



VOL. 1

DR. P. SANKARAN

EDITED BY : **DR. RAJAN SANKARAN**

THE ELEMENTS OF HOMOEOPATHY

VOLUME I

by

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MY CONVERSION TO HOMOEOPATHY

Behind almost every conversion to Homoeopathy lies an anecdote - usually a very interesting one and I may be permitted to add my contribution to this.

I studied allopathic and Indian Medicine in my college and started practising after graduating in 1943. My results were good and bad, all that a beginner could expect. And I had almost settled down to a professional routine.

However, around the year 1945, I started developing a feeling of fatigue in the evenings associated with a feeling of internal warmth. Gradually these sensations increased and there actually developed an evening rise of temperature, upto 99 °F. As a member of the medical profession, all kinds of pathological and radiological investigations as well as the expert advice of eminent colleagues were easily available to me. Accordingly, the blood, stools, urine, etc., were examined, and radiographs were taken but the disease could not be diagnosed. All the time, the temperature continued to rise, regularly upto 100 °F or more in the evenings. There was also weakness associated with a loss of weight. I had lost about two 28 pounds in a month. It was clinically suspected to be malaria and I was given quinacrine. Nothing happened except that my body became yellow. Some hidden focus of infection was suspected and I was given sulphadiazine but these had to be discontinued because they produced severe vertigo. I also took liver extract without any improvement. It was then suspected to be amoebiasis and I took some emetine with temporary benefit. Ultimately it was suspected that it might be a case of incipient tuberculosis and I was advised change of air, as there were then no specific drugs for the condition.

The whole series of investigations and treatment were merely a source of disappointment to me. They only helped to discourage me more and more. So, as I looked around in desperation, I thought of Homoeopathy. I had no knowledge of Homoeopathy and I had no faith in it; my impression of Homoeopathy was that it was some sort of a medical fad. Yet, such "fads" were sometimes known to do the trick where the highly developed modern sciences had failed. So I decided to consult a homoeopath, particularly as there was a well qualified allopathic physician who had somehow become a convert to Homoeopathy.

The physician asked me to write out my symptoms and bring them to him. I did so and presented the list to him. He did not examine me thoroughly physically nor did he go deeply into my various investigation reports. But he merely read my notes, asked me one or two questions, then referred to a book and prescribed a drug. While I was disappointed to see that this physician did not examine me thoroughly, I was annoyed that he looked into his book and prescribed, as though my case and my medicine were recorded in print! Further he asked me to take only one dose of the medicine he prescribed for me. When I enquired how often I should repeat the doses, he advised me to take only one dose and wait for 15 days.

ELEMENTS OF HOMOEOPATHIC PHARMACY

A remarkable discovery of Hahnemann is the potentized dose, a phenomenon which even the modern scientist is unable to comprehend, let alone explain, although it results from a ridiculously simple procedure. This makes homoeopathic pharmacy a fascinating and intriguing subject. This chapter attempts to introduce the newcomer to the elements of this subject. For more information, the reader should refer to standard books on the subject.

Pharmacy is defined as that department of the medical art which consists in the collecting of drugs and the preparing, preserving and dispensing of medicines.

Drugs are substances which have the power of altering the state of health of the living organism. When drugs are purified, processed and prepared so as to become fit for administration to patients they are called medicines. Medicines when properly administered in sickness are called remedies.

Since the homoeopathic prescriber depends almost entirely on the infinitesimal doses of the single drug, it is essential that the homoeopathic medicinal preparation must be absolutely dependable. So the pharmacist must be learned, skilled, honourable and trustworthy and must be fully aware of his responsibilities. As there are no available tests to see if the medicines obtained are genuine, we have to depend completely on the pharmacist and therefore the pharmacist must be completely reliable. The most painstaking care and accuracy must be exercised by him in every step of preparation, handling and dispensing.

COLLECTION

Sources

The sources of the medicines in Homoeopathy are mainly the following:

1. **The Mineral Kingdom:** Consisting of the various chemical elements and their compounds (organic & inorganic), e.g. *Arsenic*, *Calcium carbonate*, *Petroleum*, *Sulphur*.
2. **The Vegetable Kingdom:** Consisting of the various plants, herbs and trees, their parts, exudates and extracts, e.g. *Asafoetida*, *Lycopodium*, *Pulsatilla*, *Thuja*.
3. **The Animal Kingdom:** Comprising of the healthy secretions and tissues of various animals, and other living creatures, e.g. *Aranea diadema* (Spider), *Lachesis* (Snake).
4. **The Nosodes:** The products of disease of human beings, animals and plants, e.g. *Lyssin* (Saliva of rabid dog), *Secale cornutum* (Ergot of Rye).

THE STUDY OF MATERIA MEDICA

The importance of the study of the Materia Medica and its enormous value to the homoeopathic physician cannot be adequately described. It has a predominant role in the field of Homoeopathy. We can do no better than to quote the words of Clarke who says, "We must never lose sight of the fact that Homoeopathy is Materia Medica and nothing whatever else. All other branches of medical study are Homoeopathy's handmaidens but take away Hahnemann's Materia Medica and Homoeopathy vanishes from the scene. So that in so far as we are homoeopaths, Materia Medica is our sole concern..."

Books of Materia Medica and Repertories are the Road maps, Time-tables and Guide books of the powers at our disposal..."

The homoeopathic Materia Medica is peculiar in its construction and differs very much from the orthodox Materia Medica. Whereas the orthodox Materia Medica traces the action and therapeutic uses of various drugs through physical and chemical properties, pharmacological action, etc., the homoeopathic Materia Medica provides no such material. In truth, it is mainly a record of the effects of drugs on healthy human beings. The original basis for our Materia Medica is the records of provings* and poisonings (accidental or intentional), the former being experiments done to intentionally produce drug symptoms on healthy persons for the purpose of advancing medical knowledge. These symptoms are later confirmed and augmented by clinical experiences.

The Materia Medica Pura of Hahnemann is actually not a Materia Medica in the ordinarily accepted sense of the word but is purely a record of drug-effects. It is unfortunately rather dry to read and difficult to digest. If this Materia Medica Pura is put in the hands of a beginner, he is likely to be frightened away from Homoeopathy for life**.

Meyer describes the difficulty in studying the homoeopathic Materia Medica. He writes, "We shall probably not be contradicted when we affirm that the study of the Materia Medica is the most difficult in the whole range of medicine. Who is there of us who has not, in the beginning of his practical career, often taken up Hahnemann's Materia Medica with the most energetic purpose and sincere intention of studying and mastering some one or other of the remedies there recorded by the hand of the master and has not, as often, thrown the book aside in despair and disgust? Our own experience will furnish the reason

* *The word Proving is derived from the German word 'Prufung' meaning experiment.*

** *Since in his schema of symptoms, Hahnemann starts with symptoms of Vertigo and ends with Mental symptoms, Dr. Hughes had humorously remarked, "The Homoeopathic Materia Medica begins with Vertigo and ends in Confusion."*

RANDOM NOTES ON SOME REMEDIES

As we practise Homoeopathy and are blessed with increasing success, our appreciation of Hahnemann turns into admiration, respect and reverence for his genius in discovering this method by sheer force of logic and experiment, in an age of ignorance and superstition, abounding as it was in bigoted quacks. The results of a few infinitesimal doses of the similimum, as compared with the effects of the large violent doses of the other systems, are simply delightful to watch and experience. To the convert especially, Homoeopathy is like an oasis and provides a cool refreshing drink after a hot and tiresome travel in the desert of palliative and suppressive drugging. Our repeated successes not only confirm the correctness of the similia principle but also provide verifications of the drug symptoms contained in the *Materia Medica*. The words of the *Materia Medica* begin to assume shape and take on life and form and the prescriber is able to see in actual practice what he has read in words. He thus becomes gradually acquainted with the drugs. First, when he meets them, he gathers an introduction, then a nodding acquaintance; as he meets them more and more in their various moods, he develops an intimate friendship and gets an insight into their make-up and personality. In course of time he is able to identify them more easily by their gait, speech, mannerisms, dress, behaviour, etc. Ultimately he can recognise them even if they are disguised.

Thus, to the experienced homoeopath, the symptomatology of the drugs, which at first reading had appeared unconnected and even meaningless, slowly takes on some definite form and shape, at first blurred but gradually more clear-cut and distinct. His own mental images or concepts of remedies are naturally moulded, shaped or warped by the nature, extent and types of the cases he comes across, and since the experience of no two physicians can be exactly the same, it is quite understandable that these concepts of remedies in the minds of various homoeopaths, while being in general form identical, are likely to vary much in details. Therefore, it might be worthwhile to exchange our own concepts with those of others, for one's own impressions might prove new and useful to others.

So, here follows a serie of rambling thoughts on some remedies. The reader who wishes to get more coherent and comprehensive pictures of the drugs should refer to standard books on *Materia Medica*.

These notes were originally published in the Indian and foreign homoeopathic journals and I am grateful to the Editors for their kind permission to reprint them.

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THE INDICATIONS AND USE OF BOWEL NOSODES

Many of my homoeopathic colleagues, I am sad to see, do not utilise the bowel nosodes. This may be due to a lack of awareness of their usefulness or due to a spirit of conservatism. I can assure them that these remedies, though recently introduced into our field - and in spite of the fact that their indications have not been discovered through regular provings - have fully proved their value. Those who do not use them are indeed missing something very valuable, something which might come to their rescue in many awkward situations.

The following brief description is intended only to introduce these remedies to the uninitiated and to create an interest in them. For a fuller, more comprehensive and authoritative account of their evolution, indications and uses, readers should naturally refer to the original literature on the subject especially the booklet, "The Bowel Nosodes" by Dr. John Paterson, and the book, "Up-to-date with Nosodes" by Dr. B.K. Sarkar.

EVOLUTION

In the beginning of this century, a famous surgeon, Sir Arbuthnot Lane put forward a hypothesis that most of the chronic diseases were a result of autointoxication from the colon. On the basis of this assumption he treated many of his patients suffering from chronic diseases by removing a part of the colon. Whether that surgeon's hypothesis was correct or whether it was due to the psychological effect of the surgical procedure, many of the patients improved after the operation. As a result, this operation called the resection of the colon became extremely popular and even fashionable, just as Appendectomy became later on.

About the year 1912, a very young, highly qualified and energetic physician, Dr. Edward Bach of England (1880-1936) also considered this possibility that most chronic diseases were the result of auto-intoxication from the bowels. He recognised that the intestinal content of both apparently healthy as well as diseased people, contained a class of bacilli - the B. coli - which had hitherto been considered insignificant. This B. coli is a normal inhabitant of the intestinal canal and in a healthy intestinal mucosa it is not pathogenic but actually assists in maintaining the health of the host. These organisms, the various types of non-lactose fermenting bacilli belonging to the coli-typhoid group very closely allied to the organisms causing typhoid, dysentery, paratyphoid, etc., but yet they do not give rise to acute diseases. Since they were not directly connected with any specific disease condition they had up to that time been regarded as non-pathogenic and had been disregarded by bacteriologists and clinicians.

Although these organisms are often regarded as non-pathogenic mainly because they do not give rise to active symptoms in laboratory animals and can be present for long periods

SOME NEW PROVINGS

INTRODUCTION

As one studies and practises Homoeopathy and contemplates measures for its further advancement and progress, the possibilities of various forms of research open out before one's vision. For, though Homoeopathy, practiced as it is today by a minority, is very satisfying to thoughtful physicians, there are several aspects that are yet to be clearly defined, enlarged, delineated. Besides, new problems are constantly arising before the medical profession in view of the advancement in science and civilisation (e.g. atomic radiation hazards) and solutions will have to be found for those.

As one considers the various methods of research that could be carried out within the field of Homoeopathy, relatively the most simple, inexpensive and yet the most fruitful form of research seems to be the conduct of Drug Provings. The discovery of the properties, effects and indications of drugs in our field requires no costly laboratory equipment, no deep knowledge of pharmacology, not even expensive animal experiments, but only very carefully conducted provings done with the help of enthusiastic, reasonably healthy and faithful volunteers as provers. Some of the most valuable therapeutic indications for our drugs have come only through this source, namely the experiments called Provings, initiated by the genius of the master Hahnemann himself. No doubt, careful clinical observations at the bedside have considerably added to and enriched the material made available through provings; yet the backbone or core of our drug symptomatology, forming the most reliable indications have come only through the provings.

Considering that the most fundamental and fruitful form of research in Homoeopathy namely Provings, require no costly apparatus or technical "know-how", but merely reliable volunteers, it is a great pity that despite the fact that the homoeopathic profession in India boasts of thousands of vociferous adherents, very few provings have been conducted, so that the *Materia Medica* that our generation inherited practically remains static, unadded to. Compared to the tremendous whirlwind activities of the homoeopaths of the latter half of the 19th century, the activity of homoeopaths of this century appears very poor, and shamefully so, by contrast.

I shall now give a brief summary of our attempts at provings at the Homoeopathic Hospital, Bombay. The first was a proving of *Hydrophis cyanocincta*, the sea snake. The fact that this sea snake is ten times as venomous as the cobra (*Naja*), prompted the feeling that it might be more powerful, if not more useful, as a remedy. When the proving was suggested to us by Mr. Dudley Everitt of Nelson's, London, we welcomed the idea with relish. We caught the snake with great difficulty from the Arabian Sea, had the venom

SOME HINTS ON CASE TAKING

The first and a very important step in homoeopathic practice is the taking of the case and much of the success of the practitioner depends upon the accuracy and thoroughness with which the case is taken. It is said that a well-taken case is half-cured and this statement is indeed very true. Although case taking is apparently a simple and easy procedure, in practice, however, it requires all the alertness, intelligence, ingenuity, care and circumspection on the part of the physician and it would not be wrong to say that it may take years of experience to take a case well. Dr. Burnett states that in his opinion, only one in a hundred physicians takes a case well and lest we may feel he is cynical, he adds that even this must be a gross over-estimation!

Rudolf Rabe, writing in an editorial, says, "There is no procedure in homoeopathic practice more important than a thorough knowledge of the right way to take a case. The ability to do this insures against humiliating mistakes and failures, prevents misconceptions of the sphere of homoeopathic therapeutics and paves the way to relief or cure where either is possible."

I must mention here my experience as a teacher and as a consultant. Very often, I have noted that the students and other practitioners who consult me bring to me their cases and I find that the vital indications for the remedy are missing from their case records, though they may contain a mass of details, all because they failed to probe and enquire a little further to discover the finer modifying factors or circumstances of the symptoms. Had they put the one or two more vital questions necessary, they might have found the answer to the case.

Writing in an editorial, Alfred Pulford, that master prescriber, records as follows, "Case taking, as commonly understood, is a thorough examining of the patient from every possible angle that will give a definite clue in the search for the indicated remedy. It is the greatest problem with which the physician must contend and requires every atom of his ingenuity, skill and patience, for the case properly taken or canvassed is fully one half-cured. The physician must be a good listener, a very acute observer and a past master in the art of cross-questioning. He must know how to ask questions, when necessary without any hint of suggestion of the correct answer and watch the patient's every movement."

H.C. Allen has remarked that a case well-taken insures accuracy and efficiency in the selection of the similimum.

McKillop explains the other objects of case taking as follows: "The ultimate aim of homoeopathic case taking is of course to enable one to find the similimum, the remedy homoeopathic to the case, which will heal the sick person. But the indicated homoeopathic remedy is not the whole treatment. It is also necessary to ensure that the patient's environment

ANALYSIS AND EVALUATION OF SYMPTOMS

Next in importance to case taking or perhaps even greater than that, is the proper interpretation and evaluation of symptoms. Case taking merely affords us a mass of data, some useful and some useless, some of great value, some of lesser value from both the diagnostic and therapeutic points of view, out of which must emerge the characteristic symptom totality, which alone will lead us to the indicated remedy - the similimum. With a certain amount of experience and patience, case taking can be perfected and mastered to some extent but analysis and evaluation of symptoms will prove to be a continually challenging job requiring constant alertness and care on the part of the physician. It can be said that the greatest prescribers have been those who have been very successful in properly evaluating the symptoms.

Classification

Classification of the symptoms into various groups is called analysis. In analysis we may classify the symptoms into Mentals, Generals and Particulars.

A different but more practical and useful method of classification is to divide the symptoms into two major groups, viz.:

1. Symptoms which characterise the disease that the patient is suffering from, that is the symptoms one would expect in that particular disease, and
2. Symptoms which do not actually belong to the sphere of that disease but yet are found in that particular patient and therefore form part of the symptom-picture of that particular case.

If the totality of all the symptoms of a case is covered by a single remedy, there is practically no difficulty in choosing the remedy. But quite often such is not the case. A certain number of symptoms may be covered by one particular remedy and certain other symptoms by another remedy. In such a case we are called upon to evaluate the symptoms and select the more important ones upon which we should base a prescription. It is in such cases that this distinction helps us.

The former symptoms which are called the Basic, Common or Pathognomonic symptoms, symptoms characterising the disease, help us to make a diagnosis. The latter, called the Determinative, Uncommon, Discriminative, Non-pathognomonic or Characteristic symptoms, do not contribute to the making of the diagnosis. They do not form part of the disease-picture and therefore, they reflect the individual reactions of the patient and so are characteristic of the patient. These symptoms aid us more in choosing the remedy. These symptoms, which are usually ignored or discarded by the allopathic physicians who

THE VALUE OF THE REPERTORY

In the selection of the homoeopathic remedy, the repertory has a very useful and important role to play. It is possible that some prescribers who have a profound knowledge of *Materia Medica* at their command and who are endowed with a prodigious memory are able to prescribe successfully for cases without the need of repertories, but such knowledge and memory are indeed very rare. These are not to be expected in the average homoeopath. The homoeopathic *Materia Medica* consists of two thousand or more drugs and out of these, the average homoeopath may have a good grasp of only about forty or fifty or at the most a hundred drugs. Further, each of these drugs has in its symptomatology hundreds or even thousands of symptoms out of which even a good homoeopath may be able to recollect only fifty or a hundred symptoms. We realise that the task of remembering all the symptoms of all the drugs is a hopeless one, beyond human capacity and, therefore, some form of a reference book is quite necessary.

Of course, it is a matter of good fortune to us that in many of the cases, certain outstanding characteristic symptoms of particular drugs, the so-called keynote symptoms, repeatedly present themselves, either singly or in particular groups or combinations, so that one who is well conversant with these keynote symptoms as described in Allen's *Keynotes* or Nash's *Leaders* or some such book can select the *similimum* fairly well. Yet if we can visualise the myriad of symptoms and combinations of symptoms which can present themselves before us in their everchanging mosaic forms, we shall feel more confident and safer with a reference book - the repertory at our side.

Renner quotes J.H. Clarke as saying, "It is impossible to practice Homoeopathy as it should be practised without the aid of repertories."

Grimmer states, "Repertory prescribing makes for greater accuracy and in the long run is a time saver, and with its use one grows in the knowledge of the *Materia Medica*."

We have to appreciate the fact that the repertory will only help us to come to a group of drugs; it may merely indicate to us the list of possible drugs. It is for us to study this group carefully and select out of the group that one drug which fits our patient most fully - the *similimum*. The repertory is not a mechanical brain. It will not straightaway take us to the correct drug. It does not do our thinking for us. It does not replace our brain. It is only like a dictionary or a thesaurus in which various shades of meaning are given for each word, out of which we have to select the one meaning that is relevant to our context.

The selection of the correct drug, the *similimum*, is an extremely delicate and intricate task. There are so many variable factors to be taken into account - the accuracy of observation and expression on the part of the patient, the ability of the physician to observe and understand

REPERTORIZATION

RECURRENT MASTITIS

Mrs. M.K., aged 28 years, consulted me on 23.08.58, with the following symptoms:

She gets a cold swelling of the Rt. forearm before every M.P. during the last two years. The swelling is painful and she describes the pains as "cold pains".

Formerly, for 5 years she had painful, nodular swelling of both breasts before every menstrual period. This is now replaced by the present disorder. This mammary pain used to be worse by stepping hard.

If she gets a swelling in the forearm, she does not get the swelling of the breasts.

She now desires more salt.

Must drink water in order to swallow solid food.

Vertigo rising from sitting.

Is married for 10 years, but has no children.

No physical findings except that the swelling of the forearm is tender but cold.

Apparently it was a case of *Conium* and reference to Kent's Repertory confirmed this choice. Since they appeared to be part of the picture, I included old symptoms also for study

Pain, mammae, before menses (p. 846)

Swelling mammae, before menses (p. 991)

Desires salt things (p. 486)

Coldness, forearm (p. 958)

Vertigo, rising from a seat, on (p. 103)

Pain, mammae, every step (p. 846)

Conium was found under all the above rubrics. So on 23.08.58 she was given *Con.* 1M, 3 doses, 2 hourly.

On 01.10.58, she reported that the swelling in forearm had disappeared and did not recur. Before the last M.P., there was no swelling, no pains. But she had a recurrence of the painful swelling of the breast before M.P., which she had suffered from formerly. This pain was aggravated by jarring. Dysphagia still present; but vertigo was nil.

INTRODUCTION TO BOGER'S SYNOPTIC KEY

I might as well begin by mentioning how I became familiar with this book.

When I started practising Homoeopathy I was financially not in a position to buy books. And the only book which combined in itself both the repertory and Materia Medica and one which was within my dream was Boger's Synoptic Key. So I bought it and used it. Later on, I wanted to buy Kent's Repertory but even if I could then afford it, it was not available for many years as it was out of print. Second-hand copies were selling at exorbitant prices, which amounts I did not have the capacity or the heart to spend. And as I was using Boger's book and finding myself quite successful with it, I stuck to it. In fact I found it more convenient and familiar also.

I may also mention that in treating my very first case by the homoeopathic methods - a case which is indelibly impressed in my mind - I took the help of this book. I have reported this case in "My Conversion to Homoeopathy" but the case is worth recapitulating and I repeat it here for the benefit of new readers and to show how this book helped me.

A close relative of mine was getting recurring attacks of intermittent high temperature which used to last for two or three weeks at a time. It had been diagnosed as malignant tertian malaria and had generally responded to quinine. At that time, quinine was the only certain anti-malarial allopathic remedy. But this time there was a recurrence of the temperature for the fifth or sixth time. The fever had lasted about a fortnight and quinine had produced no effect whatsoever. So the relatives of the patient were very much perturbed and they telephoned me. This was on 7th Nov. 1947. I responded to the call and went to see the patient. The patient had a temperature of 107 °F, a temperature which I had never encountered so far in my life. Naturally, I was extremely upset and in panic I ran to my nearest physician-friend. However, this physician was not available and, therefore, I left word that he should come at once, as soon as he returned to his clinic. Meanwhile we procured some ice and rubbed it all over the head and body of the patient, but the temperature came down only by 0.3 °F and stayed at 106.8 °F. As quinine had already been tried without effect and as no other measure was available except to take him to the hospital, I decided to try Homoeopathy without however any hope that it would help. So I studied his symptoms in the homoeopathic way and found the following points:

Temperature 106.8 °F, Pulse 112. Even with such high temperature the patient was conscious and loquacious and was asking us why we were all looking so worried as, after all, nothing was wrong except that he was having a little fever. He complained of great bodily soreness. The history was that almost every time the fever came on, the temperature used to rise very high but the patient would not feel it much. He was also listless.

THE POCKET REPERTORY

The pocket repertory went through five editions with reprints and served - as the original subtitle indicated - also as index to the card repertory. Though the title may seem inappropriate here, it has been retained to indicate the conciseness and sphere of utility of the repertory.

- Editor

INTRODUCTION

In these modern times when speed has become an essential attribute of life, it becomes necessary for medical men also to keep pace with this increasing tempo. In this respect, the homoeopathic practitioner is somewhat handicapped, for the selection of the homoeopathic remedy is often an arduous and time-consuming process. Therefore, the busy practitioner would welcome any means which might help to save his time and energy expended in this selection. The card repertories hold out such a promise and so no apology is needed for adding the present Card Repertory* to those which already occupy the field.

Construction

This Card Repertory consists of 420 (four hundred and twenty) cards**, on each of which a different symptom is printed. Each card carries the abbreviated names of 292 (two hundred and ninety-two) homoeopathic remedies, which cover the majority of the cases met with in ordinary practice.*** In each card, punches are made below those drugs which cover the symptom printed in the top left-hand corner of that particular card.

Method

When working out a case, the characteristic symptoms of the case are selected, the corresponding rubrics chosen with the help of the Index to this Card Repertory, (*The Pocket Repertory*), which is provided, and the cards representing these rubrics are picked out and

* *The card repertory is, unfortunately, out of print but this introduction is both instructive and informative about repertories in general. - Editor*

** *The last card is numbered 392 because there are a number of cards marked A in between, e. g., 45A; 89A; 115A; 124A, etc.*

*** *Some bowel nosodes and drugs recently proved such as Cad. are also included.*

PROPHYLACTICS IN HOMOEOPATHY

This chapter aims to give a list, pooled from various sources, of some of the known and reliable prophylactic remedies in Homoeopathy for certain common diseases and conditions.

Though the efficacy of the Homoeopathic prophylactic remedies for various conditions has not been proved by controlled studies and statistical records, yet generations of homoeopaths have used these remedies to prevent these conditions and they claim to have done it successfully. So their efficacy may be accepted on the basis of this experience even if it is not proved.

Sutherland writes, "To the homoeopath trained in Hahnemannian thinking these arguments are readily understood and appear in consequence to be both logical and acceptable. Yet it must be admitted that, as far as the majority of the profession is concerned and to a great extent as far as the public is concerned, these arguments seem to be based on very weak premises. The one thing that is lacking is statistical studies which would serve to strengthen the ground upon which we take our stand. If asked for proof of each of the contentions mentioned above, we can adduce no statistical answer which would be convincing to the intelligent public, both lay and professional, and therefore, our arguments are not acceptable. We fail to realise that we live in a materialistic age and that our patients and colleagues are more impressed with facts and figures than by philosophical considerations, no matter how well-founded in truth the latter may be.

"If the homoeopathic school is to put up an effective opposition to the growing demand for modern preventive medicine, it must be able to search for and present facts which will constitute irrefutable proof of the arguments we present."

Jogi expresses his doubts as follows, "Some people claim that *Mag-p* is also a good preventive for tetanus and some people advocate *Tetanotoxin* IM should be given. Thus, there is no unanimous opinion. Under such circumstances can we utilise our knowledge about prevention on a mass scale for immunisation? Most probably the answer is "No". This is precisely why some of the practitioners of Homoeopathy do not rely on Homoeopathy for prevention of tetanus. So unless we can prove by facts and figures, we cannot rely on the preventive value of these drugs."

Pai, who is perhaps the only homoeopath to carry out experiments in this field, also expresses similar doubts about homoeopathic prophylaxis. He writes, "Homoeopathic remedies have been used over years as prophylactic agents in many countries, but the potencies selected and the manner of employment have never been uniform. Some prescribe a few doses of the very high attenuations while some others prefer medlum potencies and weekly

SOME CROSS REFERENCES TO KENT'S REPERTORY

MIND

Abhors	: see Aversion; Disgust; Hatred; Loathing.
Abrupt	: see also Answers abruptly.
Absorbed	: cf. Fancies; Meditation; Thought, thoughtful.
Absurd	: see Ludicrous.
Abusive	: cf. Cursing, Quarrelsome; Scolding.
Activity, desires	: see also Busy; cf. Occupation.
Admonition, agg.	: cf. Reproaches, agg.
Affection	: cf. Feigning.
Affection, lack of	: see Aversion, Hatred, Indifference.
Agility	: see Extremities, Agility.
Agitation	: see also Anguish, Anxiety, Restlessness.
Air Castles	: see also Plans.
Alcoholism	: see Dipsomania.
Alert	: see Quick.
Alienated	: see Estranged.
Alone	: see Estranged.
Alone, feels he is	: see Company.
Aloof	: see Reserved.
Alternates with bodily symptoms	: see Mental symptoms.
Amusement, averse to	: see also Serious.
Anger, contradiction from	: see also Contradiction, is intolerant of.
Anger, trembling with	: see also Generalities, Trembling, anger, from.
Angry, cannot get	: see Mildness.
Anguish	: see also Anxiety; Restlessness.
Animation	: see Cheerful.
Answers, abruptly	: see also Abrupt.
Answers, aversion to	: cf. Answer, refuse to; Talk indisposed to.

THE POTENCY PROBLEM

The selection of the potency in Homoeopathy is difficult and puzzling job to the homoeopathic physician. He is either faced with a lack of definite guidance or where such guidance is available, finds different and even conflicting opinions on the subject which tend to confuse rather than enlighten him. It is therefore necessary to review this subject.

Before trying to frame any set of rules from available authoritative opinions and experience, it would be worthwhile to know about the scales and range of potencies and to consider the observations and conclusions of various well-known homoeopaths.

Scale of Potencies

Homoeopathic potencies are prepared in three scales.

1. The Centesimal, evolved by Hahnemann, denoted by the numerical designation of the potency or by the number followed by the suffix C, e.g. 200 or 200C.
2. The decimal, evolved by Hering and denoted by the suffix X, after the number, e.g. 200x.
3. The 50 Millesimal or LM scale - also known as Quinquagintamillesimal or Q potencies. This was evolved by Hahnemann in the last years of his life and is described in the last edition of the Organon.

In the following passages, reference is mostly made to centesimal potencies.

Range of Potencies

Potencies may be broadly classified as low, medium and high. Low potency designates anything from 0 to 12C, medium from 12C to 200C and high from 200C upwards to DM, MM and DMM.

During Hahnemann's lifetime, he is known to have generally used only potencies upto 30C. But Farrington quotes Madame Hahnemann as saying that he had used the 200th and the 1 000th when necessary. The 1 000th, however, he seems to have used only once.

Hochstetter describes the various methods in which potencies are actually made in different countries.

Birstill and Gersdorf say that the high potencies were first introduced before 1834 by a Mr. Korsakoff, but received very little notice at the time, and were forgotten until 1844, when Mr. Jenichen, in Mecklenburg, took them up, and proclaimed that he had discovered a new mode of preparation of high potencies.

THE REPETITION OF DOSES

In homoeopathic practice, the selection of the proper remedy is probably the most essential thing, but after the remedy has been selected and administered in the proper potency, the homoeopathic physician should be able to watch out for, understand and interpret the remedy reaction and should know the proper "period for repeating the dose". This is considered so important that masters like Kent warn us that a case can be completely spoiled by improper repetition of the dose.

REPETITION IN ACUTE CASES

In homoeopathic practice, in acute cases, the frequent repetition of doses, even of high potencies, seems to be generally and universally approved. Borland, for example, used to give in cases of pneumonia 1M or 10M every 2 hours. It is believed that in acute disease the pace of the disease is such that the effect of the doses is quickly exhausted.

It must however be mentioned that there were masters like Boger who were prescribing single doses even in acute cases. Dr. Boger mentions, for example, that he had never given more than one dose of the remedy in the hundreds of cases of typhoid that he had treated. But such prescribers are exceptional. I quote here some of my experiences in acute cases.

In the beginning, even in acute diseases I was taught not to repeat the dose until and unless the action of the previous dose had been completely exhausted. I was instructed for instance, that in a case of fever if the maximum temperature was 104 °F on the day I prescribed, I should never repeat the remedy even if the patient continued to have fever until and unless the temperature went up to 104 °F again. Even if the patient had continued or intermittent fever for a month, if the subsequent highest level of temperature after the dose of medicine was less than the original level, the remedy was not to be repeated because probably the previous dose was still acting. In the initial stages, I obeyed this teaching implicitly like Casabianca and possibly I lost many patients. But, gradually, I made one observation. In acute cases, I used to give my patients a number of doses but I used to instruct them strictly that the moment there was any evidence of improvement, e.g. in a case of fever as soon as the temperature started coming down, the doses were to be immediately discontinued. Some patients followed my advice to the letter but others did not. The latter who ignored my instructions and repeated the doses in spite of the improvement would say that, even though they felt much better or even though they became completely alright with the first few doses, yet to be on the safe side they finished off all the remaining powders. To my surprise, I did not find in these cases any dire consequences as I had been warned to

THE CLINICAL RELATIONSHIP OF HOMOEOPATHIC REMEDIES

Introduction

Scientific homoeopathic prescribers assert that there is a specific clinical relationship among homoeopathic remedies and that prescriptions which conform to a certain sequence are therefore bound to be more successful. As such, a book giving the clinical relationship of remedies is an essential requisite for every homoeopathic physician. Most books on *Materia Medica*, no doubt, indicate the relationship of remedies and in addition there are also books exclusively devoted to this subject. But, unfortunately, not one of them seems to record the relationships fully; hence the necessity for this booklet, which has been compiled from the writings of various reputed authors.

For convenience of reference, the relationships are given in tabular form in seven columns.

Column One gives the name of the remedy.

Column Two gives a list of remedies which are complementary to the remedy in column one.

A complementary remedy is one that continues or completes the action of the remedy that has acted previously.

When the indicated remedy fails to cure completely because of its limited sphere of action, a complementary will be needed to continue the process and complete the cure.

The complementary (as well as the antidotal) remedy is selected solely on the basis of symptom totality. The remedy is chosen from the list of complementary (or antidotal) remedies which covers the symptom-picture present.

Column Three gives the list of remedies which follow well the remedy in column one.

Column Four gives the remedies which are incompatible.

An Incompatible or Inimical remedy is one that does not follow (or precede) well the original remedy. There seems to be a lack of harmony between such drugs. Therefore, prescription of such remedies in succession is avoided.

Nash however says, " I do not believe in the so-called incompatibles as some do. I should give *Causticum* after *Phosphorus*, *Silicea* after *Merc-s* or *Rhus-t* after *Apis*, if I found them indicated." But the fact is these remedies may not be really indicated, the one after the other.

DIETETIC RESTRICTIONS IN HOMOEOPATHIC PRACTICE

Among the many problems faced by the average homoeopathic practitioner in his practice is the problem of dietary restrictions. In this matter he is less fortunate than his allopathic colleague. Whereas the latter is impelled to impose only such restrictions as the nature and degree of the disease condition may require, the homoeopath is taught to enforce additional restrictions demanded by the nature of the infinitesimal dose of the medicines administered.

Accordingly, the large majority of homoeopathic practitioners ensure and insist that their patients observe these restrictions also. As a result, homoeopathic treatment has more or less come to be identified with the prohibition of coffee, condiments, onions, etc. I know at least one good homoeopath who was respected as much for his prescribing ability as for the severe restrictions he used to lay down. If his patients took coffee once, he dismissed them for ever. He would even forbid his *Rhus-tox* patients from taking bath for as many weeks as they were under the action of *Rhus-tox*! However, the average modern patient, especially the citizen used to uninhibited living, resents such prohibition and it does happen sometimes that patients, afraid of these restrictions, or irked by these limitations, decline to take homoeopathic treatment on this account. Homoeopaths coming across such patients are put in a predicament. They are neither willing to relax the restrictions nor willing to lose the patients. It would therefore be worthwhile to discuss this problem on the scientific place, short of all its traditional accretions.

In the beginning of my homoeopathic practice, I, like my colleagues, took such instructions seriously and was very strict in applying them. If a patient refused to abide by these restraints, I would mercilessly refuse to treat him. But I once had an experience which completely changed my views on this subject.

I was once consulted by a lady who was suffering from deep, painful, bleeding fissures in the palms and soles recurring every winter for twenty two years. The symptom-totally of the case clearly indicated *Psorinum*. She was a regular coffee addict and as Boericke mentions that the *Psorinum* patient does not improve while using coffee, I told her that I would treat her only if she would give up coffee. This she could not bring herself to do and so she went away without medicine. That winter she had a rather bad time with the fissures and so she decided to take the treatment after all. So she came back and I gave her one dose of *Psorinum* with the instruction that she should strictly avoid coffee. The response to the remedy was very good and the fissures disappeared within two months without any further dose of medicine. I congratulated her on the recovery and commended her discipline in avoiding coffee as she had been a very strong addict. But I was simply taken aback when she told me

“WHEN THE INDICATED REMEDY FAILS...”

“When the indicated remedy has failed to act, that is when it has failed to produce any effect, what is to be done?” This is a question that often faces the homoeopathic practitioner and we have to find the answers to this question.

If the indicated remedy has failed to act, we have to first consider and verify whether the remedy was really and correctly indicated at all. For this purpose we have to go back and examine every step we have taken so far to ensure that the steps were correctly taken, since any error at any stage will ultimately result in the selection of the wrong remedy.

Let us consider the various possibilities one by one.

Importance of Getting Correct and Complete Data

When we say that a particular remedy is “the indicated remedy” or the “similimum”, this often represents only our opinion, inference or conclusion based upon certain data. We have taken the case, studied the symptoms, matched the symptoms of the case with the symptoms in the *Materia Medica* (with or without the help of the repertory), and we have deduced deduction that such and such is the indicated remedy. But however strongly, however certain we may feel about it in our own mind, we have no positive proof to say that this indeed is the indicated remedy beyond any shadow of doubt. At the most we could assert its correctness because it would be backed by our study and clinical experience. Yet, in spite of the utmost certainty in our minds we might still be wrong. Gladwin quotes Kent as saying that whenever we say, “the indicated remedy did not act”, we mean always “the seemingly indicated remedy”.

So, the first step when the indicated remedy fails is to assume that perhaps it was only apparently indicated. Therefore, in order to make ourselves more certain, we shall have to take the case again or go over the symptoms carefully a second time to make sure that we have not missed, misunderstood, mistaken or misinterpreted any of the symptoms of the patient. In my experience of many years of practice, I can say that very often the error is in not getting the complete and accurate information. Very often the patient does not reveal to us all details, considering some of them irrelevant or meaningless or of no significance. Or, he may not be aware as to what type of information is particularly valuable to us for the purpose of deciding the prescription. He may not know that the very symptoms which the orthodox physicians ignore or laugh over may be the ones we need to know most. So, we may have to take the case again more thoroughly.

It also happens that many of our patients are not as observant as we expect or hope they would be. As a result, they might give us very few symptoms at the first or second interview, or they might give us wrong information. I have had patients who mentioned to me at the first interview that all their troubles were positively worse at a particular time or in

THE IMPORTANCE OF ETIOLOGY IN HOMOEOPATHY

The approach towards disease and cure in Homoeopathy differs very much and in several respects from the concepts of modern orthodox medicine and among these, one that strikes our attention, is the recognition given to the enormous role of etiology in the production of disease. In saying this we must make it clear that the concept of etiology in Homoeopathy is vastly different from the concepts or connotations given to the term in other systems of medicine. In ordinary medical practice under the heading of Etiology, the incidence of, and gross factors and circumstances connected with the onset of the illnesses are generally discussed. Beyond this, it does not take us very far in the understanding of diseases. But in homoeopathic practice every little contributor or determining element, every little attendant fact, incident, or accident connected with the origin of the illness is given its due consideration and is properly assessed during the process of selecting the medicine. If the patient says that all his troubles originated after a disappointment or a grief or after a sunstroke or by getting wet, by lifting a weight or due to over-exertion, owing to overeating or because of loss of sleep, etc., etc., or in any one of numerous other ways, each of these factors gives us a clue as to the type of person involved and his susceptibilities and further provides a clue to the selection of the remedy. We know of at least one eminent and successful homoeopathic physician, who places great emphasis on this point of etiology and selects his medicine for a good number of cases basing his prescription mainly on the etiological or causative factor. One of the first questions he asks his patients is, "How did you become ill?" and the answer to this question provided by the patient, in case he has observed and noted this point, considerably lightens the task of selecting the remedy. The concept, therefore, of etiology in Homoeopathy is as broad as the world itself and is not confined to merely factors like age, sex, religion and race. It may be a factor apparently too trivial or one which is not ordinarily associated with any particular disease. It may be even unusual or inexplicable and one that may look absurd in the eyes of the modern physician. But all the same it may be important.

The etiological factor, gross or subtle, may serve to differentiate one case from another similar case and may help us to individualize the patient. A patient who develops a stroke after a long period of loss of sleep may need a different remedy from another with the same condition but with a history of suppressed anger. The pathology may be the same; the diagnosis or nosological label may be the same, but the etiology may make all the difference to a homoeopathic drug diagnosis and point to an entirely different remedy. Most fortunately we have in our armamentarium a variety of drugs to cover a variety of such etiological factors.

A case of Dr. S.R. Pathak may serve to illustrate this point further.

He was once consulted by a gentleman who was suffering from diarrhoea continuously for over forty years. He had tried a variety of doctors for all these years with no effect.

PATHOLOGY IN HOMOEOPATHY

Introduction

Pathology is defined as that branch of biological science which deals with the nature of disease, through a study of its causes and its effects, together with the associated alterations of structure and function. It mainly concerns itself with the study of disordered function and deranged structure in diseases and their correlation with the clinical picture. As Boyd states in the introduction to his excellent Textbook of Pathology, the pathologist should endeavour not merely to attach correct labels to the lesions he sees, "but to reconstruct the course of events from the earliest inception of the disease to the final moment when we fall out of the splendid procession of life".

Vital Force:

As we all know the living body is an extraordinary creation. Thousands of chemical reactions take place inside the body to maintain the constancy of the body and life, and all these chemical reactions are perfectly controlled to an extraordinary degree. Naturally, therefore, there must be a force which we may call the life-force which keeps the organism in proper control and in proper health and at times even repairs the damaged tissues by itself without extraordinary medical care. It is to this vital element, the life-force, that Hahnemann gave the name vital force or vital principle. If there was no such force or control, the different parts and organs of the body would work in different ways in disharmony and create serious disorders. This force is also responsible for reproduction because we see that generation after generation is produced, which is possible only if there is a force or power behind it.

Hahnemann announced his new principle and system of medicine over 150 years ago. During these 150 years, there have been tremendous advances in all sciences, including medicine and medical sciences like pathology, bacteriology, etc. Boyd refers to the particularly phenomenal advance in the science of pathology and says, "Explosive advances are shattering the boundaries and frontiers of knowledge." Research and study have brought to light a tremendous amount of facts. The facts discovered have been so diverse and the data accumulated so massive that the pathologist and the physician among others are hard put to explain, correlate and integrate them. Naturally the thoughtful homoeopath must examine all these facts and consider how they fit in with and confirm his own concepts and experiences, concepts which he is confident are comprehensive enough to include every type of factual detail that may be discovered.

The homoeopathic student, like any other student, studies the science of pathology and tries to interpret, correlate and integrate all the facts of science so as to harmonize these with his homoeopathic concepts, so that he can get an insight into the real state of sickness.

HOMOEOPATHY AND SURGERY

“Do you as a Homoeopath believe in Surgery, Doctor?”

“Doctor, is not Homoeopathy against Surgery?”

These questions of believing or not believing in surgery arise because its methods are being applied every day in certain types of conditions. So in posing these questions, what the patient actually seeks to know is whether we as homoeopaths find the need for permitting and utilising surgery or not.

It is necessary to answer this question because there is even in the minds of medical practitioners, quite a deal of confusion and misconception about the relationship of Homoeopathy to surgery. There are surgeons who believe that Homoeopathy is totally against surgery just as there are homoeopaths who condemn surgery without realising what they say.

Firstly, it must be clearly understood that every fully trained medical man must necessarily learn the disciplines of both medicine and surgery, and must be able to advise about the application of the one or the other or both as would be in the best interests of the patient.

When a person falls ill, there are at first functional changes taking place in the body. The body tries somehow to adjust itself successfully to the new internal or external environment. It attempts to resist, neutralise and nullify the morbid influences, whether they be within the body, e.g. in the form of bacteria and their toxins, or without as for example, a sudden change of weather. If the body is able to successfully adjust itself, there is no disease and therefore no symptoms. But if there is failure of such adjustment, in part or in full, disease results and becomes evident by altered sensations and functions.

If this functional derangement is allowed to continue and progress, and the body is unable to cope up with these changes, then the structural element of the body has to alter itself in a further effort to adjust itself to the new circumstances. And so gradually structural changes take place which we term as pathological changes. It is in this stage that we are able to clearly see the signs of the disease and appreciate the disease objectively.

When the indicated homoeopathic remedy is administered, the whole process of evolution of the disease is reversed and changes in the tissues recede and regress till the patient is cured, i.e. till the organism re-attains its original state of healthy, harmonious functioning of all the organs and tissues. But sometimes this process of reversal may not be complete and perfect, or it may not be at all possible for various reasons.

Alternatively, the changes in the tissues may progress to such a stage or to such an extent that they become frankly surgical conditions, in which no amount of accurate

LIMITATIONS OF HOMOEOPATHY

In dealing with this subject, viz. "The Limitations of Homoeopathy" I am aware of the tremendous emotional feeling that may come up here. There are many homoeopathic physicians who feel that Homoeopathy is absolutely sufficient to cure every type of disease and that it does not require to be assisted, supplemented, complemented, or supplanted by any other measures, methods or medicines. I fully understand and may add that my own appreciation and respect for the logical principles of Homoeopathy and experience of the tremendous capabilities of their application are in no way less profound. But our subject today is not of the extraordinary efficacy of Homoeopathy in many cases but of its limitations, and we shall discuss this subject unemotionally. Emotion generally tends to cloud reason and an emotional approach is generally not an objective or a scientific approach. We shall consider the subject in an objective and scientific way. No doubt the value of our discussion will be limited by our limited knowledge and experience; yet it is the duty of every practical physician to make public the knowledge and experience which he has acquired, no matter whether at the present moment these should be regarded favourably or unfavourably, for frequently their real value is finally settled in the future only.

We shall deal with this subject in a very broad sense. When we discuss the limitations of Homoeopathy, we shall not merely discuss the limitations of the law but also the limitations of the practitioners, the literature, application, medicines, etc., besides various other factors like its speed of action, its easy applicability, etc., and also consider some of the reasons why it has not spread further and faster.

Every honest homoeopath among us will have to admit that he meets with defeat now and then at least sometimes if not often. In spite of the greatest care on his part and cooperation on the part of the patient, failures do result. Naturally, it is puzzling to us because we know that Homoeopathy is quite capable of curing such types of cases but just fails to click in particular instances. We may rack our brains and try again but we may still fail. The causes of such failures, as well as several other aspects of Homoeopathy, require dispassionate investigation if we are to make further progress.

In taking up the subject of limitations of Homoeopathy we are no doubt treading on very delicate ground. We have all seen some cases which we had at first considered very easy to cure by homoeopathic treatment, but which later had actually proved to be extremely difficult and refractory. At the same time, we can also remember or recall other cases, which we had at first concluded as being incurable and beyond all human hope, but which had actually responded promptly and surprisingly when treatment was instituted even without hope. Also we have noted cases which had refused to yield to our most carefully made prescriptions, but which had later responded very well and got cured by the prescriptions of

“Dr. P. Sankaran was not only a close friend... but was also one of the greatest homoeopathic physicians and teachers produced by India.

On going through these volumes, one wonders how he could touch upon and write very authentic and authoritative articles on practically every aspect of Homoeopathic Medicine.

As a great thinker and observer, he has not hesitated in giving his own explanations, although he has quoted various authorities, whenever he felt that their contributions were relevant and useful. All his statements on a particular subject are demonstrated by convincing case-records from his own clinical practice.”

From the Foreword by Dr. Jugal Kishore