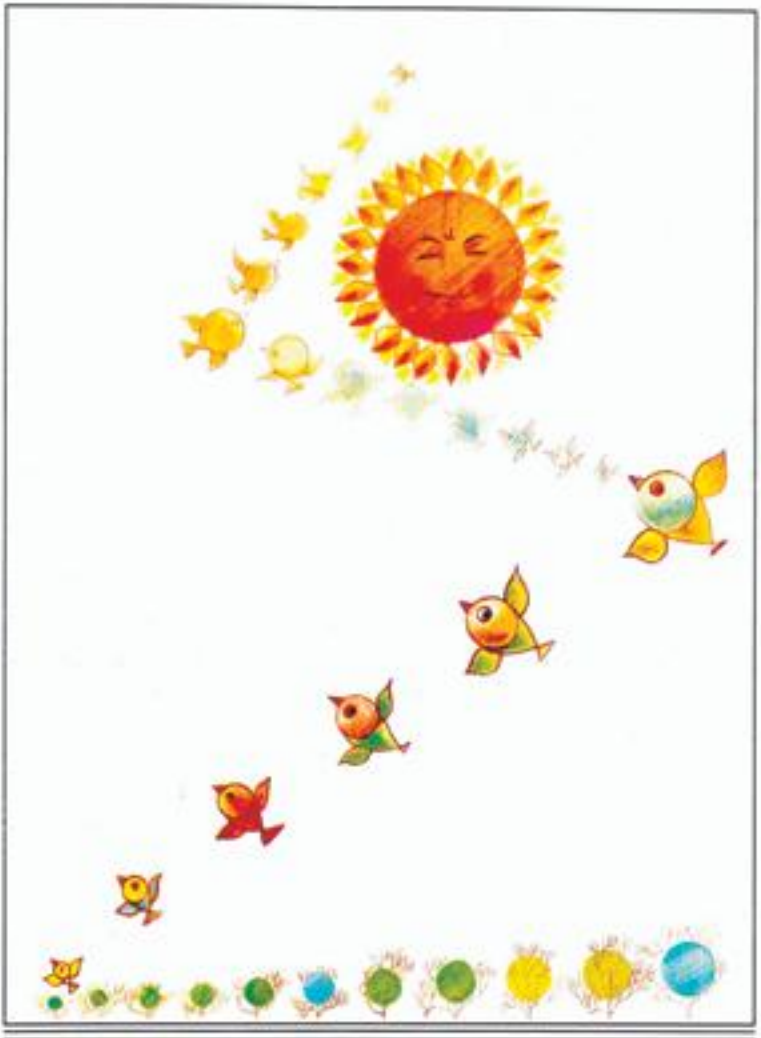
THE SPIRIT OF HOMOEOPATHY



RAJAN SANKARAN

THE SPIRIT OF HOMOEOPATHY

by

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WHAT IS HOMOEOPATHY

Homoeopathy is a system of medicine founded by the celebrated physician Dr. Samuel Hahnemann (1755-1843) of Germany. It is based on the principle that "like cures like". In practice, this means that a medicine capable of producing certain effects when taken by a healthy human being is capable of curing any illness that displays similar effects.

Like cures likes

For example, if a healthy person takes a dose of Arsenic, he will develop vomiting, diarrhoea of rice-water stools, a rapid pulse and prostration. His skin will become cold and his expression anxious. In smaller doses or when taken for a longer time, he will develop a running nose, heavy head, cough and bronchial catarrh. Even later there will be specific disturbances of skin and nerves. He will have burning all over which is relieved by warmth, frequent thirst for sips of water, fear of death, restlessness and a worsening of symptoms at noon and midnight.

According to the homeopathic law that "like cures like", countless patients displaying such symptoms have been cured by *Arsenicum*, irrespective of the name of the disease (cholera, colds, eczema, asthma, etc.). This principle has also been mentioned by the ancient Indian poet Kavi-Kalidasa:

Shruyate hi pura loke, vishaya visham aushadam.

Translated, this read: "It has been said of old time in the world that poison is the remedy for poison." Hippocrates postulated this principle in the words: "*Similia similibus curentur*" (likes are cured by likes).

The practice of Homoeopathy is based on certain fundamental principles. Firstly, the remedies that are used are tested on human volunteers (provers) to elicit the symptoms they can produce. The symptoms of each remedy as experienced by the provers are recorded in exact detail and they form the homoeopathic Materia Medica. The symptoms of the patient are matched with the symptoms of the various remedies in the Materia Medica to find out the single remedy whose symptoms are most similar to those of the patient (like cures like).

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THE STORY OF THIS BOOK

As students of the Homoeopathic College, we found the homoeopathic Materia Medica very dry, the Repertory mechanical and the philosophy theoretical and obsolete. Philosophy was our worst subject because we could not relate it in any way to practice. In fact, we found the lectures so boring that we had literally to be dragged into them. This was just the beginning of our troubles. When we started our practice, we found different schools of thought, different ways to look at Homoeopathy. Some practitioners were giving medicines in combination, some were giving specifics, some were making prescriptions based on pathology, while others were basing them on keynotes, and yet others were using the Repertory. Even among the last group while some were using Kent's method others were working with Boger's, and a select few were following Boenninghausen's. Also while some practitioners gave importance to miasms others criticized them. This situation only added to our confusion.

First steps

Once I got out of College, I started working with the Repertory because of prior familiarity with it, and I started repertorizing cases mechanically. I was trying to use the characteristic and peculiar symptoms mainly because there are fewer remedies in these rubrics which made Repertory work easier. I would choose a few characteristic symptoms, look at the relevant rubrics in the Repertory and prescribe the medicine which was common to them. In some cases it worked, but in many it failed. I remember one early case of mine: my grandmother had difficulty in swallowing and I took her symptoms, "Generalities, food, potatoes aggravate" and "Throat, choking, oesophagus, on swallowing", and from these I came to the remedy *Alumina*, which helped her wonderfully. However, in many cases this approach failed, and so I poured all my energies into the search of a method which would prove a success in every case. I knew that the clinic was the best laboratory I could find and the scientific mind the best tool. The one principle I have adhered to throughout is to use only one remedy or therapeutic method at a time, and I have tried to keep everything else constant as far as possible. This has helped me a great deal in validating my observations.

Precedence of mentals and generals

Together with my colleague Dr. Jayesh Shah, I started studying our cases of success and failure. What became quite obvious was that those cases in which we prescribed on

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WHAT IS DISEASE

The allopathic viewpoint

In common parlance "disease" would refer to the diagnostic label a patient is given. We say, "She has got diabetes" or, "His disease is rheumatoid arthritis." Modern medicine has classified diseases along these lines and now has specialists for each "disease". A lot of money is poured into finding the cure for these problems and from time to time a drug appears with a lot of promise, only to fade away soon or be exposed for its injurious side effects. All in all, especially in chronic cases, the only effect of this type of research is to find drugs that have some temporary relieving effect on the problem and therefore have to be taken lifelong in increasing doses despite their side effects.

The basic idea behind such treatment is that disease is a local problem and if we tackle that part, we can solve it. Diabetes is a deficiency of the islet cells of the pancreas, rheumatoid arthritis is due to malfunctioning of the immune system, epilepsy arises from an excitable focus in the brain and so forth. With such a viewpoint, it is natural that they try to find a drug to stimulate the islet cells, suppress the immune response, or sedate the brain. The very failure of such methods to bring about cure or even a significant reduction of the problem over time should have cautioned them that there are other more important and basic factors involved.

The young homoeopath, eager to keep pace with modern medical "discoveries", may be tempted to try to find the "homoeopathic cure" for such conditions as diabetes and rheumatoid arthritis. He then falls into the trap of trying to find a specific drug or a group of drugs to tackle the problem. He, too, now, narrows his vision to the "part affected" and thus invites failure.

Despite knowledge of homoeopathic philosophy and its fundamental principles, the homoeopath is at times unable to avoid giving importance to the diagnostic label the patient presents with. It is too awesome, often the only thing the patient is interested in is getting rid of, and, with his knowledge of medical science – the etiology, pathology and prognosis of the condition known to him – the homoeopath often finds it impossible to remove the diagnosis from his mind while selecting the remedy. He tries to find a remedy which is known to be useful in the treatment of such a pathological entity.

Characteristic symptoms differentiate between the remedies

Even so, the homoeopath still has to make a choice between several remedies, since each pathological entity has several remedies known to cure it. This information

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UNSUITABLE POSTURES

We understand disease as a state of mind and body: a particular state of mind associated with a particular state of the body. Disease is not anything external; it is not something from without. It is the posture that is adopted by the organism in order to survive in a *perceived* situation. *The state that the organism adopts is disease*. So, it is not something to be removed, but it is something that has to be changed. The posture is an adjustment to a particular situation, and it has to come back to its original form.

As long as the situation exists, and as long as this posture is in proportion to the situation, it cannot be, and should not be removed. For example, if you are lifting a heavy bag and you have to walk with that heavy weight, in order that you back does not break, you have to bend in the direction opposite to the bag. So, your body adopts a posture to survive in this situation. This posture is healthy, it is going to do you good, in this situation it is needed, and as long as the bag is heavy, the posture has to be maintained.

Hence, we see that posture is an adjustment. As long as this adjustment is in proportion to the existing situation, as long as it is suitable to this situation, and as long as the situation or exciting factor remains, this adjustment cannot and should not be corrected.

In our practice we see that most of the time this adjustment, this reaction to the existing situation, is unsuitable. Unsuitable postures can be encountered in people. Look at the miser, the woman who trusts no one and carefully counts her money to the last penny. She keeps it in a safe, yet feels unsafe, and can almost see thieves at night prowling around the house. Restless and anxious, this lean woman with cold hands, nervously sipping water, lives in a state of constant anxiety. A little pain in the chest and she's sure that death is at her doorstep. She runs helter skelter to several doctors and still feels insecure. Even when visiting the most beautiful place she counts her money as if to protect it from thieves, oblivious of the beauty around her. When she is given love, she reacts with mistrust. She has little space for people and even less space for experiences.

The origin of unsuitable postures

Where did such an unsuitable state originate? It seems logical that at some time in the past this woman must have been in a situation where she was surrounded by thieves and so this posture became necessary for her survival. It is likely that she has been badly cheated by deceitful people and so she can trust no one. Such a situation has left its mark on her and she reacts unsuitably to the present because of this impression from the past.

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HEALTH AND DISEASE: PSYCHOLOGICAL AND PHILOSOPHICAL CONSIDERATIONS

Disease consists of two parts: generalized disturbance of the whole organism and localized problems. It can be seen that generalized disturbance (which includes physical, general and psychological changes) precedes localization of the problem. This generalized disturbance is probably what Hans Selye (the authority on stress) described as the *General Adaptation Syndrome*. The whole of this generalized disturbance or change can be understood as a posture of adaptation for survival in a particular situation. It is obvious that if the situation does exist or is intense enough, such an adaptation would ensure survival and therefore cannot be treated. Conversely, if such a situation does not exist, or is not proportionately intense, this general adaptation would be a maladaptation and needs to be corrected.

Disease as a posture

In sum, disease is a posture, a state of being, which is suitable and appropriate in a particular situation, a situation that does not exist at present. Disease originates from severe situations which demand this posture or state of being for survival. This state leaves an impression which we call a root which gets activated later on.

Disease sets up several conditions for feeling OK. When we imagine a lion is chasing us we will not feel OK unless we are running. In the same way, if your disease originated in the situation where you needed to achieve in order to be loved or to survive, you will not feel OK unless you achieve. These conditions restrict your being in the present and your reacting to the situation appropriately. The miser's constant need is to check his purse. He will do this even when visiting the Taj Mahal, rather than admiring its beauty.

Disease thus sets up a lot of conditions for feeling OK. It has the quality: "I am OK only if..." Such conditions for feeling OK (compulsive actions) usually arise from our feelings or fears, especially from our fixed ideas regarding the situations in front of us (obsessions). The miser's fear comes from the fixed idea that he is being cheated by the people around him. Obsessions or fixed feelings are needed in the particular situation in which we imagine ourselves to be. We view most situations from our basic delusion and this is our disease, which is a remnant of a past situation and has left an impression on us (root).

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NATURE'S LAW OF CURE

Discoveries in science and progress in art, literature, spirituality, philosophy, technology and other fields of human endeavour, all fit into a pattern. Similarly, progress in medicine and medical discoveries occurred when they were most wanted.

The earliest sensible practice in medicine was to alleviate the symptom or pain of the patient. When a finger is burnt, we automatically dip it in cold water. This is a natural reflex. When pain in some part of the body becomes unbearable, we naturally seek relief in some way or other. If there is bleeding, there are in-built mechanisms which try to stop it. If there is much pain, pain-killing substances are produced by the body itself. As human technology progressed, more stress, more accidents and hence more pain resulted. Nature, by itself, could not handle these and therefore prompted human ingenuity to discover extensions of its relieving methods. A part of modern medicine has to do with drugs aimed at giving instant relief. Surgery too is an extension of nature's idea. When there is a cut on the skin, natural processes of closing the wound and healing are set in motion. When there is a foreign particle in the body, the system will try to throw it out. It is as if the body had an in-built surgeon. Human progress demanded more than the capacity of this in-built surgeon, and surgery came into being. The fight against infections too was originally the domain of pure nature, but as human civilization crowded people together, infections increased to an intensity beyond nature's capacity to fight them alone. Antibiotics became a necessity and this led to Dr. Alexander Fleming discovery of penicillin, the first antibiotic.

Despite the progress in pain relievers, surgery and antibiotics, the biggest and most basic problem in human health remained unsolved. What remained unsolved was disease itself, the dynamic unhealthy state of the whole being.

We have seen in the previous chapters that disease is a posture, a state of being of the person which is inappropriate in his present situation. How do we naturally cure ourselves of such states? Take the example of the person who is to appear for an interview. You see him trembling with fear, pacing up and down, panic writ large over his face. What do you tell him? You tell him: "Why are you so scared? Are you going to face a lion?" From this you will often see him tense up a little more for a moment and then he will relax.

Let us examine how this happened. Firstly, we realize that the man was reacting disproportionately to the situation. By asking him: "Are you going to face a lion?", you

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THE EVOLUTION OF HOMOEOPATHY

Hahnemann's famous experiment of Cinchona bark was the beginning of a new method of treatment. It took place in the year 1790. Hahnemann discovered that Cinchona, which was famed for its curative power on malaria, when taken by him in a healthy state, produced in him symptoms similar to malaria. It gave him the clue that drugs can cure in the sick what they can cause in the healthy.

From this idea, Hahnemann started testing several drugs on himself and some volunteers to ascertain what effects they could produce on healthy people, so that he could use these drugs when he found similar effects in sick people. These testings are called provings. Initially, Hahnemann employed crude (material) doses of drugs for proving and treatment.

Local action of drugs

In 1796, Hahnemann published his first treatise called "Essay on a New Principle for Ascertaining the Curative Powers of Drugs". On reading this essay it is evident that Hahnemann's ideas were far from fully mature at that stage. He believed that drugs act merely on organs and cause functional and structural changes locally. He tried to use this new idea in relation to individual organs. Let me quote some examples:

> "Since *Conium* produces pain in the glands, it may be the best remedy for painful induration of glands and cancer."

One quotation in particular is worth citing (page 271, 3rd paragraph; all quotations in this chapter are from Hahnemann's "Lesser Writings"):

> "The water hemlock (*Cicuta virosa*) causes, among other symptoms, violent burning in the throat and stomach, tetanus, tonic cramp, true epilepsy; all diseases for which we require efficient remedies, one of which, it may be hoped, will be found in this powerfully acting root, in the hands of the cautious but bold physician."

Here you can see that Hahnemann considered tetanus, cramps and epilepsy all as diseases. He doesn't as yet seem to be clear about the difference between the terms "disease" and "symptoms of disease".

He also says: "Coffee produces and therefore cures headache." Again, the distinction is not made between curing the symptoms and curing the patient.

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CENTRAL DISTURBANCE

Vital to developing the homoeopathic vision is the understanding of what is to be cured in disease. It is to be able to perceive, to feel and to know as the truth that disease is not something local but a disturbance of the whole being. It is to have the unshakable conviction that if we treat the disturbance at the centre, the local problems will be lessened. It is to understand that remedies in potency produce the central disturbance alone.

These points need to be stressed repeatedly, explained and exemplified so that they become a part of our thought process. This and only this conviction can make us staunch and successful homoeopaths and remove from our minds the confusions that arise in practice. This vision will make several things clear, and the rules and principles of Homoeopathy will become absolutely logical derivatives and no longer dogmas. Questions about the importance of mind, the differences in the various approaches to totality, the evaluation of symptoms, the importance of pathology, the site of action of a remedy, selection of potency and the prognosis of the case – all these questions will be solved quite easily once the vision develops. It is for this reason that I am writing this chapter.

We are going to examine the very same idea as in the previous chapters but this time from a new angle, namely through observations in practice. We are to begin with one of Hahnemann's most profound observations which he mentions in Aphorism 211 of the "Organon", namely that the mental state often chiefly determines the choice of the remedy. We are going to examine what a "mental state" means. We are going to talk about peculiar and characteristic symptoms and how they too represent the central disturbance. We will see the oneness of Kent's, Boger's and Boenninghausen's philosophies. We will use case illustrations to bring home all that we have said.

Mental state, not mental symptoms

Aphorism 211 from the "Organon" reads:

> "This holds good to such an extent, that the state of the disposition of the patient chiefly determines the selection of the homoeopathic remedy, as being a decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician."

Look at the words. It says "the state of disposition" – "the state" and not the "symptoms". Hahnemann did not write, "This holds true to such an extent that mental

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DYNAMICS IN DISEASE

The following quotations from Hahnemann's "Organon" throw abundant light on the different levels of the human organism at which disease operates, and the relative importance of these levels in guiding us to an understanding of the nature of disease and its treatment.

Aphorism 201 of the sixth edition of the "Organon" reads:

> "It is evident that man's vital force, when encumbered with a chronic disease which it is unable to overcome by its own powers, instinctively adopts the plan of developing a local malady on some external part, solely for this object, that by making and keeping in a diseased state this part which is not indispensable to human life, it may thereby silence the internal disease, which otherwise threatens to destroy the vital organs (and to deprive the patient of life), and that it may thereby, so to speak, transfer the internal disease to the vicarious local affection and, as it were, draw it thither. The presence of the local affection thus silences, for a time, the internal disease, though without being able either to cure it or to diminish it materially. The local affection, however, is never anything else than a part of the general disease, but a part of it, increased all in one direction by the organic vital force, and transferred to a less dangerous (external) part of the body, in order to allay the internal ailment. But, as has been said, by this local symptom that silences the internal disease, so far from anything being gained by the vital force towards diminishing or curing the whole malady, the internal disease, on the contrary, continues gradually, in spite of it, to increase, and Nature is constrained to enlarge and aggravate the local symptom always more and more, in order that it may still suffice as a substitute for the increased internal disease and may still keep it under. Old ulcers on the legs get worse as long as the internal psora is uncured, the chancre enlarges as long as the internal syphilis remains uncured, the fig warts increase and grow while the sycosis is not cured whereby the latter is rendered more and more difficult to cure, just as the general internal disease continues to increase as time goes on."

Aphorism 205 (footnote):

> "I cannot therefore advise, for instance, the local extirpation of the so-called cancer of the lips and face (the product of highly developed

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WHAT IS CURATIVE IN MEDICINE

In this chapter we shall try to understand what a remedy really is, and what it is capable of curing. This is still a matter of confusion to many, and in my seminars I could make the matter clear through the following video-recorded case. The reader would do well to follow this interesting case and draw appropriate lessons from it.

Case

This is a case of viral encephalitis in a female child of 1½ years. I got the following history.

The child was apparently normal when she developed vomiting and diarrhoea (gastroenteritis), for which she was admitted to an allopathic hospital where she was given intravenous fluids. Then she developed a mild temperature and had one convulsion. After this convulsion, she suddenly sunk into a stupor and became semiconscious. The pediatrician said that the chances of the child's survival were bleak. She was almost unconscious when I saw her and was responsive only to very deep pain stimulus. If we pinched her very hard, she would just emit a slight whine, and then go back to semi-consciousness. She had no convulsions after the first one. Her temperature was subnormal at 97 °F. They brought her to our homoeopathic hospital with all kinds of tubes around her and I think venesection had also been performed.

I had to select a remedy to meet this grave condition – from these very scanty symptoms. No other characteristic symptoms were available. The remedy I chose was *Helleborus niger*. Why did I select this remedy?

Remedy differentiation

The characteristic feature about her case was not what existed now, but how it started. In *Aconitum* or *Belladonna*, it would start with violence. In *Apis* there would be violent, shrill shrieking with head brought backward into the pillow. On the other hand, in *Opium*, there would be complete unconsciousness with constricted pupils, and stertorous breathing.

There is one other remedy that needs differentiating, and that is *Zincum metallicum*. *Zincum* and *Helleborus* are very close to each other. The difference is only one, and that is at the onset of *Zincum* there would be tremendous nervous excitement, convulsion

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THE SCIENTIFIC DEPTH OF HOMOEOPATHY
(WHAT IS HOLISTIC APPROACH)

The following (with a few minor corrections) is an interview which appeared in "The Homoeopathic Heritage" of June 1990. It resulted from a controversy initiated by the editor Dr. S.P. Koppikar, my senior colleague and good friend. The issue he raised was about the practicability of the holistic and psychosomatic approach in homoeopathic prescribing. He went so far as to suggest that prescribing on mentals and generals was just too ideal and not possible to the average (and busy) practitioner. My friend, Mr. Gunavante, was quite upset by this suggestion and felt the need to explain the standpoint of classical Homoeopathy so as to show its logic. He also wanted me to demonstrate through some clinical cases that our fundamental principles are true and sound and that we need to develop our skills to utilize them rather that find unscientific shortcuts.

This interview was much appreciated by several homoeopaths which showed me that doubts still exist about the practicability and soundness of our principles.

Interview with Dr. R. Sankaran by S.M. Gunavante, published in "The Homoeopathic Heritage", June 1990

In his editorial for February 1990 issue of "The Homoeopathic Heritage", Dr. Koppikar has raised some fundamental issues in regard to the application of Homoeopathy, which, I felt, needed to be discussed. For this purpose, I felt I could do not better than obtain the views of Dr. Rajan Sankaran whom I know well as an able homoeopathic physician as well as a thinker and teacher. Initially he felt it would be better not to enter a controversy, but on my persuasion that such a discussion is in the interest of Homoeopathy, he agreed to talk. Here is what he said.

I have found Homoeopathy to be a tremendous tool to stimulate vitality and start true curative process. However, if we aim at merely giving relief of some symptoms, we are not exploiting its potential fully. If anyone says he has found prescribing on local symptoms or prescribing remedies as "specifics" for certain conditions leads to much more curative effect than prescribing on mentals and generals, then our whole philosophy, our understanding of health, disease and cure will have to be changed. But I feel sure it need not, because that approach will not work. Many minor problems are self-limiting; they get well even without medicines. But if an acute problem is serious enough, will it remain a local complaint to be tackled with medicines which have "local" action? Will not the patient be ill as a whole, and need to be treated as a totality?

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THE STATE AND THE PATHOLOGY

We have seen that when the central disturbance exceeds the limit which can be tolerated by the vital parts of the body, then this disturbance is diverted to the local parts and produces pathology. The type and location of pathology depends on:

- *The nature of the state itself.* Each state will choose a particular type of pathology as its favourite. For example, given the choice between producing a wart and appendicitis, *Belladonna* would choose to produce appendicitis, because here its characteristics are better expressed than they would be in the case of a wart. *Colocynthis* is much more likely to affect the intestines than produce a coryza because colicy and spasmodic pains are a very important part of its nature. If we do not take remedies, but take the characteristics of the state, a state which has violence would prefer a type of pathology that has violence with it. *Zincum* with its twitchings and chorea would normally aggravate epilepsy in preference to eczema.

  So, the type of pathology depends upon the nature of the state, but this is not exclusive; there are other more important factors.

- *The inherited or acquired tendency to pathology.* Inherited tendency is genetic tendency, whilst acquired tendency is what is acquired throughout a person's lifetime. So, even though *Belladonna* would aggravate appendicitis in preference to warts, if the person has absolutely no tendency towards appendicitis, but has a tremendous genetic disposition towards warts, then *Belladonna* has no choice but to aggravate the state of the warts.

- *The level of the vitality.* If the vitality is strong, it will not allow the pathology to affect the more important parts, but will confine it to less important parts.

The type of pathology produced therefore depends upon a very delicate balance between the nature of the state, the tendency which is acquired or inherited and the level of vitality. So, you can have two types of pathology:

- *Pathology without any acquired or inherited tendency.* This happens in acute conditions especially in infections like typhoid and pneumonia, where, without any tendency to lung or intestinal disease, the virulence being very strong pathology is produced.
- *Pathology with a genetic tendency,* meaning an inherited or acquired tendency.

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MODALITY, SENSATION AND LOCATION

Modality

Disease is delusion. Delusion creates conditions, which in terms result in restriction of movement. The closer a factor is to the original situation of a remedy, the more it will aggravate the state. The further away it is from the situation of the remedy, the more it will ameliorate or be indifferent. For example, the greatest aggravating factor of *China* will be loss of fluids since this is the original situation from which the *China* state arises. One of *China*'s main condition to feel OK is: "I should not lose any fluid." Mentally, the original situation of *Lycopodium* is one when he feels he has no power. Therefore, anything concerning loss of power will aggravate him and anything concerning a gain of power will ameliorate.

So, what do aggravation and amelioration show? They show restriction, the need to be or not to be in a particular way in order to feel OK. This is directly connected to your perception of situation.

So, modalities are directly associated with the original situation, i.e. the basic delusion and for this reason they are most important. Modalities are also usually the least connected with pathology. For example, there can be an explanation for why a particular throbbing sensation expresses itself in a particular location but it will be difficult to explain why it comes at 2 p.m. That is why in medical textbooks, you will hardly find any modalities. Modalities are connected more with the state than with pathology.

Sensation

In the mind, sensations are feelings. In the body, they are types of pain or the sensations experienced. These feelings are always in tune with the basic delusion, they are always appropriate to the original situation of the state. For example, if the original situation is a ship sinking in the sea, then naturally, the associated feelings are going to be ones which help the person survive. Like modalities they too cannot be explained by the pathology. However, the difference is that they are more difficult to describe than are the modalities (what exactly you feel, you may not be sure of, but when and under what circumstances you feel it, you usually know).

Modalities and sensations have another thing in common in that they directly relate to both mind and body. Modalities usually link mind and body together since they are

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CONCOMITANTS

Throughout the proving, a drug produces a number of symptoms, sensations and modalities in different parts of the body. It does this quite prominently within a few minutes, hours or days. When the symptoms are produced, further administration of the drug is stopped and pathology is not allowed to develop. It is obvious, therefore, that these symptoms are not due to pathology, but to a functional disturbance of the nervous system. For example, the dyspnoea of *Carbo vegetabilis* is not due to left ventricular failure in the provings, but it is purely nervous phenomenon.

Due to our knowledge of pathology, we interpret these symptoms in a particular way and then attribute locations to remedies, for example *Cactus* produces constriction in the chest and so we assume that it must have an action on the heart, producing ischemic disease or angina pectoris. This assumption is not logical. We know that *Cactus*, in a proving, was not proved to the point of producing pathology. So, this constricting pain is a nervous phenomenon and it is we who assume that it is heart pathology.

Similarly, the bearing down sensation of *Sepia* is a nervous sensation and not due to prolapse of the uterus (I am quite sure that the prover of *Sepia* did not get a prolapse in a few days). So, we see that the characteristic symptoms of the remedy are purely nervous sensations, but we have classified them into organs and pathologies.

I suggest that *symptoms become more important when we cannot find any organic basis or pathological explanation for them and when they occur as a concomitant to, or independent of the pathology*. These symptoms will then guide us in the selection of the correct remedy.

When taking a case, we have to look out for such symptoms which are purely due to nervous phenomenon and are in no way connected with the main pathology. A remedy which produced such phenomenon on a proving, should be very closely examined.

In a case of angina pectoris, the constricting pain alone may not indicate the remedy, but if the patient has ineffectual urge to stool with this pain, this will be a very important indication. If we understand this concept, then symptoms will have different meanings for us. For example, the spotty pain of *Kalium bichromicum* will not indicate that it is a remedy solely for peptic ulcer but we can see it in conditions where such pain is uncommon or characteristic.

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CAUSATION

Each remedy in the Materia Medica has states caused by some specific factors which are listed as "Ailments from". These "Ailments from" come from two main sources:

- *Provings*: For examples, *Arnica* produces sore, bruised sensations, as if he had been beaten. Hence, *Arnica* is listed under "Ailments from injury".
- *Clinical sources*: It has been found that remedy symptoms occur in a patient after some stressful emotions. For example, "Ailments from grief" in *Ignatia*.

In both these cases, "Ailments from" do not come directly from provings but rather clinical applications of the remedy. Hence, in clinical practice they cannot be totally relied on in finding the remedy but at least can be used for confirmation.

A remedy has to be prescribed on symptoms and only then will it cure. Even if it is not recorded in the specific "Ailments from", it will cure provided it covers the characteristic symptoms. A remedy that covers "Ailments from" will not cure a case if the characteristic symptoms do not match. When we get a definite symptom arising from a specific "Ailments", we should examine the remedies listed against it in the Repertory to see if any of them covers the case completely. If none does, we have to leave the list and find a remedy which covers the symptoms of the case.

A study of causations listed in a remedy is very useful. It teaches us a lot about the particular remedy. For example, when we read that *Arnica* has "Ailments from blunt injury", we can understand the type of sensation that *Arnica* produces: "Sore, bruised feeling, soreness of parts lain on". Once we understand this, we will be able to use *Arnica* in many diverse situations such as typhoid fever even without a history of injury.

Whatever the constitution of the patient is, when subjected to serve blunt injury, he will most probably manifest *Arnica* symptoms. It therefore becomes his temporary medicine of that phase. It is no longer his peculiar individual symptoms that we are taking to determine his remedy. However, if the patient manifests the same symptoms, either:

- Long after the injury,
- Even without a history of injury, or
- The same symptoms from a little injury (out of proportion to the injury),

in these cases, *Arnica* is indicated not as a temporary but as a deep acting medicine for the patient.

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SELECTION OF THE POTENCY

In Homoeopathy, the selection of the potency has been a much debated question. Many of the ideas are empirical and, from these, rules have been framed. In this chapter we will examine the basis of potency selection and, through logic, try to formulate some rules.

Basis of potency selection

We have to go back to our understanding of disease. Disease consists of two distinct parts:

- Central disturbance, and
- Peripheral disturbance.

By central disturbance we mean the general adaptation of a person which precedes localization of the disturbance. This adaptation of the whole being to a particular stress then extends to parts and organs of the body producing local disturbances, that we can call pathology. In understanding the dynamics of disease, we have to understand that the organism tries as much as possible to keep the disturbance restricted to the centre and to allow it to produce localized changes. This phenomenon can be seen very well in children when they have intense mental symptoms, such as restlessness, irritability, obstinacy or jealousy, but the local changes are very minimal. So, in most children you have a very intense central disturbance and very little local pathology.

Why does this happen? Let us consider the opposite state. In old people we do not find such an intense central disturbance, instead, we see very severe local pathology. You see cancers, hypertension and so forth, but very little central disturbance, namely very few mental and general symptoms. This phenomenon can be explained by stating that the central disturbance belongs to the whole being and it affects all the organ systems in a functional way so that the heart beat faster, the respiration becomes rapid, the blood pressure increases, etc. When the vital organs like the heart, lungs or liver cannot bear the intensity of the disturbance, then the organism will keep the level of the central disturbance to the point where it can be borne by the vital organs without any adverse effect. For example, when the stress of a microorganism like bacteria affects the system, the first response is a generalized one. There may be loss of appetite, malaise, weakness, aversion to being disturbed and high temperature. When the temperature reaches 104 °F, 105 °F or 106 °F, then vital organs like the heart cannot work fast, and the high temperature itself

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REPETITION OF THE DOSE

I think it is fairly obvious that the ideal time to repeat the dose would be when the effect of the previous dose is exhausted.

We shall discuss three aspects of this question:

- How do we know when the effect of the previous dose has been exhausted?
- What will happen if we repeat before the dose has exhausted its action?
- What will happen if we do not repeat even after the dose has exhausted its action?

How do we know that the dose has exhausted its effect?

For this, we have to first understand what the effect of the dose is. This effect of a dose (of the correct remedy) is to reduce the level of central disturbance. This means that the patient feels better on the whole, his mentals and generals are ameliorated, he feels more comfortable, his conditions for himself and others have gone down and he has more space to be in the moment both physically and mentally. After a period of time, when we see that the level of central disturbance has reverted back to its original position, he again feels the same way as before. This means that the dose has exhausted its action.

We must distinguish between an "apparent" return to the original position, and a "real" return. It is possible that the return to the original position as reported by the patient is not real but apparent, meaning that the person was and is ameliorated but due to an immediate exciting cause the state has been temporarily aggravated and now it looks as if it is in the same (original) position. In this case we have to wait for the exciting factor to go away and then judge the level of the central disturbance. This is like when we want to know the blood pressure, we take it at a time when the patient is not excited so as to avoid factors of instability. So, we take it, usually, first thing in the morning after sleep. But suppose the patient suddenly gets anxious as you measure his blood pressure, you will see that there is a marked change. This cannot be relied upon as we have ignored a factor of instability at the time of recording. In the same way, we have to keep the standard conditions in mind when measuring a man's central disturbance. Unless we judge the effect of the dose under (unchanged) standards of circumstances, we may reach wrong conclusions about the state of his mental disturbance.

For example, when a man is depressed because his boss has fired him, we should allow his depression to settle down; and, after a few days or weeks, we can assess him.

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ACUTE PROCESSES

An acute disease has an exciting cause, comes suddenly, has a rapid course and end in either death or recovery. Strictly speaking acute diseases are states of being which last for a limited period of time. Often, however, we are tempted to call such processes as infective hepatitis, pneumonia or coryza, or acute diseases though these are pathological processes and not states. Two observations can be made in such cases:

- During the acute process the state of the patient has not changed from the one he had earlier; or
- In the acute process, the state has changed.

We have to ask what the significance of each of the above types is. It is obvious that if the state has changed, it needs to be treated by another remedy. If the state remains unchanged, then we may require either to wait and watch, repeat the dose or go higher in potency, depending upon the intensity of the state.

Usually, an acute process is caused by an acute exciting factor, for example psychological, physical, biological or chemical. It is necessary to examine the intensity of the exciting factor and we can do this by asking what percentage of people will be affected in the same manner by that factor. A causative factor can be called a factor of epidemic proportion, if it is intense enough to affect almost anyone in the same manner.

We have seen two types of acute processes:

- Where the state is changed;
- Where the state remains the same.

We also have two types of exciting factors:

- Of epidemic proportion;
- Of non-epidemic proportion.

	Epidemic cause	**Non-epidemic cause**
Change of state	A	B
No change	C	D

Each of these types has different significance as far as the prognosis is concerned.

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THE HOMOEOPATHIC APPROACH TO DIABETES

There are many diseases for which, these days, people recognize the superiority of homoeopathic treatment. Among such diseases are recurrent colds, asthma, skin diseases, rheumatic disorders, etc.

However, there are some diseases for which most people think modern medicine is better. Diabetes is one such disease. In this chapter, I wish to share with you some facts about diabetes; where modern medicine stands and how Homoeopathy differs. I am using diabetes as an example to show the difference between the two systems in their approach to any pathology.

The old idea

If you ask an allopathic general practitioner what diabetes is, he will tell you that it is increased blood sugar and that it is caused by deficiency of insulin.

He will explain that there is an organ called the pancreas which produces insulin. When we eat, various carbohydrates, sugar and starch are digested in the intestines and simplified into glucose. This glucose is absorbed into the bloodstream and carried to various parts of the body. Glucose is the fuel or energy for various organs and cells in our body. But, for glucose to go from the bloodstream into the cells, insulin is essential. If there is not enough insulin, then glucose cannot enter the cells in the proper amount. Thus, it remains in the blood and the blood glucose level rises. When the glucose level rises beyond 180 mg/dl, the kidneys are given instruction to throw out the excess sugar and so we find sugar in the urine also.

The old idea was that diabetes is basically a disease of the pancreas, that the primary problem is the deficiency of insulin, and the treatment consists in controlling the blood sugar level. The normal blood glucose level ranges from 80 to 120 mg/dl and the prevailing idea is that the blood sugar must be tightly controlled. This control, according to general consensus, could be achieved by three means:

- *Diet*: Diabetics are advised a diet low in starch as a counterweight to the deficient action of insulin; no rice, no potatoes and no sugar.
- *Pills*: When diet fails to control blood sugar level, diabetics are put on oral antidiabetic tablets. These (oral hypoglycemic) pills are meant to reduce the

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TREATING THE PRESENT STATE

The body and the mind have both possibly gone through several states in the past, each of which has left a mark. It is also possible that these states now exist in a silent form alongside the dominant state. In the body, the signs of such states which existed in the past can often be seen. For example, the presence of the typical warts, corrugated nails and a hairy body give ample evidence that at some time the person was in a *Thuja* state. However, at present these are not the prominent symptoms. Right now, the person has tremendous restlessness, thirst for sips frequently, loss of weight and severe burning in an eruption which is better from warmth. The present symptoms indicate *Arsenicum album*, despite the fact the *Thuja* signs still exist. However, they are neither *active* nor *predominant*, and therefore not the *present* state of the person. Our totality should be the *totality of the present.*

It is reasonable to assume that a similar thing takes place in the mind too. Here again, we may see remnants of past states. In the former *Thuja* person, the fixity of ideas, the sense of brittleness, etc., may still be found, although in a less prominent form. If we ask leading questions in this direction, we may elicit positive answers, not so strongly, but they will nevertheless be positive. Combined with the physical remnants like warts, we may be tempted to consider this a *Thuja* case if we do not see that the symptoms we have taken into account are not the one that predominate at present. What dominates is the tremendous anxiety with restlessness, the mistrust, the fear of being robbed and the fear of death, symptoms which are much more in tune with the predominant and present physical state. Together they make the totality of the present state, to which we have to direct our treatment.

Does this mean we have to keep changing the remedy every minute since moods keep changing? No, a remedy is not selected on the mood. The mood is often dependent on the situation. From the mental symptoms which are prominent at the moment, we have to identify those features which are unsuitable or out of proportion to the situation. The totality of these features will indicate the basic delusion or, in other words, the false perception of the present. This is what needs to be treated. *So, we have to see what it is in the person that is not adapted to the present situation.* When we are able to see this, it will become clear that the state does not change as often as we think; the changes are only superficial and the basic state (which comes from the basic delusion) remains the same, even though there may be different expressions depending on the situation. For example, a patient who was formerly in the *Calcarea carbonica* state, with its desire for security, its many fears, timid nature, stubbornness, etc., and physically with features like obesity,

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IMPORTANCE GIVEN TO MENTAL STATE

Local peculiarities, general symptoms and modalities indicate the central disturbance as much as do the mental symptoms since they all come from the same source, which is neither mental nor physical, but deeper than both.

The mental symptoms, however, form a pattern which can be easily associated with delusions. To identify such a pattern with physical symptoms is somewhat difficult. Physical symptoms seem discrete. If one or two aspects of the mental symptoms of a patient are not covered by the remedy, we can still view it from other aspects, since the patterns of the remedy can be seen. Cross references can be made. We can confirm the feelings through several ways with the use of dreams, hobbies, etc. Such a confirmation is not easily available with physical symptoms. Mental symptoms are available from each and every expression of the patient, since each expression can logically be broken down into its component parts. In this way, expressions which are not given in provings can also be utilized.

Since psychological causations are prominent nowadays, mental adaptation will almost always precede physical adaptation. Usually, mere observation can help us to understand the mental state, even without the patient saying anything. Such observation is useful to elicit physical symptoms too, but its use is more limited.

It is a valid argument that mental symptoms, especially in patients who have had too much intellectualization, can be confusing, and in such cases one needs to rely more on physical symptoms. But in cases of manifest pathology, the mental state is clearly non-pathognomonic and one does not have to decide (as with physical symptoms) which mental symptom can be explained and which one cannot be. It depends upon when the individual practitioner feels more comfortable – when dealing with the mental state or when dealing with the physical state. Both are doors to the same house. One might even say that both are sides of the same coin. We may choose to identify the coin from either side. The wise man is he who chooses to look at both sides of the coin before finally identifying it, no matter which side he begins with. Experience tells me that the identification of the mental state is a skill which, if mastered, can be very gratifying. Therefore, in this section, I shall concentrate upon the understanding of the mental state and its various aspects. The next section will be concerned with techniques of eliciting the mental state. The idea of these chapters is not to tell the reader to concentrate on the mind alone. Rather I have chosen to concentrate on the mind because I find that it is accuracy which is needed in eliciting physical symptoms, but to elicit the mental state requires a special understanding and skill which develop with practice.

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COMPONENTS

Some time ago, I conceived the idea of studying a remedy as being made up of various components, and its symptoms and expressions as combinations of these basic components. I also started understanding patients in a similar way. This idea has proved very useful in practice.

Only later on did I understand that behind the components of the remedy and the patient lies the delusion of the situation which necessitated these components. This understanding made the idea of components much clearer and put them into perspective. However, the utility of identifying the components of the remedies and of the patients did not diminish. It remains our first and most vital step towards a systematic understanding of the various facts which ultimately make the whole picture.

In this chapter, I have traced the origin of this idea, through the pictures of various remedies to show how different combinations of components produce different characteristic symptoms. I have also taken two symptoms from the Repertory, namely "Clairvoyance" and "Anticipation, ailments from", in order to look at the difference between a basic symptom and an expression which may occur from different basic feelings. In both instances, I have explored certain remedies with a view to showing how components blend into each other to form symptoms and how these symptoms are expressed in practice. Finally, we will look at the practical utility of this idea through actual clinical cases examples.

The key to understanding the mind

In Aphorism 212 of the "Organon", Hahnemann writes:

> "There is no potent medicinal substance in the world which does not very notably alter the state of disposition and mind in the healthy individual who tests it, and every medicine does so in a different way."

The idea of remedy-essence and its limitation

In trying to explain the mental state produced by a drug, some homoeopaths talk of a central point of the drug. Various names like "core", "primary disturbance" and "essence" have been used to denote this central point. Using one feature as the centre, they explain all other symptoms as resulting from that feature. For example, the hurried nature of

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DELUSIONS

There is one large but little used portion of the "Mind" chapter in our Repertory. This is the section on "Delusions". Delusions are feelings which are not fully based on facts, but they are feelings nevertheless. The difference between delusions and feelings is that delusions are exaggerated, more fixed and often expressed in terms of images.

The idea of using delusions came to me when I found that the rubrics: "Unfortunate feeling" and "Delusion, unfortunate, he is" have the same remedies listed in Kent's Repertory. This led me to think that "Delusion, unfortunate, he is" is nothing but a feeling that he is unfortunate. I started studying the "Delusion" rubrics and tried to understand what each delusion means in terms of feelings.

Understanding a delusion

One of the commonest delusions known to student of Materia Medica is the delusion of *Thuja* which reads (Phatak's Materia Medica): "Fixed idea, as if he is made of glass". After reading this symptom, I was sure that one day some patient would come and say: "Doctor, let me tell you a little secret. I am made of glass. In fact, I was born in a glass factory!" After all, if the symptom is recorded in the Materia Medica, I thought at least one patient must have it. But no one came with this symptom. Even in the literature, I hardly came across a case in which this symptom was found. When I asked a few homoeopaths, they said that they felt this must be a sign of insanity and therefore it can be found only in insane people.

However, from my present understanding that delusions are often only exaggerations of normal feelings, I have been able to use this symptom in many cases to prescribe *Thuja*. What feeling could that be which can make us feel as if we were "made of glass"? I think it is a feeling on the part of a person that he is fragile. It is a feeling of being delicate, a brittle feeling, that one has to be cautious, otherwise something could break. Pierre Schmidt gives in the Synthetic Repertory the symptom: "Frail, sensation of being". Frail means "delicate", or "easily harmed". Also refer to the rubrics in Kent's Repertory: "Delusion, body is brittle" and "Delusion, body is delicate". In some degree many people have this feeling at some time or other. That is why they are careful when climbing down the stairs, or crossing the street, or when walking on a slippery surface. This is a normal caution and a normal feeling of fragility, but in *Thuja* such a feeling is exaggerated to a very marked degree. It is expressed by the prover as a feeling "as if he is made of glass". These are the words used to express such an exaggerated fragile feeling.

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AURUM METALLICUM AND THE IDEA OF COMPENSATION

The idea of compensation first occurred to me after treating several cases with the remedy *Aurum metallicum*. One of the first cases is given below.

Case

Mr. D., aged fifty-eight came on 23.11.82 with the following complaints:

- Since one year, he has pain in the chest on walking fast, on ascending stairs and especially on walking after meals. Relieved by rest, relieved by pressure. Perspires during the pain. The ECG shows ischemic heart changes.
- Formication of soles. Numbness of feet up to ankles.
- Diabetic – last count: 304 mg%, post lunch.
- High cholesterol – last count: 283 mg%.

Important symptoms: Likes bitter food, warm food, hot drinks and sweets. Stools not satisfactory. Urine: once a night. Sweat scanty. Early baldness.

Originally, he was living in Bombay. He was posted to Delhi where he was promoted as chief accountant, and was given the responsibility of handling a lot of money, something which he was not accustomed to. He became tense and since then, he has the chest pain. Now he is transferred back to Bombay and is not so tense. He likes company, feels lonely when alone. He is very religious and must say his prayers daily. Music soothes him.

On examination: Cold hands. Vertical furrows on the forehead. BP: 140/90.

Observations: Very neat in appearance. Punctual. Has his medical papers very neatly filed. Goes for check regularly. Speaks humbly. Not loquacious.

How I looked at this case

When I studied this case, one definite thing that struck me was that his troubles were aggravated after he was given responsibility which he was not used to. After searching in various Repertories like Kent's, Boenninghausen's and so on, I found the rubric in my own backyard, that is in Phatak's Repertory. The rubric on page 292 is: "Responsibility,

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COMPENSATION

Compensation involves our covering up by an act of will some elements of our nature (without there being a change in these elements). This cover-up is needed if the situation is not intense enough to require a change in the elements, and a mere cover-up will serve the purpose. In such a case, the mind has the capacity to, and does, adjust itself. Thus, compensation is a *voluntary act* counterbalancing something in our nature. It is a process of effort which, to a large extent, is uncomfortable, because it involves a struggle against our basic nature.

Compensation is seen in all of us and we have to compensate for different elements in different situations. For example, take a person with a strong element of restlessness who cannot sit in one place. When this man has to attend a lecture, he has to make an effort to check his restlessness. As a compensation for it, he sits with legs tightly interlocked and reminds himself constantly that he must not move.

The process of compensation is very interesting and has far reaching implications in Homoeopathy. If we understand the workings of this process, it will make a vast difference in our understanding of patients.

A person is at his easiest in a situation where he needs to compensate the least.

In situations where a person has to control himself a lot, he is most compensated. Normally, we choose situations where we have the least need to compensate. For example, the physically restless person will choose a profession not of a clerk but of a postman, salesman or sportsman, where he needs to compensate the least. A person with an urge to travel (*Tuberculinum*) will choose to become a travelling salesman, so that he need not compensate for this aspect. Most of the situations we choose are those in which we have to compensate the least, yet, even in these situations, there are always elements which go against our basic nature.

The man who has chosen the job of a salesman can travel a lot, but he also has to keep accounts. To prepare a statement of accounts he has to sit and concentrate, and keep everything in order. This goes against his nature, so he must compensate for (control) his urge to be on the move when he has to write accounts. Similarly, in every situation there are some elements which are in tune with our basic nature and others for which we need to compensate. We can see this in the relationships between a man and his wife, society, friends, religious group, etc.

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POLARITIES WITHIN A REMEDY

In writing about the polarities within a remedy, my idea is to make a clear distinction between what belongs to the remedy state itself and what the compensation is for it. The need to differentiate between these two arises because often it seems that a polarity within a remedy is a compensation since it is in some way opposite to one of the features of the remedy. On the other hand, a compensated feature of the remedy may itself seem to be a polarity. We shall look at what polarity means, why it exists, how we can identify it and how we can differentiate it from compensated behaviour.

To take a simple example of a polarity, let me talk about an incident. I was once invited to inaugurate the homoeopathic clinic of one of my students. I agreed and planned to do so on the way to attending a seminar. In my car was a friend to whom I was giving a lift to the seminar. I asked her to come up with me to the clinic rather than wait in the car. She knew my student and she could have come up to greet him on this occasion. She refused to come up saying: "How can I come when I have not been invited?"

To me, this statement represented a little bit of ego. It was like saying: "I am so important that I do not go anywhere unless I am invited." This was how it appeared on the surface. But below that I could see that exact opposite which was: "I am so unimportant that I cannot go anywhere unless I am invited." Both these features were present at that time, together, just like two sides of a coin. It was not that one was the compensation for the other. It meant that she was disturbed along the axis of importance and non-importance and that in some way the feeling of importance has below it the feeling of non-importance, without which it cannot exist. Thus, I could see that importance and non-importance are two polarities which coexist in her at the same time. The expression of it: "How can I come when I am not invited?" is an expression of disturbance on this axis and is included within both polarities.

I am not referring to any particular remedy in this case. In fact, most of time, we cannot determine the remedy based on just one pole of the axis. A remedy is the combination of a specific quantum of disturbance along specific axes, not one but several axes. In each axis there will be polarities. In this friend of mine, ego was just one axis on which there was disturbance and it manifested on both poles. In order to find a remedy we have to examine the other axes on which she is disturbed, and we shall see that on each axis both the poles coexist in a particular expression.

When a person compensates, he compensates for the whole axis and not just one pole. For example, if a person is disturbed along the axis of importance/non-importance,

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DREAMS

I do not know exactly how I stumbled upon dreams. It was not from any specific case, but at some point I remember asking myself what the difference is between a dream and the waking state. There is the story of a Mulla who woke up and started crying; when asked why, he said: "I had a horrible dream that I am a butterfly." They said: "What is so horrible about it?" And he said: "I am confused whether it is I who had the dream of being a butterfly, or am I a butterfly who is now dreaming of being me!" He did not know the difference between a dream and the state of waking because in dreams often the very same things take place almost as they do in the waking state.

Dreams reveal uncompensated feelings

After prolonged thought, I reached one conclusion which was that in a dream most of our feelings and actions are uncompensated. In our waking state, most of our feelings and actions are compensated. This was the main difference as far as I could see. The reason is simple. Compensation involves an act of will. In the waking state, our feelings are also censored by the barrier between the conscious and the subconscious. We do not allow our feelings any expression many times, even to ourselves, but in the state of sleep, when our will is not so active, the barrier is lowered and our feelings and actions find expression in an uncompensated way.

This much understanding led me to utilize the dreams, since one of our biggest problems in Homoeopathy is to demarcate the difference between compensated and uncompensated symptoms. It can be really difficult to know which is the compensated feeling since the form of compensation depends on various factors like social structure, beliefs and rules, and methods of upbringing and training.

I think dreaming is somewhat like going on a holiday, since, in the dream, things appear exactly as we like to see or feel them in the waking state, whereas in the waking state, we do not allow ourselves to experience and react in the manner we would like to. The disease (false perception about our situation) exists in the dream as well. Disease is not only in the waking state or in dreams, it exists throughout. But what we see in dreams are reflections of the feelings we experience towards various things as well as our uncompensated reactions to them.

Dreams come closest to delusions

Since there is little or no compensation in a dream, it will show you a situation for which the feelings and actions would be appropriate. The situation in the dream comes

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MIND AND BODY

Let us talk about the physical symptoms first. We saw that mental components can be connected together if we can understand the situation in which the whole state occurs. In the same manner, we can connect the physical general symptoms. By physical general symptoms we mean the nervous, endocrine and immunological alterations.

Take for example the state of remedy *China*. The *China* state is called for as an adjustment in a person with loss of vital fluids. In such a case, a doctor will advise rest, less intake of solids, with plenty of fluids, especially glucose and saline. *China*'s weakness has just such characteristics: desire for rest, decreased appetite, increased thirst with desire for sour, sweets and juices. The whole physical state of *China*, therefore, is an adaptation to the situation which has arisen from lack of vital fluids.

Let us take this example one step further. With lack of vital fluids and weakness of the organism, the *China* patient also needs to eliminate the bacteria that are causing infection and the loss of vital fluids. So, two things result. Firstly, there is diarrhoea in an attempt to throw out the organism and secondly the temperature increases in order to fight the organism better. Now the fever of *China* occurs in a person with weakened vitality. Such a person cannot afford prolonged intense fever, because that would cause further loss of fluids and a further decrease of vitality. Therefore, the most that this person can afford to do is to produce intermittent fever. Here, there is a sudden high temperature with shaking chills which last for some time, and then the fever comes down with a crash and there are drenching sweats; then the body is allowed to recover its vitality until another bout of fever comes.

This is much more suited to the weak person than is continuous fever. A very robust person, for example *Aconitum*, can afford to produce one big shot of fever which lasts for few days and totally finishes off the offending organism. But a *China* person cannot afford this and, therefore, has periodical aggravation and periodical rise of temperature. What I am trying to put forth is that all the physical generals symptoms of *China*, its sensations, weakness, periodicity, cravings and aversions, etc., can be explained as a response to loss of vital fluids. Now, when we have explained most of the physical components of *China* as an adaptation response to a physical cause, then we can ask what the connection is between this physical state of *China* and the remedy's mental state. Can it be that a particular state of mind is connected to a particular state of body for no reason whatsoever?

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THE APPLICATION OF THE REPERTORY

Imaginative use of rubrics

As you will see in the various chapters, I have used the Repertory in almost every single case. The Repertory has been a most useful tool in understanding remedies and patients. I feel this tool has been neglected by the profession. There are standard books on the construction and use of the Repertory such as the ones by Bidwell, Margaret Tyler, Kanjilal, Ramanlal Patel, Docykx and Kokelenberg, P. Sankaran and others, and I do not wish to go into this aspect. What I shall discuss in this chapter is the imaginative use of rubrics especially from the "Mind" chapter of the Synthetic Repertory which I use frequently. Before I go into the example I shall give a few hints from practice.

- In the Synthetic Repertory you can trust all inclusions from Kent's Repertory.
- The inclusions and gradations of Pierre Schmidt (ref. no. 7), you can bet your life on.
- Use great caution in the use of rubrics from Gallavardin (no. 5).
- Try to get all the possible cross references from each rubric.
- Use other Repertories as well, such as Phatak's and also cross-check from the original sources. There are mistakes and omissions.
- Remember the Repertory is incomplete; so do not rely on any rubric implicitly.
- Make sure that the remedy you are choosing fits the whole idea of the case and not merely one or two rubrics.
- Read the rubrics one by one; use a standard dictionary to get the exact meaning.
- Use your imagination to guess where you can apply that rubric to patients.
- If you get a rubric with only one remedy, try to understand from the Materia Medica why only that remedy occurs in that rubric.
- Whatever remedy you get, confirm it from the Materia Medica.

Now, I will give merely a sample of the way we can broaden our understanding of the rubrics and how we can apply these rubrics in practice. In the first thirteen rubrics, I have used a style similar to the one used by Dr. M.L. Sehgal of Delhi and I am indebted to him for showing this way. I hope this sample will stimulate the reader to go on to the Repertory on his own and work at other rubrics.

All meanings given here are from Chambers 20th Century Dictionary, 1960 edition.

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THE HEART OF CASE TAKING

Case taking involves an application of the principles of Homoeopathy. Our firm grasp of the principles alone can guide us in proper case taking. My purpose here is to explain some of the principles and show how in case taking we should be guided by them.

The purpose and the method

Aphorism 83 of the "Organon" reads:

> "The individualizing examination of a case of disease... demands of the healing artist nothing but freedom from prejudice and sound senses, attention in observing and faithfulness in tracing the picture of the disease."

See the beauty of this aphorism. In a single aphorism Hahnemann has given the purpose, requisites and method of case taking. He has shown us where to go, how to reach there and what we need to take with us.

The purpose of case taking is "tracing the picture of the disease". The idea is not to try and fit the patient into some remedy or idea, but to trace out the true picture of the disease. The way to do so this is to bring out the individuality of the patient. In this aphorism, Hahnemann is stating the cardinal principles of Homoeopathy which is that disease is an individual affection, and that each patient is an individual, suffering from his own unique disease. When we want to draw someone's picture, we first note his individualizing features. Similarly, "tracing the picture of the disease" requires us to clearly bring out the individualizing features of the case. Only when you bring out the individuality of the patient, can you really claim to have taken the case. Now, we have both the aim of case taking, which is to trace the picture of disease, and the method of case taking, which is to *individualize* the patient.

What are the requirements for case taking? The only requirements are an unprejudiced mind, an observing mind and a mind that draws a very accurate picture. We must not fit people into slots; instead we have to just let the picture come out, without imposing our own ideas on what we see. We must try to bring out and understand the true feelings of the patient not in terms of remedies, but in terms of human understanding.

There are two ways we can take the case. The first is to try out various remedies, like a salesman trying to fit shirts on a customer. I heard of a homoeopath who used this

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SOME HINTS ON CASE TAKING

1. *Ask questions in the opposite direction.*

If you want to confirm that the patient is really mild, you ask him: "Do you get angry?" Often, even a mild patient will say: "Yes." Ask him next: "When did you last get angry?" A mild patient will think a lot and tell you: "Seven months back." Ask him: "When did you get angry before that?" Then he will really have to exert his mind to remember such an incident.

Or, for example, ask a patient who you think is very sad: "When do you remember being very happy?" A sad person will be able to give you only two or three such instances in his whole life. It means that it requires a very, very joyous occasion for him to be happy. Sometimes, even these occasions produce no reaction. If you think a person is a coward, then do not ask him anything about his cowardice. He may straightaway say "No". Ask him to give some instances when he stood up to someone and fought back. These instances will be very rare in the life of a coward.

2. *Always confirm symptoms from relatives and friends.*

Observe the expression on the face of the person accompanying the patient while the patient is narrating his symptoms. You will often find an involuntary affirmative nod of the head or a shake of denial if the person agrees or disagrees with the patient's evaluation of himself.

Sometimes you can turn around and ask the accompanying person if he agrees or disagrees with what the patient has said. This is best done when the patient is out of the room.

3. *Never accept what the patient says at face value.*

4. *Look at the hidden expression behind the symptoms.*

See the way a symptom is expressed. You ask the patient: "Have you any fear of darkness?" He says: "Never, never, never. I have never had any fear in my life. I can walk in the darkest and most deserted streets at night and I have absolutely no fear!" This is to be taken not as absence of fear but as boastful behaviour.

5. *The symptom expressed with spontaneity, clarity and intensity is of highest value.*

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TECHNIQUES OF CASE TAKING

Case taking is so easy and yet it is a most artistic and skillful procedure. In case taking, the internal state of the person in front of you is gradually revealed. It is a very interesting and fascinating experience, as much as it is fascinating to know yourself. There are really no standard techniques or fixed rules in case taking. It is just an effort to understand the person in front of you and one can use any technique to suit one's temperament. I sometimes joke with students that, if necessary you can even take the patient out for dinner in order to know everything about him! As long as you are able to feel the patient's feelings, whatever technique you use is good enough, but in my practice I have evolved certain techniques that have helped me immensely. These techniques are the practical application of all the ideas that have been mentioned in the various chapters of this book. I have tried to collect them all together here and to illustrate their utility in the clinic. For a fuller understanding the reader is advised to refer to the original chapters themselves. None of these techniques is absolute nor compartmentalized. They are all interlinked. Naturally, they have certain things in common. They are not to be followed like a rule book, one after another, rather you will often need to jump from one to another. You can devise your own techniques. It is not necessary to use all the techniques in every case. As we go through these techniques one by one, I shall give examples and explanations.

Observation

It is the most important and useful technique and the one that needs to be developed the most. In fact, if we train ourselves well, many a time observation alone is enough to know the patient. It begins right from the time the patient makes the appointment, or when you meet him outside the clinic situation. Observation has to be totally unprejudiced, which is why Hahnemann used the expression "unprejudiced observer", and by so doing, he laid down the most difficult condition. In fact, I can even say that if you have learned to be an unprejudiced observer, you have learned how to live and how to relate, because we always judge the present from the view point of the past. This is prejudice. When we see something, we link it to a similar experience in the past and we say this must be like that, and thus we deny ourselves the experience of something totally new. The person in front of us is absolutely unique, and our present experience with him is also for the first time. With this in mind, we have to observe without interpreting his actions hastily into this or that remedy or idea. The day we start fitting people into categories (remedies) and we think we know people before we really observe, that day we have become useless as homoeopaths.

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THE ESSENCE OF CASE TAKING

In Aphorism 83, Hahnemann says:

> "The individualizing examination of a case of disease demands of the physician nothing but freedom from prejudice and sound senses, attention in observing and fidelity in tracing the picture of the disease."

"Freedom from prejudice" are the most important words he has used and this is also probably the most difficult condition he has laid down. A good homoeopath is one who will be the least prejudiced. Prejudice means judging the present on the basis of past experiences, which leads to a fixity and rigidity of thinking. Prejudice arises because of our insecurity and unwillingness to be in the moment; because it feels unsafe to live in the present. Prejudice represents readymade solutions. It also comes from indolence, preventing us from really seeing what exists and observing carefully without any preconceptions. We can experience prejudice at every moment of our life. Whenever we look at something, an object, a person or a situation, we already have some thoughts about it. We look at one aspect of the situation, then we classify it and finally we fix it into a pattern that exists in our mind. We merely have to make one or two observations, look at one or two aspects, and already the assumption is that we know everything about it. This prejudice is bound to be there, but our ability to live in the moment depends on our ability to keep prejudice out.

Prejudice is like darkness, it cannot be pushed away. It can only be removed by bringing in light. Light is the awareness.

The same applies when we look at ourselves. Again we experience preconceived notions about ourselves and these prevent us from knowing who we really are and what is going on within us. In the same way these notions prevent us from really seeing what is going on outside and in other people. To be unprejudiced demands letting things be as they are, and observing without fitting them into any category. Life demands this of us and so does Homoeopathy.

What do we require in order to take a case? Knowledge of Materia Medica and Repertory, of miasms, essences, Psychology and Pathology? In fact we are required to be fools, to know nothing. That is why Hahnemann wrote that disease requires individualization. It actually demands nothingness which is freedom from prejudice and sound senses. This means that all our senses, including our awareness and observation and the inner senses, have to be present at that time in that place totally. We have to be completely

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PERCEIVING

Most of the time we are trying to find the symptoms of the patient, and when we do so, our aim is to elicit a group of symptoms giving us a totality of the case. The symptoms we are trying to find are rather discrete; for example, we may have the symptoms: "Sympathetic", "Fastidious", "Desire for music", etc., and we say the remedy is *Carcinosinum*. In this list we may get "Sympathetic" from one incident, "Desire for music" from another and "Fastidious" from the third. We just combine these together and we are able to find a set of symptoms that fit into a particular remedy. This is one way of doing a case or one might say this is the common way of analyzing the case.

The idea of this chapter is to take us beyond this random listing of symptoms or random collection of symptoms into perceiving behind the expression of the patient, perceiving the whole totality of the case. One might say that behind every characteristic expression, there lies the entire totality of symptoms if we learn to perceive it that way. Going a bit further, I might add that the entire totality of symptoms is actually one symptom, i.e. to say it all comes from one single delusion. Let me give some examples.

Example n. 1

The simplest case that we can consider is of a woman who comes into the clinic and says: "Doctor, I phoned you up an hour ago to find out if I could come and you told me to come. I came, but you made me wait so long. Why do you do this to me?" She says this in a very friendly voice, in a kind of friendly quarrelsomeness, all the while sitting quite close to me. Then she carries on: "But where else can I go? I have only you as a support. If you tell me to come and wait, I have to wait."

The idea of this chapter is to show that perceiving begins with the first contact with the patient and those things that come from observation, that come involuntarily from the patient, that come not in response to questions, especially of the mental state, are the most important things. In this lady, we can see the way she speaks has got the kind of familiarity which is assumed with me. It is as if she is talking with a close relative or friend. Added to this, she says she has no choice but to do as I say, and that she will act as I instruct. The combination of symptoms we see in this patient is "Affectionate" and "Desire to be magnetized", which works out to *Phosphorus*. In this way one can see in this expression two important elements of the case being revealed.

When we go on to the next case, we shall find that if we are able to perceive, we will find many, many more expressions and symptoms or components in each expression.

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BRINGING OUT THE PATIENT'S PICTURE

How did you learn to bring out the picture? I have no questionnaire so I have to take all the mentals and physicals. I go into a lot of details in mentals. I get a lot of different pictures of many remedies. How do you grasp the picture of one remedy? It so happens that the better I know the patient the more difficult it becomes to prescribe for him. How did you learn to understand man in terms of a remedy, to make this connection?

Human behaviour usually cannot be reduced to one essence. It is too complex to be brought down to one point. It is multifaceted, but despite many facets it forms one picture. If you want to understand an object, for example ice, it has many qualities. It has coldness, hardness, transparency, colourlessness, the ability to melt. Now, if you ask which is the central point of ice – coldness, melting ability, etc. – you will find that there is no central point. There are many qualities that come together to form ice. These qualities come together in a very purposeful way to make something which has a particular utility, or something that fits a particular place or role. Similarly, with human and remedies. Each human or remedy is also made of unrelated qualities, but these qualities come together to make a picture that fits a particular place or role, that fulfills a particular purpose. We have to understand the picture. When the picture is grasped, the essential of the picture will automatically come up and the remedy will be easily seen.

I fully aggree but still I have difficulty. A man has different facets. He might have facets of a remedy, which are unknown to me. You are able to grasp the feeling that comes out clearly from many facets. How do you do this? Probably it is easier in India than in Europe, where I see that several remedies seem indicated in the same person.

The problem is that you are looking for facets. Look for the man and facets will come. In my experience with European patients, I did not have much difficulty.

Even if solely limiting to the mind?

Yes. No difficulty, no big differences, may be a few, but nothing obstructive, the method is the same. We have to stop being symptom collectors. We have to be patient or human understanders. The case does not have to be a conglomeration of symptoms but a trait of the patient. We have to be able to portray the patient and the essentials of him will come up. If we do not get lost in questions, the picture comes out on its own.

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SELECTION OF THE REMEDY

A group of computers experts in Bombay asked me whether I could make an expert system. I was tempted to do so especially as I wondered whether I could systematize my own method of selecting the remedy. This gave me a chance to think about what I do, step by step. I shall attempt to put these thoughts into this chapter.

Image of the patient

The first thing I do when I see a patient is to observe everything about him. It is not only observation of details such as how he dresses, talks and walks but it is also the impression that he makes. As I go on with the case taking, I note his every gesture or act and every peculiarity of his nature as narrated in his history. Slowly, I build the picture of a person in mind and, in the formation of this image, I try to depend upon his uncompensated features.

Initially, his general appearance, such as whether he is excited or calm, dependent or independent, hurried or slow, strikes me. Later, I start noticing specific things. We have to go from the general to the specific. That he is an anxious person is more important than what his anxiety is about. The rule I use is *what the person is... is more important than what he has.*

If we proceed in this fashion, the mistakes are minimized. We ask: "When do you get angry?" "I get angry after sleep", the patient replies. "Anger after sleep" is the rubric we may select. Here we may make a mistake since the anger might have some reason such as his neighbour making a lot of noise in the morning, and his helplessness about it. In this case, "Suppressed anger" is the more appropriate rubric, since it represents the basic nature of the person rather than merely his one symptom.

I once read a book about Bach flower remedies and though I never used them what I found interesting is that the remedies are not prescribed on symptoms but on the whole state. You are compelled to define the state first and only then the symptoms. What state the person is in has to be understood first and only then the symptoms that he has. No doubt, I listen to his words, but more important is his use of the words, his tone and manner of saying them and the context in which they are said. Gradually, an impression of the person is formed in my mind. Then I go further. For example, in an anxious person, I try to find basically what his anxiety is about. This may happen spontaneously, I need not ask the question as it is quite likely that answers will emerge. I keep them in a corner

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HOMOEO-PSYCHOTHERAPY

Recently, I conceived the idea of giving the "similar stimulus" through words and images instead of medicines. I put it into practice with very encouraging results. By itself, it is a logical consequence of our understanding of Homoeopathy. But even more, it helps us to sharpen our methods of understanding the core of a case. In order to examine the idea of Homoeo-psychotherapy, we have to ask certain fundamental questions on how exactly a homoeopathic medicine acts. What we know about the action of homoeopathic medicine is that it produces a state of being that is similar to the state in which the patient already is; and such creation of a similar state proves curative. The idea of Homoeo-psychotherapy is that by producing a similar state through words and images it is possible to produce a curative reaction of the Vital Force. We should first know that a state of mind produced through homoeopathic medicine can be produced through other means of communication as well. Similarly, such a state can be created by our talk; can we not use this in lieu of medicine?

To do this we must confront the patient with an image of his own state, which is similar to his central feeling, so that the person sees through his mind's eye the image of his exact feeling. We can do this by taking his case first, and then throwing back his basic feeling to him. We already know that a remedy, which has the basic delusion from which the whole state arises, will act curatively. The very delusion from which all his feelings and actions arise, if brought home to the patient, may achieve the same result. Once a person appreciates his own delusion, this begins to work on him like a homoeopathic remedy.

Homoeo-psychoterapy in practice

Taking the case

Now, I come to the actual process of administering this therapy. As is usual in homoeopathic practice, the case is taken in the maximum possible detail, especially with regard to the mind. We have first to understand the situation of the patient: his background, his occupation, his family life, social relations, his cultural and economic status as well as his childhood environment, etc. At the same time, we also observe how he has reacted to the situations around him. These observations about the patient, in the course of the talk in the clinic itself, are very important. The way he expresses his feelings – whether he is excited or dull, weeping or cheerful, slow to answer or hurried, mild or vehement – should be carefully noted.

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THE SITUATIONAL MATERIA MEDICA: ITS ORIGIN AND UTILITY

My idea of situational Materia Medica started with the case of the dumb boy (*Veratrum album*) which I presented in the chapter "What is disease". I realized that the state for which I would have given *Veratrum album* was a suitable reaction to a particular situation. I understood then that disease itself is a posture for a particular situation. Drugs are nothing but artificial diseases. Each of them must be a posture suitable for a specific situation. I therefore started studying the symptomatology of the remedies, especially the mental symptoms, and with correlation from my practice I was able to understand from what possible situation that particular remedy state arises. This made me understand the remedies in a new way and allowed me to see the place of various symptoms in a remedy. It made it easier to remember and apply, and also compare one remedy state with another.

I was initially working at a remedy being a characteristic combination of components but later it was made to connect these components through situational Materia Medica. What is important to note is that every single aspect of the patient fits into one state, because the whole posture represents a survival mechanism in a specific situation. So, we must understand that every symptom which exists must fit the pattern. If some symptom does not fit, the selection may be wrong. The ideas of situational Materia Medica is to study a pattern behind the conglomeration. It compels us to perceive the whole state of the patient as a survival mechanism in a particular situation. It is a question of what situation needs such state and then of identifying a remedy whose state originates from a similar situation.

In essence, situational Materia Medica is nothing but the basic delusion of that remedy state. It is the viewpoint from which all the expressions of the state arise, with their obsessions and compulsions.

The situational Materia Medica has been devised to understand the remedy. It is not to try and locate or choose the remedy based on the present situation of the patient. If there is an excitable root inside, any situation may excite it; therefore, the actual situation of the person is not important. For example, if a person has a *Calcarea fluorica* root (with "Fear of poverty"), even if his health is bad, the first thing he will worry about is money and not his health. Though he comes from a situation of bad health, he is reacting as if he is in a situation of poverty. *So, what is important to trace is not what situation the person is in but to what situation he is reacting.* If you find that out, the situational Materia Medica will be useful. The situation to which he is reacting might have occurred earlier in

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DISCOVERING THE SITUATIONAL MATERIA MEDICA OF REMEDIES

How do you discover the central state of the remedy? What is the method you use to understand the remedy?

This can be best illustrated with a remedy I have never used, because then we will be looking purely at Materia Medica and trying to understand it from the symptoms recorded in the provings alone rather than in terms of what we have seen in clinical practice.

We will take the remedy *Hura brasilientis* of which I have never read any cases. Not only is there no clinical experience from my side, but hardly any clinical experience is available.

I read each remedy in various Materia Medicas, but I have especially been using the book "Materia Medica of the Human Mind" by Dr. M.L. Agrawal. This doctor has rendered a unique service to Homoeopathy by producing an alphabetical list of mental symptoms of each remedy appearing in Kent's Repertory. He has also demarcated the "single remedy" symptoms. *Hura brasilientis* has the following single symptoms:

— Cheerful in the morning at 8.00 am;
— Delusion, thinks she is about to lose her friend;
— Delusion, sees persons hanging three feet from ground, on falling asleep;
— Fear, of fever on going to bed;
— Fear, of misfortune in the afternoon at 2.00 pm;
— Laughing, followed by chill;
— Every paroxysm of pain excites a nervous laugh;
— Weeping when singing.

Among the delusions are:

— Delusion, has lost affection of friends;
— Delusion, alone, world, in the;
— Delusion, his friends have lost all confidence in him;
— Delusion, sees dead persons;
— Delusion, deserted, forsaken;

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SITUATIONAL MATERIA MEDICA OF SOME REMEDIES

ANACARDIUM

Anacardium has two feelings which are its main components. These are "Cruelty" and "Lack of confidence". Both are extreme as is the situation from which the *Anacardium* state arises. It is a situation in which a person is dominated and suppressed. *Anacardium* could be the son of a very intense *Lycopodium* person who habitually dominates and suppresses the people around him. One who has undergone this suppression develops a "Lack of moral feeling" and "Cruelty"; he becomes "Malicious" towards the person in authority and disobedient. A lack of moral feeling is necessitated in a situation of very severe suppression. To give a crude example, severe suppression by religious authority may give rise to it; when a person's desires and natural feelings are crushed, he becomes indifferent to morality and takes on antisocial attitudes.

As I understand it, it is a situation of child abuse. When parents are too strict with children, when they impose all their desires forcibly on their children and do not allow them either to think or do anything on their own. This creates a state of child abuse such as seen in *Anacardium*. In such a case, the child's desires are never fulfilled, he cannot take any decisions, to the extent that he cannot wear the clothes he wants to wear because that also would be decided by his parents. It is a situation of overstrict, overdominating and overimposing parents (or any authority figure).

Now, if this child (or later adult) starts taking decisions, then he will be punished. The parent or the person in authority will be hard on him. So he becomes nervous. It serves him to be irresolute, because to him decisiveness will cause suffering. Indecisiveness will save him. So he develops lack of confidence and irresolution.

But at the same time, if he keeps putting up with this domination, he will suffer again. So he reacts against this by cruelty, malice, want of moral feeling and antisocial behaviour. *Anacardium* can become very hard and cruel, and at the same time have lack of confidence.

This combination will be found in *Anacardium* patients where it will resemble a situation as if the patient is being dominated too much and as if he is being persecuted.

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COMPARISON OF REMEDIES USING SITUATIONAL MATERIA MEDICA

APIS, LACHESIS, HYOSCYAMUS

We are going to compare the jealousy of *Apis* with the jealousy of *Hyoscyamus* and *Lachesis*. *Apis*, *Hyoscyamus*, *Lachesis* and *Nux vomica* are among the most jealous remedies, along with *Calcarea sulphurica*, *Medorrhinum*, *Pulsatilla*, *Staphysagria* and *Stramonium*. How do we differentiate between these remedies in this rubric? It is the other components of each remedy which will differentiate them from each other.

This is a very simple way to explain it. *Apis* will be busy and restless, *Lachesis* will be sarcastic, *Hyoscyamus* will be shameless and foolish, *Nux vomica* will be quarrelsome, along with being jealous.

This is a practical way in which we usually explain the difference. But there is another way and that is to try and understand why and how the jealousy of *Apis* comes and why and how the jealousy of *Hyoscyamus* comes. If we understand the context in which the jealousy arises in each of these remedies, then we shall also be able to understand the other components. First it is necessary to look at all the components.

One of the components of *Apis* is violence: there is shrieking and violent activities. Violence is called for as an adjustment when there is a situation of threat. When a person feels threatened, he becomes violent. Therefore, the *Apis* situation is one in which is required some kind of threat. The kind of threat has something to do with death, because there is a presentiment of death and a fear of being poisoned. Death and this fear have something to do with being alone because there is fear of being alone and desire for company.

This is therefore a situation where there is a threat from outside. There is also a lot of crying. Crying is usually the reaction to grief. So, along with this threatening situation, there is grief involved. This is a situation which involves both fright and grief. Now, there is also jealousy and busy industriousness. So there is fright as well as grief; she has to be busy and she has to be jealous. Also she has to be lascivious. When you combine all these, the situation which you come to is of a young widow, or any person who has lost his

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REMEDY RELATIONSHIP

In this chapter we shall examine the basis of complementarity and inimical relationships between remedies.

Complementary remedies

Complementary remedies are those that are frequently found to be indicated after each other; and we shall attempt to find out why this is so. For example, a *Staphysagria* state is one in which a person feels humiliated and insulted. Naturally, this state will arise more easily in one who originally had pride and egotism than in a one who did not. We know that *Staphysagria* is often followed by *Sulphur*. In other words, a *Sulphur* state of egotism predisposes to a *Staphysagria* state of humiliation. Therefore, when we see *Staphysagria* in a person, it would be worthwhile examining whether there is a *Sulphur* state behind it, which therefore may follow it. Of course, a particular state can exist independently, but there is a good chance that it exists because of the predisposition caused by another state in the background, and this background state is usually the opposite.

To take another example, *Stramonium* has a state of tremendous terror and violence coming from feelings of being lost and forsaken in a dangerous place. The predisposition required to develop this state may well be one of great security, like living in a shell. Such a need for security is found in the *Calcarea carbonica* state and it is this kind of person who, with only a slight exciting cause of fear, will easily develop a *Stramonium* state. So, we have to understand that the *Stramonium* state may come about easily in a *Calcarea carbonica* person. Therefore, you can suspect a background of *Calcarea carbonica* when you see a *Stramonium* state.

We have also talked, in the chapter "Unsuitable postures" about the transmission of roots from one generation to another. It is possible that when a *Stramonium* root is transmitted (which means probably the father or the mother had a strong *Stramonium* state), the root of *Calcarea carbonica* is also transmitted, being the background state. Thus, you find these remedies forming a pair, just like *Staphysagria* and *Sulphur*.

Another relationship I have seen in practice is the one between *Hyoscyamus* and *Staphysagria*. *Staphysagria* is a state of suppressed hostility and suppressed sexuality. When he breaks down, the *Staphysagria* patient may develop a state like manic depressive psychosis, and in the manic state there will be overt sexuality and expressed hostility. This is the *Hyoscyamus* state. Some years ago I saw a patient who presented with a mania

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LESSER USED REMEDIES

Introduction

The purpose of this chapter is to focus the reader's attention on the need to be unprejudiced when taking a case. Most of the time we are tempted to match the patient with one of the remedies we know well. We convince ourselves that the patient must have this or that feeling, and therefore requires this or that remedy. We are even clever enough to somehow confirm this idea. The main pitfall of a homoeopath is to fall into the rut of prescribing a specific range of remedies, fitting all his patients into that group. The idea of this chapter, therefore, is to show the necessity of keeping an open mind to all peculiarities, whether mental or physical, and to allow ourselves to see the patient as he is, without fitting him into a particular idea. In doing so, we shall not only expand our Materia Medica, but it is also a unique opportunity to discover new remedies and to see them work.

I am not advocating prescribing on one or two symptoms even if they may be peculiar. However, when you do come across something peculiar you should open your reference books and try to find that exact symptom, instead of brushing it aside because it does not fit in with your preconceived idea about the patient's remedy.

I hope that the cases given here will convince you about the usefulness of opening your books more often, especially you Repertories. I must add that probably I shall be one of the biggest beneficiaries of reading this chapter because I see myself falling into the same routine; the mind refuses to move into anything new since it is so easy to stick to the old and familiar. In the cases presented here, I am only giving the main characteristics, not the whole case. You can assume that there was nothing very prominent in the case.

Case n. 1

This is the case of a child aged nine months. He had been brought for constipation and recurrent coughs and colds. I observed that he was very restless and could not remain in one position even for a short time. Among the peculiar things about him was that he was very stubborn. If he wanted a particular thing, he insisted on having it without delay, and would not be satisfied with anything else. He never asked for it softly, but would always scream and demand impatiently.

Another peculiarity of the child was that he seemed to require very little sleep. Even though he might have had just two hours of sleep, he was refreshed. He never