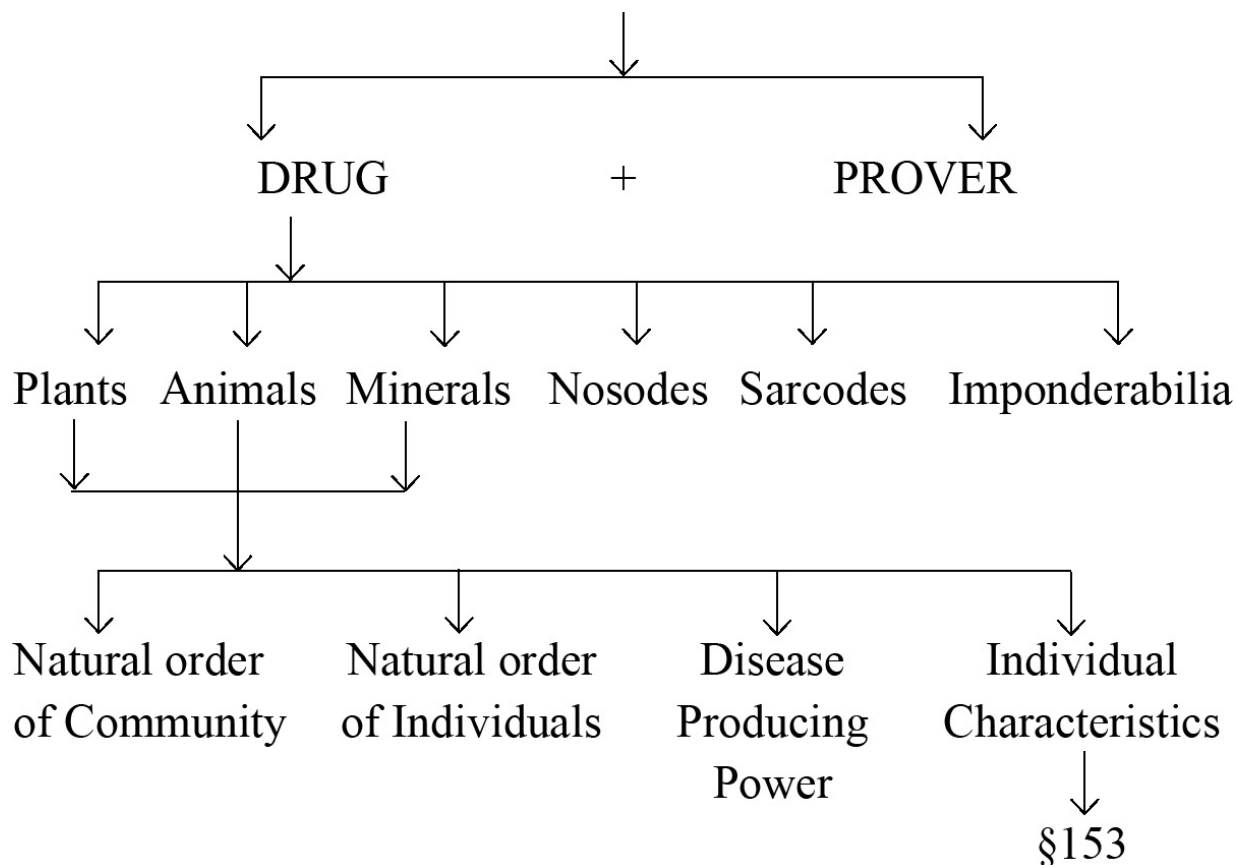
As a physicians who believe in the holistic approach to study the patient as a person, we have to search under this soil which has a taint and patient as a person is contaminated since his moment of conception.

Personality profile of medicines

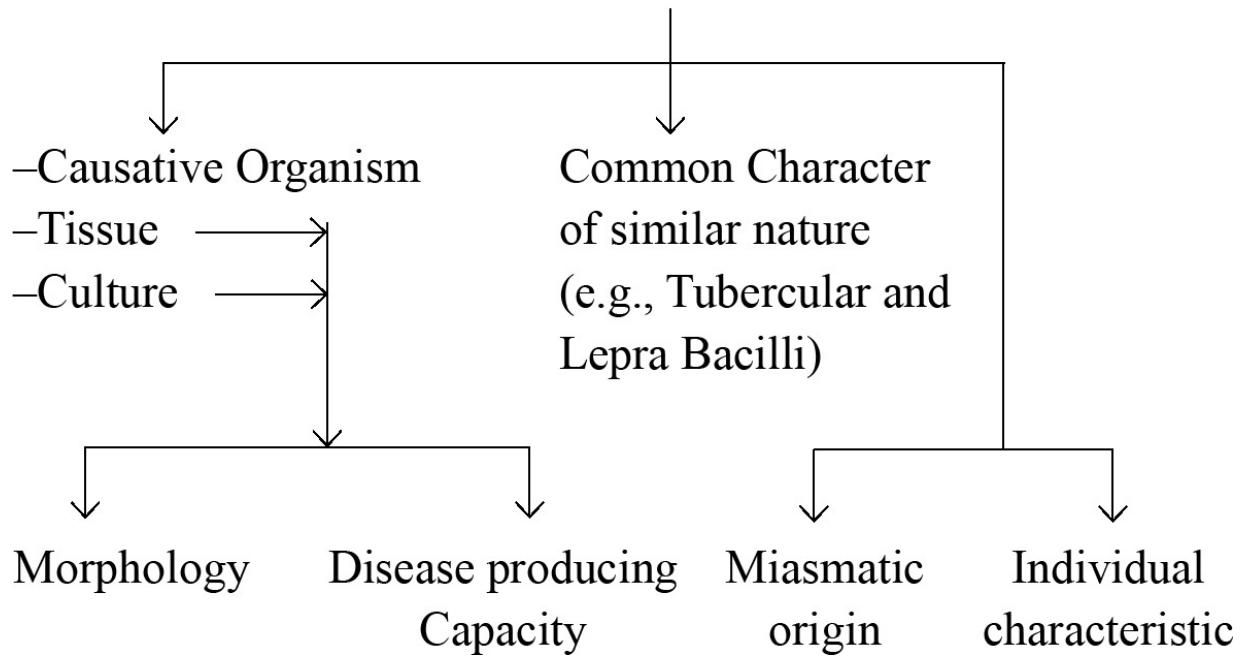
Till now, we have discussed the personality profile of an individual i.e. a person who is sick and needs the medicine.

The medicines too, have individual characteristics i.e. their own *personality profile*. Here is a sketch which would clear this idea.

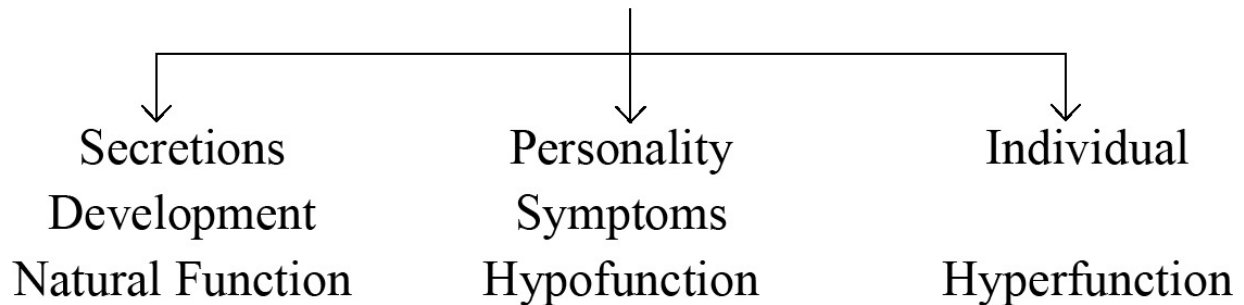
PERSONALITY PROFILE OF MEDICINES



NOSODES



SARCODES



Thus, the personality profile of a prover (person) and personality profile of a drug mutually interact with each other and produce a complete personality profile of a medicine; found in our Materia Medica.

We have gone through almost all the aspects of *personality profile*, yet *it is a universal trait among men that as soon as their physiological needs are satisfied, they develop new wishes and urges which in turn, are soon replaced by other desires.*

(Dubos, Rene: 'Mirage of Health')

So, with hopes to fulfil new desires and wishes, we hereby should go on and on.

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- 1 To perceive being, we need the study of medical anthropology, medical sociology, medical geography, culture and religion.

CHAPTER 7

Practical Aspect of Prescribing the Constitutional Remedy

Homoeopathically speaking, constitutional medicine is nothing but a medicinal image parallel to the totality of the symptoms. It is not only the sum of the symptoms, but is in itself a *grand symptom—the symptom of the patient*, developed from the moment of (intrauterine) conception till the time of consultation and is perceived by the physician during the case study as well as the study of *materia medica*.

In essence, constitutional remedies are *polycrests*—widely used medicine with a wide range of action in chronic diseases, for a patient as a person and not for the pathology or for nosological diagnosis of the patient's symptomatology.

We can prescribe constitutional medicine in the following manner:

Diseases with fully functional changes

Dr. Francso Eizayaga, one of the most respected South American Homoeopath, working on “Semiology in Homoeopathy” said—“when diseases are at full functional changes, it demands fundamental remedy”. This stage of semiology has no pathological changes and here we have a

good scope for prescribing the medicine on the basis of psycho-somatic makeup of the patient, i.e., constitution, as in a case of early stage of asthma or arthritis, after its acute episode is over, it demands some constitutional medicine for cure which should be on concomitant symptoms of the patient. For example, in a patient suffering from asthma, who anticipates many things before their occurrence, protrudes tongue most of the time in knee-elbow position, warm palms, desires salty things and fruits; are we not thinking about *Medorrhinum*? Similarly, in a case of rheumatic fever or arthritis where pain starts from small joints involving them one after another and settles down to big joints with all other above mentioned symptoms, *Medorrhinum* still holds good for the case, because it is the symptom of the patient which ultimately decides and not his “disease symptom”. In a case of severe bronchial spasm where we have learnt not to prescribe *Medorrhinum* in such acute condition, but some times the knee-elbow position is so marked that the patient can get relief only in this position or posture-in such cases few doses of *Medorrhinum* 30 or 200 will suffice to dispel the acute problem (with the help of oxygen, if needed).

Diseases with border line pathology

Here the case has not yet entered into the domain of gross pathology and we can prescribe deep acting constitutional medicines like *Sulph.*, *Lach.*, *Lyc.*, *Nux-v.*, etc. For example, in an old case of chronic bronchitis, when the patient’s symptomatology is still showing that the pathology is only at the verge of advancement, we can halt the advancement of pathology in this state by giving the constitutional medicine on the basis of constitutional symptoms. A *Lachesis* patient is very suspicious, forgetful, forgets after keeping the things, thinks that someone has stolen his things but when he makes a search, then he gets it. Expectoration, urination, evacuation, and sweating all give much relief to the patient as a person. Feels too much hot and wants airy condition, especially when there is an aggravation of cough, respiratory problems on going to sleep. Fine trembling of tongue just like that of snake; cannot tolerate tight clothing around neck and waist. We have seen many times that fellow does not want to wear even the rings, some

women though typically *Lachesis*, love ornaments, but cannot wear them around her neck.

In acute cases when symptoms of constitutional remedy persist and demand no acute remedy

Here again we prescribe the constitutional medicine, as it is the demand of deep constitutional disease in the language of acute symptomatology as we have already discussed in the case of *Medorrhinum*. Another example can be put to clarify it. Cases of ulcerative colitis demand constitutional remedy too. For example, a case of *Pulsatilla* classically prescribed by a good physician during acute crisis: no two stools alike, thirstlessness with too much evacuation (body normally demands water as dehydration takes place) and during the attack, patient demands sympathy from every corner and weeps without any cause; desires consolation and company; prefers to sit near window to get open air. These symptoms also indicate *Puls.* for any constitutional prescribing. I remember one of my colleagues, in my absence, prescribed *Puls.* in a case of acute malaria, though it was not the direct prescription, but after failure of some indicated medicine. For the same case I had prescribed *Puls.* as a constitutional medicine for his chronic duodenitis. My colleague gave him *Puls.* on the concomitant symptom of thirstless in high fever and weeping tendency.

Cases with unknown pathology or etiology

Among the diseases in this group, the most important is like AIDS (Acquired Immune Deficiency Syndrome). It is one of the most unique contributions of homoeopathy to the modern and advanced life of medicine that it treats even those diseases where no diagnosis is possible. Here we

have a tremendous advantage over other systems of treatment. Our prescribing is based upon the symptoms which can be perceived much before the tissue changes develop. Our medicine has got the capacity to produce many unknown diseases, whether diagnosed or not, and this is an advantage for a homoeopathic prescriber over those who makes their prescription only after the diagnosis of disease or isolation of causative organism. Many unknown epidemics of gastro-intestinal tract or conjunctivitis are easily treated by homoeopathic physicians without waiting for the diagnosis or etiology to be established; while our brethren of other schools wait for the diagnosis before they can proceed to make a prescription.

Diseases with advanced pathology

Here the ideal is to *palliate*, which is again based on *Similia* only (Refer, Roberts philosophy- Chapter: The Law of Palliation) and which is best achieved by giving a remedy in lower potency or in 50 millesimal potency. Hahnemann, in footnote to Aph 67 has advised palliation by non-dynamic medicines (antipathy) only “...where danger to life and imminent death allow no time for the action of a homœopathic remedy...” He says that only such a condition, and no other require palliation through non-dynamic (antipathic) medicine.

As a preventive in absence of genus epidemicus

A part of this has already been discussed in cases with unknown pathology. It is the biggest advantages to be able to prescribe on the basis of symptoms alone. The constitutional medicine given on the basis of *Similia* helps to develop the immune system, that is to say, the defense mechanism of a body. By strengthening the immunity, the disease known or unknown can be handled successfully. In this manner, the patient is always under the care

of the conscious physician who is achieving cure through the constitutional medicine which avoids disease contributing factors.

CHAPTER 8

Anamnesis: Perceiving in Prescribing

“We shall not obtain the best insight into things till we actually them growing from the beginning¹.”

“He who watches a thing grow has the best view of it²”.

As Immanuel Kant (1724-1804) was just one who viewed history as the narrative of man’s moral progress, similarly, case perceiving of human personality is its petrographic sense, as adventure of every individual.

Take into account the prominent, striking features of the case—history is blind, as we lost anamnesis—The idea of case.

Anamnesis: The empire of reasoning for prescribing.

Origin

The word *Anamnesis* has originated from Greek words, which are:

‘Ana’—up, back and

‘Mimneskein’—to remind; recall to memory.

So it is recalling to memory of the past things, or patient’s remembrances of their early stages of illness.

It is the clinical history obtained from the patient; the patient’s recollection of events preceding his or her own illness.

Associative anamnesis

It is a type of psychiatric history taking or interviewing that attempts to make the patient aware of the relationship between his symptoms and his emotional life. Typically, the patient is encouraged to give more and more details about the *interpersonal and intra-psychic events surrounding the appearance of symptoms*³.

The *medical or psychiatric history of the patient, especially in patient's own words*⁴.

Anamnesis from Greek ‘Anamimneskein’—to recall.

1. The ability to remember past events; recollection.
2. *Someone's own account of his/her medical history*⁵.

Past represents the present. As a matter of fact, for the purpose of forming a diagnosis or judging the prognosis in any case, the previous history of the patient before he became ill, the “Anamnesis”, as it is called, is very important.

By definition *Anamnesis is the identification and determination of the individuality of the patient and highlighting his singularity in contrast to other patients having a similar diseased condition.* It is an art of studying each sick person individually. It accepts each person as a unit and separate from all other persons whether in sickness or in health. It is the study of a combined totality of common features of the disease and the uncommon individual characteristics of the person and then evaluation of this totality by analyzing those features, which denote the uncommon aspect of the common totality.

It is an art of prescribing based on recalling and considering the painful/traumatic/affecting experiences or events or happenings in the past which either affected him deeply (mentally or physically) at the time of their happening or are still having an impression strong enough to pose as an obstacle to recovery. Putting it artistically, it is the *landmark of prescribing*—if you prefer.

In psychiatry, it is considered as a case history. In fact, each human being is unique, unprecedented and unrepeatable. We recognize a person as a unique one from the intra-uterine life to the present state. In my practice I

have always stressed on the very early influences, pre-natal as well as the post-natal ones because of their profound and long lasting consequences, which, either result in the present sufferings or maintain them, acting as obstacles to recovery. Moreover the human life is never all the same. It varies from day to day and in fact even from moment to moment.

CARROL DUNHAM says, *Life is, in so far as every physiological process is concerned, a series of oscillations within physiological limits.... We are then instituting comparisons between, so to speak, oscillating and continually shifting series of phenomena. Hence our summary of symptoms must cover not merely the moment of the time at which we observe the patient, but also some previous time during which the symptoms may have been different from those of the present time*⁶. After this he goes on to give some of his cases, which prove this valid point.

Case no. 1: A case of headache in every winter was cured with *Aloe socotrina* when it was learnt from the history that the patient suffered from a non-descript diarrhoea in every summer. (Dunhum)

Case no. 2: A case of deafness from milk crust was cured with *Mezereum*. (Dunhum)

Case no. 3: A case of epilepsy in a patient who was previously of strong passion and peculiar disposition—imperious and high stepping was cured with *Platinum metallicum*. (Dunhum)

Case no. 4: A case of uterine disease had already been treated with caustics. She also complained of pain in heels. Whole family had a history of spinal meningitis, brothers had died and a sister was a paraplegic. She was cured with *Agaricus muscarius*. (Dunhum)

Anamnesis: in Freudian concept

The historical chronology of psychoanalysis is well known. In May 1896, Freud explained (based on his previous work with Breuer) his interpretation of the dreams and used the word ‘Psychoanalysis’ for the first time, to denote a method of enquiry, a doctrinal corpus, and, a special therapeutic technique. Until 1902, Freud worked alone, investigating the psychology of the unconscious and reporting many of his observations in his strange and

fascinating correspondence with Wilhelm Fliess. During 1902, he formed his first group of followers among which were Adler, Rank and Jung.

In 1908, Freud met with his followers in Salzburg and in 1910 the 'International Association of Psychoanalysis' was founded which functioned from then till 1930 when interest in psychoanalysis somewhat began to decline. Freud saw his principles grow, develop and extend to other fields of medicine.

Freud Sigmund (1856-1939) was interested in *etiology*, *pathogenesis*, *nosography* and *mental therapy*. He divided etiopathology into *conditional* (hereditary), *concurrent* (emotions, stress, trauma) and *specific*. Ignoring the existing nosographic descriptions, he passed from nosological to personal diagnosis. As basic therapy, he accepted catharsis and transference. Integrating psychological study with psychiatric clinics he focused attention on the word unconscious, sought to evaluate the psychogenic factors, built theories of psychodynamics and added new value to the clinical case histories.

Prior to Freud, diseases were considered morbid condition at the external life history of the person. After Freud, psychopathography became an integral part of the patient's biography. Freud *included the patient's inner life in the anamnesis, making it anamnesis of the patient as a person*. Thus he began his most important contribution to the medicine, which was to link psychiatry with anthropology more closely. He converted pathography into biography, incorporated the disease of man into medical pathology and considered the sick man as a person, thus starting the trend in psychiatry towards a *biological anthropology*.

Freud created a psychogenic image of the man and as a result, a man's image will never again be what it was before Freud, just as the images of the universe and the living beings will never again be what they were before Galileo and Darwin.

Freud was above all a biologist and he studied mental diseases using biologic methods. His work culminated in the creation of a biologic psychiatry.

The Freudian concept of anamnesis actually resurrected the ancient Assyrian ritual of studying not only the disease but also the biography of

the patient. In contrast to the etiologic and pathophysiological concept of neurosis prevalent in his time, the great physician of Berggasse demonstrated the extreme need for a dialogue with the patient. He, thus, transformed mental from a visual science (as it was with Charcot) to an auditive science. *Charcot saw neurosis, Freud heard them; Charcot dramatized neurosis, Freud practiced “auscultation”* of the patient’s monologues with the same loving interest with which *Laennec* auscultated the chests of his patients for rales.

Science behind Anamnesis

Many types of stresses occurring during pregnancy leave mark on the unborn child by stimulating the secretions of hormones that migrate across the placental barrier. It has been shown in the rats that the hormones of the thyroid and adrenal glands as well as the sex hormones of the mother have a direct action on the central nervous system of the young and if they act at a critical time, produce permanent effects on psycho-physiological processes. When the androgens are injected into the pregnant monkey, then the behavior of their female offspring is profoundly altered—although anatomically female, they display activities similar to those of the male offspring.

The most significant period of an individual’s life is spent in his/her mother’s womb. Prenatal, neonatal and other early influences thus constitute a continuous spectrum through which, the environmental conditions the whole future of the developing organism. Not only the rates of physical and sexual maturation and the final adult size are affected by these early influences, but also the physiological characteristics, tastes, interests, social attitude, mental behavior, tendencies and the mental facts are influenced. Physically and mentally, individually and socially, the responses of the human beings are conditioned by the biological impressions in the past.

William Wordsworth’s (1770-1850) statement—“***The child is Father of the Man***⁷”, is a poetical expression of a broadly conceived biological Freudianism.

In the present times, we have got severe/constant anxieties, tensions, frustrations, worries, emotional disturbances, upsets, losses, lack of

emotional fulfilment, competitions, and a very fast life where everyone has a shortage of time. With so much going around, we have little time to catch up with ourselves, so we are unable to give sufficient time to ourselves and our near and dear ones, to recover from such wounds of the soul (!). As a result, they take their roots in the very core of the human being. And when such events have happened at some point of time in the past of any person, something that had deeply influenced him (the person as whole), we, as a homoeopathic physician, should consider it to be of prime importance in selecting the right remedy.

The English historian, *Arnold Toynbe*, writes “Scratch the surface and efface what we receive from an education which never closes and we shall discover something of our nature⁸”. As per this comment of the great historian, when we as homoeopathic physicians, scratch the persona (mask) of the sick individual we get the real totality for prescribing. This is a must for every homoeopathician.

Knowledge of the past is essential for understanding the life in the present and in the future, not because history repeats itself—which it never does exactly—but because the past is incorporated in all manifestations of the present and will thereby condition the future. At every stage, human life is reincarnation of the past. The Spanish philosopher, Jose Ortega. Y Gasset (1883–1955) expressed in his famous aphorism *Man has no nature, what he has is History*, his convictions that the past shapes the behavior of human beings. Man is indeed the product of history, but history is far more complex than Ortega’s statement would suggest because it also includes biological determinants. Humanity continues to grow by reincarnating the past. Without the past it is very difficult to consider a patient as a whole, because it is the past which forms the present and prepares the future.

John Milton (1608–1674) gave expression and experience about the importance of the past when he wrote⁹:

The childhood shows the man,

As morning shows the day.

Prescribing on the basis of anamnesis fully depends on the past and the most turning events of the life. As a matter of fact, *past is not a dead history*. It is the living and essential material out of which the patient as a

person makes himself/herself a whole self and by which the homoeopathic prescriber prescribes according to the anamnesis of the case and builds the possible indicated remedy for the eradication of the most obstinate diseases.

Importance of Anamnesis

The primary and the only object of anamnesis is to *individualize or differentiate* a patient from all the other patients suffering with a disease having the same nosological diagnosis. It helps in finding out the striking, singular, uncommon and peculiar (characteristic) features (Aph 153, Organon of Medicine) in the patient whose diagnosis of the disease is same as of many other patients (questioning for anamnesis according to Aphorisms 82-91). It distinguishes the uncommon features of the patient from the common features of the disease.

Anamnesis not only studies the common factors, but over and above everything, it also considers the role and the reaction of the individual (as a person different from all other people) to the common aspects of the disease. Though it considers the pathological nature of the disease too, but the primary object is only to treat the patient as a person different from all the others.

Anamnesis helps in the homoeopathic application of drugs and also helps in determining the curability of the patient (i.e., whether the patient is curable or not). Moreover, it helps in the choice of the remedy.

It helps in those situations, where for example there is a set of symptoms present during summer time and another set appearing during winters and on case perceiving we come to know that his winter complaints are more characteristic than the summer ones though he has come for summer complaints to be treated. Now if the prescription is based on the winter complaints, as they are more characteristic, it is bound to help him both in his summer and winter complaints rather than giving two separate remedies for each set of complaints and helping neither. In this way, he takes care of both the troubles—the immediate ones as well as his chronic tendency.

Sometimes we find that our best-selected remedy fails to help the patient, and then we find from the case history the miasm lurking in the background, and when we prescribe antimiasmatically by covering that

miasm we are able to help the case. Dr. H.C. Allen writes “*If the first remedy be the similimum and it only palliates—relieves for a time but does not cure—the constitutional miasm has been overlooked or neglected and must be included in the totality of the symptoms in the next anamnesis¹⁰*”.

We can always proceed without diagnosis in homoeopathy, but without anamnesis we cannot prescribe as it alone provides the genuine, rational, scientific, homoeopathic basis for prescription.

The essence of Anamnesis

Anamnesis: *Encapsulated past for future prescribing.*

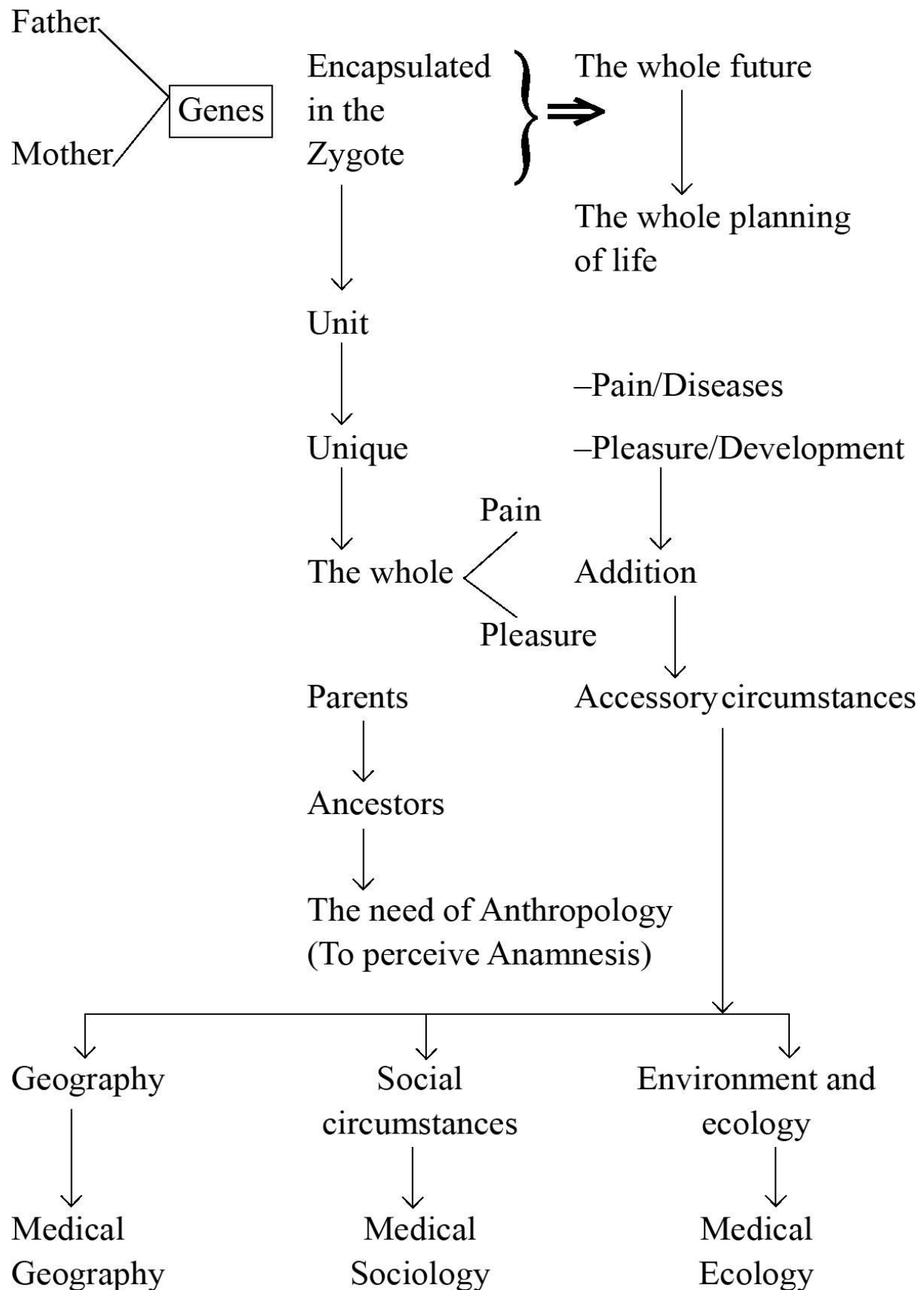
Anamnesis: *Coded past of pain and pleasure.*

Anamnesis: *Past decoding on following milestones of the journey of life.*

Anamnesis—The empire of Reasoning for prescribing

Anamnesis—A history of case—biopathographical studies of the case

Anamnesis magically touches on vast amount of area—most important phase of life history



1st Avenue

1. Intra-uterine life–“Capsulated life”.
2. Offspring developing genetic code development as well as gaining impressions from happenings in mother.
3. Mother’s vital principle decoding the phenomena of her pain and pleasure–to help the offspring by rational treatment to both.

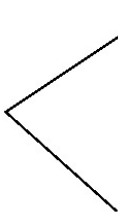
2nd Avenue

1. Nature decoding the miasmatic burden to the conscious physician by developing diseases/symptoms for eradication through first signs and symptoms of suffering after birth-detoxification by healing art: a miasmatic prescribing:
 - i. Infectious diseases.
 - ii. Childhood diseases.
 - iii. Own miasmatic expression..

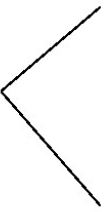
3rd Avenue

During dentition.

4th Avenue

1. During puberty 
 - In females-establishment of menses.
 - In males-spermatorrhoea, seminal emission
2. Development of secondary sexual characteristics/functions.

5th Avenue

1. After marriage 
 - Males get impressions from females.
 - Females getting impressions from males.
2. Expressions of unresolved story-needs resolution.

6th Avenue

1. For females-during pregnancy.
2. Expressions of unresolved story-needs resolution.

7th Avenue

1. Menopause.
2. Second childhood.

Expressions of all remaining unresolved pain and pleasure



TO SMOOTH THE PATH OF LIFE'S JOURNEY



A journey starting with departing from nature and ending when they are going to meet nature-this pain and pleasure we call LIFE.

Illustration of Anamnesis

Given below are a few cases from my own practice, which could not have been cured without doing a proper anamnesis.

Case I

A case of convulsions in a newborn baby that had started after being nursed by her angry mother, and was cured by *Chamomilla*.

Case II

A baby got fever after taking breast milk from the mother. Before feeding, the mother was severely frightened. *Opium* readily cured the child.

Case III

A case of bleeding piles in a girl of 7 years of age came to me and the best-selected remedies failed to help her. During re-examination of the case it was found that the mother was in a deep grief during her pregnancy. So, I prescribed Ignatia 200/1 dose and after a month, another dose of 1M potency cleared the case.

Case IV

A case of delayed milestones was not responding to any remedy. The intrauterine history opened up the whole case and gave the exact picture of *Medorrhinum* in his mother viz.:

1. She preferred to sleep on abdomen (knee–chest position) even during the 8th month of pregnancy.
2. She desired extra salt and preferred very ice-cold water. The child used to get pleasure in sea bathing only. To confirm this I took the child to a swimming pool, but he disliked it and many times told that “take me to the sea”. I prescribed on this basis *Medorrhinum* 200 and later 1M, which was followed by a severe pustular eruption around genital region. The growth of the baby was normal thereafter and his skin also gradually improved and became normal.

Case V

A boy of 10 years of age of stunted growth was not responding to any of the indicated remedies. *Bacillinum* 200 and later 1M and 10M were prescribed at long intervals, which caused a development of like ringworm skin eruption below the umbilical area after which he gradually became taller

and taller. Prescribing was based on the history of mother who was having Koch's infection.

Case VI

A severe case of appendicitis (appendicular colic) was seen and all the so-called indicated remedies failed to improve the patient. The patient was admitted in the nursing home at 3 a.m. and was advised appendectomy at 5 a.m. by the surgeon. During this period before the operation the person revealed that his father had scolded and beaten him in front of many people, which affected him deeply and caused a feeling of indignation. This feeling of indignation and anger helped me to prescribe *Colocynthis 6* frequently which gave very slight relief after 2 and 3 doses and then I switched over to 1M which was to be given as frequently as at 2-3 minute's interval. After 3 doses the patient was calm and quiet and went off to sleep. Before 5 a.m. he got up and walked back home.

Case VII

Two cases of thalassemia were satisfactorily handled by *Arnica montana* in LM potency on the basis of trauma during intrauterine life.

Case VIII

A gynaecologist was suffering with severe dysuria, which was not helped by any medication. The anamnesis of the case revealed a deep feeling of insult in the lady by her hospital authority. *Staphysagria LMI* was prescribed thus and the patient was fully free from all the painful symptoms after finishing few doses of the medicine.

Case IX

A 3 years old girl suffering with recurrent attacks of cold (allergic rhinitis) was not improving satisfactorily under the indicated medicines. After exploring the case it was revealed that her parents had their honeymoon at the sea-shore and she was conceived at that time only. *Natrum muriaticum 200* weekly doses were given to the girl followed by a fortnight interval and later on at monthly interval for 4 months. This eradicated the whole problem and now she is enjoying her life happily and normally.

Case X

A boy, 5 years old, son of a renowned professor of psychology from Calcutta University was seen for the susceptibility to cold and recurrent attacks of bronchitis with dyspnoea. Intrauterine history of the child revealed:

1. The mother was very anxious and anticipating that the issue might get aborted as her previous issue had aborted spontaneously.
2. There was severe craving for sweets during the pregnancy.

On this anamnesis the child was prescribed *Argentum nitricum* and within 7 months of the treatment the child was perfectly hale and hearty.

Case XI

A case was seen in the state of coma. On observation there was nothing much but a convulsive movement of the muscles of the lips and hyperextension of the foot. I prescribed *Cuprum metallicum* 30 but there was no improvement in the patient. I then started enquiring about the patient's past. I found out that all the problems started after the patient, in hot summer weather, after a severe physical exertion in the sun, came back home and immediately drank cold water. As he was very tired, he went off to sleep after that. He woke up in the evening with cold, coryza, and running watery discharge from the nose. He took some mild decongestant but his condition did not improve. It was followed by fever and severe body aches with stiffness. He was diagnosed as having meningitis, and thus the treatment for the same was started. He was also hospitalized, but his condition continued to deteriorate. In the hospital, he developed some eruptions all over the body, which were suppressed by allopathic treatment soon after which he went into a comatose state.

Now, after knowing the anamnesis of the case I looked into Boenninghausen's repertory and saw the following rubrics:

1. Sensation and complaints in general—pg. 890
Convulsive movements and spasms beginning in the face—**Dulc.**
2. Face-lips—pg. 409

Twitching–Ars++; Bry++; Cham++++; Dulc++; Ipec++; Ol–an++;
Senec++; Sil++; Sulph++; Thuj++

I prescribed him *Dulc 6*/single dose and then waited for the response to come. On the second day of the treatment a slight improvement in the condition of the patient was observed and thereafter he started improving day by day. Within 4-5 days he was out of coma but his manner of speech was not normal and he could not recognize anyone. Still he was kept on placebo and he recovered his memory and speech as well. Then he was put on physiotherapy. He is now hale and hearty.

Conclusion

We have discussed in detail the importance of the patient as a whole (his past and present) in all the possible planes, i.e., physical, mental, emotional, psychological, familial, etc. Now, let us look at the areas to be covered while looking for clues, which form the totality for a true homoeopathic prescribing:

1. Family history.
2. Intra-uterine history.
3. Consequences of birth.
4. Effects of acute inflammatory diseases.
5. Suppression of early manifestation of miasms.
6. During dentition.
7. At puberty–never been well since; suppression of menses, etc.
8. During pregnancy–state of mind; medications, etc.
9. Consequences of pregnancy–suppression of lochia; caesarian; hemorrhages, etc.
10. Consequences of labor–anesthesia; episiotomy, etc.
11. Menopause–early/late; never been well since, etc.
12. After marriage–constitutional changes in both male and female; a serious consideration of the miasmatic investigation of the couple.
13. History of self-abuse; sexual life; perverted sexual practices.
14. Family planning–operations; contraceptive pills, etc.

15. Surgical operations—insult to human beings.
16. Consequences of medical investigation by medical devices – stretching of sphincters; reactions, etc.
17. Consequences of miasmatic stigma.
18. Consequences of occupational hazards.
19. Consequences of medicinal abuse—iatrogenic effects of penicillin, tetracycline, etc.
20. Consequences of stress in
 - i. Office/or the place of employment.
 - ii. Family.
 - iii. Due to in-laws.
 - .
 - iv. Socio-economical crises.
 - .
21. Consequences of religio-cultural beliefs; superstitions, etc.
22. Effects of dreams.
23. Effects of astrological predictions/false beliefs, etc.
24. Consequences of vaccination—as a social violence under white collar criminality.
25. Environmental hazards—radioactive influences due to atomic pollution; in wars, use of chemical weapons and gases.
26. Polluted water/soil/environment—ecological imbalance.

In essence, the knowledge of any of the above mentioned areas along with their effects and consequences, which have caused a strong influence on the patient as a person and on his whole personality making him dynamically deranged or which are acting as obstacles in the path of cure, is a must for every homoeopathician, in each and every case.

Here the deranged personality/a poor immune system/a defective constitution/a weak defence mechanism need a dynamic correction, influenced through the indicated potentized remedy. By this, an intelligent physician releases the burden on a dynamic level so that the patient gets wholistically better or sometimes the physician perceives a clearer picture for next prescribing..... towards the path of a cure.

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- 1 Aristotle in "Politics".
 - 2 Heraclitus of Ephesus.
 - 3 Churchill's medical dictionary illustrated.
 - 4 Encarta dictionary.
 - 5 Chamber's 21st century dictionary, 2000, Allied.
 - 6 In "Lectures on Materia Medica", 5th edition, page 51.
 - 7 In "The Rainbow"
 - 8 Arnold Toynbee; A study of History, New York: Oxford University Press, 1957, page 243.
 - 9 In "Paradise—Regained"
 - 10 The Therapeutics of Fever"; H.C. Allen, M.D.

CHAPTER 9

Homoeopathic Prescribing for Chronic Disease Recognising its Acute Phase

Every real disease appears in the most virgin way in its primary manifestation with the special mode of infection, force of internalization in the holistic coverage and again its externalization, to demand a perfect rational medicine for the cure of the entire organism. However, if it is not resolved rationally by its specific medicine which has got perfect similarity with the primary manifestation, and a suppression of the entire phenomenon by a harsh, irrational medication (of its primary manifestation) takes place, then again a permanent internalization results. This permanent internalization in the shape of dyscrasia, chronic miasmatic disease or chronic parasitic dyscrasia develops in silent form and patient as a whole is involved.

The entire phenomenon of Hahnemann's investigation regarding chronic miasmatic disease is an outcome of suppression of acute miasmatic disease in its primary state and treatment not being given during the primary stage with a medicine having exactly similar pathogenesis (specific medicine). *Sulphur* bears this relation with psora, just as syphilis has with preparations of *Mercury* and sycosis with *Thuja*.

After the entire removal of the primary manifestations of this acute disease is replaced by a chronic miasmatic disease, its treatment is with a similimum on the basis of entire manifestation of the disease or portrait of

the disease with individual features of the patient as a person with the help of totality of symptoms.

Post Hahnemannian stalwarts made an analogical perceiving by the concept of anamnesis. In my humble opinion, acute disease in its very earliest, fertile and virgin soil is the best opportunity for prescribing, with treatment of the entire patient and bringing the suffering humanity in a perfect balance of health. We observe that this acute phenomenon appears in following ways:

1. It is produced by an organism (parasite, bacteria, virus) with a perfect picture of nosological tagging like cholera, typhoid, pneumonia, whooping cough, etc. If these acute diseases are treated entirely with the help of most similar medicine, then it will be best for the patient and he will not develop such chronic dyscrasia. This attack of acute poisonous manifestation is a dynamic reaction between the causative organism and the patient as a person. However, if suppression takes place with a harsh medication, a speed breaker develops and a chronic deep-seated fault arises—a deficiency which always needs to be eradicated by its potentised medicine, otherwise the whole constitution remains somatically deficient. Somatically with this deficiency, we are the host of chronic disease but in fact behind this iron curtain; under the ash, there is a sparkling coal fire burning—the disease looks like chronic but is in fact chronic effect of acute disease and without its resolution, without its solution, without eradication of this obstacle acting as a speed breaker—we cannot enjoy the art of prescribing and the patient cannot enjoy the beauty of health and the world of human being, the pride and honour of homoeopathy.
2. The acute disease may also manifest without the tagging of pathological disease. Our materia medica is a composition of many known diseases and lots of unknown diseases. The study of materia medica reveals a series of symptomatology, a jungle of symptoms which is an outcome of a bond between different constitutions and environmental conditions and different ages, sexes and the medicine. A medicine which has got the power to produce its own individualistic phenomenon, this bond will be a guide to select many known and unknown diseases. As an acute manifestation, if we get

the symptom of the disease manifestation in full intensity and similarity in a medicine, then through a beautiful analogy, a purposeful prescribing point develops for the removal of entire existing phenomenon inside and outside. As in a case of Mezereum, its skin manifestation is stressed by Hahnemann in the chronic disease and further evaluation by Tyler, Dunham and many others in their experiences has shown that its suppression leads to the development of remote effects as deafness. This opens a new path for prescribing, a new light for treating diseases which look like chronic diseases but their treatment needs symptom similarity in their virgin state, a prescription which if profession prefers to call—*Prescribing with Remote Control*. This prescription is the highest order of art of prescribing on anamnesis.

3. The cases of hydra-headed manifestation after the vaccination, either alone, repeated or recurrent, ‘taken’ or ‘not taken’—a variety of different and difficult symptoms develop. This is an outcome of a substance, which is irrationally and randomly given in the name of protection, but on the contrary, it has given us many incurable diseases. In fact, the concept of vaccination originally developed on the basis of crude similia principle and was appreciated by Hahnemann, i.e., prevention takes place by means of an artificial disease having similar manifestation but differing in kind, like cowpox for smallpox. Thus gradually developed the science of immunization. However, vaccination failed to yield results the moment it did not follow the rules of similia. As a result of this mindless practice there is poisoning of the entire organism which was recognized as vaccinosis by Burnett. Its similarity with *Thuja* pathogenesis opens a new path for eradicating a disease looking like sycosis but having origin like acute disease.
4. There are several diseases originating from acute poisoning—like, by a constant long standing use of tea, producing a dyscrasia—a chronic disease recognized by John H. Clarke and found its similarity with *Thuja*, etc.
5. Aluminium poisoning and other poisonings which have their individual chronic manifestations find similarity with some medicines in our materia medica.

6. Sometimes the treatment of an acute dynamic deficiency may lead to the development of chronic manifestation in shape of different disease syndrome. After the treatment with allopathic medicine, ayurvedic medicine, unani, etc., a disease syndrome develops manifesting in different kind and shape and which requires its potentised medicine such as *penicillinum*, *streptomycin*, *cortisone*, etc.
7. Sometimes disease itself is going to produce a vacuum in the organism and this manifestation is gradually going to increase. For instance, the patients many a times date their illness after ex, typhoid-for which Typhoidinum is prescribed; measles-for which Morbillinum is prescribed etc.

All the above discussion is an open path for scientific inquiry as well as a practical point or prescribing clue for a persona; inside this persona an entirely different phase is present, and that phase requires its resolution—a past present in encapsulated present, which if not resolved persists in the future. Thus, it is an ideal and highest order for prescribing for an ideal physician.

CHAPTER 10

Prescribing Targeting the Seat and not the Site

The word ‘soil’ is originated or derived from ‘sol(ium)’ meaning ‘seed’. ‘Taint’ means ‘a trace of infection, contamination or something bad or harmful’—to the patient as a person.

It is our sacred duty to evaluate the case through its evolution from its original seat or corrupted soil or constitution. We have to search under this soil which has a taint and patient as a person is contaminated since that time. This will be found in the following evolutionary process:

1. In the family history.
2. In the personal history



As a physician who believes in the holistic approach to study the patient as a person, we have to look into the disorder in its very early and original state—soil or taint. This may be transmitted by genetic message from our parents or combination of genetic messages or weaknesses from parents as well as some adverse effects due to environment—physical, iatrogenic, psychic and many different stresses in intra-uterine and post-uterine life.

This weakness is one of the important aspects for a conscientious physician to target, with his firm belief in philosophy, augmented by the study of philosophical anthropology as well as medical geography and medical sociology along with sociocultural, economic and religious influences.

Experience shows this illuminated area of bedside medicine, as the great master Hahnemann himself realized. His failures in the early stage of practice were actually due to medicine touching superficially, upto the ankle or knee joint or sometimes upto the extremities of the body. But it was only a partial coverage.

Ten to twelve years of deep search made Hahnemann reach the height of origin according to him. But we hope in future, with the help of philosophy, reasoning, science and art, with sophisticated instruments, and advancement of biological sciences, we may be able to reach higher and deeper upto the taint or the seed of the origin. It is a question not restricted to a single area but rather a continuous process for the advancement of science and art of treating suffering humanity.

Our clinical insight and with the help of empirical studies since Hahnemann, found more profoundly in the writings of Burnett, Clarke, Tyler, etc., enables us to perceive and search as far as possible the taint and reach the soil in association with the miasmatic totality.

Until and unless it is eradicated, it is very difficult to overcome the parasitic nature of chronic disease—a disease which hijacked the susceptibility of a patient as a person ‘alive’, at constantly increasing cost.

A case of warts does not entirely eradicate until and unless we reach to the seat of development, from which it arises—a more obstinate nature of manifestation of disease. Experience has shown (in my few years in practice) that, cases of heart problem having a seat of streptococcal infection could never be treated unless it is treated with the remedy either similar with the manifestation of streptococcal infection like Arnica or a potentised form of Streptococcus as Streptococcinum.

Many cases of hydra-headed manifestation of chronic nature like migraine or involvement of different systems of body may arise from a

deep, long lasting influence of typhoid. In such cases, a dose of *Typhoidinum* is required to cover the seed, the soil in question.

A case which may manifest with a variety of symptomatology due to the effect of recurrent vaccinations, either in the form of apparent phase of tuberculosis or an apparent phase of cancer, but the seat will be vaccinosis. The seat may also be recurrent poisoning by tea or even with milk which is the most nutritious element but may be poisonous for some. A case of recurrent and constant diarrhoea of long standing was cured by *Sepia* on the basis of never been well after taking hot milk preparation. Sometimes cases of cancer are nicely managed by doses of *Variolinum*, *Malandrinum* or *Thuja* with its remote past, covering its soil or taint.

A patient having a birth with poisonous and contaminated constitution, with family history of cancer, diabetes mellitus or other diseases, especially with very strong familial background or family tree of malignant diseases, needs in the very early stage of treatment something to counteract this background; otherwise our most indicated remedy, in my humble opinion, is not indicated rather apparently indicated. There are many happenings in the seat of origin of manifestation, either psychic, somatic, iatrogenic or traumatic, etc. and these should be the main point of consideration in prescription in not only childhood cases but rather in adult stage as well. The artistic prescribing calls for the coverage of the original seat of pollution.

As *Carcinosinum* has coverage of many polychrest remedies, we assume that it also has coverage of background of malignant and obstinate diseases like T.B., diabetes mellitus, cancer, etc. in the family. As such we can use *Carcinosinum* as one of the earliest remedies to cover the seat and although, it apparently looks like covering the seat only, it actually covers the site as well.

CHAPTER 11

Doctrine of Analogy and Selection of Remedy

The word ‘analogy’ originates from Greek words: *ana* which means ‘according to’ and *logos* meaning ‘proportion’.

Dictionary meaning of word ‘analogy’–

1. A similarity between like features of two things, on which a comparison may be based; the analogy between the heart and a pump.
2. A similarity of forms having a separate evolutionary origin. (opposed to homology)
3. A linguistic process by which words or phrases are created or reformed according to existing patterns in the language, as when dialectal shoon was reformed as shoes.
4. A form of reasoning in which one thing is inferred to be similar to another thing in a certain respect, on the basis of known similarities in another respects.

Definition

This is a very ancient concept used in logic—it is reasoning in which relations or resemblances are inferred from others that are known or

observed. In fact, an ‘analogy’ is drawn only between things clearly unlike in kind, form, appearance. Analogy may also be defined as the way of plausible reasoning, i.e., an analogy is a partial likeness between things, which form a basis for comparison.

Arguing or reasoning by analogy is using known similarities between things and/or state of affairs to suggest or justify conjectures or conclusions about further similarities between them.

This concept of analogy, which may be applied in different ways, was introduced in homoeopathic world by Boenninghausen.

Different examples of analogy

1. An inductive argument (Any form of reasoning in which conclusion though supported by the statements of the facts upon which complaints are based does not follow from them necessarily)-for example, when many ravens are observed, it will be concluded that all ravens are black, now this may be compared by the way of analogy to the observed conclusion that all other objects which may look like raven will also be similar to them in being black.
2. When an unfamiliar language is being translated by linguist at the time of conversation, he uses similar words, phrases, etc. which are most similar in meaning.
3. A judge may face a problem in the case because the situation may not be covered by any established legal rule. In such a case the judge may have to analyze between two different established legal rules, different in circumstances; in this particular moment the judge may have to find by the way of analogy that which established legal rule is the best analogue of the case.
4. During the translation in literature, a person who knows both the languages will have to do his best possible translation in phrases; idioms similar to the original meaning, i.e., the best analogue.
5. Scientific analogies have been used for explanatory purpose. Physicists, for e.g., have drawn an analogy between movement of particles of the atom, around a central nucleus to the movement of planets around the sun.

6. In philosophy, Plato frequently attempted to illustrate his ideas by the use of well-developed analogies.

Regarding analogy, artificial intelligence writer Douglas Hofstadter (1986) writes–

What good are analogies?... What is the purpose of trying to establish a mapping between two things that do not map on to each other in reality? The answer is surely very complex, but the heart of it must be that it is good for survival as our genes' survival, because we do it all the time. Analogy and reminding, whether they are accurate or not, guide all our thought patterns. Being attuned to vague resemblance is the hallmark of intelligence, for better or for worse (p. 556).

Boenninghausen's analogical study

Boenninghausen applied his keen intellect with the knowledge of analogy to complete the symptoms after their categorization. He categorized the symptoms in 3 important levels, viz., location, sensation and modalities, through which he claimed that a symptom had been complete. He added a fourth one, for individualization of the symptom: the concomitant. So, an incomplete symptom is rendered complete through the application of the doctrine of analogy. This is discussed by Roberts in his introduction to Boenninghausen's Therapeutic Pocket Book edited by Allen. The deep and enthusiastic study of drug proving by Boenninghausen gave the clue and importance of the concomitant symptom side by side without any pathological relation. Due to poor and sometimes neglected proving either due to fault of the prover or least observation, symptoms of drug proving were mostly incomplete. Boenninghausen tried to complete the symptoms, which were not completed by means of 'doctrine of analogy'.

Presumptive reasoning based on the assumption that if things have some similar attribute, their other attributes will be similar or, inference that if two or more things agree with one other in one or more respect, they will probably agree in another, as for example:

1. Location: Knee

Sensation: Burning

Modalities: > Hot application
< Motion

2. Location: Elbow

Sensation: Burning

Modalities: > Hot application
< Motion

3. Location: Head

Sensation: Burning

Modalities: Absent

By doctrine of analogy, we conclude that the modalities in the origin of head will be the same as that of knee and elbows, as > hot application and < motion.

In this way, Boenninghausen noted that in many cases, difficulties are encountered in securing complete pictures of the case since the symptoms are incomplete in respect of aforesaid factors of location, sensation, modalities. He was convinced that the same lack of observation existed in the proving, as existed in case perceiving.

He postulated that the symptoms, which existed in an incomplete state in some part of given case, could be reliably completed by analogy, by observing the condition of other parts of the case. Boenninghausen asserted that modalities are never confined to one or another symptom like the red badge of the British Navy; they apply to all the symptoms of the case. Thus, Boenninghausen found the way to complete every symptom.

Boenninghausen considered that the whole of the man is ill and that illness is not that of the parts. He concluded that whenever observations were missing in a particular area, they could be reasonably inferred upon from the characteristics with regard to sensation and modalities expressed in other areas. Thus, a workable totality can be framed out for the selection of similar remedy.

According to Boenninghausen, analogy plays vital role in selection of the remedy. Another example of analogy is the ‘left sided’ action of *Lachesis*. The proving and materia medica do not give that *Lachesis* is left sided medicine. In practice some of these symptoms were discovered and added.

In Boenninghausen’s repertory *Lachesis* was given the highest evaluation for the side left. So you don’t have to go to materia medica to check if it is left sided. One can predict and can utilise this knowledge for prescribing the remedy. These generalizations based on analogy are accepted today. Hering was however against Boenninghausen’s way of extending drug action to ridiculous limits by unwarranted analogy, hence in his *Guiding Symptoms*, even under *Lachesis* he has given in the sides affected-both the right and left, all the symptoms that affected sides or organs or limbs of that particular side.

Conclusion

To make use of analogy in completing a symptom one should always be conscious in taking a similarity of complaints differing in origin. As a matter of fact, these similarities and differences would need somehow physician’s conscious experience. Boenninghausen, by his use of doctrine of concomitance and the principle of analogy, assumes that when an aggravation of one symptom has occurred in the proving it may be, and frequently is, to be found in relation to other symptom. This is not to be taken to mean a direct opposite of such symptoms as have been proven. However, there are some remedies which have been found to have contrary modalities in different parts, such as the general aggravation of *Arsenicum album* by cold with exception of headache, which is relieved by cold; *Phosphorus*, with its coldness in special part and its pains, cough and diarrhoea aggravated by cold while the head symptoms are ameliorated by cold.

CHAPTER 12

Uncommon Use of Common Medicine: Prescribing on Concomitant

This subject is going to open the new phase of deep philosophical insight in the traditional concept of prescribing, based on strict Hahnemannian teachings in ‘Organon–The Art of Healing’, making it–an artistic prescribing.

Aphorism 153 of “Organon–The Art of Healing” is the stickyard of artistic prescribing where the author has mentioned in the footnote an appreciation of Boenninghausen and his works on characteristic symptoms. Scientific prescribing is also possible in the absence of “... *more striking, singular, uncommon and peculiar* (characteristic) signs and symptoms ...” (§153). Nash advocated in his “Leaders in Homoeopathic Therapeutics”, chapter on *Nux vomica*, in last paragraph, prescribing on basis of “*tout ensemble*”.... “all together”–consideration of symptoms (in the absence of characteristics) altogether with diagnostic feature of the case. *Bryonia alba* in pleurisy, *Baptisia tinctoria* in typhoid, *Anacardium orientale* in “hunger pain” are good examples of scientifically covering the totality of the case–perceived in the case perceiving and studied in materia medica.

More than two thousand years ago, Hippocrates and school of COS taught–“not the disease but individual”, and recognition of the individual symptoms, deviating from the average course of disease. Is this concept not reflected in “Organon–The Art of Healing” in Aph 153? But school of

CNIDUS believed on classification of diseases and treatment of the disease stressing more on diagnosis and typing of diseases by names, and using remedies routinely; exhausting themselves in details of localizing the pathology. Hippocrates said, "I, however, consider it right to see the whole." Homoeopaths carry the best and original legacy of father Hippocrates; for Hahnemann prescribed the medicine for person as whole, not for diseases and diseased parts.

This uncommon use of common medicine is always possible by art of prescribing on the basis of Aph 153 which was clearly perceived by Boenninghausen as a concept of concomitants; a causeless meaningful coexistence or coincidence which is only expressed by symptoms, and logically appreciated by analogy and concept of similia. Universality of this concept can be accepted through the concept of "synchronicity" introduced by Carl Jung, who speaks of synchronicity in connection with parallel phenomena which "simply cannot be related to each other in a causal way but appear in a different genetic relations" (Jung. C.G. collected works 12 Vol. Psychology and Alchemy, New York 1953 P. 84, 147, 255, 413). "Ordered connectedness" has recently emerged as a central concept in particle physics and physicists are now also making a distinction between Causal (or "local") and Acausal (or non 'local') connection (Fritjof Capra, The turning point, 1983, Flamingo London P. 400). The world view emerging from modern physics is seen as being characterized by works like organic, holistic and ecological; it might be also called a systems view.

A new vision has developed on awareness of the essential inter relatedness and interdependence of all phenomena-physical, biological, psychological, social and cultural. The systems view looks at the world in terms of relationship to each other of every organism-from the smallest bacterium through the wide range of plants and animals to humans. A living organism is a self- organising system based on dynamic principle-the principle of self-organisation. The basic aim of any system of medicine is to restore and retain the patient's balanced system of self-organisation.

The concept of homoeopathic system of medicine is to stimulate a person's energy level/vital force; our aim is to perceive and rationally treat the total pattern, or gestalt of symptoms that image the personality of the patient and is a reflection of that person's vibrational patterns as in rhythm

or as observed by body's electromagnetic field. During case perceiving, our purpose is to experience the personality of the patient as an integrated, living entity and to match its very essence with that of remedy. Patient as a person, in its essence, is found in the concomitant, which characterizes and differentiates the person, from another person.

Boenninghausen from his clinical study of drug proving and case perceiving, perceived that, certain symptoms occur outside (acausal or synchronicity of Jung) the main sphere of the action of a medicine and in patients as a person and have no relation (direct) to the group of chief symptoms except that they appear in same subject at the same time in proving. For example in *Sulphur*—burning of sole and palms, early morning diarrhoea, empty feeling and hunger at 11 a.m., desire for sweets; *Lycopodium* has 4 to 8 p.m. aggravation, desire for sweets and warm food, complaints go from right to left; *Lachesis* has aggravation into sleep, talkativeness, hot patient, complaints go from left to right, etc.

Development of concomitant

1. Definitely found in pre-diagnostic stage of the disease—helpful to abort many disasters.
2. Gradually subside as pathology advances.

Types of concomitant

1. A modality common to chief complaint and concomitant.
2. Mental concomitant to physical sphere and vice versa.
3. Away from the disease; both in case perceiving and drug proving.
4. Certain characteristic symptoms appear every time irrespective of the nature, type of diseases since long time.....pointing to a different constitutional. “The remedy” which can correct the patient's constitutional deficiencies.
5. Most of the constitutional and deep acting medicines emerge through concomitants-especially after an acute illness; just after birth; during dentition; before and during puberty; during pregnancy; before climacteric stage.

6. It is based on the inherent constitutional difference which remains constant with a patient, irrespective of the nature of the disease. Thus a patient might manifest an acute symptomatology.....concomitant indicative of Bryonia, Nux-vom., Pulsatilla, etc. in.....different diseases he may suffer from time to time but same constitutional remedy helps the patient in different complaints over and over again.
7. Concomitant of “afebrile” stage very often determines the curative remedy, in cases of intermittent fever.

Resources of concomitant

1. Boger Boenninghausen’s Characteristics and Repertory.
2. Guernsey’s Key Notes.
3. Allen’s Key Notes.
4. Boger’s Synoptic Key.
5. In Kent’s Repertory, concomitants are widely scattered all over, especially under the particular-sensation and not under location.
6. Materia Medica Pura–2 Vol.
7. Chronic Diseases–2nd Vol.
8. Hering’s Guiding Symptoms
9. TF Allen’s Encyclopaedia

Prognostic value

1. Absence of concomitant indicates that case is incurable from homoeopathic prescribing point of view.
2. Presence of concomitant in advanced and terminal cases point to best palliation.

Diagnostic value

Presence of the general characteristic concomitant of a deep acting polychrest remedy during an acute illness, implies that the case has got some very serious disbalance, needing immediate care with a deep acting

medicine in correct potency and its repetition, carefully with wait and watch policy i.e. sit on the remedy.

In essence, prescribing on the basis of concomitant and a thread bare study of Organon is required for an artistic prescribing-uncommon use of common medicine. Thus, the term “holistic health”, which has recently become very popular, is redundant, since health already implies wholeness. So does it make sense to speak of holistic health care? The modern concept of psychosomatic medicine will be practically treated by concomitant concept-prescribing away from disease.

CHAPTER 13

Lateral Thinking* in Prescribing: Scratching the Persona

Fruitful case perceiving is an outcome of something more than a mere spontaneous verbal projection of the suffering individual. Being a homoeopathic physician, we have to learn to perceive behind the mask where we get the essential factors for prescribing. This requires an understanding of various defence mechanisms that a patient may employ.—*a case perceiving*

A good homoeopathic physician believes in more than just listening about the patient and rather tries to visualize and interpret him, for therapeutic wisdom.

In a case of *Lachesis*, we have jealousy as a projection in a characteristic feature but in fact the lady who is passing through the menopausal syndrome may feel jealousy without knowing it. The lady going through the menopausal syndrome unconsciously has a decrease in libido and may project this in the form of a thought that her husband is being unfaithful (now as she has lost her youth 2 charms). Thus we may be misled to prescribe her *Lachesis*—which will be a failure.

“In the art of case perceiving, the knowledge of the human mind is essential—this has been stressed by Hahnemann in §98 of *Organon—The Art of Healing*.

A sound knowledge of the human mind, gives us the visualization without which we cannot perceive the patient's mind. Knowledge of psychology and psychiatry reveal that human being has many kinds of defensive mechanisms.

This defence mechanism makes a persona develop over real thinking and feeling, but the learned physician, with the deep visualization will open the magic door to the real core self and thus prescribe appropriately.

A lady came for consultation and during the course of case perceiving she gave all the physical symptoms of *Natrum muriaticum*, but her mental symptoms (which she projected) were just the opposite. She and her spouse projected a feeling as if 'made for each other'. She said that she always demanded company of her spouse and had a constant feeling of joy and happiness. The lady with her undue emphasis on these aspects made me suspicious and my lateral thinking allowed me to perceive beyond the mask in the course of case perceiving. When interviewed separately, she broke down and accepted her true self, ending the dialogue with tearful eyes.

Many cases of *Lycopodium* where we can easily perceive the symptoms on physical level but it is the unfortunate part of both the patient and physician that mask shows none of the mental symptoms of *Lycopodium*. The patient may portray himself as a very active, optimistic person, full of confidence; very extroverted and arrogant personality but after the scratching of mask, a deep feeling of inferiority complex was uncovered. The *Lycopodium* patient likes to cover this aspect of his personality with the opposite feeling through the mask and tries to hide behind this persona.

Many times, the patient presents with serious obsession, phobias, anguish, anxiety and fear but deep exploration of his or her *encapsulated past* with instinctive impulses result in the constant struggle with the demands of moral conscience and thereby render the patient insecure. This is in turn projected in the form of former symptoms—as an *Escape Phenomena*.

This defence mechanism will in fact not give any clue for prescribing but rather has mere diagnostic value and should be corrected by means of psychotherapy. The basic impulses that the patient as a person has

deep inside, in the form of encapsulated past should also be appropriately channelised so as to cure through this moral remedy.

In these cases, we have to prescribe on the basis of *totality*, giving emphasis to the concept of *anamnesis*. (p. 83)

A deep conflict develops from the instincts and settles in our organ or system, thereby manifesting on a physical plane. These instincts are found in the past; encapsulated in the circle of anamnesis. Our mission is to rationalize with psychotherapy and proper prescribing.

The ego¹ is the consciousness; it represents the modification on the one hand to its instinctive energy id² (this primitive mind is ruled by pleasure seeking principle with the release of energy through love, hate or aggression) and on the other hand, the moral code imposed by parents, teachers, society, social circumstances, culture with ethical and religious core. In these cases, a deep seated anguish feeling develops, of which the patient as a person is completely unaware. It is the prime duty of the physician to explore this instinctive energy—the primitive id which is encapsulated. The entire past should be explored by the art of conversation and case perceiving with moral medicine (psychotherapy) as well as judicious use of the indicated remedy; which sometimes may be a placebo.

Few cases have a dual character but the reality remains constantly under the mask and the mask deceives by showing just the opposite feeling. For instance, a patient exhibiting very kind, amiable temperament such as that of *Pulsatilla*, may actually not be a *Pulsatilla* personality. Deep inside, he may be arrogant and haughty like a *Lycopodium* personality. Hence the story behind the mask may be different and just the opposite owing to the ethical, religious and moral values.

Sometimes, the patients may point to “a want of moral feeling with no sense of duty” like *Belladonna*, *Hyoscyamus niger*, *Veratrum album*, *Stramonium* but in fact deep inside, they are duty bound with much sense of duty like *Carcinosinum*, *Cuprum metallicum*, *Kalium carbonicum*, etc.

Sometimes, the most disobedient children like *Cina* build an outer mask of obedience on account of social and moral factors. Some may exhibit the mask of doing everything in an orderly manner but deep inside may actually be most disorganized in their functioning like *Lachesis*. So

many patients may pretend to be tidy and fastidious but behind the mask may possess *Lachesis* temperament.

Hence, scrutinizing and deep exploration behind the mask is one of the most important, though tedious task for the physician.

In my humble observation with some of the cases, I have perceived that patient has no desire or wish to be cured, rather they consciously prefer to remain sick and in turn develop the persona of sickness, behind which they feel safe and secure. Thus, they build a deep big iron curtain, a strong wall of illness (*pseudo-illness*), manifesting different types of pains, hysterical attitude, religious insanity, different types of exposure to supernatural influences in order to feel safe and protected from parental influence, socio-cultural-binding, unreasonable religious pressure, unreasonable torture by the in-laws and so on.

In the art of case perceiving, the knowledge of the human mind is essential to perceive resultant involvement of an organ or system of the body. For instance, in case of deep emotional grief or insult where the situation or surrounding environment did not allow for an outburst, for an outlet or in other words did not allow for a wonderful coping, my experience has enabled me to perceive its correlation with the reflex development of *bronchial spasm* or diseases of respiratory tract. Thyroid too is susceptible to be involved in the above mentioned problem.

The lung and the heart express the deep hidden anguish feeling and allow manifestations on the physical plane. Similarly, thyroid disorder may actually represent the suppressed feeling of grief and fear. A feeling of disgust and dissatisfaction profoundly affects the biliary system. For that matter, most bilious temperament people have dissatisfaction in their lives.

By the same measure the encephalic arteries are the main seats of involvement in cases of angry attitude of a patient. A person who is very avarice in nature expresses this through his intestines and a greedy person through his stomach. The sexuality of a patient as a person is expressed through the genital organs or the heart.

The deep study and exploration of *Materia Medica* and *Repertory* has enabled me to perceive and expand upon such concepts and thoughts. In case the remedy is found to be helpful, then we can think in terms of

pathogenesis of a medicine as a good guide for the future diagnosis of involvement of the organ or system. This indicated remedy will take care of the present as well as take care of any other part of the body which has found its involvement in the provings of the indicated remedy.

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- * A view or a thinking that enables to encompass the patient as a person from various angles in contrast to linear thinking. It enables to perceive the being of an individual by a parallel thinking that can reach upto the self during the process of case perceiving.
 - 1. I or self of any person, a person as thinking, feeling and willing and distinguishing himself from the self of others and from objects of its thought. **Philosophically speaking**, the enduring and conscious element **that** knows experience. From **Scholasticism** point of view, the complete man comprising both body and soul. **Psychoanalysis**: the part of the psychic apparatus that experiences and reacts to the outside world and thus mediate between the primitive drives of the Id and the demands of the social and psychological environment.
 - 2. The part of psyche which is the source of instinctive energy. Its impulses are modified by the ego and the superego; the source of libido.

CHAPTER 14

Homoeopathic Prescribing from Different Angle with their Pitfalls

Prescription in general and particularly in homoeopathy is an art, and its different shades are nothing but its philosophical evaluation perceived by Hahnemann and post-Hahnemannian stalwarts.

There are three categories of perceiving prescribing:

1. Logical.
2. Philosophical.
3. Intuitive.

Logical

It is again divided into 2 parts.

1. Inductive reasoning.
2. Deductive reasoning.

Inductive: It is applicable in natural sciences and from special procedure to reach the conclusion, i.e., from particular facts to hypothesis to theories to general principles—to natural laws. It is called scientific method or empirical knowledge. It's followers in homoeopathy are Hahnemann,

Boenninghausen and many others who believed on “A Posteriori”¹. Here the followers proceeded from effects to cause and believed on “cessat effectus cessat causa”—if effects are removed cause will be removed.

Deductive: It is successfully applicable in philosophy, mathematics and logic. Here we proceed from generals to particular facts. In this, thinker has got preconceived idea—“A Priori”². A necessary fact is considered basis of reasoning through logical methods of the same. In homoeopathic prescribing, Dr. J. Tyler Kent and his followers are the flag bearers of this logical concept. In philosophy, it was advocated by Emanuel Kant.

Philosophical

We base our prescribing on Master Hahnemann’s teaching in Aph 153 of Organon-The Art of Healing. Our prime goal is to locate the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms in the following manner—

1. *Cause*: 1. Exciting—immediate, remote. 2. Fundamental—past personal history, family history.
2. *Location and radiation of symptoms; pathology*: any discharge-its colour, odour, taste, way of appearing, quality and quantity.
3. *Sensation*: characteristic sensations and complaints in general.
4. *Modalities*: aggravation; amelioration; periodicity (time, day, month, year, moon); alternating symptoms.
5. *Concomitants*: Away from diseases
 - i. Symptom in a case.
 - ii. Thirst, appetite, taste of mouth, desire, dislike, when become craving and aversion, sleep and its position, dreams, thermal reaction.
 - iii Pathological tendencies (pathological general).
 - .
 - iv Modalities common to chief complaint and concomitants.
 - .

- v. In mental illness, physical concomitant, and vice versa.
- 6. *Mentals*: (Aph 211)
- 7. *Characteristic symptoms—before pathological advancement*: (Dunham, case of deafness—Mez.; Lippe, case of *Lac. c*)
- 8. *Last appearing symptoms in proving*: (Hering, confirmed by Boenninghausen's case of Borax—Lesser writings).
- 9. *Tautopathic*:
 - i. History of drugging, either long continued or high doses of medicine (not based on similia).
 - ii. History of severe allergy to some substances.
- 10. *In specific conditions*—specific remedy, i.e., psora—*Sulphur*; sycosis—*Thuja*; syphilis—*Mercury*. Should be in large doses at frequent intervals (Hahnemann-Organon, Aph 282 6th edition footnote).

Every individual prescriber has his own way of prescribing. Here, I quote a few among those who have left their impressions in the field of prescribing:

Dr. Samuel Hahnemann

1. According to Aph 3 in –Disease.

—Individual morbid case.

Concerning patient (§210–213)

Concerning disease (§163–170)

2. Symptoms that seem to be away from the course of disease have greater therapeutic value. Boger writes “in any system it must be self-evident that the larger pathogenesis will cover more cases than the smaller ones; which is an additional reason why we should become expert in picking out the odd and unusual ones for our guide”. These odd and unusual symptoms are nothing but Hahnemann's ‘...more striking, singular, uncommon and peculiar (characteristic)...’ which seem to be far removed from the ordinary course of disease. These are nothing but ‘concomitant symptoms’.

3. Alternating action of medicines: If prescribing is based on alternating action and improvement is not seen within a desired time, repeat the same remedy and potency.

Dr. Von Boenninghausen

He picked out the essentials, found their concomitant and conditions and added the weight of clinical confirmation. Infact, a curative prescription can only be based on “Generals” which includes and is derived from the “Particulars”.

Dr. Kent

Treat the totality of the symptoms according to the following factors—

1. Psychic symptoms.
2. General symptoms.
3. Not on pathological changes.

Dr. C.M. Boger

1. Fundamental/Constitutional—since childhood, effects persistent in lifetime as a beacon light—up and down but persistent.
2. Present/fresh/acute out bursts of deeper—lying tendencies.
3. Modalities.
4. Pathological generals

Dr. Peirre Schmidt

He followed Kent following Kent, i.e., from general to particular, including the pathology.

Dr. Paschero (Argentina)

Totality should be considered under the following points:

1. Personal essence, previous to the actual disease.
2. The dynamic diathesis which prevents the psycho—biological maturation and thus accomplishes spiritual liberty.

3. Should be treated ignoring the lesion.

Dr. Sanchez Ortega (Mexico)

Miasmatic condition of the patient should be the prime importance, not psychic nor pathology and general symptoms.

Intuitive

Through imagination, creation, useful in poetry. “In homoeopathic practice I have many, but they are not able to explain”, says Kent. The artistic prescriber must study the materia medica long and earnestly to enable him to fix in his mind sick images, which, when needed, will in fill the sick personality of the human beings. These are too numerous and too various to be named or classified. I have often known the intuitive prescriber to attempt to explain a so called marvellous cure by saying: “I cannot quite say how I came to give that remedy, but it resembled him”.

Religion

Revelation of God. Faith is only a source of curative path; nobody knows about modus operandi of religious influence on cure.

The criteria for scientific methods are as follows:

1. Based on experiment, pure provings with facts.
2. Based on statistic and clinical cases.
3. Inductive method to particular and principle and laws.
4. It is reproducible.
5. Cannot be denied or refused.
6. Accepted by persons of all ideology.

Pitfalls of Homoeopathic Prescription from Different Angles

Strictly speaking, there are no pit falls in any angle of prescribing if we follow the teachings of Hahnemann and his followers. Every angle of prescribing needs opportunity and failure of perceiving the same will develop pit-falls in prescribing.

Basis of prescription

1. Symptomatic totality derived from:
 - i. Provings on healthy. (Materia Medica Pura)
 - ii. Provings on the sick. (Chronic Diseases, 2nd Vol.)
 - iii Toxicological data. (Fragmenta, 1805)
 - .
2. Miasmatic: Chronic miasms:
 - i. Of Hahnemann—Psora, Syphilis, Sycosis.
 - ii Of others—T.B, vaccinosis, etc. as diathesis.
 - .
3. Etiologic: Earlier illness or event (uncured miasm)
4. Iatrogenic/drug miasm/tautopathy.
5. Isopathy (Aequilia Aequalibus) and nosodes.
6. Organopathic—applicability to location (Rademacher).
7. Biochemic. (Schuessler).
8. Constitutional (Grauvogl).
9. Immune types. (Ramayya).
10. Pathologic (disease diagnosis).
11. Electrophysical and biophysical response mechanism. (Radiasthetic, electronic, etc.)
 - i. Abrahm's machine.
 - ii. Boyd's Emanometer.
 - iii Grimmer's polarimeter.
 - .
 - iv Machine used by Guyon, Richard, Gutman, etc.

- .
- v. Pendulum dowsing, etc.
- vi Most of these are “diagnostic machines” and are as such operating under an experimental protocol.
- .

12. Automatic response or reflex changes:

- i. Stroking sticks (Stearns).
- ii. Pupillary test–dilatation.
- iii Iris colour alteration.
- .
- iv Cardiac changes–rate and character of contraction.
- .
- v. Pulse test.
- vi Capillary circulation alteration (skin colour changes).
- .

13. Laboratory methods:

- i. Lipoid flocculation test (Garth Boericke)–macroscopic.
- ii. Serum flocculation test (Dr. George Henshaw)–macroscopic.
- iii Chylomicron picture changes–Microscopic.
- .
- iv Bowel bacteria culture (Bach, Wheeler, Paterson).
- .
- v. Copper chloride crystallisation test (Pfeiffer).
- vi Blood groups (Florentin).
- .

14. Miscellaneous:

- i. Eruditely.
- ii. Physiognomy.
- iii Graphology.
- .
- iv Astrology and Palmistry.
- .
- v. Intuition.

15. First-aid prescribing:

- i. *Arnica montana*—injury.
 - ii *Apis mellifica*—stings.
 - .
16. Constitutional prescribing based on body types:
 - i. Dr. Grauvogl (Hydrogen, Oxygen, Carbon dioxide, Nitrogen).
 - ii. Dr. Nebet (*Calc.*, *Calc-p.*, *Cal-f.*).
 - iii Dr. Vannier.
 - .
 17. Constitutional prescribing based on the temperament of the person: This often overlaps, and is confused with the following.
 18. Prescribing on the basis of the characteristic totality of the symptoms presented: This is the ideal that we all are taught. The remedy is found based on the totality of the symptoms.
 19. Prescribing based on the prophylaxis or the Genus epidemicus: During an epidemic, often a single remedy is found which covers the symptoms that are being shown by all those infected.
 20. Prescribing based on specific similars: One peculiar symptom is taken as a specific. E. g., *Anacardium* is given to students who are suffering from brain-fag during exams.
 21. Prescribing on the basis of Keynotes developed by H.N. Guernsey, MD. Although the keynote is a specific symptom, the other symptoms of the case should fit the remedy picture. There are many remedies that would cover the general symptoms of “flu”, but only *Bryonia alba* has all the generals as well as the keynote of “worse by any movement”.
 22. Prescribing is based on the “essence” or the personality of the patient; for example, a hard driving businessman would be the essence of the remedy *Nux vomica*.
 23. Prescribing is based on the physical lesion presented; the body type and personality are not relevant. The prescription is based only on the pathological tissue changes.
 24. Prescribing based only on the acute condition: Only the symptoms that have appeared since the onset of the illness are taken into account.

25. Prescribing based on immediate etiology of the case: The basis of immediate causation is of foremost importance.
26. Prescribing based on the retrospective etiology-Anamnesis: The prescribing made on, of what remedy the patient needed when the illness originated. Used in “never been well since” cases.
27. Prescribing to remove suppression: either drug or emotional suppression.
28. Prescribing based on the specific organ involved: where there is severe pathology in a specific organ that is blocking the cure of the case. The latter approach is sometimes known as “drainage”. The remedies are used to stimulate the organ. The remedies are usually of low potency or sarcodes (made from organ tissues).
29. Prescribing based on miasm using the nosode: similar to above but only nosodes are used-*Psorinum*, *Syhillinum*, *Medorrhinum*, *Tuberculinum*.
30. Prescribing based on clinical evidence found during blood tests: high levels of selenium have been found to be reduced using potentized *Selenium*.
31. Prescription based on the relationship of the remedies: one was developed by Dr. Boyd in Glasgow. The remedy groupings are discussed in Dr. Blackie’s book.
32. Isopathic prescribing-*the same cures the same*: This can be-used in poisonings by using a preparation of the poison, in allergies by using a preparation of the allergens, or in diseases by using nosodes developed from the disease products.
33. Tautopathic prescribing: developed by Dr. Patel in India. This system uses allopathic drugs, potentized as remedies to treat conditions that have come about through the use of allopathic drugs. Similar to isopathy.
34. Autopathic prescription: a remedy is made from the bodily fluid or discharge of the patient.
35. Prescribing by the use of dowsing or radiasthesic: it has been used by many eminent homoeopaths in India and in England. This system depends on the “sensitivity” of the prescriber.

36. Synthetic prescribing: a case which would need both *Nat-m.* and *Phos.* would get *Nat-p.*
37. Prescribing by alternations: the remedies are altered according to a specific pattern. Hahnemann spoke of this methodology in certain cases. (Refer: introduction to *Rhus toxicodendron* in *Materia Medica Pura*)
38. Intercurrent prescribing: usually, the indicated remedy does not hold or the case relapses. Another remedy is given, (usually a nosode) then the original remedy is repeated.
39. Zig-Zag prescribing: No single remedy fits the case. One remedy is given, then the next and so on.

Obviously we are not looking at the secondary variations in prescribing which take into account potency selection or frequency of repetition.

Now is the time to test these varied approaches. We need documented studies, conducted in an open, critical, empirical atmosphere. As Hahnemann says “He is the best physician who cures the best, all else is vanity”.

¹ A POSTERIORI: Reasoning from observed facts to general conclusions.

² A PRIORI: Reasoning from general propositions to particular conclusions.

CHAPTER 15

Prescribing in Acute Diseases

As per Hahnemann's clinical classification, diseases may be acute or chronic. Acute diseases are *rapid*. They are disease processes of the abnormally deranged vital force that have a tendency to finish their course more or less quickly, always in a moderate time, i.e., the disease having a period of progress and a period of decline and there is always a tendency towards recovery.

The acute diseases are brought on by harmful influences or exciting causes (Aph 5).

Exciting Causes

1. Excess or deprivation in eating.
2. Traumatism or severe physical impression.
3. Chilling or overheating.
4. Fatigue.
5. Strains from overlifting.
6. Psychic agitation or mental emotions.

Fundamental Cause

According to Hahnemann, acute disease has a fundamental cause and that is mainly due to miasm. As Hahnemann gives examples of acute febrile, acute topical affections, insanity or mania of sudden onset; is nothing but the flare up of psora.

Role of life force in acute disease

The Life Force can only re-establish its norm in the wake of moderate acute diseases. It cannot bring about a lysis in a severe acute or chronic disease.

The Vital Force tries to re-establish a sort of health in response to inimical forces acting on it, resulting in suffering of its parts which is called self-help efforts of vital force, but this takes place at the cost of sacrificing a portion of the fluid and solid parts in the organism crisis in severe acute disease.

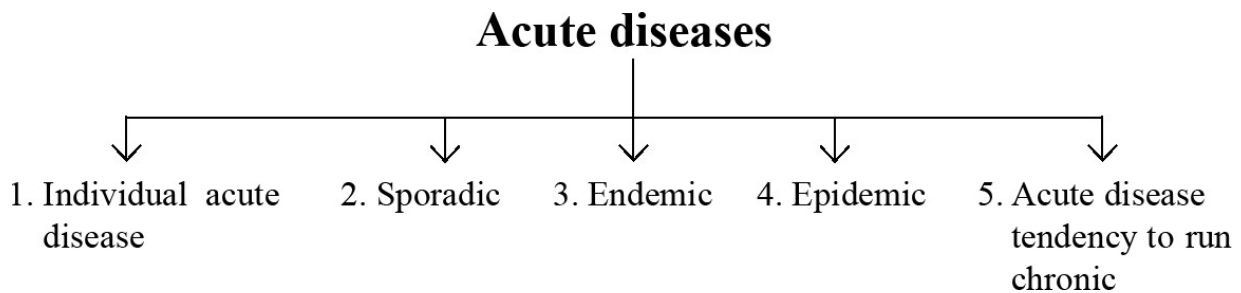
We see that in these self-help efforts in crisis ~ to free the primary suffering organs, the life force arouses an increased, often stormy activity, in the excretory organs to divert the malady of the suffering organs on to the excretory organs; thereby results vomiting, diarrhoea, urination, perspiration, abscesses, etc., in order, through this provocation of remote parts to achieve a sort of diversion from the original sick parts, since then the dynamically strained nerve-energy appears to discharge itself as it were in the material product.

It is only through the destruction and sacrifice of a part of the organism that, the nature of individual left unaided, can save itself in an acute disease, and if death does not ensue, reconstitute (though only slowly and imperfectly) the harmony of life—*health*.

Case perceiving in acute disease

In acute disease, *the chief symptom* strikes us and becomes evident to the sense more quickly, and hence much less time is requisite for knowing the picture of the disease and much fewer questions are required to be asked. (§82)

Classification of acute diseases



Individual Acute Disease

1. This is acute disease proper, where the individual may get suffering of an acute character with tendency to recovery. Here, exciting cause plays the role in flaring up the psora.
2. Hyper-susceptibility caused by psora. Causative organism plays a secondary role.
3. Treatment—based on individual totality. (Aph 152, 153.)

Sporadic

1. Sporadic is originated from Greek word “*spora*”,—a scattering, sowing. Disease that attacks several people at the same time here and there.
2. Hyper-susceptibility caused by psora.
3. Caused by—meteoric or telluric influences and injurious agent.
Meteoric—relating to earth’s atmosphere.
Telluric—relating to earth or soil.

Endemic

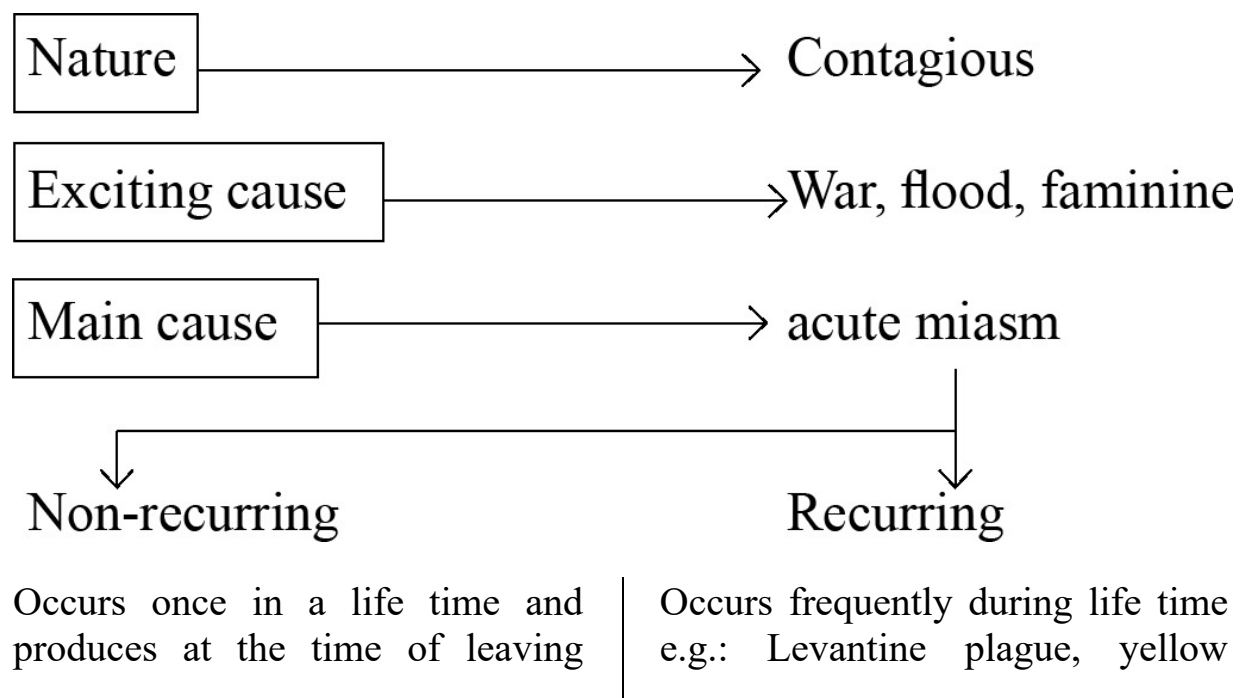
1. Endemic is originated from Greek words *en*–in, *demos*–people. Pertaining to a disease that occurs continuously in a particular population or geographical area. Some diseases which at times are epidemic over wide districts have a restricted area where they are endemic and from which they spread. For example, cholera, plague, malaria, is endemic in certain areas.
2. Main *causative factor* (c.f.)–unhygienic surrounding (maintaining cause)

Epidemic

1. Epidemic is originated from Greek words *epi*–upon, *Demos*–people.
2. Epidemic: Causative organism plays a main role while susceptibility is secondary. Extent and virulence of suffering depends on resistance of the body. Therefore, some people may not suffer during an epidemic.

An epidemic acute disease seizes many people at the same time in a very similar way. In fact it is an outbreak of infectious disease, affecting large number of people in particular area at one time.

All cases in a given epidemic have same origin, i.e., similar complaints affecting many people from similar cause.



spontaneous immunity against the same disease developed ~ e.g.: smallpox, measles, whooping cough, mumps, old bright red scarlet fever of Sydenham, etc.

fever of coastal region, asiatic cholera, etc.

So here we we keep in mind ‘Aph. No. 4’.

“He is likewise a preserver of health if he knows the things that derange health and cause disease, and how to remove them from persons in health.”

Acute Miasm

An acute infectious disease which is invariable as to its *wesen*^{*}, and which is relatively fixed in its forms or patterns of disease manifestation. Disease symptoms manifest within a few days of the organism being infected, during which time the internal disease develops completely. The course of the disease is limited, ending in either death or recovery within a few weeks.

No two epidemics are exactly alike: exceptions:

- Measles
- Smallpox
(not seen now)

Each epidemic has its own self character which is common to all of the individuals who fall ill. Hahnemann explaining this says that only Sydenham (*Obs. med.*, cap.ii, De morb. epid.) saw this, for he insists that no epidemic disease should be taken like any previous one and treated in the same way, since they all indeed differ from one another. [§81 fn b’] Was appreciated and followed seriously by Hahnemann.

For example §73 fn’: Treatment of purpura miliaris fever versus scarlet fever; treated by ‘Belladonna and Aconite’.

Some acute diseases have got a tendency to run their course in chronic form

For example: nephritis, hepatitis B, rheumatic fever, etc.

Treatment

Case perceiving= Collective disease—in case of epidemics

As we know by above discussion that each sporadic/epidemic disease differs from all the previous ones, so it makes no difference during investigation that something similar has ever appeared before under the same or any other name. Therefore, a physician has to take a thorough case when investigating epidemic/sporadic disease—to find a medicine which is suitable for the particular epidemic—

that is called **Genus epidemicus** : Here no individualisation is necessary but basic generalisation is important.

This only comes through symptom complex of collection of observation of several cases involving different bodily constitutions.

Some general signs.
—loss of appetite
—sleeplessness.

More marked, particular
rarer symptoms of this particular
collective disease comes on.

In other words, minute shades of symptoms observed in several cases go to constitute the characteristic features of the disease. So these characteristic symptoms of an epidemic disease should be met with in every individual case of disease.

Uses of Genus Epidemicus

- *Curative*: only in prevailing epidemic-not in subsequent epidemic.
- *Abortive*: When given in prodromal phase.
- *Prophylactic*: when given to healthy persons-to produce immunity.

Prescribing in acute diseases: Strange, Rare and Peculiar Symptoms (Aph. 152, 153)

The worse the acute disease, the more numerous and striking are the symptoms. With so much to guide the prescriber, the more certainly may a suitable remedy be found.

As we know from case perceiving in acute diseases that chief symptoms strike us and become evident at that time, so the art of physician is to take the “projective symptom” at the moment; as for example, the desire and aversions, thirst, the change in the mental behaviour and the mode of onset of the disease with its pace whether it is slow in progress or rapid in progress, etc.

In the time of acute crisis, we should always start our treatment with acute remedies like—*Acon.*; *Bell.*; *Bry*; *Gels.*; *Puls.*; *Bapt.*; *Dulc.*; *Rhus-tox.*; etc.

“Give, if possible an acute remedy, which is not psoric, for acute cases for the beginning you may use *Aconite*, *Belladonna*, small remedies, good remedies—very high in standing when they cure, they are the King of the situation—but still we call them small remedies, because their action is short. We do not risk any aggravation in engrafting something else on the system by repeating them. But Golden rule is must by indication”.

All remedies in the materia medica have two phases—an acute phase and a chronic phase. So we must try to find out the indications of acute phase in deep acting remedies, as for example, acute phase of *Sulphur*, an acute phase of *Lycopodium*, an acute phase of *Arsenic*, *Medo* etc. So, by this some deep-acting remedies may be prescribed in acute phase, but here we should be very careful in prescribing these remedies [especially for beginners].

Prognosis—Medicinal Effect

After Prescription

How to know whether the case is getting better or worse:

The slightest improvement in the condition of the patient, especially in acute illness, is best *observed in the state of mind* and in the whole demeanour of the patient. A greater degree of comfort, increased calmness, freedom of mind, higher spirits and a kind of return of the natural state are all indications of an amelioration, likewise a constrained, helpless, pitiable state of disposition as manifested by the patient's demeanour, gestures, postures and actions are easily perceived indications of an aggravation.

Selection of Potencies

In acute illness affecting vital organs, a differing response is seen according to the potency employed-

1. High potency frequently leads to crises.
2. Medium/less potency with frequent repetition leads to lysis.

Repetition of remedy: (Aph 247, 251)

In acute disease repetition of remedy at a very short period—every twenty four, twelve, eight, four hours, in the very acutest every hour, up to as often as every five minutes ~ in every case in proportion to the more or less rapid *course of the disease* and of the *action of the medicine* employed.

If the selected medicine has got alternating action (as for e.g.: *Ign.*, *Bry.*, *Podo.*, *Rhus-t.*, *Bell.*, etc.), selected on strict homoeopathic principles and if no improvement follows; it should be repeated even within a few hours [Repetition of the same medicine (§251)].

Diet during acute disease

The best regimen for acute illness involves satisfying the patient's cravings, within moderate bounds, along with avoidance of mental exertion and emotional shock. (§262)

Cravings—give palliative relief, because acutely ill patients rarely crave things that obstruct cure. The slightest hindrance that gratification of these desires might oppose to the radical cure of the disease is amply counteracted by the power of the vital force set free by the correct homoeopathic remedy.

For example: *Aconite* is a remedy whose action would be cancelled by taking vegetable acids, but the patient almost always craves only pure cold water.

* Nature, essence.

CHAPTER 16

Prescribing in Cough

Cough and its Homoeopathic Therapeutics

The act of coughing is a defence mechanism that helps to keep the lower respiratory passages clear. So, it is not at all a disease, but a protective mechanism of nature against the entry of foreign materials from outside.

Then we may ask what the use of treatment of cough is? We will discuss the answer to this later on.

Physiological values of cough are as follows:

1. To protect the entry of foreign materials from outside.
2. Keeps the lower expiratory passages clear.
3. Prevents stagnation of secretion within the air passage.

These may be termed as indirect therapeutic value of cough from nature's side itself.

But sometimes when cough has lost its physiological values and becomes a troublesome problem, in that condition we must treat this, and this is the time when we treat the cough and the role of the physician comes in.

Causes of Cough

1. *Pulmonary causes:*

- i. Infection of the pulmonary tract.
- ii Mechanical irritation of respiratory tract (e.g., inhaled foreign body, enlarged lymph node, tumor, etc.).

2. *Extra pulmonary causes:*

These induce cough through pressure on the trachea and bronchus.

3. *Reflex causes:*

- i. Irritation of vagus nerve.
- ii Foreign body or wax in the auditory meatus.

4. *Psychogenic causes:*

Mental and emotional tension.

We, as a homoeopath, treat according to our main guide (Master's advice), i.e., according to the *totality of symptoms*. Whatever may be the nosological diagnosis, it can only be treated by a homoeopathic similimum.

Cough as we know is not a disease but a symptom and occurs in many diseases. Our motto is to treat the sick individual rather than the disease. To have the best homoeopathic similimum we must follow our Master's directions as given in Aph 18, 152 and 153:-

We prefer to consider the *most striking, singular, uncommon, and peculiar (Characteristic)* features of the case, whether they are present in:

- 1. Mental sphere.
- 2. Physical sphere.
- 3. Particular sphere.

Many times, Late Dr. J.N. Majumdar used to advise "Whatever may be the symptoms, consider those symptoms which are outstanding (i.e., prominent) in patient and equally marked in drug pathogenesis".

Before considering the plan of treatment of cough, I wish to quote a few words of the immortal Boenninghausen, “We are of course already in possession of a very valuable treasury of very characteristic indications that belong to the various categories of cough i.e. the nature of the cough itself, the expectoration, the time of the day, the position or circumstances of its excitement or aggravation and a considerable multitude of attendant ailments”. Nevertheless, each one of you no doubt must have frequently experienced the fact that these are insufficient, and you eagerly look around for some additional symptoms to secure the selection of the right remedy”.

What we perceive through these passages, we should utilize during the treatment of cough and we must search for the outstanding symptoms of cough either in cause or in effects, i.e., in character of cough, its expectoration, its odour, its taste, its modalities, its concomitant and the probable cause behind it, which may be found in the present state of life or in the past life.

If nothing could be prominent in all respect we go back and search in:

1. Generalities.
2. Constitutional make-up.

Again if we fail to perceive, then we must go further backwards:

1. Personal history.
2. Past history.
3. Family history.

Mission/Profession/Calling of our Remedy

Homoeopathic similimum is not supposed to correct the dysfunction of a single organ/of a bio-chemical process/an endocrine imbalance, but rather satisfy a morbid susceptibility and so to stimulate and rectify the vital force,

the psychosomatic equilibrium and thus the normal function of the whole person is restored. So,

1. Our remedy can never cure the disease.
2. Only vital force can cure the disease.
3. Our object of giving the similimum is only to stimulate the vital force.

Now, let us consider the plan of treatment for the complaint of cough:

1. Homoeopathic treatment.
2. Homoeopathic prophylaxis.
3. Diet and management.

Homoeopathic Treatment

According to its causative factors, cough may be:

1. Due to the acute explosion of latent psora.
2. Due to sequelae of acute miasm or during the course of acute miasm.
3. Due to sequelae of fixed miasm or during the course of fixed miasm.
4. Due to chronic miasm.
5. Due to complication of drug dynamics.
6. Due to occupational hazards or due to maintaining cause.

Cough due to Explosion of Latent Psora

Good numbers of acute illnesses are only the “transient explosion of latent psora”. This sudden explosion can easily be understood by a proper case perceiving, which points towards the indicated remedy.

Cough and its importance as a guide to similimum:— When considered according to master's ardent disciple, Dr. Von Boenninghausen's teachings, we have to elicit the following points in their order of appearance:

Chief complaint: Cough.

Causative factor: A) Emotional B) Physical.

Modalities: A) Aggravation. B) Amelioration.

Sensation: any peculiar sensation, character, expectoration, taste, or odour.

Concomitant

Before prescribing, we must go through the recording of the acute symptomatology and find out the prominent features of the case either in cause or in effects to choose the right remedy.

Let us first consider the causative factors of a case

Hahnemann himself and his respected disciples have always given the great importance to this factor of the case (i.e., the real causation according to homoeopathic outlook).

We must consider first of all the causative factor of the emotional sphere. There are many rubrics in the repertories by *Kent, Boenninghausen, Lee and Clark*. On cough, there is a wonderful book written by Lee and Clark in which there are many rubrics which are not found in any other repertory. In this book, rubrics are arranged in alphabetical sequence although there is no philosophical background like that of Kent's or Boenninghausen's.

In Boenninghausen's repertory, a separate chapter on cough is beautifully given.

Next to emotional cause, the cause of the physical sphere is very important especially the climate factor. We find that many of our patients are much susceptible to weather and especially the change of weather. In Boenninghausen's repertory, all the causative factors of emotional and non-

emotional sphere are listed but mixed up with aggravating factors; whereas in Kent's it is scattered all throughout the chapter of cough.

Modalities

It is the most important element of a symptom. From the homoeopathic stand point, modalities assume almost the highest importance. Modalities are mainly in two parts:

1. Aggravation.
2. Amelioration. (e.g., the peculiar amelioration after lying down of *Manganum aceticum*)

But, the aggravations are more important than amelioration.

Some of our stalwarts, during the long experienced life and practice formulated the following hints:

1. A modality common to the chief complaint and the concomitant often gives the clear indication of the remedy, as said by Roberts. For e.g., in a case of *Bryonia*, cough aggravates even by a slightest motion of the body, at the same time the patient has a morning diarrhoea as soon as he opens his eyes.
2. The contradictory modalities—where the particular modality is opposed to that in the general sphere of the patient—are highly appreciable for prescription. A *Causticum* patient is as a whole chilly, but drinks lot of cold water to ameliorate the cough.

Sensation and complaints

Sensations are subjective symptoms and are very much valuable when they are peculiar and outstanding in nature. The peculiar sensations-

Vide Pg. 727 in Boger Boenninghausen's, characteristics and repertory.

Vide peculiar taste of expectoration pg. 731.

Vide peculiar odor of the expectoration, Pg. 733.

In Boenninghausen's "Lesser Writings" an article named—"Concerning some of the rare varieties of expectoration of cough"

is written which is very helpful in prescribing for some cases.

Now, I will share with you some of the peculiar characters of cough: *Verbascum thapsus* is a drug which presents a peculiar tone, i.e., cough sounds like a trumpet and for this, it is the only remedy.

In *Badiaga*, mucus (viscid) flies from mouth like *Chel.* and *Kali-c.*, but *Badiaga* leads all of them.

In cough with expectoration of foetid pus, Nash very much appreciates the medicine—*Guaicum*.

Concomitant

The reliable guide of prescribing in acute as well as chronic cases is the immortal Boenninghausen's "doctrine of concomitant". The more they are away from pathological/physiological explanation, the greater their value, though they have a logical relationship on the dynamic pathology.

Boenninghausen in his "Lesser Writings" has mentioned the following characteristics of concomitant:

1. Rarely appear in connection with the leading disease, and are therefore, also found rarely among the proving.
2. Those which belong to another sphere of disease than the chief ailments.
3. Those which are more or less of the characteristic signs and symptoms of one of the medicine.

The great followers of concomitant like Dr. Majumdar have said that very often in the mental disorders, the physical concomitant and in the physical disorders, mental concomitant may give the real clue to the remedy.

In cough chapter of Boger Boenninghausen's Repertory, there is a separate chapter on concomitant of cough, which is scattered in both Kent, and Lee and Clark repertories.

Cough—During the Course of acute and Fixed Miasm or as a Sequelae

Cough is a very troublesome feature in case of infection with acute miasm (§73), like plague, yellow fever, whooping cough, measles, itch of wool worker, etc.

Cough may be produced during:

1. The course
2. As a sequel

During the course of acute/fixed miasm

1. When cough becomes really a very troublesome feature, in that condition, acute totality must be taken. Boenninghausen and Kent have suggested some drugs:
 - i. Cough during measles—*Coff*, *Caps*, *Eup.-p.*, *Spong.*, *Squil.*
 - ii Cough during variola—*Plat.*

But many times a rubric is not found, in such conditions we must take full care to perceive the totality and prescribe accordingly. If one fails, nosodes may come for help.

Cough as a sequele of both miasm

Again a reportorial analysis will help us, such as—

Cough after chicken pox: *Ant-c.*

Cough after measles: *Dros*, *Puis*, *Arn*, *Calc*, *Carb-v.*, *Eup-p.*, *Hyos*, *Kali-c*, *Nat-c*, *Sulph*, etc.

Cough after variola: *Calc-c.*

There are times when we fail to perceive the totality of the indicated remedy because they are not sufficiently analyzed for such conditions. In

such cases, the contagious product of same miasm in potentized form may be used as a reactionary agent.

Cough due to Chronic Miasm

Cough when becomes chronic/relapsing in nature, the miasmatic background must be considered and we must perceive the real nature of the vital dynamics.

Teachings of Hahnemann and post-Hahnemannian stalwarts like J.H. Allen, Boger, Robert, Phyllis Speight, Close, Ortega, Paschero, are the real guide and the excellency of homoeopathy shall be proved by the search of grand totality.

In forming the Grand Totality, we must consider the following:

1. Miasmatic data: Family history

Personal history— history of suppression, vaccination, inoculation, etc.

Past history—since childhood, if not, at least since last 7 years.

2. Modalities.

3. Generalities: Mental Generals and Physical Generals

Physical generals include: Appetite; Thirst, Sweat; Sleep; Desire; Aversion; Disagree; Sleep; Thermal reaction; Menstruation; Sexual inheritance, etc.

I am not going to classify cough as psoric, sycotic or syphilitic but rather concentrate on the therapeutic aspect.

Each constitution has its own peculiar symptoms, which stamps it and according to the proper findings of those, the cure can be accomplished.

Once the constitutional taint is removed, the symptoms will alter and the patient will recover, provided there is not a combination of taints, the complicated diseases. Such cases display slow unravelling—at one time single taint is upper most and that particular taint will have to be antidoted according to the law of similars and then another taint comes up and this

will have to be treated again in same way as according to the Law of Similia.

Certain Constitutions bear Certain Peculiarities

Psora: History of skin suppression.

- ◆ Aggravation: morning; early morning.
- ◆ Amelioration: when suppressed eruptions reappear.
- ◆ Taste: burnt taste.
- ◆ Desire: sweets, fat, sour.
- ◆ Likes: hot food.

Tubercular: History of tuberculosis in the family member.

- ◆ Craves meat, potato and salt.
- ◆ Metallic taste.
- ◆ Likes very hot or very cold things.

Sycosis: History of vaccination, inoculation, serum therapy, snake bites, suppressed gonorrhoea, etc.

- ◆ Aggravation: evening; day.
- ◆ Amelioration: cold.
- ◆ Taste: putrid, nasty, fishy taste.
- ◆ Likes: either hot or cold food.

Syphilitic: History of suppressed syphilis; congenital syphilis; alcoholism; narcotic addiction.

- ◆ Aggravation: night.
- ◆ Taste: metallic.
- ◆ Desire: cold food, cold things.
- ◆ Aversion: meat.

These are only few land marks. The small book by Phyllis Speight known as ‘A Comparison of the “chronic miasms”’ is very helpful.

Cough due to Occupational Hazards

1. Maintaining causes.
2. Extra-pulmonary causes.
3. Reflex causes.

Cough may persist after the best homoeopathic treatment because of some occupational or ecological hazards.

Now a days, due to various occupations and mode of living in damp cold areas, polluted air conditions, sudden changes from cold to hot, working in coal mines, asbestos factory, match factory certain type of so called *allergic cough* develops.

In these cases, the general advice is to “KEEP AWAY”.

In Kent’s repertory 4 drugs are listed where cough is aggravated by smoking: *Acon.*, *coloc.*, *dros.*, *euphr.*

Acon., and *coloc.* may be indicated in those cases which are resentful and I am giving the indication of the other two drugs—

Drosera: Dry, damp, hoarse, paroxysms of cough. Voice is hoarse, cracked on exertion to speak.

Euphrasia: Much cough and expectoration in the morning, no cough at night. Concomitant: acrid lachrymation with bland coryza; aggravates during day; frequent yawning.

In certain obstinate cases of cough due to smoking, one may think of nicotinic acid in potency.

Atmospheric pollution

1. Visible: soot, smoke, fog, etc.
2. Invisible: noxious gases, diesel fumes, oxide of sulphur are among the main constituents of the noxious gases.

Here, I want to quote a case of chest trouble due to diesel fumes treated by Gibson Miller and a case of bronchitis due to petrol fumes of Dr. CO. Kennedy.

Diesel fumes: The patient was a bus driver and he felt that the fumes affected his chest adversely; since changing his work, he has improved. *Pulsatilla* helped him and it is noteworthy that this is the antidote to Sulphuric acid.

Petrol fumes: The patient had recently started the job of a petrol pump attendant and developed his first attack of bronchitis. He complained of a persistent taste of petrol fumes in his expectoration. His remedy was *Kali-bi*.

Cough due to taking peppermint: The Gujarati and Bohra's children are very fond of taking lozenges of peppermint and I get lots of such cases and treat according to the best similitum, but sometimes I fail. One day I read a case treated by Robert with *Mentha piperita* and this struck me for using this remedy. A case of high B.P. with vertigo, etc., history of taking peppermint and paan during last 20 years led me to prescribe *Mentha piperita* 200 one dose and the result was wonderful.

Zarda: In our Indian customs people take paan with zarda (Tokta). Long continued zarda consumption leads to various complications and one of them is cough.

Cough due to extra pulmonary causes

These sympathetic types of cough are mainly related with disturbances in other systems but mainly cardio vascular system. Kent in his repertory gives 4 drugs in rubric “Sympathetic cough”– Lach, Naja in 1st grade; Card-m, dros in 3rd grade. Apart from that few more drugs are helpful in cardiovascular sympathetic cough, like: Carb-v; Spongia; Apis-m., etc.

Naja: Irritating dry cough; sympathetic cough in the acute stage of rheumatic carditis or chronic lesion.

Spongia: Sympathetic cough in goitre with suffocative paroxysms at night. Everything perfectly dry; no mucus; aggravation lying with head low. Cough dry like a saw.

Cough due to reflex causes

Anything introduced into auditory canal: *Lach*.

Scratching the auditory canal aggravates cough: *Kali-c.*; *Lach.*; *Mang.*; *Sil*.

Cough due to Complication of Iatrogenic obstacle (§74-76)

This is one of the most difficult conditions for us. Knowledge of pharmacology helps in these cases.

When it's indicated remedy fails, kindly look in the Kent's repertory:

1. Pg. 1397–Lack of reaction.
2. Pg. 1369–Lack of irritability.
3. Pg. 1402–Sluggishness of the body.

In Boger Boenninghausen's characteristics and repertory:

Pg. 916–Reaction poor; Want of reaction; Symptoms recurring and relapsing.

In case too much medicine has been consumed and so, it has produced an over sensitive state and the remedy fails to act-

In Kent's repertory; 2 remedies: Teuc m.v. Phos.-a.

Boger Boenninghausen's Repertory: Pg. 908; Susceptibility to excessive medicine—Asar., *cham.*, **Chin.**, **Ign.**, *mar.*, NUX-V., PUL., **Val.**

Abuse of remedies: *Cham.*, **Nux-v.**

But many times, only placebo works for many days/months and without the help of all rubrics in the case it becomes near to clear-cut simillimum.\

Prevention of cough

It is said that certain nosodes act as preventive but I believe in the constitutional treatment as “preventive”.

Recurrent type of cough is best prevented by *Bacillinum*, *Psorinum*, *Medorrhinum*, *Pertussin*; in cases of whooping cough, *Quddrupli nosode* (Q.N).

This nosode contains *Influenzinum*, *Bacillinum*, *Pneumococcin* and *Streptococcin*—These are potentized separately up to 12 C and then potentized together upto 30 C.

Drs. C.E. Wheeler, D.J. Kenyen and Justine Wilson were the first to have described and used in practice. A wonderful use of Q.N. in protecting 202 patients from winter respiratory infection is written in B.H.J. Vol. L III no. 3 July 1964. One may try and see the results.

Diet and Management

Diet

It has a great influence and every paroxysm may be brought on by overloading the stomach. So, the diet should be light.

Management

1. Avoid all irritants.
2. Breathing exercises.
3. Keep on natural diet, less spicy and less of fats.

CHAPTER 17

Prescribing in Fever

Synonym: PYREXIA (Greek–Purexis; Par-Fire)

Fever is not a disease. Infact, it is a distinct outwardly expression of the infection present inside the body. Hence, the treatment of fever should not only take into consideration its externally reflected picture, but also the factors present within the organism.

Fever or pyrexia is defined as the elevation of body temperature above the normal (98.6° F).–Dorland’s Medical Dictionary.

Abnormally high temperature with excessive change and destruction of tissues–Concise Oxford Dictionary

A transitory outbreak, an explosion of a latent psoric affection (Aphorism-73).–S. Hahnemann.

Causes of Fever

1. *Infection:*

- i. Most common: malaria.

Other infections like tuberculosis specially of lymph gland, endocarditis, abscesses (liver, pelvic, etc.), upper respiratory tract infection including diphtheria, pneumonia, urinary tract infection, typhoid, hepatitis A, HIV, meningitis, dengue, etc...

2. *Malignant diseases:* like
 - i. Reticuloses (e.g., Hodgkins' Disease)
 - ii Hypernephroma, etc.
3. *Diseases of connective tissues:* like
 - i. Polyarthrititis nodosa.
 - ii SLE, etc.
4. *Other causes:* drug fever.

But, we as a homoeopath, have little concern with the nosological diagnosis. *The object of this work is to deal with therapeutic facts not with speculative theories.* Hence, our main aim is to treat according to our Master's advice, i.e., according to the *totality* of the symptoms.

“From this indubitable truth, that besides the totality of the symptoms with consideration of the accompanying modalities (§5) nothing can by any means be discovered in diseases wherewith they could express their need of aid, it follows undeniably that the sum of all the symptoms and conditions in each individual case of disease must be the ***sole indication***, the sole guide to direct us in the choice of a remedy” (Organon of Medicine, Aph 18 6th edition).

Is Fever Good?

It has often been argued on teleological grounds that fever may be a beneficial reaction of the body to illness. Now there is considerable evidence in favour of this intuitive feeling.

In an ingenious study, Mathew Klunger of the University of Michigan Medical School demonstrated this fact on lizards.

Fever is not harmful as long as it does not endanger the life of the patient. A proper management like a clean and tidy room, enough fresh air, plenty of drinking water, healthy food of his/her choice, steam inhalation, etc. is a prime requisite. But, in case the fever becomes too high and

threatens the life of the patient, then it should definitely be *controlled*, but *not suppressed*. There are many cases where fever comes as a consequence of a suppression of the prophylaxis given for Malaria, or as a result of drug like B-Lactarn antibiotic (The DRUG-FEVER).

Approach towards fever cases

According to Hahnemann, fever should be approached in the same manner as any other acute disease, because it is the individual with his/her peculiar idiosyncrasies and constitutional inheritances that has to be taken care of.

Our job as a physician is to choose a similimum, because it is the vital force that cures and the remedy that assists the vital force.

Hahnemann's teachings in the *Chronic Diseases* on the treatment of acute syphilis must be applied to fevers of all types irrespective of its name, or habitat. All the symptoms of the latent psoric affections together with those of the "Transitory Explosion" have to be analyzed. The family and personal history is also important while selecting a remedy. When indicated remedy doesn't response satisfactorily.

"In this search for a homoeopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known medicines, in order to find among these an artificial morbidic agent corresponding by similarity to the disease to be cured, the *more striking, singular, uncommon and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and most solely to be kept in view; for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting the cure....." (§ 153)

We prefer to consider the more *striking, singular, uncommon and peculiar* features of the case, whether they are present in:

1. Mental sphere.
2. Physical sphere.

3. Particular sphere.

We have to be very sure that the complaints that a patient is saying is present in exactly similar manner in the drug that is chosen for that case.

The type of fever—Intermittent, Remittent, Bilious, Malarial, Typhoid, etc. is just a single symptom, and these are of least value in selecting the remedy. We must take all the evidences of a disturbed health, both local and general.

Similarly, an inappropriate use of Cinchona in intermittent fever destroys the character of the disease, but the patient is still indisposed, and very often the condition is worse from the *bark dyscrasia*FN

Aph 235, Organon of Medicine.

It is seen that the most obstinate and intractable cases occur chiefly in psoric and tubercular patient, and the more deep the dyscrasia the more protracted the fever.

In *Chronic Diseases*, footnote on pg 75 Hahnemann says “Epidemic intermittent fevers probably never seize a man who is free from psora, so that wherever there is a susceptibility to them, it is to be accounted a symptom of psora”.

“If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of the medicine”—Constantine Hering.

Many times Late Dr. J.N. Majumdar used to advice “Whatever may be the symptoms, consider those symptoms which are outstanding (i.e. prominent) in patient and equally marked in drug pathogenesis”

Examination of the patient

As a matter of fact, examination is the most important part in general and in particular to fever cases.

There are situations in everyday life, such as exercise, etc., which are accompanied by a physiological increase in the body temperature.

It is important not to consider these as fever. Fever is usually associated with an inflammatory response of the body. No other disease demands so much observation and a strict adherence to our laws, than the intermittent fever.

Particular importance should be given to persons at puberty or at climacteric stages because they are very susceptible to fever, especially of continued character. In the former, the vitality is weakened by or used in rapid growth, and in the latter due to lack of resistance.

Hahnemann says “After the totality of symptoms has been committed to writing, the most difficult part is done”. This has been very well expressed by Dr. P.P. Wells in his valuable work on Typhoid Fever, and endorsed by Dr. Carroll Dunham.

He has described in Aph 235, about the alternating states that are present in a sporadic or the endemic fever. The examination of the patient should be done in all the stages and also the state when he is free from any symptom should also be taken into account. We should take particular notice of the following things:

1. The symptoms occurring before and during the chill, heat, sweat and apyrexia.
2. The time of occurrence of the paroxysm.
3. The parts of the body in which the chill first makes its appearance.
4. The regularity of its stages.
5. The degree or absence of thirst and time of its occurrences/appearances.
6. The constitutional ailments aroused by fever.

Similarly, there occur innumerable accessory symptoms; for e.g.

1. The particular kind of headache.
2. The bad taste in mouth.
3. The vomiting, diarrhoea.

4. The kinds of pain felt in the body and limbs.
5. The sleep.
6. Delirium, Spasms, etc.

A clear statement of the subjective and the objective phenomena which precede, accompany or follow the various stages of the paroxysm.

In addition, *anamnesis* or in other words, the patient's past history before the occurrence of fever, his mental and physical state of the past could also lead to a successful treatment.

Repertory

Type

Autumnal: *Aesc*, *Bapt*, **Bry**, *Carb-ac*, *Cinch*, **Colch**, *Eup*, **Maland**
Nat-m, **Ver**.

Malignant, tends to: *Anth*, **Ars-a**, *Carb-ac*, **Crot**, *Mur-ac*, *Psor*, *Pyr*,
Ver-v.

Menses, after the: **Nux-v**, **Psor**, *Sep*.

Monthly: *Nux-m*, **Nux-v**, *Puls*, *Sep*, *Sul*.

Periodicity, marked: *Aesc*, *Ang*, **Aran**, *Cac*, *Caps*, **Ced**, *Chin-s*, *Cinch*,
Cina, **Gels**, *Podo*, *Sabad*, *Sul-ac*.

Not Marked: *Aeon*, *Amb*, *Amm-m*, *Bell*, *Camph*, *Canth*, *Carb an*,
Carb-v, *Caust*, *Chel*, *Cic*, *Col*, *Mag-c*, **Psor**, *Verat-v*.

Spring: *Ars-a*, *Cench*, *Carb-v*, *Gels*, **Lach**, **Psor**, *Sep*, *Sul*.

And **Autumn:** *Lach*, **Psor**, *Sep*.

Early: **Ant-t**. *Lach*, *Sul*.

Summer: *Caps*, *Casc*, *Ced*, *Lach*, *Nat-m*, *Polyp*, **Psor**.

Excessive heat of: *Bapt*, *Nat-m*. **Weather, change of:** *Mer*, *Psor*,
Thuj., *Tub*.

Winter: Ant-t, Nat-m, Polyp, **Psor** (Cough).

Yearly: *Ars-a*, *Carbo-v*, **Lach**, *Nat-m*, **Psor**, *Sul*, Thuj., Tub.

Half: Lach, *Sep*.

Autumn: Aesc, *Ars-a*, Bap, Carb-ac, **Colch**, *Eup*, Maland *Nux-v*, **Psor**, **Sep**, *Ter*, Tub.

Time

Evening: Aeon, Aesc, **Alum**, Agar, Amm-c, *Amm-m*, Aran, **Arn**, **Ars-a**, Bell, *Bov*, Bry, *Calad*, *Calc*, Carb-ac, Carb-v, Ced, Cham, Chel, Chin-s, **Cina**, Coc, Cycl, Dulc, Ferr-p, *Gamb*, **Graph**, **Hep**, **Hydr**, *Ign*, Kali-bi, *Kali-c*, *Lach*, Lachn, *Lyc*, Mag-c, *Mag-m*, Merc, Mez, *Nit-ac*, *Petr*, **Phos**, Phos-ac, Plat, Prun, *Psor*, **Puls**, **Rhus-t**, Sabad, Samb, Sars, Sep, Sil, Stan, Staph, Stront, **Sulph.**, Tab, Tub.

Morning: Ang, Apis, Arn, **Bry**, Calc, Con, Cycl, Dros, **Eup**, Euphor, *Ferr*, Gels, Graph, *Hep*. Hydr, Kali-c, Led, Lyc, Merc, Nat-m, *Nux-v*, Phos, **Pod**, **Sep**, Sil, *Spig*, *Sul*, Thuj., Ver.

Night, at: *Alum*, Ambr, Arg, **Apis**, Bell, Bov, Carb-v, Caust, Ferr, Gambo, Hep, Iris, *Kali-i*, Mag-s, **Merc**, Mur-ac, Nat-s, *Nit-ac*, **Nux-v**, Op, **Phos**, *Sars*, Sil, Staph, *Sul*, Thuj.

Noon, at: *Ant-c*, *Elat*, Elaps, *Eup*, *Lach*, *Lob*, Merc, *Nux-v*, *Psor*, Sil, *Sul*, Tub.

APPETITE, hunger in convalescence, begins, to eat, does not enjoy it, everything is so bitter: Puls.

Will not return: Psor, Sul.

Loss of, with fulness of stomach: Nux-m.

Loss of, and prostration: Rhus-t.

Loss of, would not eat or drink, no nausea: Iris-v.

They push back the food they wanted: Bell.

Asks for food, but refuses it when offered: Bry, Phos.

Complete loss of appetite: Bry, Nux-v, Nux-m.

THIRST: Bell, Bry, Camph, Carbo-v, Colch, Hyos, Merc, Murac, Rhus-t, Stram.

Unquenchable: Ars-a, Bry, Colch, Nat-m, Pyrog.

Excessive, with red dry tongue: Bell, Camph, Rhus-t.

With aversion to water: Nux-v.

Not> by drinking: Ars-a, Nux-v.

Constant, for cold drinks, specially for water: Merc, Phos.

Afternoon and evening, with cold sweat: Verb.

Water disturbs the stomach: Ars-a, Phos, Pyrog, Sulph.

Burning, but does not drink much: Bell.

Liquids put into the mouth are spit out: Bapt.

Constant but only wets lips, every swallow becomes disgusting:
Ars-a, Lyc.

For large quantities: Bry, Hyos.

Does not ask for water offered takes it hastily: Hep, Op. **But water does not taste well:** Nat-m.

With heat, from 3 to 6 pm: Phos.

Great, with trunk hot and extremities cold: Colch.

Burning in head and coldness of trunk: Arn.

Desire for refreshing things: Merc. Phos-ac, Verb.

For alcoholic drinks: Ars-a, Asar, Bry, Coff, **Psor**, *Tub*.

For alcoholic drinks, which are readily borne: Agar.

Constitutional and General

At the very onset all further progress may be cut off, in person inclined to grow fat by: Calc (Hering)

With a history of eczema, quinsy, asthma, hay fever or suppressed eruptions further progress may be cut off, the attack aborted by : Psor.

Weak, debilitated persons, in childhood or old age, when vitality is low: Ars-a, Bar, Op.

During epidemic cholera or when cholera ends in typhus: Ars-a, Cupr, Psor, Sulph, Verat-v.

In chronic alcoholism: Agar.

When the best selected remedy fails to arrest the progress of typhoid: Psor, Pyrog, Sulph, Tub.

With rapid course, tending to malignancy: Camph, Carb-v, Carb- ac, Psor.

After abuse of Mercury: Nit-ac, Sulph.

After abuse of Bryonia: Alum, Bapt, Mur-ac.

After abuse of Opium: Hell.

After over-mental and physical exertion: Cocc.

After mental anxiety and worry: Calc.

In old specially bachelors when they did not receive deserved result—give few doses of Conium 30 or 6.

CHAPTER 18

Cases of my own Experience

Case I

A case of chronic bronchitis which was very difficult to cure.

A lady, aged 35, suffered from chronic bronchitis. She had a tremendous craving for sour things, to a level of obsession, because she would not take her meal without sour thing. It is very common in Indian custom that females are more prone to taking sour.

This peculiar craving was of the exact intensity as that of *Hepar sulphuris*. I had the honour to learn such intensity with an experienced physician between a case in hand and medicine of our materia medica. A more exploration of the case with the art of case perceiving will give more and more clear picture in favour of the medicine.

Hepar sulphuris 200 unit dose was given followed by placebo for 3 months. Now since past 7 years the lady has not had any attack of bronchitis.

Case II

A baby who was bottle fed would take milk only if it was hot. This particular desire led me to prescribe *Lycopodium* for the baby, and his

problems which were susceptibility to cold and severe constipation were cured by a unit dose of *Lycopodium* 30.

Case III

An intellectual physician suffered from bronchial spasm which recurred very frequently. He was perfectly improved by a single dose of *Lycopodium* 30 with 4 months of placebo.

The basis for this prescription was that he craved hot and sweet. The desire for sweet was not very strong but the food he took should be warm otherwise he would not take it. In this connection I would like to mention *Argentum nitricum* who has got tremendous craving for sugar and sugar alone. We can differentiate between *Argentum nitricum* and *Lycopodium* by the fact that *Argentum nitricum* patient prefers cold things in fact even cold bathing and very cold blowing air/wind.

Case IV

This particular lady came with a stone in her gall bladder. There were all the common symptoms of a bladder stone. During the case perceiving she started explaining her actual problems—she had a constant desire to commit suicide but feared death. Her history showed that her brother had committed a suicide by jumping from a height in front of her. She had seen it all and *that fear of the height that she got remained till now*. She was very afraid to look down from a height.

Once she saw the dead body of her neighbour and after that she immediately got 105 degree F fever. Such short and sharp reaction in an energetic lady like her could be nothing but *Aconite*.

Her countenance was full of fear as she explained that whenever she saw a white cloth or smelt the white naphthalene balls, she remembered death, so, she herself never wore a white dress nor allowed any one of her family members to wear it.

But above all these symptoms, the main and the most outstanding feature was the tremendous shocked appearance of her face as she spoke. Her case was like a book explaining the *intense fear of Aconite* in each line and phrase... The patient was obviously prescribed *Aconite*... the great fear remedy.

Case V

A Muslim boy aged about thirteen years was suffering from “bronchial asthma”, since the age of ten, previously he was having susceptibility to cold and recurrent cough. He was admitted to the hospital of the National Institute of Homoeopathy, Kolkata, with severe acute crisis—*status asthmaticus*. There he was treated with different homoeopathic medicines of different dilutions. Lastly the case was transferred to me. A fresh case perceiving gave me a clue of *Arsenicum album*, on the basis of typical key notes—

1. Midnight <, especially after zero hour.
2. Prefers to bend forward.
3. Severe prostration.

which persisted with the severe aching “status asthmaticus”. The complaint was slightly ameliorated by the LM 2 potency of the indicated medicine with one hour interval, but the result was not satisfactory.

A constant watching of the patient and his behavior gave me a clue to prescribe Cina-

1. Constant boring the finger into the nose even during sleep. The more the severity of the attack, the more boring the nose.
2. The boy was very much irritable with constant whining; also he was obstinate in nature. But he had no such hunger.
3. A funny and curious symptom which I learnt from Dr. J.N. Kanjilal—a bluish pale appearance around the mouth.
4. Sleep was extremely restless.

This pointed me to consider *Cina*, and *Cina* 30 one dose was given, and after that the patient started to feel better and “status asthmaticus” was passed away.

As the school examination of that boy was in the next month, so on constant request of his parents he was discharged after two weeks and he is found free of complaints till date.

Case VI

A seven years old child, came to me who was having no stool for five days, which was uncommon to that child, along with too much flatulence in abdomen, which was confirmed by percussion, the poor child was also very restless whining and crying, most of the signs of the intussusception was prominent. He was first checked at the O.P.D. of Calcutta Medical College and Hospital where he was advised for immediate surgery, but due to poor financial condition and being frightened by the name of operation the parents allowed me to treat by homoeopathic medicines. When I was consulted, on observation I found a constant pricking and boring of the fingers into the nose as well as into the anal area, that reminded me for one clue of *Cina*, which I learned from Mrs. J.N. Majumdar (Kakima) which she learned from the wife of Dr. Jiten Majumdar (Father of Dr. J.N. Majumdar). I have frequently confirmed this symptom in my practice, without any practice of nosological diagnosis. This is a key note which I learnt from a lay woman with rich familial homoeopathic diagram.

Case VII

A case of severe migraine of a Hindu male, aged forty five, with constant awkward movement of the nose as if something crawling sensation he always wanted to bore and pick the nose, but due to modesty and social custom he restricted himself to do it in front of other people. He readily accepted that he always bores the nose when nobody is observing him.

Also, the symptom of marked yawning as a concomitant of the disease was a good indication for prescribing *Cina*.

Case VIII

Lean, thin emaciated female, aged about 19 years came to my clinic with the complaint of swelling in the left side of the neck. The swelling was painful and was accompanied with fever, with evening rise of temperature. On examination, the swelling was found to be tender, regular in outline with smooth surface (tender cervical lymphadenopathy).

On interrogation, patient revealed that she had not suffered from any of the childhood diseases such as measles, chicken-pox, whooping cough, etc. She also had a family history of tuberculosis.

This feature of not having contracted any childhood disease I have frequently confirmed at the clinical bedside in favour of *Carcinosinum*.

Taking into consideration the totality of the case, especially the above mentioned indication, I prescribed *Carcinosinum* 30/9 doses, t.d.s. for 3 days.

During the subsequent follow-up, patient reported marked improvement with subsidence of painful swelling and fever.

Case IX

A Muslim lady, 75 years old, presented with the complaint of fluctuating hypertension. She was very calm, silent lady with a delicate constitution. She also had the complaint of severe constipation; she often used to pass stool at the interval of 8-10 days.

Her husband had died due to carcinoma of lung. Careful interrogation revealed that she used to keep all her emotions under the emotional wrapping and never allowed it to come to the fore.

Taking into account the fluctuation in her B.P. as Changeability, obstinate constipation, husband's history of cancer^{*}; I prescribed *Carcinosinum* 30/3 doses (12 hourly).

The effect was absolutely magical. She passed normal stool for first time in years together. Gradually, her fluctuating B.P. stabilized at around 150/80mm Hg. without any allopathic medicine.

Case X

Once I was called upon to treat an elderly man, aged about 70 years, suffering from chronic renal failure with diabetes mellitus. On account of his ill-health, he requested me to pay home visit. On entering his house, I found and admired the absolute orderliness in which the things were placed in his house. Minutest care had been taken to place the things and hence his fastidiousness immediately struck me.

He complained of extreme weakness and lethargy with a very poor appetite. Occasional complained of cramps in the calf region especially on prolonged sitting. On careful interrogation; he revealed stressful family life since the death of his wife due to ill-behaviour of his children.

He had a family history of diabetes mellitus. He loved taking fruits and chocolates. He had difficulty in getting to sleep since a long time. He loved listening to music.

Taking into consideration the totality of the case; I prescribed *Carcinosinum* 30/3 doses, 12 hourly and advised to regulate his diet with regard to his illness.

During subsequent visits; patient reported marked improvement in his appetite and sleep. Feeling of lethargy was much reduced. His blood urea level and blood sugar level too came down.

Case XI

A boy aged 24 years consulted me for his complaint of travel sickness. He told me that whenever he used to travel especially in mountainous regions, he used to develop extreme giddiness with nausea and vomiting. Persistent queries revealed that he had no other physical complaint.

He had desire for sweets. He had a strong family history of diabetes mellitus. He was very touchy by nature and sensitive to least trifling things. He was highly egoistic. On interrogation, he revealed that although he appeared mild from outside, he was destructive from inside.

Thus, from analogy, he as a person behaved and had attributes very much those of cancer, i.e., mild and benign appearing from outside with extreme destructiveness inside.

After thorough case analysis, I prescribed *Carcinosinum* 30/1 dose. The patient reported after some time that he travelled to a hill station recently without any discomfort whatsoever!!

Case XII

A female, aged 23 years, with numerous brownish moles on face, consulted me for her complaint of obstinate dysmenorrhoea since menarche. She used to experience severe pain in thigh especially right thigh with nausea on the first day of periods. The pain was better from warmth and used to reduce on following days till the period was over.

The other complaints were obstinate constipation since childhood with occasional bleeding per rectum; pain in legs from draught of cold air and tendency to sore throat on taking sour and cold things. Chilly patient; Appetite: Good but can't tolerate hunger. Profuse sweating especially on face. Family history of diabetes mellitus, cancer and T.B. Mentally: obstinate, sensitive and highly egoistic. Loves and enjoys nature a lot.

She had already taken numerous homoeopathic medicines such as *Mag-p.*, *Cham.*, *Calc-c.*, *Vib.* but with no desired result. Taking into account all her symptoms, especially her mental obstinacy and the obstinate nature of her complaints; I gave her *Carcinosinum* 30/1 dose.

The patient reported marked improvement. Her long standing dysmenorrhoea and constipation were much relieved. She also showed marked improvement with respect to her other complaints and she is still under my treatment.

Case XIII

A boy and his sister were very close to each other. The sister was very beautiful, she got married to a man who was not very good looking and was from a lower cast. The boy always disagreed this marriage, and finally when his sister got married, it had a profound effect on him. There was an intense jealousy within him, and he would never visit his sister.

Once when he was crossing-by her house, he had an involuntary urination. Such an episode of involuntary urination repeated every time he crossed his sister's residence.

Hyoscyamus niger, single dose cured him permanently.

Case XIV

A boy, 18 years old, had recurrent attack of tonsillitis. This was followed by pain in the knee joint, and then he started suffering from mitral stenosis.

One very important symptom was that the boy always *desired to move around*, even during the time when he had pain in the knees. But, he was never allowed to do so because his physicians had advised him a complete rest. When he developed mitral stenosis, he started having a *dream that he was roaming and going round and round a very big field*. This dream was persistent and it repeated itself everyday.

Rhus-t 200 cured the patient permanently.

Case XV

A lady was suffering from polyarthritis, and every joint was involved.

This lady always *dreamt of animals*. The dream was very closely related to her complaints. In other words, whenever she took a painkiller for her trouble, she obviously had no pain, but the important fact was she did not even have the dream of animals. But whenever she was away from any kind of pain killers, she had this dream. More the pain more was her dream. She was of a very mild temperament.

In Kent's repertory, there are few remedies for mildness– Arn., Ars., Bor., Cocc., Nat-m., Puls., Rhus-t., Sil. (in first grade)

For dreams of animals, Arnica is written in bold letter.

The lady was given *Arnica* 30/single dose. In one and a half years duration, the potency was raised till 10M, the patient improving gradually.

Later the patient was advised to enjoy her life with care but no more medication.

Case XVI

A case of bad effects of vaccination. Vaccination was followed by constant inflammation of eyes which later was joined by otorrhoea. Along with this there were *dreams which made him anxious, apprehensive and fearful*.

Thuja 200/single dose was followed by 9 months of placebo with gradual decrease of symptoms. The last symptom that the patient showed was an itch over the vaccinated area, and thereafter there was no more problem.

Case XVII

In the OPD, a lady with her son came for treatment of her son who was 8 months old. Whenever I looked at her and asked her the problems of her

son she would bite the corner of her lips. When I was examining the little kid who was on her lap, she would bend forward so much so that her clothes/shawl would fall off her shoulders.

I prescribed some medicine for the kid then I also prescribed for the lady.

This lady, who lived in the slum area and who had come to a doctor for the treatment of her son, had the guts for such a shameless behaviour. This was the basis of my prescription. The immodesty depicted in her mind and I was able to observe this by the intensity of shamelessness that the woman showed.

Hyoscyamus niger 200/single dose was prescribed to her. When she came to me for a second time she had improved tremendously-in her physical as well as her mental sphere.

Case XVIII

A gentleman came to me, suffering from warts around his anal area. He had taken lots of treatment; both allopathic and homoeopathic, but with no relief.

While taking his case I found out that he was betrayed by his girlfriend, and this made him very angry. The anger showed over his countenance, and it was of such a high grade that while he was talking he had clenched his jaws, and said that he would kill her.

I gave him *Nitricum acidum* 6 on account of the intensity of cruelty, followed by placebo. After 4 months he reported to me that he was perfectly alright and that the affected area was so clean and soft “*as if he was born just a day before*”.

Case XIX

This is a case of a little boy suffering from asthma. The moment he entered my chamber he started misbehaving, jumping, kicking on the walls and leaving the shoe mark on the wall. On enquiry, his parents told me that he always behaved in this manner wherever he went. Further enquiry about his intrauterine history revealed that during pregnancy, the mother was always angry due to various reasons, and she always suppressed her anger. She was always bubbling with anger but kept it inside her.

This suppressed anger was shown in her child who behaved in that manner.

I prescribed him *Staphysagria*, and this improved and cured his asthma.

Case XX

This is another case of suppressed anger. A writer from a great country despised a leader of that country. He always wanted to write something against him but could not do so on account of the power that the leader exhibited. So he kept everything inside him. He felt as though he would burst inside from the suppressed anger; later on he suffered from leucoderma.

Here also *Staphysagria* helped him, and he was cured of leucoderma.

Case XXI

In the OPD while I was examining a patient, I noticed the next patient on the que. He was standing leaning on the door and constantly rubbing his shoulder on the edge of the door. The important fact that I noticed was the extreme impatience which was followed by anger, as he waited outside.

I gave him *Nux vomica* for his complaints, and this helped him.

Case XXII

An old lady came to me suffering from neuropathy. The muscles of her soles had started to degenerate. She could not feel any sense over her sole. There was a total degeneration of her nerves and senses. Along with this there was great mental depression, and she never had a single smile on her face.

The intensity of her mental depression matched with that of her physical depression.

Aur-m helped and improved her condition.

Case XXIII

In my OPD, a case of breast cancer affecting the right breast.

We regard our right side as the dominant side since majority of vital functions are performed by the right side. To think in terms of son and daughter, from the natural point of view, the son is more dominant than the daughter.

Analogically correlating these two thoughts, I asked the first question from the patient: How many sons and daughter do you have? She replied that she has two daughters but no son. As a keen observer, I observed a hair on the patient's chin. The intellectual deep thinking mind immediately enabled me to read the mind of the patient like an open book. I inquired that did you have a desire for male child. She replied in affirmative.

“The intense desire to have a male child resulted in the female patient herself developing masculine form which resulted in development of a male characteristic—i.e., a hair on the chin which is strongly masculine feature.”

I perceived that being without a son, she led to disintegration and chaotic condition of her dominant side of breasts—*cancer of right breast*.

On further interrogation, she revealed that her intense desire for a son had made her indifferent to her own daughters—indifference to loved ones. This led me to prescribe *Sepia 6* after confirming certain other features of *Sepia*. The patient who had reported in a very advanced stage had a peaceful death—a result of best palliative treatment in advanced pathological cases of carcinoma.

Case XXIV

In OPD, a female with symptoms of osteo-arthritis of both knee joints. After hearing her complaints I simply asked her to show the tongue. Tongue was flabby with deep fissure in the middle. However, the peculiarity of the tongue was that the tip showed a red triangular with apex directed upwards. It is rare but peculiar to *Rhus toxicodendron*. *Rhus toxicodendron* was prescribed in LM potency, which improved her.

Case XXV

A old female reported with a swelling in the right side of head. The swelling was *bright red* in colour, *angry looking*, I immediately thought of as cancer. Patient's relative took out the biopsy reports which stated that it was a neuro-sarcoma. The patient stated that she had been operated for gall stone 2-3 years back.

Her complaints were of flatulence, decreased appetite with no desire to eat and constipation. She also revealed that following cholecystectomy, she had developed sepsis at the operation site followed by bleeding. She also had cataract in left eye; earlier she had been operated up on for cataract of right eye. When I asked about her desire, she immediately replied back that she liked only sour and nothing else. I prescribed *Pyrogen 30*, unit dose followed by *China LM1* (3 cup), 3 hourly.

I asked all the students to perceive the expression on the face of this patient. There was a complete loss of expressions—expressionless blank face—*apathy* of *Cinchona officinalis*. Apathy to the extent that the patient desired nothing to eat, no interest in food or other things in life. Moreover, with the history of haemorrhage if we get the concomitant of desire for sour; it is *China* and *China* only. For younger generations, I would like to suggest a study of Carl Jung's concept of *synchronicity*—a relation which is not seen, is not direct but *dynamic*. I have used this concept extensively in prescribing with reference to the concept of concomitants.

[A valuable tip: In any case of post-cholecystectomy complications, if symptoms agree, think of *China* or *Lycopodium*].

Case XXVI

A young man, well built, fair complexion, sharp nose, protruding frontal eminence reported with complaint of falling of hair. He revealed that his nature of job was stressful with irregular eating habits. I pointed out his shiny nails, as if he had put on a nail polish. On inquiry, patient said that he had sensitivity to cold earlier but was suppressed after taking seven seas tablets. He seemed nervous and fidgety. On his own he stated that he sweated most on palms. On inquiry about his family history of illness, he could not tell much.

After this much of case perceiving I prescribed *Bacillinum* 30/4 doses. Here I did not prescribe *Silicea* because here the prescription was on the concept of anamnesis—i.e., through remote control. In this case the symptoms before suppression were taken into account and prescribed for.

Case XXVII

Another case is of a child about 10 years of age. He was of fair complexion and was accompanied by his parents. The child was forcibly held together and brought into the OPD room by his parents. The child was resisting this

and trying his best to set himself free. I immediately asked the parents to 'release' the child from the shackles of imposed parenthood. This enabled me to perceive the behavior of the patient (child) in a free and uninhibited atmosphere.

The parents complained that their son is in the habit of handling faeces after defecation. He was extremely restless and is of a violent nature; he often used to beat the family members. He was the eldest among two brothers. He also had the complaint of nocturnal enuresis. Past history revealed that he was born at full term, normal delivery with no apparent complications during delivery. He had suffered from physiological jaundice at birth; had history of roundworm infestation. Intrauterine history did not reveal anything significant. Appetite was less; had liking for salt, thirst was less; urine was strong smelling and stool–unsatisfactory.

During case perceiving, the child was observed as moving from one corner of the room to another. He was either disturbing others in the consultation room in their work or was moving aggressively towards strangers and making noises; peculiar kind of noises. His gesture of hand was remarkable. He made the fingers of his hands in form of claws with facial expression as of attacking others. He was even striking others.

It is here that the deep study of Medical Anthropology made me understand the behaviour of actions of the child in terms of a primitive man. His each and every gesture, his movements, his expressions were a great learning pleasure. His clawing of hands was expressive and symbolic of his anger towards his parents; an action very much analogous to that of our forefathers; *the primitive man*. He had adopted a so called 'fighting posture'; just as that which used to be adopted by primitive man.

[For that matter, everyone of us has a 'primitive man' hidden deep inside us which is subdued due to our education, social and cultural norms. Or in other words: *it has been tamed*].

But why was the child angry with his parents? In this regard, I would like to give you an analogy from the action of a spring. The more you press a spring the more it retaliates and springs back. In this case, the over-caring attitude of the parents was imposing an undue pressure/stress on the child and provoking him to 'spring back' in retaliation.

The complaint of *nocturnal enuresis* was likewise a retaliatory expression of the child in response to the *repressive* attitude of parents. ‘Is it not the best weapon in the unconscious domain of a child in order to torture his parents?’ This further enabled me to understand my patient and his actions in-terms of his environment.

The hyperactive nature of the child was another aspect which could be explained in term of Freud’s concept of *LIBIDO*: an instinctual internal energy. This libido, if not allowed a constructive passage and restricted, would remain pent up. In this case, due to parental super impositions, the libido energy was not channelized in a constructive manner and rather found a vent in the form of *hyperactivity*.

Thus the important aspect of treatment in this case was *psychotherapy*—the psychotherapy of parents and not the child!! They should deal with the child with a ‘soft hand’. The bond of love can achieve much more than the stick of punishment. I requested them to shower as much love on child as possible without in the least suppressing him or shackling him. I told them: *give freedom to the child; let him do what he wants to do*; if our profession prefers to call—exhaust him.

Then comes the medicine part. I prescribed *Tarentula* 30/1 dose. We all know *destructiveness* as one of the keynote features of *Tarentula* and this symptom was encapsulated in the patient from the remote past. The mother had notched central incisors and conical hard palate; while the father had separated teeth and a broad nose. All these are taint or stigmata of syphilitic miasm which itself signifies *destructiveness*.

The result of this prescription and effect of my “moral remedy” was wonderful. The child who is still under my care is much less hyperactive, has occasional complaint of nocturnal enuresis and most importantly, is more involved in constructive work and actions.

* *A few cases in my clinical practice have guided me to consider history of cancer in the husband for prescribing for his wife and children and vice-versa—even cancer in children may sometime give a good clue for prescribing Carcinosinum in parents.*

CHAPTER 19

Quick Prescribing and Clinical Tips

1. Trio of nephritis: **Apis, Ars-a, Ter.**
2. Trio of uraemic convulsion after skin suppression: **Apis, Ars-a, Verat-v.**
3. Cholesterol, lipids, uraemia, blood sugar: **Nat-s.**
4. Stiff neck after hair cut: **Bry.**
5. Constriction of arms: **Mez.**
6. Climacteric disturbances: **Oophorinum.**
7. Complication after ovariectomy: **Orchitinum.**
8. Asthma due to pollens: **Pothos.**
9. Syphilitic miasm: **Rad-br, Syph, X-ray** are the best intercurrents.
10. Carcinoma pain: **Ars-a, Apis, Aster, Calc-ac, Calcars, Carc, Cond. Euph, Graph, Hydr, Kali-p, Morph, Ornitho, Rad-b, Semp-t, Sil, Tar-c.**
11. Chronic rheumatism of joints after exposure to x-ray or during climacteric: **Oophorinum.**
12. Bad effects of nuclear radiation: **Uran-n, Infla, Psor, Radbr, Pneumo, Stront-c, lub, X-ray.**
13. Colourful vivid dreams: **Nat.-s.**
14. Sexual vivid dreams: **Phos.**
15. Overuse of antibiotics, all indicated remedies fail, no other indication: **Rhus-t 200.**

16. Diabetic neuritis (especially of calf) and having no other indication: **Curare.**
17. Urticaria with pin worms: **Urt-u.**
18. Calcareo like children/Young adults with nose obstruction: **Calc-lac.**
19. Nasal obstruction in children + all three miasms in background: **Lyc.**
20. **Insulin:** History of diabetes with insulin intake, diabetes with complications, family history of diabetes. History of diabetes with insulin intake in father or mother (before or during conception), skin manifestations with diabetes, recurrent appearance of boils, painful boils but no fever; any disease related with recurrent throat infection or originating from throat and well indicated drug fails. Pathological concomitant is enlargement of liver associated with ulcer with pus formation or diseases with pus formation.
21. **Streptococcin:** Especially in cases of sore throat where all indicated remedies fail or no clear cut indication for a remedy is available; cases of viral fever or upper respiratory tract infection starting from throat. Complimentary to *Sulph*. Bleeding from intestinal tract—like ulcerative colitis.
22. **Staphylococcin:** Pus formation, any disease inflammatory in nature with pus formation like chronic amoebiasis—too much mucus or pus or any infection with suppurative tendency (*Streptococcin* is acute inflammatory where pain and scarlet redness predominate, whereas *Staphylococcin* has more pus formation). In suppurative conditions it can be used as an intercurrent.
23. **Diphtherotoxin:** In cases with history of recurrent sore throat or upper respiratory tract infection starting with sore throat; to remove the tendency; history of diphtheria; food is vomited from the nose, cough after eating and other symptoms analogically developed after consideration of the symptoms of diphtheria.
24. Dysmenorrhea/menorrhagia: Concomitant-
 - i. Pain from sacrum to pubes: **Sab.**
 - ii. Pain from pubes to sacrum: **Sep.**
 - iii. Pain from back around the abdomen to front: **Vib-op.**

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- iv Alternate periods heavy: **Thalps.**
- .
- v. In cases of menorrhagia when all indicated remedies fail: *Erig 3 (erigeron should be used in 6 generally).*
- 25. In cases of hypothyroidism when indicated remedies fail to improve the status: **Thyr 3x** daily doses for 1-2 months.
- 26. A person who has over eaten at a party, comes back home and has diarrhoea: **Bry.**
- 27. Cobweb sensation: **Graph, Bor., Brom, Bar-c.**
- 28. While playing, suddenly ankle twists: **Rhus-t.**
- 29. Desires chilled water even in winters (with any pathology or in any illness if this concomitant is present): **Phos.**
- 30. Desires light and company (with any pathology or any illness if this concomitant is present): **Stram.**
- 31. Aphasia as a concomitant to any illness especially when there is no obvious damage or pathology in the Broca's area (brain): **Both.**
- 32. Lung symptoms after removal of piles: **Calc-p.**
- 33. Tinnitus from otosclerosis: **Thiosin.**
- 34. In cases of mental retardation when *Carcinosinum* seems to be well indicated but fails to improve: **Bar-c.**
- 35. Obedient; loves nature; all three miasms coverage; externally appears mild, internally destructive **Carc.**
- 36. **Koch's lymph:**
 - i. History of tuberculosis in family or person.
 - ii. Susceptibility to cold.
 - iii Disease from throat to kidney or vice versa or involving both of them.
 - .
 - iv Acute or chronic parenchymatous nephritis (Boericke).
 - .
 - v. Pneumonia, broncho-pneumonia, lobular pneumonia and congestion of lungs in a tubercular patient.
 - vi Lung infection of Koch's with kidney involvement.
 - .

37. **Arn:** Small intensely painful eruptions (reddish with small fine tip).
Pin headed.
38. Craving for hot drinks: **Ars-a, Cascarilla., Carc., Chel.**
39. Post-operative anemia: **Calc-p.**
40. Uric acid diathesis: **Sep, Lyc, Sars, Benz-ac, Sil, Sulph, Urtica urens.**
41. To facilitate easy delivery: **Aristl, Kali-p, Puls, Cimic, Mit. Chella.**
42. Very obstinate constipation with irregular menses-very severe disease when all indicated remedies fail–**Lac-d 200.**
43. Yellow green diarrhoea, foamy stool, sour smelling; baby mild gentle; wants to be carried like *Chamomilla* (without *Chamomilla* temperament)–**DPT.**
44. Sensation of coldness in back, between scapulae (*Am-m*) as if piece of ice: **Lachnanthes.**
45. Apt to choke when eating and drinking (*Can-s, Nit-a, Anac.*): **Menth-a.**
46. < Changing of weather in spring (*Ant-t; Nat-s*): **Kali-s.**
 - i. Shifting pain, from one part to another (*Puls, Kali-bi, Lac-c*).
 - ii Discharge thick, bland and yellowish green (*Nat-s, Puls*)
 - .
47. Hand washing often: **Nit.-a., Phos. (Lac.-c, Med, Syph).**
48. Hypertension with cardio-renal disorders: **Plb (Also Calc-c, Nat-s, Rhus-t, Thuj.).**
49. Homo-sexuality: **Puls (Lyc, Nat-m, Nux-v, Zinc, Sep, Medo).**
50. Hypertrophy of nose: **Sabad.**
51. Constant irresistible desire to look behind her: **Sanic. (Brom, Lach).**
52. Hereditary rheumatism: **Sel, Sep, Sil.**
53. Heart pain-base to apex: **Syph.**
54. Heart pain-apex to base: **Med.**
55. Gonorrhoeal rheumatism: **Thuj., Phy.**
56. Bad effects of blood transfusion: **Thuj. (Puis, Sil)**

57. Diaper dermatitis: **Med.**
58. Asthma with history of gonorrhoea: **Med.**
59. Asthma after gonorrhoea: **Sars.**
60. Catarrhal state < after exposure to cold and take on chronic form: **Tub.**
61. Desire for ice: **Verat-a** (Elaps).
62. Lumbo Sciatica left side: **Xanth** (Am-m).
63. Restlessness of legs and feet without pain, cyclical mood swings: **Zinc.**
64. Painful restlessness of legs with burning soles and palms: **Med.**
65. **Flatulence** marked in the descending colon and rectum; spluttering of wind during stool; urging to stool in the morning with stool containing lots of noisy flatus: **Nat-s.**
66. Effects of punishment in children: **Cina**–(Op.)
67. Sighing in heart diseases: **Dig.**
68. Sighing in weakness: **Ars, Phos acid., Pic acid.**
69. Pain in chest with suffocation: **Mosch.**
70. Grief: Depression varies proportionately to the degree of constipation: **Nat-m.**
71. Medicines of after marriage, in-law's house effects, least action or harmless words offend: **Staph.**
72. More the cough greater the irritation, coryza changes to cough: **Stict-p.**
73. Ascending colon: **Podo; Nat-s.**
74. Sigmoid colon; patient feels pain in the left groin: **Sulph.**
75. Hypochondrium or splenic flexure or pressing downwards upon the bladder and rectum, felt as distension in the left hypochondrium < before and after stool: **Lyc.**
76. Both hypochondrium or pelvic region: **Carb-v**

Keynotes of Natrium Sulphuricum

1. <damp, moist weather.
2. Diarrhoea with great flatulence <after rising in the morning.
3. Liver symptoms <lying on Left side.
4. Stitching pain in lower left chest.
5. Loose cough with severe pain in chest >sitting up and from pressure (opp–*Bry*).

77. **Methyl line blue 6** in repeated doses in coli infection.
78. Aggravation during menses: **Thyr**
79. Old allergic or uremic people with heart attack if no other remedy is strongly indicated. Gripping pain in intestine, colic, where no such clear-cut indications: **Piturinum**
80. In case of jaundice when good amount of input but urine is constantly dark: **Carb-a**
81. Uterine haemorrhage where backache is very pronounced; when dry and moist climate very rapidly changes especially during spring; pain in the throat with difficult deglutition: **Vario**
82. Painful enlargement of liver with loose stool specially in infantile liver: **Calc-a**.
83. If fails give *Medorrhinum* with burning palms and mild icterus neonatorum: **Calc-a**
84. Scrofulous ulcers and sinuses: **Olum Jecoris aselli**
85. Peripheral neuritis of diabetes. Tingling numbness of the extremities is very much prominent: **Cur**
86. Bread<: **Bry, Puls.**
87. Asthma relieved by lying: **Calc-p, Chel, Dig, Laur, Nux-v, Psor.**
88. Asthma alternates with gout: **Benz-ac, Lyc, Sulph.**
89. Asthma with nocturnal diarrhoea: **Kali-c.**
90. Ameliorating spasm during attacks:
 - i. **Cupr. 6 or 30** potency for simple spasmodic type. Extremely

grand result in children where one often gets simple asthma with no complications.

- ii. **Ars-a:** In LM 1 potency is more useful in the condition which leads to asthma rather than the actual spasm itself.
- iii Chronic asthma in children: *Cor-r.* is very useful in this connection; chronic post-nasal catarrh in children with craving for sour.

- 91. Asthma following nasal catarrh: **Sulph.**
- 92. Right jaw neuralgia: **Plan.**
- 93. Left jaw neuralgia, from ear to eustachian tube: **Spig.**
- 94. Brown moles (Carc): **Thuj.**
- 95. Tuberculosis of kidney and ovary: **Tub**
- 96. Little brown spot on underwear—while passing flatus some mucus comes and stains brown: **Phos**
- 97. Lies with hand over head: **Aesc, Carc, Puls**
- 98. A great remedy for duodenum: **Arg-n, Podo.**
- 99. For spasticity: **Cupr**
- 100. Fidgety feet: **Zinc**
- 101. Pointed warts: **Med**
- 102. Headache at weekend: **Iris-v**
- 103. Extra systole, less than extra beats, hypertensive, bloated gastro-cordeal, over-eaters. Nicotine induced extra systole: **Spartin 3x**
- 104. Old, slow, tired man with weak brady-arrhythmia: **Crat**
- 105. Thyrogenic; Cardiac asthma, pulmonary oedema, benign prostatic hypertrophy; Heart with prostate: **Adon-v 3x**
- 106. Irregular hypertensive and congestive heart failure: **Squill**
- 107. Absolute arrhythmia, turmoil, complete dissociation of rhythm of sinus, of AV node, of conduction in the chamber: **Naja 30, 200**
- 108. Slow and irregular beat, specially every 4th beat missing: **Apoc**
- 109. Slow pulse, dizziness, colitis, full of gas, *cardiac spasm*: **Olnd 6x**
- 110. Hyperthyroidism, pulse high, sweating, diarrhoea, pulsating neck arteries. Thyroid with cardiac arrhythmia. Toxic thyroid: **Lycps**

111. Locomotor ataxia: **Helo**
112. After grief, if *Ignatia* fails: **Alumin-p 30c**
113. After vaccination bronchial problem—(*Apis*—oedema and stinging pain >cold.): **Ant-t**
114. Itching eruptions after vaccination. (*Malandrinum*): **Mez**
115. The antidote of bad effect of vaccination: **Sil**
116. Diarrhoea after bad effect of vaccination: **Thuj**
117. It is a preventive and has protective capacity against small pox: **Vario**
118. Variola when eruptions fail to break out: **Ant-t**
119. Ailments from abuse of metals—*Apis*, *Ars*, *Maland*, *Medo*, *Sars*, *Thuja*,
120. Fear of air raids: **Nat-m**
121. Jaundice of new born and projectile vomiting: **Thyr**
122. Eruption on wrist: **Psor**
123. Personal history of measles and family history of asthma, Bronchitis Koch's: *Bacil*.
124. Enlarged tonsils with past history of Koch's: *Bary-carb*.
125. Tubercular ulcers and Swisses, 15 hr Balil family and other well selected medium failed: *Insulinum*
126. Cough may cover after some illness persists-terminal cough—*Bacillinum*, *Med Tub*.
127. Trio of bronchitis with profuse, ropy, stringy expectoration: *Kali-bi*, *Hydrastis*, *Cocc*.
128. Is anti-psoric in nature to complete the cure in ch dysentery: *Streptococcinum*. Is more acute, staphy to more chronic
129. Very sensitive as he himself: *Staphysagria*.
130. Depression >music, Suicidal tendency: *Apis mel*
131. Suicidal Tendency: *Carc*.
132. Having developmental disorder of children specially reading learning and writing, more in boys than girls—a serious educational problem: *Bar-c*.

133. Dwarfish—Carc., Medo.
134. History of severe fright or prolonged fear: Acon.
135. Love for animals (Carc., not sympathetic to human but love for animals): Aethusa cyn
136. History of cancer with latent state of illness: Carc.
137. Unusual recurrent attacks of acute infectious diseases in childhood: Carc.
138. Hate those persons who offended him: Nat mur.
139. Revenge those persons who offended him: Nit-acid.
140. Involuntary discharges of semen, testicles relaxed and hanging down, sweating of scrotum and between scrotum and testicles: Sulph.
141. Helpful remedy in hyperthyroidism with desire for sweets: Thyroidinum.
142. Chronic projectile vomiting with diarrhoea in children with history of toxemia of pregnancy or some allergic conditions in the mother: Calc-phos.
143. Nodular goiter which may turn to cancer thyroid: Colc-iod.
144. Suppressed emotions: **Staph, Dysco- Folliculium.**
145. Nail biting in children: Ipecac.
146. Contradicting and alternating symptoms: Ignatia <music, smoke, consolation (Sep)
147. Very sensitive to joke, easily offended: Capsicum
148. Sleeplessness in children (Cyprapeden): Coffea
149. Family history of cancer: Condurango
150. Convulsions; cramps <from darkness and loss of sleep: Cup met.
151. A long time tired people, sad, >thunder storms (Carc, Sep): Bellis per.
152. Developmental problems of children (Thyr) Desire for fatty meat (Tub.) Sleep in knee elbow position: Med, Phos, Tub. Lyco., Cal phos.

Analysis: The separation of the whole into its parts or elements—opposite to synthesis.

—A method of determining or describing the nature of a thing by separating it into its parts.