

**THE SUBSTANCE
OF
HOMOEOPATHY**

by

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INTRODUCTION

As students of Homoeopathy we found the whole system quite confusing – we could see no system, no order. There were many schools of thought and practice. Many rules, dogmas and habits took over where there was a lack of understanding of the principles of the *Materia Medica*. Our results were consistently poor, yet the occasional brilliant cure convinced me that there was some explanation to such success which, once understood, would allow us to repeat the process with similar results.

Studying these successful cases, I tried to understand the main idea behind Homoeopathy. This took me on a fascinating journey, leading to a new understanding of health, disease and cure, and this forms the basis of my previous book “*The Spirit of Homoeopathy*”. In it, I have explained the concept of disease as a delusion, and how this idea can be applied in practice to heal. The book has become quite popular and many colleagues have reported that they found the ideas very useful in practice. This was only the first step, however, many things had yet to be explained.

For the same patient, different homoeopaths prescribe entirely different remedies. I had thought initially that this was due to differences in case taking. But even in seminars where I took cases in front of the audience, and all could observe the same, there were at least twenty different suggestions for the same case. Which meant to me that we were still prescribing on symptoms; each would take some symptoms or some idea and come up with some remedy.

There had to be a way, I felt, whereby all could arrive at a small group of closely related remedies, if not the same one. There was a need for a map to chart our way in this ocean of drugs and disease. My effort in the passed two years have been in this direction. I had already developed my concept of disease as delusion, and now wondered if disease states could be classified.

I somehow saw such a possibility through Hahnemann’s idea of miasms. The idea of miasms, which I had discarded earlier as unimportant for practice, suddenly struck me as a most useful tool to classify disease states. I interpreted the miasms using my understanding of disease as delusion, and the result, I find, is a classification of the most practical utility.

Miasms now represent to me the different possible types of reaction, which naturally mean the different types of perception of reality. One type perceives reality as an acute

THE STORY OF THIS BOOK

(taken from “The Spirit of Homoeopathy”)

The purpose of this introductory is to lead the reader from the ideas expounded in “The Spirit of Homoeopathy” to the most recent developments in my understanding and practice of Homoeopathy. This introduction (intro: into; ducere: to lead) is essential to those who have not read the earlier book and will serve as a revision to those who have already done so. I have thought it best to give some excerpts from “The Spirit of Homoeopathy” as a summary of that book, but would advise the reader to study the book itself and familiarize himself with the concepts detailed therein.

As students of the Homoeopathic College, we found the homoeopathic Materia Medica very dry, the Repertory mechanical and the philosophy theoretical and obsolete. In fact, philosophy was our worst subject because we could not relate it in any way to practice. 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 combinations of medicines, some were giving specifics, some were looking only at pathology, a few were basing their prescriptions upon keynotes, and others were using the Repertory. Among the last group some were using Kent’s method, others worked with Boger’s, and a select few were following Boenninghausen’s. Some gave importance to miasms while 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 less 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: “Potatoes disagree” and “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

WHAT IS TO BE CURED IN DISEASE

(Adapted from Chapter 9 of “The Spirit of Homoeopathy”)

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 remain 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 this vision develops. It is for this reason that I am writing this.

We are going 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.

Aphorism 211 from the “Organon” reads:

“This holds good to such an extent, that the state of disposition of the patient chiefly determines the selection of the homoeopathic remedy, as being 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 symptoms determine the choice of remedy”. Try to understand. He did not ask us to record the symptoms. He asked us to understand the “*state*” of the patient's mind. Don't

HISTORICAL PERSPECTIVE

As long as man has known disease he has strived to attribute it to some or the other cause, trying to find some order in these onslaughts on his health, attempting to classify them – such classification offered a feeling of security against the unknown.

The peculiarity of the homoeopathic system of medicine – distinctive from all other schools – is that it enables the physician to approach even unknown pathological conditions with reasonable certainty of finding a remedy for the patient. Thus a classification was not, for a long time, deemed essential by Hahnemann and other pioneers of Homoeopathy. However, in a large number of chronic diseases, Hahnemann found that:

“The disease would continue to progress, the remedies employed would do little or no good, and the disease increased from year to year... even when the treatment was apparently conducted strictly in accordance to the doctrines of the homoeopathic art as hitherto known. Their commencement was cheering, their progress favorable, their issue hopeless.”

“And yet, the doctrine itself is built upon the steadfast pillars of the truth, and must ever remain so.”

Hahnemann was not willing to ascribe these failures to the want of sufficient number of medicines proved, especially as, in spite of additions yearly made to the *Materia Medica*, no progress was made in the cure of chronic diseases. He says that from the year 1816-1817 the solution of this problem occupied him night and day, and at length he succeeded in solving

“this sublime problem through unremitting thought, indefatigable inquiry, faithful observation and the most accurate experiments made for the welfare of humanity”.

Hahnemann discovered that the chronic diseases nearly always had a pattern that could be related to psora, sycosis or syphilis – the chronic miasms. He proposed that the chronic diseases resulted from badly suppressed scabies (itch), gonorrhoea and syphilis respectively. He indicated the drugs likely to be most useful in treating such cases: the anti-miasmatics. With this new understanding of the chronic diseases, Hahnemann found that one became “able to deliver mankind from the numberless torments which have rested upon the poor sick, owing to the numberless, tedious diseases, even as far back as history extends... a great boon (which) had not been put within their (physicians’) reach by what Homoeopathy had taught hitherto.”

THE PURPOSE OF CLASSIFICATION

Hahnemann's classification, based on a theory of origin of diseases, has aroused more controversy than all his other tenets and doctrines. All that he had written earlier (drug provings, law of similia, simplex, minimum, etc.) makes profound sense, being logical. It seems reasonable to study his classification without going into argument as to whether his theory is sound or not. If the classification is of practical utility, if the theory can be understood in spirit and applied in practice, we accept it; if not, we discard it.

With this attitude I began to look into Hahnemann's theory of miasms, asking whether it is possible to divide diseases into categories, and whether such a division (classification) helps in arriving at the similimum more easily, for this is the main objective.

I find that after understanding the miasms in the light of my own concept of disease as a delusion, my practice of Homoeopathy has become much simpler and my prescribing more certain. Any classification is just a means to an end, a way of looking at things. This particular classification has helped me in greatly simplifying remedy selection. I would liken it to a map which put you on the correct street, whereon you could knock at the individual doors and look up the occupants.

UNDERSTANDING MIASMS

I have dealt extensively with the concept “Disease is delusion, awareness is cure” in “The Spirit of Homoeopathy”. Relating this idea to the theory of miasms it becomes clear that the classification of diseases must be a classification of delusions. As drugs are nothing but artificial diseases, the classification is both a “disease state” and a “drug state” classification.

We know that disease is a false perception of reality... a delusion. This false perception of reality has its root in an actual situation which existed either in the patient’s own life earlier or as a state in the parents. However, the impact of that situation is such that when faced with another situation the patient’s reaction is still as though he is in the previous situation. For example, a man suddenly comes to face a lion. He is panic-stricken and flees from the spot. Later, when he suddenly sees a cat, there is terror on his face. In other words, he reacts as though he had seen a lion (previous situation). This is his delusion.

Thus we see that disease expressions are the response to a delusion in all cases where there is no exciting/maintaining cause to account for the response. (As in nearly all cases the response is not due to an exciting/maintaining cause which, if present, must be removed, I shall deal with disease entirely as a delusion, qualifying this where necessary.) It is these responses that we perceive as symptoms.

In order to find out if there was a particular theme to each miasm, I studied some drugs generally accepted to belong to that miasm, attempting to find the common theme in them if there was one. I used Hahnemann’s classification of diseases and drugs:

- | | | | | |
|------------|---|----------|---|---|
| 1. Acute | : | | | <i>Aconitum, Belladonna, Stramonium</i> |
| 2. Chronic | : | Psora | - | <i>Sulphur, Psorinum</i> |
| | | Sycosis | - | <i>Thuja, Medorrhinum</i> |
| | | Syphilis | - | <i>Mercurius, Syphilinum</i> |

I shall now give a brief analysis of these groups and the conclusions that could be drawn from the same. I have tried to restrict myself entirely to rubrics that can be found in the text – the conclusions that follow are therefore not based on my personal experience alone, and can be reached by anyone who makes a similar study. The fact remains, however, that I was greatly aided in arriving at these conclusions from my understanding (clinical)

SURVIVAL RESPONSE

We must not forget that all symptoms of a disease (or a drug), no matter which miasm they belong to, represent the survival mechanism called for in the original situation, but inappropriate for the moment. In other words, the person is reacting to a situation which does not exist now, but he feels that in order to survive he must respond as if to the original situation. This is his delusion, his disease. A person flees from a lion in order to survive. If he later reacts in the same fashion on seeing a cat, it is undoubtedly inappropriate, for here he does not need to flee to survive.

The original situation of each remedy demands either an acute, psoric, sycotic or syphilitic response predominantly. The miasm depends on the external situation, its severity and duration and also on the capacity (ability to cope) of the individual to face it. Thus if a dog approaches a child, it will panic; an adult may throw a stone and try to send it away (struggle); a middle-aged person would sit where he is and wave a stick to keep it at a distance – a constant effort so that it does not approach him (fixed, unmoving), while the aged infirm person just wait for the dog to get him.

The *acute* is the immediate reaction necessary to survive. *Psora* is the reaction to a situation which demands that he struggles with the circumstances outside in order to survive. *Sycosis* is the reaction to a situation that demands that he accepts his own weakness and covers it up in order to survive. In order to cover up his inadequacies, the sycotic puts up a defence of fixed ideas, neurotic acts, obsessive compulsive habits (“I need to check and recheck my work because I am not good enough”), such as we see in drugs like *Silicea*, *Thuja* and *Medorrhinum*. The *syphilitic* reaction comes with the realization that adjustment is no longer sufficient and that in order to survive he must bring about a radical change in the internal or external circumstances, or both. This is usually an end stage and the survival response may break down completely, leading to suicide.

A good number of people in the world today are in a sycotic state. There is a sense of inadequacy and inferiority, of having a tough time with the self in the struggle for existence. The growth of psychotherapy, self-improvement techniques, etc., are all in response to the rise in sycosis. Unfortunately, however, most such methods manage to achieve the opposite because they only bring about a better adjustment to fixed ways of thinking and living. These are only ways of coping with the same feeling of inferiority rather than a true diminution of the feeling. A girl who feels she is ugly (delusion) may try various methods. “How to look more beautiful?”, or “Think positive”, for example “I am beautiful”, etc., but in the final analysis, her feeling is the same (“I am ugly”), but now she is further away from awareness of this feeling.

PHYSICAL EXPRESSIONS

This miasmatic classification of disease, though based on a concept of disease as a delusion, is not restricted to the mental state alone. We know that the mind and body work harmoniously as a unit, and the disturbance is uniformly expressed in both spheres.

Acute miasm:

An immediate, strong response like high fever, bounding pulse, flushed face, etc., as in *Belladonna* or *Aconitum*.

Psoric miasm:

Expressed by a reaction of body on exposure to environmental stimuli, a reaction to one's surroundings, for example sensitivity in the same person to many factors like noise, light, odours, etc., producing functional disturbances, for example: headache, nausea, discomfort.

Sycotic miasm:

There is a hypersensitive response to something specific arising out of a deficiency of the normal response, for example tumors and allergies. Keloids are a good example where the "deficient" feeling gives rise to an increased attempt to repair the fault.

Syphilitic miasm:

The situation is not manageable, and thus we find destruction in the form of gangrene, ulceration, etc. It is like burning your own property before retreating in a war (scorched earth policy).

Thus, we find the physical and the mental states in tune with each other.

CORRELATION WITH OTHER CLASSIFICATIONS

As will be seen, this classification of disease corresponds to certain natural as well as scientific classifications. We can therefore say that the basis of this classification is true because it is universal in application.

The four stages of life

Consider the different miasms in terms of a situation where a huge mountain is to be climbed. The acute miasm is the first instinctive, sudden response at the sight of a big mountain: "Oh!" He is taken aback. Psora is the struggle to get to the top; sycosis is the man who is stuck somewhere halfway and has decided to settle down there, while syphilis is the man who is falling down.

One might say the acute miasm is the way a child would look at a mountain, while psora, sycosis and syphilis may be represented by the way a youth, a middle-aged and an aged person respectively would look at the mountain.

Thus, the acute miasm will be found more in babies and children because this is the time when threatening situations from outside are more often found. The reaction of the acute miasm is an innocent, instinctive and childlike reaction. Therefore, even when we find it (acute miasm) in an adult, there will be a kind of childishness in his response (the type of response helps in recognizing the miasm).

In the same way, the psoric miasm will be prominent in the years where one has to stand on one's own feet and face the world – youth and adolescence, a period of struggle.

The sycotic miasm will be seen predominantly around the middle age when the person, after struggling long, sees many defects in himself and tries to cover them up. This is the time when ideas become rigid, freedom restricted and the person is content to cope rather than struggle.

The age of syphilis is the age of senescence. There is no hope now; the struggle is over. Even coping with the self is not possible and the only way out is death and destruction.

In children we see illnesses of an acute nature, like measles, diarrhoea, etc. – conditions which almost always create panic because when untreated, death is a possibility.

PERSONALITY TYPES

THE ACUTE PERSONALITY

The features of the acute personality are that he perceives the situation to be one of acute threat and, therefore, reacts instinctively, sharply and intensely. It is a state of alarm and here, feelings about one's own self are not in the forefront. It is as if the situation itself is so overwhelming that it doesn't matter who is facing it – the reaction will be the same.

The acute personality has two phases, a compensated and an uncompensated. These two phases are true for all miasms but are especially marked in the acute. If the acute miasm is present in a chronic situation then the person is required to compensate the most, because his actions will otherwise be funny and totally out of context, since they are meant for an acute threatening situation. Many of these unacceptable and "funny" features will be heavily compensated and they will become uncompensated in a stressful situation or will be expressed in their uncompensated form in very special ways. The reactions in these circumstances will be sudden and quick as if the person is facing an acute threat. They can appear to have mood swings but if examined closely, these are actually manifestations of a compensated phase going into an uncompensated phase.

In general, the acute personality is excited, excitable and hyperactive, and goes sometimes to the other extreme of being completely shut off and insensitive. The dreams too are full of excitement and represent acute, threatening situations. Many go into a counterphobic behaviour which means they do exactly the opposite in their life to what they fear – a *Stramonium* (a remedy known for fear of dogs) patient may have many pet dogs. They can also have manic defence reactions like excessively loud laughter or abnormal bursts of courage and cheerfulness. In general, they function at a very high voltage. There may also be sudden, impulsive violence as in the syphilitic personality but without the counterpart of the chronic, deep-seated pessimism.

THE PSORIC PERSONALITY

The psoric personality has highs and lows. The struggle is like a tug of war with the outside world. Sometimes the balance is on his side and he feels high; at other times, the balance is on the other side and he feels low.

PHYSICAL SYMPTOMS OF THE MIASMS

When we talk about the physical symptoms of the miasms we do not mean the pathology. What is more important is the nature of the pathological process – the pathogenesis. Thus, an indolent ulcer with hypergranulation (proud flesh) following an injury, etc., would represent the sycotic miasm, not syphilis (ulcer). Whatever the pathology in the case, its physical state will reflect the miasm.

The acute miasm will show sudden and violent reactions, exacerbations, threatening conditions that cause panic in the mind of the patient and those around him. An acute miasm does not usually cause chronic structural pathology. However, the acute miasm can aggravate structural pathology especially when the tendency to such a pathology (genetic predisposition) is quite strong in the patient.

The psoric miasm in its physical aspect will show the same highs and lows as we see in the mind. It will demonstrate hypersensitivity to external factors and will manifest the same struggle and activity. In its pathology, psora will tend to cause functional disturbances at the level of various systems and reversible pathological changes although this is not invariable.

The sycotic miasm in its physical aspect also has a hyperreaction. In psora the reactions are to a variety of stimuli since the struggle is with outside irritants. Here the weakness is perceived within the self, so sycosis is usually not much affected by external factors; yet it can be aggravated by something very specific. Thus, it does not show a plethora of modalities as does psora. In sycosis, since one is trying to cope with the body's own specific weakness, its reaction will be concentrated at specific sites and organ systems, tending to cause chronic, slow troubles usually with a tendency to overreaction in that particular sphere (note: this aspect is further amplified in pathology and miasms). The reaction will also be the same no matter what the stimulus is or even with no stimulus. Thus, we see overgrowths, hyperimmune responses, fixed and steady states like asthma, and structural pathology. The disease usually has an insidious onset and the course is steady. In sycosis we find a tendency to discharges that leave indelible (fixed) stains.

The syphilitic miasm shows slow degenerative processes with occasional, severe sudden destructive episodes (gangrene, myocardial infarction). Such seemingly acute conditions are usually based upon a degenerative process that has been taking place over a long period of time.

PHYSICAL STATES, DELUSIONS AND MIASMS

The state of the mind and body are always related: the delusion belongs to the person as a whole and is reflected at both levels. Therefore, the symptoms of the body and mind are often found to be common (for example: hypersensitivity and irritability), though it is not always easy to see the connection.

Let us look at this correlation between the mind and the body in drugs.

The main sphere of *Staphysagria* is sycotic, i.e. a perceived weakness within. The feeling in the mind is that he cannot afford to react sharply to insult or injury, should not expose his "lack of control", and so has to bear (suppress) everything. Therefore, he develops a hyper-response, a hypersensitivity that prevents him from coming into contact with injurious or insulting stimuli. The same reaction exists in the body. The pains of *Staphysagria* therefore come on from touch, and the main theme of the pain is extreme sensitivity or touchiness. *Staphysagria* is thus commonly indicated in toothaches, tooth extractions and pains following surgery. We see that there are hyper-responses to definite factors and the response is specific. Note that the mind and body of *Staphysagria* show not the constant intense irritability as in *Belladonna* and *Chamomilla*, but a tremendous sensitivity to a particular spot which, when stimulated, produces a sharp reaction.

Arsenicum is a drug with a strong sycotic aspect with its main delusion being that he is old, weak and defenseless, and that there are thieves around who intend to take advantage of his weakness. We see a hyper-response in the form of becoming restless, fastidious, cautious and anxious. In the body, the same feeling of vulnerability to external injurious factors is manifested by its overreaction to several stimuli, especially at night (the time of maximum danger). *Arsenicum* is aggravated from dust, rich or spoiled food and ice-cream, and the response is in the form of restlessness, burning, diarrhoea, vomiting, cold hands and feet, etc.

In the syphilitic state, the perception of the body is that things have gone too far and that he must sacrifice (suicide) or destroy (kill) what cannot be changed. In *Mercurius*, this feeling is reflected in the physical sphere too in the form of ulcers, with their foul smell and decay representing this destructive process.

In *Aconitum* (acute miasm), there is a feeling that something sudden will happen leading to his death. Mentally this is seen as a "Fear of death", "Anxiety" and "Restlessness",

PATHOLOGY AND MIASMS

Earlier we looked at how certain miasms are more common in particular ages and how some pathologies reflecting the different miasms are also more commonly seen in the different ages, for example measles in childhood and degenerations like parkinsonism in old age.

Similarly the evolution of the disease will reflect the miasm. For example, with an inflammation of the lungs (pneumonitis), the first reaction is one of severe pain, high fever, restlessness and quickened pulse. This is the stage of the acute miasm and requires drugs like *Aconitum*, *Belladonna*.

If the condition does not spontaneously resolve at this stage (progress depends on intensity of roots), the body mounts an active inflammatory response with exudation of plasma proteins like fibrinogen which cause consolidation of that portion of the lung. Neutrophils attracted to the site by chemotaxis are enabled by the fibrin scaffolding to engulf the organisms. This is the subacute stage where the body has contained the inflammation but the threat is still present. This stage requires drugs like *Rhus toxicodendron* and *Bryonia*; the symptomatology will call for this group.

Following this, the body has to clear up the debris for complete resolution. This is a struggle. When this process is unduly delayed, psora is active and drugs like *Sulphur* and *Lycopodium* will be required.

Normally, the condition does not go beyond this. However, if long term sequelae such as restrictive pulmonary disease due to fibrosis between pleural surfaces, imperfect resolution, etc., are found, it indicates sycosis. Drugs like *Silicea* are now needed.

In some cases, the infection results in a lung abscess, indicating syphilis. Here, we find drugs like *Hepar sulphuris* and *Mercurius* often indicated.

Depending on the intensity of the roots, the person is carried through to the various stages of pathology described above. If the patient has a predominant psoric miasm, we will often see pathology corresponding to that state persisting.

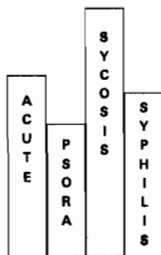
At the same time, we must remember that it is not the pathology which shows the miasm but the state. The pathology per se is not as important as what is characteristic of

MULTI-MIASMATIC DISEASE STATES AND REMEDIES

So far, for the purpose of understanding, we have been considering each miasm separately. However, a disease state is usually a combination of miasms with its main focus on one miasm; likewise, a remedy will have one predominant miasm with extensions into the others. It is most important to perceive each miasmatic state of the remedy in order to understand the disease state in toto, because then we become aware of how a person perceives and reacts to the environment, how he perceives himself, and how he reacts when things within and outside become unmanageable.

For example, consider an old man alone in the house with his money. He knows that he is weak and needs people but has to be very careful and cautious or else they will rob him (“Fear , alone, of being”; “Cautious”, “Suspicious”). Sometimes, the situation may get too acute and he sees thieves in the house (“Delusion, sees thieves”), or it may not be so bad, in which case it is a struggle to safeguard the money. The situation may go out of hand – he is robbed. It is a hopeless situation and suicide is the only way out. Thus, we see a situation in which elements of all the miasms are found, with sycosis in the forefront. The remedy, as is evident, is *Arsenicum*. We find that *Arsenicum* has all the miasms with a predominance of sycosis followed by acute then syphilis and only some psora.

Diagrammatically, these multi-miasmatic states could be represented as follows (taking the above specific example to illustrate):



**Diagrammatic representation of multimiasmatic
state of *Arsenicum album***

SEPARATE STATES

There can be and usually are two or more miasms in a case, though only one is prominent at a time. We can use an example to illustrate this. Consider a *Stramonium* state, where there is a hyper-response of fear, sheer terror, with clinging; this could be an acute miasm. However, why does such an intense state exist at all? It might have come from an intense situation but also (and more commonly) from a less intense situation in a timid person. Thus, we find that the *Stramonium* state comes up most easily in *Calcarea* type of patient. A *Calcarea* patient when chased by a dog would be likely to develop a *Stramonium* state while a *Platinum* type of personality would take a stone and throw it at it.

Case:

- Child aged 2 years
- Recurrent attacks of cold, cough and fever
- Fear of strangers, animals
- Clinging to mother
- Grimacing

Stramonium 1M was prescribed for her. Infrequent doses were given for several months. There was no more fever but the recurrent cold remained. Her fear of strangers and clinging decreased, and she stopped grimacing. However, her fear of animals remained and she developed obstinacy, and copious perspiration of the scalp. The remedy she now needed was *Calcarea carbonica*.

However, I have found that acute states can exist independent of other miasms even for a long time. I have seen in practice that the acute remedies (purely acute miasmatic expressions) like *Stramonium*, *Belladonna* and *Hyoscyamus* have effected complete cures in chronic diseases (including reversal of pathology). The reason as already explained, is that though the condition is chronic, the perception of the condition and the expressions thrown out are acute in nature; it is an acute state. For this reason, I have added the acute as the fourth miasm in the classification.

A purely acute miasm would exist when the root is very strong of a very intense situation in a person in the past, or an intense situation creating the acute state in the mother during pregnancy. Such occurrences are quite rare, and usually we find the psoric miasm present in nearly all cases, with sycosis and syphilis becoming more and more common. It is seen that in a dominant sycotic state too there is likely to be a psoric element. This is in keeping with our understanding of the miasms.

CLASSIFICATION OF REMEDIES ACCORDING TO MIASMS

There is no formula for classifying a remedy into a particular miasm. Such a classification would depend upon our understanding of the remedy, of its basic delusion. This understanding comes from a deep study of the symptoms, both physical and mental, and from clinical observations.

The miasm concept helps us to arrive at an understanding of the basic delusion because if there are traits of a particular miasm in a remedy, the delusion of that remedy must lie in that particular miasm. For example, if we see constant excitability in a remedy, it must lie in the acute miasm and the original situation must be of an acute threat from outside.

To take an example, let us consider *Arsenicum album*. I consider one of the main delusions of *Arsenicum* to be "Delusion, sees thieves". This is a completely external factor and so, one would classify *Arsenicum* in the acute or psoric miasm. However, when we examine the symptoms of *Arsenicum*, we see that there are obsessive and compulsive traits like fastidiousness and a mania for cleanliness. This indicates that there is also a strong sycotic component. When we examine the mind, we see the following symptoms which clearly define the basic delusion:

- Delusion, sick, of being;
- Delusion, time has come to die;
- Desire, for company, yet fear of people;
- Fear, of offending a friend;
- Mania, wants to be held.

He is dependent on others because of his weakness, yet feels that they are people who cannot be trusted, people who are more interested in his money. All the same, he cannot afford to offend them, as he is too weak to support himself.

Thus, we find *Arsenicum* to be predominantly sycotic in dimension. This is borne out by the fact that *Arsenicum* is given under psora with 1 mark, while under sycosis, it has been given two marks (Synthetic Repertory).

The following account of a patient's lifestyle as described by a relative makes it easier to understand *Arsenicum*. This man improved marvelously on *Arsenicum album* 1M.

APPLICATION OF THE MIASMS THEORY

Understanding the case

Each case needs to be viewed from the point of his miasmatic totality in order to understand it completely. *I cannot overstress the need to settle upon the miasm before searching for a remedy; the drug must match the pace and nature of the disease.* It will not do to give a remedy belonging to the acute miasm in a syphilitic case, for example *Stramonium* where *Mercurius* is required.

The characteristic symptoms of the case are those which represent the delusion of the patient. The delusion will have acute, psoric, sycotic and syphilitic elements.

The **acute components** of the delusion are:

- What he feels outside of him that is urgently threatening (example: pursued by animals).
- The panic which he has to react to save himself (example: desire to escape).

The **psoric components** of the delusion are:

- What he feels outside of him that needs adjustment. This will come under the rubrics of delusions and fears (sensations) and feelings.
- The adjustment he needs to make or the symptoms that represent this adjustment, for example obstinate (functions and actions).

The **sycotic elements** are:

- What he feels is wrong with himself (example: “Delusion, small”).
- What symptoms represent his adjustment to his feeling (example: “Washing hand”, “Egotism”).

The **syphilitic element** again has two components:

- What he feels requires a radical change (delusions, sensations, example: “Delusion, persecuted”; “Delusion, sinned away his day of grace”; “Despair of recovery”).
- What he has an impulse to do (actions, functions) example: suicide, murder, abuse, deceit.

When we consider all the components of these miasms, we arrive at the basic delusion – the disease. To work in this fashion, after taking the case we could ask ourselves

A NEW REPERTORY

Disease states (and drug state) take on specific patterns allowing us to classify them logically into groups. We have seen how remedy selection becomes greatly simplified once we arrive at the particular "group" (miasm). It would be most useful to have an arrangement of symptoms which would lead us most swiftly and certainly to the group – the particular miasm. This consideration led me to conceive a new repertory.

A repertory is formed by breaking down the entire (whole) disease state with its expressions into components. We subsequently use the repertory to unify various components found in a patient into a sensible entity which we feel represents the disease state.

The new Repertory would list various components in a way such that when assembled, the sum would indicate the miasm. Then, further differentiation will enable us to come to the similimum.

External situation:

Threatening	Non-threatening
ex.: Robbers Animals Fire	Exams Problems at work Difficulties in journey

Internal situations (feelings):

Small, Handicapped, Weak, Sick, Dependent, Guilty.

Finally, there are actions and destructive feelings which represent syphilis.

Reaction of strength:

Positive	Negative
Dictatorial Contradiction, intolerant of Revolutionary	Homicidal Suicidal Antisocial Cruel

Each of the main situations in psora and sycosis will be further differentiated into its exact situation. For example, if there is danger in the situation, then it would be

MIASMS IN BETWEEN THE MAIN MIASMS

TUBERCULAR MIASM

The miasmatic classification represents to me a map of diseases, and to plot diseases on this map more specifically it was necessary to have more points on it. Besides the classical trio of psora, sycosis and syphilis, there is abundant literature on the tubercular miasm.

Tuberculosis is one of the most widespread and most important infection mankind has known, accounting for much morbidity and mortality. In the pathology of tuberculosis we see much destruction of tissues and lasting disability in the form of restricted lung space, for example due to fibrosis, etc. We have the sycotic aspect wherein the situation is not totally lost but the person lives for the rest of his life with a fixed weakness and very often has tendencies to recurrent colds and other respiratory affections. On the other hand, tuberculosis is also known to have violent, progressive features which are almost totally hopeless without medical intervention – for example conditions like T.B. meningitis, miliary tuberculosis, etc. Thus, the tubercular miasm seems to fall between sycosis and syphilis.

The main feeling of the patient is a sense of oppression. There is a great need to take a deep breath: oppression of chest, suffocation. The same feeling is found in the mind. The “Concise Oxford Dictionary” defines the word “Oppress” as follows:

- Oppress : Keep in subservience by coercion.
Govern or treat harshly or with cruel injustice.
Weigh down (with cares and unhappiness).
- Oppression : The act or an instance of oppressing; the state of being oppressed.
Prolonged harsh or cruel treatment or control.
Mental distress.
- Oppressive : Oppressing; harsh or cruel.
Difficult to endure.
(Of weather) close and sultry.

The feeling is that one's weakness is being exploited. We do not have such a rubric in the Repertory but the closest we can find is “Persecution” in which *Drosera* is one of the most important drugs. The drugs that the best represent the tubercular miasm are *Tuberculinum* and *Drosera*.

A PROVING OF RINGWORM

I collected the specimen as described earlier and potentized it up to 30 C potency. On the night I potentized the remedy I had a dream:

My car is parked near a railway station, a few yards from the clinic. My mother has purchased some things. I can't park my car in the clinic because my space is occupied by someone else. I put my mother on a bullock cart and I am running behind the cart. I go to the clinic and see the manager of the building. I tell him: "I want my car parking space. The lethargy must be shaken."

In reality my parking place is sometimes occupied. If it is, I use someone else's place. I get angry but I don't show it. I want to tell the people in charge of the building but I don't. This is the situation in my life where on the one side I want to act (psora) and on the other I don't (sycosis).

The provers took the 30 potency every night until the symptoms developed – up to 8 days in some instances. None of them knew what they had taken. Seven of the provers developed symptoms.

Prover 1

He had a dream that he was the boss of a hospital, the King.

Prover 2

He had a dream in which he was anxious that he had not taken enough notes from the "Organon" and had difficulty trying to pass an exam.

Prover 2 is normally anxious. After taking the remedy his anxiety went down. This was a case of cure from the remedy.

– Normally I have to rush for my bus. I get very tense trying to reach the college in time. That tension disappeared after the remedy. I thought: "Fine, I can miss my lecture. I could relax." Anxiety usually led to irritability. My anger has come down a lot. I used to tremble with anger.

He use to tear and break things when they didn't work for him.

– I had a dream that I was trying to tell my friends to give up smoking. I was trying to force the matter. "Don't smoke", I said.

A PROVING OF BACILLINUM

A proving of Bacillinum was conducted on the 22nd October 1993 in my seminar at Spiekeroog, an island in the North Sea near the town of Bremen. There were two hundred fifty participants in the seminar, of whom around a hundred took the proving dose, at bed time on the 21st October. They noted down and reported the effects of the drug the next morning at the seminar. All had received Bacillinum 220 C, and were not aware of the drug being proved until after they had reported the symptoms the next day.

Reason for selecting Bacillinum

I reached Bremen a day before the seminar and had a meeting with some friends. We thought it would be a good idea to prove a remedy at the seminar. As it was going to be a five day seminar on a quiet, peaceful island with dedicated homoeopaths, we felt it was the ideal opportunity. Then arose the question of the remedy to be chosen for the proving. I asked myself: "What is the main feeling in the seminar and in the world in general today?" I felt, and so did the others, that change is the main feature in the world today. We see change everywhere: political, economic, social and environmental change – and in the past few years, this change has been rapid and tremendous. The same rapid change can be observed in the attitude of the medical profession in general, and the homoeopathic field in particular.

In the past few years, there has been a marked activity in the homoeopathic world. The increasing number of seminars, books, provings and ideas are visible signs of such activity heralding change. In fact, the forthcoming seminar, we felt, was a prime example of such a change. It was at Spiekeroog that Dr. Künzli held his traditional yearly seminars, where he taught a rather strict form of classical Homoeopathy. And now, I was going to present some very new concepts at the same place. This change is what all of us desired. It seems as though the old and the traditional is not enough to meet the demand of our time.

This desire for change is found in *Tuberculinum* and the main theme of the tubercular miasm, as I understand it, is the need for rapid change in order to have a hope of survival. We note that the incidence of tuberculosis in the world is rising steadily despite drastic measures like B.C.G. vaccination, sustained treatment with powerful antibiotics, etc. There must be something in the state of human beings that attracts this infection. We decided to prove *Bacillinum* (Koch).

THE NOSODE AS THE CENTRE POINT OF THE MIASM

The nosode of a miasm, for example, *Psorinum* (psora) and *Medorrhinum* (sycosis) or *Syphilinum* (syphilis), represents the centre-point of that miasm. Let us try to understand this a bit further. The nosode is the disease product which is made from the tissue that is fully under the influence of the infection.

This tissue is so completely overcome by the infection that it no longer has in it the individuality of the person, but has only the signs of the process of the infection. In the case of scabies, the tissue will have in its quality the struggle of the scabetic infection; in gonorrhoea, the nosode will have the quality of a fixed infection of gonorrhoea, whereas the defeated tissue of syphilis will have the character of total despair and distress. The nosode represents what one might call the defeated tissue completely under the spell of infection and, therefore, manifesting the very basic qualities of that infection or infectious process.

Thus, when we study the symptoms of the nosode we are able to understand the centre-point of the miasm; for example, a study of *Psorinum* shows the very character of the psora, i.e. an intense struggle with a problem from the environment. This problem is nonspecific in the case of *Psorinum*; it can be a religious problem, a problem about money, a problem about his acceptability, a problem about his love. It has an undifferentiated character. Now, from this undifferentiated sense of struggle, we can then branch out into more specific remedies, for example if the struggle is for ego and honour, then the situation would be *Sulphur*. If this is causing physical insecurity, then it would be *Calcarea* or *Nux vomica*, etc. But when this struggle is on all fronts, the struggle is undifferentiated, then the remedy that will be needed is *Psorinum*.

That is why it is often said that the indication of a nosode is when several remedies seem to be indicated or when several remedies fail though seemingly indicated. In the example, the feeling of lack of capacity and the need to struggle was an undifferentiated feeling, and at various times it manifested itself in different forms, for example sometimes it manifested as ego problem, sometimes as poverty problem, sometimes as security problem – each time leading to a different prescription, but the basic problem was undifferentiated feeling of lack of capacity and the need to struggle, and this is the central point of the psoric miasm and would need *Psorinum* as the remedy.

The same applies for *Medorrhinum* and *Syphilinum*. This idea also fits perfectly well with the miasms in between the main miasms, since, when we study *Carcinosinum*,

WHAT WE LEARN FROM MIASMS

In the classification of disease states we have tried to see patterns that may be found in vast populations. The study of disease is in a way a study of mankind... we understand what it means to be a mortal. Human civilization has its own advantages and there is no denying that we have come a long way from the caveman. It is in the nature of man (as opposed to an ape) to understand and harness the power of nature, of natural elements.

However, by modifying the environment to extents that are entirely unnatural, man has created certain situations for himself: the problems of war, industrialization, population, political conflicts, etc., are created by humans. To survive in these situations, man developed states of being, appropriate for that time, adopting postures best suited to that situation. When the situation changed, these states of being, these postures, were no longer needed and were therefore usually dropped. It is when these states continue despite the change in situation that things go wrong; then man is under a delusion – he is no longer aware of reality. In order to diminish this delusion which is a stress at the very centre, the body “accepts” infections which best “live out” the delusion. Once this occurs, man is able to accept himself and is accepted by society as well – his behaviour is not so abnormal, considering his infection.

Thus, infection is subsequent to an internally created susceptibility. This is what the masters have said in different ways. Thus, we find Stuart Close talking of “satisfying the susceptibility”, while Kent says: “The bacteria are the result and not the cause of disease.” The man who is internally destructive and violent will be the one to acquire syphilis, a violent destructive disease. These internal states are classified by us as miasms.

As mentioned earlier, states develop in response to a situation. The frequency of any disease can be directly related to situations calling for it. The reason for cancer is the attitude of cancer, just as the reason for tuberculosis is the attitude of this condition. The Harijan (the low caste) in India was treated like a leper – he was not allowed to use the same water source, enter the house of a “higher caste” person, etc. This being his situation, it is not surprising that these were the people most likely to develop leprosy.

The feeling in the mind manifests in the body. Once this is clear, we cannot help wondering what happens when the infection “invited” by the body is removed by treatment without the basic feeling being altered in any manner. This is the case with antibiotics, and I believe the increasing incidence of new pathologies and infections is just an expression of the body’s attempt to substitute the older (“cured”) infection with another which fills in

THE CONCEPT OF MIASMS: A SUMMARY

Hahnemann postulated a theory of causation to understand, simplify and treat chronic disease conditions more effectively. While a history of suppressed scabies, gonorrhoea or syphilis is often not available, diseases do show a pattern that corresponds to the above mentioned conditions, enabling us to classify them accordingly. The miasmatic concept treated here is, therefore, not a “theory” of causation but a convenient classification of some practical utility. As an extension of the concept of disease as a delusion, a classification of the disease states becomes a classification of delusions. An acute state often has various kinds of pathology, even of chronic expression, and is often recognized. It is included here with the other three basic miasms.

Studying the acute, psoric, sycotic and syphilitic miasms through an analysis of the most prominent remedies belonging to each miasm makes it easier to understand the situation and delusion of that miasm.

ACUTE STATE

The delusions of these remedies represent an acute threat and the reaction is strong and instinctive; for example *Stramonium*: “Delusion, alone in wilderness”, “Desire for light and company”, “Clinging”.

PSORIC STATE

The delusions show a difficult situation where he has to struggle in order to succeed. There is anxiety with doubts about his ability, but he is hopeful and failure does not mean the end of the world; for example *Sulphur*: “Delusion, getting thin”, “Fear of poverty”, “Ailment from scorn, embarrassment”, “Egotism”.

He must struggle in order to recover or maintain his position.

SYCOTIC STATE

A feeling of a fixed, irremediable weakness within the self, with an attempt to cope with it and hide it from others – hence covers up with egotism, secrecy, compulsive

ILLUSTRATIVE CASES

CASE 1

A six year old girl accompanied by her parents and brother came with complaints of recurring cold, cough and fever with acute attacks of tonsillitis. Her appetite was poor and she was not gaining weight. The ENT surgeon had advised tonsillectomy.

During the interview she was highly restless and also seemed shy, was clinging to her parents all the time, putting her fingers into her mouth and evading looks. The parents describe her as: very affectionate and caring, would cling to her parents, kiss them, etc., demands a lot of attention, when angry, becomes violent, would scream and pull her mother's hair, slap her and pinch her. She is very afraid of her teacher. When scolded in class, she would pass urine involuntarily. She is very sensitive to what others say about her. She was initially bold but is now afraid of darkness, cow's horns and dogs. She loves company except when hurt – at such times she would prefer to be alone. She has the habit of talking to herself: imitates her teacher, conducts imaginary classes, etc. She loves to dress up beautifully, apply lipstick, etc. She asks: " Am I pretty?", loves to watch "The Bold and the Beautiful" on TV, thinks people on the road look at her because she is beautiful. She would model in an imaginary fashion show.

She is very possessive about her mother, wants to sleep next to her. She becomes very upset if her parents argue and likes to see them affectionate with each other. She is afraid of being kidnapped. Dreams of being kidnapped, of falling into a well, that her mother is dead.

She craves sweets, fruits, chocolates, cold drinks and sugar. She is averse to non-vegetarian food and milk. She prefers to eat snacks and fast foods outside rather than usual meals.

During pregnancy, the mother was very tense about everything, was not happy. She had many fights with her husband. Theirs was a love marriage, a Christian girl getting married to a Hindu boy – quite unusual here and not approved by her parents. She had always wanted to get married, to be loved by someone. After getting married, she had many problems with her in-laws. Her husband was violent and used to beat her. She was very scared to talk to him. She always felt "alone and helpless" and would cry all the time. She always thought herself very attractive and beautiful.

INTRODUCTION

The homoeopathic drugs are classified according to their source into:

- Mineral kingdom;
- Plant kingdom;
- Animal kingdom;
- Nosodes;
- Sarcodes;
- Imponderabilia.

In this section we shall try to link this classification to drug pictures to see if we can learn about remedies from a knowledge of their source. We shall study drugs from a particular source (for example animal kingdom), and determine the features common to that source. A summary of this is followed by a comparative analysis of the three major kingdoms – mineral, animal and plant.

A major part of this section is devoted to the mineral kingdom, which I have studied in greater depth than the other kingdoms. The Periodic Table of elements offers a ready and natural classification of the mineral remedies, and we shall use it in our study. I have only briefly touched on the plant and animal kingdoms and would like to study them in greater depth in the future. The nosodes are dealt with in the second section (miasms) and shall only be touched upon here. I do not have much experience with the sarcodes. However, I have introduced another imponderable as a remedy: music. My work on music as a healing agent concludes this section.

METALS AS PERFORMERS

Some time ago I was asked to teach *Argentum metallicum*. At that time I had very little knowledge of this remedy. I had hardly used it. So I read some books and tried to understand it.

In Phatak's *Materia Medica* I read that *Argentum metallicum* prominently affects the larynx, symptoms appear insidiously, slowly, lingering, progressing. There is a loss of control over mind and body. In the Mind I read: "Loss of mental power", "Talkative", "Disinclined to talk in society". I read the modalities: "Worse while speaking, singing, mental strain". The respiratory symptoms are: "Hoarseness and aphonia aggravated using voice", "Total loss of voice in professional singers". Extremities: "Upper limbs", "Feel powerless", "Writer's cramps".

I asked myself the meaning of these symptoms. Most of the books I read gave the symptom: "Total loss of voice in professional singers". What does this mean? It means that the person sings till he loses his voice. That means first of all he must be a professional singer or in other words he should keep on singing a lot and then he loses his voice. Again, when we go to the Mind section we find "Talkative" and also we have the symptoms "Vivacity" and "Desire to talk to someone". So this is a man who needs and likes to talk. He is a professional voice user like a professional singer, professional preacher or even a speaker, a writer – a person who needs to speak, express himself. Then you have other side where he loses his voice, his mental power, his ability to write and develops writer's cramps. So, I understood that *Argentum metallicum* is a person who needs to perform through expression, either through voice, intellect or writing. At this point I could see the connection with *Argentum nitricum* a remedy which I have used often. *Argentum nitricum* has tremendous stage fright disproportionate to the situation and this demonstrate the need to perform and explains the anxiety that he feels before such a performance.

I understood that the main theme of *Argentum* is *performance and expression*. Around this time I went to buy a car. I was offered different colours and also had a choice of buying a silver coloured car. I was told that the silver car would cost several thousand rupees more than the other cars. I asked the dealer what would be the advantage of silver. Did it last longer or have any other advantage? I was told that the silver car was "show". I could immediately connect this with the *Argentum* need for show, for performance and expression. Speech is silver, silence is golden.

In Hering's "Guiding symptoms" is found: "Inclined to talk a lot and argue with great facility. Debates until there is loss of mental power and an inability to think." A good orator is one said to be silver-tongued. Coincidentally, under the Mouth section

PERIOD 4 (FIRST LINE OF METALS)

NICCOLUM

Mrs. K.P., aged 63, advocate by profession, came with pain in the knees which makes it difficult to walk, get up from a seat, climb stairs, etc. A very self-confident woman, sits erect, almost with an air of authority. She says she is anti-authority. She was suppressed by her parents and at the age of fourteen was forced to marry a person totally unsuitable and she divorced him nine years later. She educated herself, joined the students' movement and studied law. Her father thought he was doing the right thing since the husband had lots of money. After the divorce she got married to someone who had not a single penny.

She says she is an atheist, feels wronged, and is malicious. She now lives with her husband and three children, yet she does a lot for her parents in their legal matters. She cannot tolerate contradiction. It angers her, at the same time she tends to contradict others and disobey them. She is talkative and can be quarrelsome, as she is now with her brothers. She dreams of her dead mother. One particular symptom she gave is: "Heaviness in the head, morning on rising, but it disappears very soon". The knee pain is more on the right.

Rubrics:

- Anger from contradiction;
- Contradiction, intolerant of;
- Contradict, disposition to;
- Contrary;
- Malicious;
- Quarrelsome;
- Loquacity;
- Dreams, dead relatives;
- Head heaviness, worse morning on rising, ameliorated after rising;
- Pain, rheumatic, knee, right.

Niccolum 200 produced a dramatic change within a week in the pain. Now she looks forward to playing badminton.

PERIOD 5 (SECOND LINE OF METALS)

PALLADIUM

In the 5th period we have two remedies which are commonly used – *Palladium* and *Argentum*. In my experience with *Palladium* I found that these people lay a great emphasis on what other people think about them and they always try to get the good opinion of others to which they attach great importance. If they don't get that good opinion then they feel insulted (“Delusion she is not appreciated”) and neglected. One of the rubrics of *Palladium* is “Delusion that he is neglected” and this is a very strong feature of *Palladium*. This reminds one of the *Argentum nitricum* feeling: “Delusion he is despised” or “Forsaken feeling, sensation of isolation”. The main feeling of these people is that if they do not do good enough, if they do not do well enough, they will be neglected, they will not be wanted and this deserted, forsaken feeling becomes strong. So, they always need to do something in order to win the appreciation of other people. The main feeling on seeing the *Palladium* patient is : “What a nice person she is, how good she looks, how well she talks, how well she manages, how well she does things, etc.”

I remember one woman who had come with complaints of asthma and extensive Lichen Planus. She would sit with a tremendous air of authority but in a very nice way. I found that she was very strong-willed but she appears very friendly. The rubric is: “Obstinate, tries to appear amiable”. This woman used to live with her husband in a joint family and with her father-in-law and mother-in-law. She is quite an egoistic person (“Delusion, enlarged, is very tall”), though she does not externally appear so and she tries her best to win the appreciation of her father-in-law. What she felt most disturbed about was that however much she did, he didn't praise her and it was this praise from him that she craved.

Rubrics are:

- Flattery, desires;
- Longing for good opinion of others;
- Haughty;
- Wounded, wishes to be flattered;
- Delusion that she is not appreciated;
- Offended easily.

PERIOD 6 (THIRD LINE OF METALS)

PLATINUM

One of the main symptoms of *Platinum* is “Delusion, he is noble”. He feels he is of “superior birth” – born in a high family. He cannot indulge in everyday ordinary things. He cannot accept this side of himself. He is therefore split into two sides:

- Nobility with the concomitant of everything high, that is high achievement, brilliant discoveries, spectacular shine, rare, valuable, spiritual and intellectual.
- The other side which he pushes down and looks at with contempt, is the ordinary everyday things of life: the “bad side of man”, i.e. jealousy, greed, contempt, anger and most significantly, sexuality.

Nobility involves splitting man into the spiritual and the ordinary, the intellectual and the instinctive. Both aspects are equally strong in *Platinum* but there is no balance or togetherness. The patient sees only one aspect, that is either purely sexual or purely intellectual/spiritual and he is unable to integrate these two. Therefore, we have the symptoms in *Platinum*: “Mental symptoms alternate with physical symptoms” and “Sexual symptoms alternate with mental symptoms”, and this alternation can occur quite rapidly. There is another alternation too which is equally significant. Within him he feels “big” since he is noble, but at the same time in this world of people he can feel left out and unable to mix. He remains rare and is unable to form a relationship with other people just like the metal Platinum does not form a compound easily. On the outside, the appearance of *Platinum* is quite ordinary and he can feel unappreciated since inside he feels he is noble and high. This alternates and can coexist, that is: bigness alternates with smallness, egotism alternates with forsaken feeling.

Out of the forsaken feeling comes the fear that the few people he can relate to will leave him: “Fear, husband, that he would never return; that something would happen to him”, since he feels generally estranged from most including his own family (rubrics – “Delusion, family, does not belong to her own”, “Estranged from her family”). There is also a strong feeling that he has to keep proving his nobility in order that people come to him since they will not like him if there is nothing noble in him. This creates ambition in him (“Ambitious”). Where does all come from? Just like *Sulphur* has the feeling of being a great person, *Platinum* feels he is noble by birth or rank. Both of these feelings come from scorn, embarrassment, and from mortification (“Ailments from”).

ALUMINIUM/ALUMINA

Aluminium: This metal is close to other metals in its quality, but the situation is more desperate. Here is the picture of the oxide of aluminium namely *Alumina*.

There are some things that are essential to the life of a human being and if these are taken from him, he doesn't find any point in living. First of these is *hope*. Whatever the situation in life, as long as there is hope he will live and if there is no hope he will deteriorate and die. The remedy for total absence of hope (example in a black night) is *Syphilinum*. Dr. Phatak describes *Syphilinum* in his *Materia Medica* as "Hopeless despair of recovery". Despair itself means hopeless and hopeless despair means hopeless hopelessness. Therefore *Syphilinum* is the remedy of death and destruction. He could commit suicide or homicide.

The second thing very important for life is *independence* and a person needs to be able to take his own decisions and not to be dominated by somebody else. The remedy when you take away a person's independence totally is *Mercurius*. He becomes revolutionary, defiant, homicidal or suicidal.

Then third thing that is required is *acceptance in society*, some *religious feelings*. You take this away from man and you have *Aurum* – suicide again.

The fourth thing is a sense of *individuality* or *identity*. "I am Rajan and you are so and so. I have this quality and you have this quality. I am so and so and you are so and so." A sense of individuality is of utmost importance, right from childhood. You ask a child: "What is your name?", and she says the name – identity is given. You take away the identity, you don't know who you are – no name, no quality, and you get the story of *Alumina*.

These four are the greatest antisiphilitic remedies that we have with no *hope*, no *independence*, no *morality*, no *individuality*.

So, the symptoms of *Alumina* are mainly symptoms of identity and individuality.

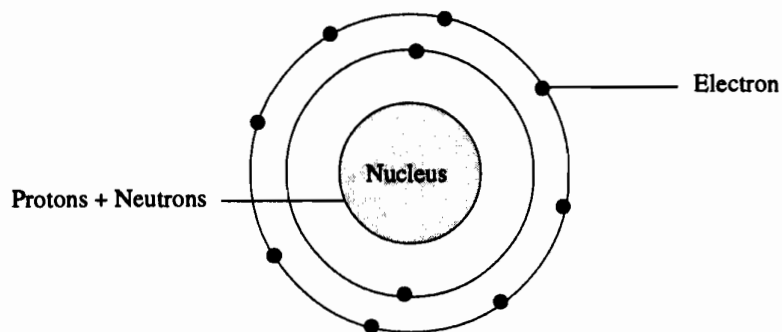
Rubrics:

- Delusion, head belongs to another;
- Delusion, consciousness belongs to another;
- Delusion, errors of personal identity;

A BRIEF INTRODUCTION TO THE PERIODIC TABLE

The Periodic Table is a classification of the chemical elements in a logical framework, so that it is easier to understand the properties of elements and their reactions with each other. The foundation of the Periodic Table was laid by Dimitri Ivanovitch Mendeleev. In the modern Periodic Table the elements are arranged according to their atomic numbers. To understand this we have to understand the atomic structure a little.

A single atom of every element consists of protons (p), neutrons (n) and electrons (e). The protons have a positive charge (+), the neutrons are neutral (0) and the electrons have a negative charge (-). The protons and the neutrons form the nucleus of the atom, whereas the electrons circle the nucleus in orbits, which they occupy in a specific manner. The first orbit can have a maximum of 2 electrons, the second orbit a maximum of 8 electrons, the third a maximum of 18 electrons, and so on. The last orbit of every atom must have 8 electrons *to be stable*.



Atomic structure

The atomic weight of the atom, i.e. the number of protons plus the number of neutrons is:

$$W = p + n$$

The atomic number of the atom, i.e. the number of protons, which is equal to the number of electrons, is:

$$p = e$$

CORRELATION WITH HOMOEOPATHY

We have seen that cations (like Sodium, Kalium, Magnesium, Calcium) have to give electrons – and become stable once they find atoms that accept electrons. Their task is simply to find such atoms. The anions (like Phosphor, Sulphur and Chlorine) have to accept the electrons to be stable and have to make an effort to keep that electron with them. Thus in the compound between the cation and anion, the cation is the more passive one – whereas the anion is the active one.

In the homoeopathic Materia Medica we find something startlingly similar. We find that the cations (like *Natrum*, *Kalium*, *Calcarea*) have in them the feeling that they are incomplete and hence need to find a relationship to support them. For example in *Kalium* we find the tremendous anxiety and fear when alone, in *Calcarea* we find the tremendous fears and need for support, etc.

Whereas when we look at the anions (like *Phosphorus*, *Sulphur*, etc.), we find that they too feel the need for relationship but the feeling is that they have to make a lot of effort if they wish to keep the relationship. For example *Phosphorus* has fear of being alone, but this is associated with a very caring, sympathetic (active) attitude; *Sulphur* has the caring aspect too along with the need to do something to keep a standard (ego), to maintain a good appearance. When they fail in this, the anions can turn to the other side, for example *Phosphorus* can become indifferent and *Sulphur* neglects his appearance.

So, we see the cations (for example *Natrum*, *Calcarea*) as dependent, passive and feeling the need for relationship, while the anions (*Phosphorus*, *Sulphur*, etc.) as active and feeling the need to make efforts to keep the relationship.

For example the quality of *Calcarea* as we understand from *Calcarea carbonica* is seeking support/protection. Whereas in contrast to this, in *Phosphorus* we find that the person is very sympathetic and caring, i.e. the active part of the relationship (though he too has a desire for company and sympathy). To take another example, let us look at *Kalium* and *Sulphur*. *Kalium* has a tremendous anxiety with fear when alone and needs the relationship. In *Sulphur*, not only must he care for others, he must also come up to a certain standard (ego) in order to keep the relationship (effort).

The reactivity of cations decreases as we go from Group I to Group III and correspondingly we know from our Materia Medica that *Natrum* patients (Group IA) are more reactive than *Magnesium* patients (Group II). As we move down the Group,

THE CATIONS

NATRUM (SODIUM)

Sodium is the main constituent of extracellular fluid of the body. It is a reminder to us that life started in the ocean and sea water formed the fluids. Sodium in the body helps to keep the balance or, in other words, maintains homeostasis. Thus Natrum, as opposed to Calcium which has a positive function, is responsible for balance and maintenance of the balance, of the internal harmony.

In the human psyche, one could say that the main anxiety of *Natrum* is the anxiety of keeping balance or harmony. In the human situation, this would mean the maintenance of relationships. Natrum as an element is also known to be highly reactive and needs to form a compound with an anion (negative ion); it cannot exist independently. In the *Natrum* side, we see this marked desire to form and maintain a relationship especially on a one to one level. The *Natrum* person does not need too many but just the one and is very much dependent only on one relationship, without which she feels very isolated and therefore very insecure. This is brought out best in the delusion of *Natrum carbonicum* "Delusion, division between himself and others". It is this tremendous need and dependence on relationship that makes the *Natrum* patient very vulnerable to hurt. Out of this vulnerability the *Natrum* person develops a fear of people and therefore tries to avoid contact. While on the one hand she wants to avoid company, she also dreads being alone (rubric in *Natrum carbonicum*: "Company, averse to, yet dreads being alone").

The *Natrum* persons are surely much more reactive than *Magnesium* or *Calcarea* people. They respond with great sensibility, especially to the feelings of others, and also what others say and think about them. Thus *Natrum carbonicum* is found in the rubric "Sympathetic". However this sensibility is often suppressed. They feel there is really no one for them. This is somewhat similar to the repressed feeling of *Magnesium*, yet unlike *Magnesium*, *Natrum* people are very much aware of their emotions. If they have been hurt, they tend to not forget, thus fortifying themselves against future hurt. *Natrum* has also an important role in contraction of muscles and in the movement of body fluids. Such movement can be found in *Natrum*. They are very emotional especially concerning relationships. When disappointed or unable to form a relationship, they tend to withdraw and keep away from the sight of people. Thus they are often closed people. *Natrum muriaticum* is the most prominent and most frequently used of the *Natrum*s. In addition

THE ANIONS

CARBONATES

The central theme of the Carbonates is vital reaction. Carbon is found in the inorganic form (graphites, diamond) and in the organic form. The latter is a vital component of most chemical compounds associated with life; an entire branch of chemistry – organic chemistry – is devoted to the study of these compounds.

The present study refers to the organic carbon compounds with special stress on *Carbo vegetabilis* and *Carbo animalis* (vegetable and animal charcoal). The main features of these drugs are the sluggishness, lack of reaction, the collapse, etc., a state very close to death. In the failed state *Carbo vegetabilis* is almost dead, corpse-like; it has been called a corpse reviver! There is complete loss of vital power and reaction. The coped up side is just the opposite of this. It represents vital reaction and activity – animation. We find the following rubrics:

- Starting, startled easily;
- Starting, fright from, and as from;
- Frightened easily;
- Irritable from trifles;
- Offended easily;
- Lascivious;
- Passionate;
- Fear, of strangers;
- Affectionate;
- Violent, vehement;
- Anger, violent;
- Delusion, deserted, forsaken, is;
- Delusion, smaller, of being;
- Fear, of accidents;
- Fear, of death;
- Anxiety in the dark (i.e. fear of unknown).

THE SALTS

We have studied the individual characters of the anions and cations. Now let us look at the interaction between the anions and the cations when they come together in a salt. It will be seen that in the salt, both the anion and cation show their specific, individual features, but as a result of the action of one on the other, the salt acquires special qualities. A salt consists of two complementary qualities, both of which are needed in order to survive in a particular situation.

With the exception of metals and few others (*Phosphorus*, *Sulphur*), one quality is insufficient to survive. A salt is thus the union of two qualities which balance each other, and together are appropriate in certain life situations. There are various salts in the human body, which enable us to face different everyday situations. When a person is stuck in the situation of a particular salt, or perceives himself to be in a particular situation, he needs that salt in order to get out of that state. Of the two components of a salt, the cations (positive ions) need to form a relationship while the anions (negative ions) sometimes seem to repel relationships. It seems as if it needs much effort for the anions to maintain the relationship. Thus we find *Natrum*, *Magnesium*, *Kalium* and *Calcareea* eager to form relations while *Fluor*, *Iodum*, *Phosphorus*, etc., feel the need to make an effort to maintain the relationship. The two components, when they come together in a salt, enter a strong, complementary relationship adapted to life situations.

The quality of a *Natrum* is a strong desire for a relationship. In the face of such a strong need, any rejection is bound to cause tremendous hurt and disappointment. This need of *Natrum* needs to be balanced by the quality of expecting disappointment and rejection, of being able to break off the relation. This quality comes from the *Muriaticum* element. Thus *Natrum muriaticum* is understandably a very basic salt, for it represents man's need to form relationships and at the same time the ability to withstand rejection. *Calcareea phosphorica* is another salt found in large amounts in the body, and hence must represent a basic life situation. The *Calcareea* person needs to have people around, wants to be protected as he feels insecure. The feeling of *Phosphorus* is: "I must prepare to be alone, to be able to live on a distant island." Thus, *Calcareea phosphorica* has the need for security but the ability to live alone if the need arises.

In this way, the main salts of our body represent the basic situations of life. Schussler seems to have instinctively understood this and formed his system with the twelve tissue salts.

We shall now proceed by summarizing the qualities of the cation first, then the anion, and then try to understand the characteristics of the salt through cases. Once this is

THE ACIDS

The main theme of an acid is a struggle followed by collapse: exertion and exhaustion. The struggle is constant, it is an effort that, the person feels, has to be made in a particular direction. At some point in this constant struggle, the person is so exhausted that a small setback, like the proverbial straw that broke the camel's back, leads to a state of collapse. The person feels a failure of all his faculties – his mind and body are sapped of energy. The specific direction of this effort/struggle depends on the acid concerned. We can say that the acid of a particular element represents a constant effort/struggle in the situation of that element. This will be understood as we study each acid later. The themes of struggle and collapse are clearly expressed in certain symptoms common to all the acids: hurry, industry, feeling that their efforts are unsuccessful, fear of failure and on the other hand, fatigue, indolence and indifference.

PHOSPHORICUM ACIDUM

As we have noted, the main feeling of *Phosphorus* is of being unloved and uncared for, to which the person reacts by being affectionate, friendly and sympathetic in the hope that this love and care will be reciprocated (“Affectionate, returns affection”). The effort of *Phosphorus*, therefore, is in the direction of caring for others, being sympathetic to them, etc. When this effort becomes constant, i.e. when he feels the need to make a constant effort in caring for others, the state is that of *Phosphoricum acidum*.

1. The main feeling of *Phosphoricum acidum* is: “I must constantly care for others in order to be loved/accepted”.
2. Increased activity. Hurry. Caring for others.
3. He can be quarrelsome; still, later, he becomes dull, sluggish and indifferent, or quiet and brooding. The factors that result in such a state are ailment from cares, disappointment, i.e. despite all his love and caring, when he is disappointed by those he cared for, he becomes tired and apathetic. The best description of this stage is given by Phatak in his *Materia Medica*: “Apathetic; from unequal struggling with adverse circumstances, mental and physical”. The words “unequal struggle” is characteristic of most acids, and this is their feeling – that they are in an unequal struggle.
4. Settled despair and hopelessness.

SUMMARY OF THE PERIODIC TABLE

Transition Elements

D-BLOCK

Metals : Defence and Performance

PERIOD								
4	Defence (and Performance)	Mn	Fe	Co	Ni	Cu	Zn	
5	Performance - Show (Defence)			Rh	Pd	Ag	Cd	(In)
	Performance							
6	HIGH Defence	Os	Ir	Pt	Au	Hg	Tl	

LAC CANINUM

I do not know why I like this remedy so much. I have used it often with very good results and I would like to share my experience.

After giving a lecture on *Lac caninum* I went to the hotel and lay down to sleep but I was suddenly worried that a snake would come up out of the bath drain and felt I should block the drain. I struggled between logic and the fear. My logic said one thing, my emotions another. "Antagonism with self" – anti-agony, the struggle with one self. The lecture somehow seemed to have put me in a *Lac caninum* state. It splits the person in two and there is a struggle between the two sides. On the one part was the fear, the emotion, the instinct, the animal fear (here the fear of snakes), the anxiety that the snake would attack me. On the other side was the thought: "This is not logical, not correct, doesn't make sense. Control your emotions, don't be a fool." This is the civilized, controlled side. The other is the emotional, spontaneous side.

Lac caninum is the milk of the dog (bitch). It has in it the nature of the dog. What differentiates the dog from all other animals? It is an animal which is totally controlled, totally civilized. It has to suppress its basic animal nature and only express the controlled, domestic side. You cannot make a cat perform tricks. A cat has its own individuality. The cat is a proud animal and will not listen. It does what it wants. You are a slave to the cat's whims... the cat is Cleopatra!

The dog is out to please, it is dependent. It can't find its own food. It is dependent on the master. Its survival depends on keeping the master happy, by its performance, its affection, etc. "Anxiety, success, from doubts, about"; "Fear, duties, that she will be unable to perform her": *Lac caninum* (SR). He has to perform or he will not be wanted anymore. "If I can't do my duties, the master will kick me out." The need to please is the animal side but the dog knows that however he tries to please, however successful he is, he will never be equal to the human. He knows he is at the bottom of the hierarchy. Even if a dog has been in the family for years, when a child is born, the child is king. These are permanent feelings of inferiority: "Delusions, diminished, short; despised; looked down upon; insulted, thinks he is". He becomes contemptuous of himself: "I can never be good."

The animal side is malicious. If you pull his tail he will bite you. They are very passionate, very lascivious. He can get quite aggressive, defensive. This is replicated in the provings and unbelievable when seen in the patient who needs *Lac caninum*. An architect who needed it said: "I don't understand why but every time I see a cat coming

SEPIA

Consider the following rubrics:

- Abrupt, harsh;
- Actions are contradictory to intentions;
- Ailment from business failure;
- Ailment from disappointment;
- Ailment from disappointment in love;
- Ailment from scorn;
- Amorous;
- Anger, about past events;
- Antagonism with herself;
- Anxiety when alone;
- Anxiety after anger (single symptom);
- Aversion to members of family;
- Ameliorated by being held;
- Held, wants to be;
- Company, averse to and yet fear of being alone;
- Complaining, others, of;
- Deceitful;
- Delusion, he is poor;
- Delusion, that her family will starve;
- Delusion, that he is unfortunate;
- Despair, over miserable existence;
- Despair, of social position;
- Dreams, amorous;
- Dreams, body, disfigured;
- Dreams, face, disfigured;
- Dreams, of going astray in the forest;
- Dreams, mice, rats, snakes;
- Envy;
- Fancies, lascivious;
- Fear of being humiliated;
- Fear of poverty;
- Fear of solitude;
- Feels as if she could easily injure herself;
- Forsaken feeling;
- Hatred of persons who have offended him;
- Horrible things affect her;
- Libertinism;
- Malicious to loved ones (single symptom);
- Mockery and sarcasm;
- Mood, repulsive;
- Sadness about health (single symptom);
- Sexual minded (Phatak's M.M., S.R.);
- Unsympathetic (single symptom);
- Will, contradiction of.

NAJA: A PROVING

‡

My friend Dr. Jurgen Becker of Freiburg, Germany, came to Bombay in 1991 and we did a seminar together. Jurgen, in many of his seminars, does short provings of remedies, i.e. giving one drug to participants of the seminar and noting the effects of this drug during the seminar. I wanted to do a similar thing here and to experience the group proving during the seminar. At this time, Jurgen was working with *Vipera* which is the European snake and felt it would be a good idea to prove the Indian snake *Naja*, the cobra, which is easily the most well-known poisonous snake in India. He felt that surely the Indian snake would have much more relevance to the Indian psyche than *Lachesis*, the South American snake which is the most well-known snake in our Materia Medica and therefore overshadows all the other snake remedies.

A dose of *Naja* 30 was sent in advance to all participants of the seminar with instructions to take it at bed time one week before the seminar, and write down the effects, especially the dreams. None of the participants knew what drug was given. During the seminars, we collected these notes and shared the experience. The main themes that emerged in the dreams and feelings were as follows:

- Sense of duty and responsibility especially towards one's family.
- A feeling of being injured/affected.
- A feeling of being wrong or being wronged.
- Anger, violence.
- A feeling of being split up between duty on one hand, and being wronged on the other hand.
- A feeling of being neglected.
- A feeling of many obstacles in the way.
- The theme of success and failure.

Prover S.N.:

The most typical were the dreams of prover S.N.:

I am living with certain people, and I am going out and say good-bye to everyone around and leave the place. I return home tired, and I see nobody around and suddenly there is a noise. I look around and I find that everybody has become smaller. Only their weight is reduced, I am the only one who is unaffected. Everybody comes to me and request me: "You are normal, you must be having

CROTALUS CASCAVELLA: A CASE STUDY

Mrs. S.P., a thirty-four year old maid servant, came with the complaint of:

- Low grade fever in the evening associated with chilliness and followed by sweating with,
- Headache extending from the right to left side and accompanied by heaviness in the occiput,
- Pain in the legs, evening, binding tight (without which she cannot sleep),
- Drowsiness.

This patient was a terror in her house and neighbourhood. She would get into a violent rage at the least provocation, and often without any. In these attacks of rage, she would beat her children "till I get exhausted", become abusive, throw things at people or injure herself badly – by striking her head on the floor violently, etc. She gets angry if the children are stubborn or even if they ask a question, "laugh too much" or play. She cannot control herself during this anger. Once her husband was playing cards (gambling) with his friends. The patient got so angry that she threw stones at them, causing a grievous head injury to one. "I broke his head." She says: "I am afraid that in my anger I might kill myself or my children. Why does this happen? I am affectionate but I hate my own people and children when angry. On one occasion I lifted a grinding stone to throw at my children, I was so angry." She feels sorry once her anger disappears, and weeps. Since six years, she started falling unconscious when in a rage: "My body becomes hot and then I faint." She is very sensitive to noise – gets anxious palpitation. "I want silence; no one should speak." She recalled an incident when, at the age of eighteen, she went to a wedding. On hearing the drums, she became very anxious and fainted.

She gave the following history: "Earlier we were quite rich. A maid servant used to come and work at our place. But my husband and in-laws squandered away the money. My husband used to drink and gamble. All the things given by my parents as dowry were sold by my in-laws. All my ornaments were sold. When my in-laws wanted money, the neighbours asked them to sell our utensils too. Now when I see our things with these neighbours my blood boils. I hate all my neighbours. They cheated us into selling all our things (she was weeping when telling this). My mother-in-law used to drink alcohol and beat me after that. She sold off everything, even my marriage sari."

She used to have quarrels everyday with her husband, especially as he used to drink and gamble. On two occasions she even tried to commit suicide – once by pouring

CANNABIS INDICA IN CALIFORNIA

In my seminar in May 1993 in San Francisco, California, I thought it will be a good idea to have a short remedy proving with the participants. For our first choice of the remedy to be proved, I asked what was the commonest thing about California, and I was told that it is cannabis. I was told that a large number of residents of California must have taken cannabis in some form or the other. I felt there must be something in the situation of California and of America that has to do with cannabis. We therefore decided to give the 30th potency of *Cannabis* on the first day of the seminar to the volunteers for the proving. Only the organizer of the seminar and two or three others knew what was the proving drug. None of the other participants knew the drug they were proving. The next day we started the seminar with narration of the provings, and prover after prover got up and spoke about almost the same themes, in fact the room was charged with the atmosphere of this remedy with the feeling of terror, cruelty and the feeling of isolation and abandonment and so forth; and finally the feeling of beauty and peace. Each prover would get up excitedly and talk on, continuing from where the last prover had ended and we had a beautiful picture and idea of *Cannabis* and could understand why it is one of the commonest addictions in the U.S.A. and in the world.

What was even more interesting was that one pregnant woman and another person who did not take the drug to prove and probably who did not come in contact with the drug except that it was distributed to persons around, brought out some of the best dreams of the proving. The pregnant woman told me that she never had these dreams before. On the night of the proving when all the persons took the remedy, she too got a very vivid dream which is unusual for her and the dream which she described is one of the best descriptions of *Cannabis*. How this happened is open to discussion but I want to bring it to the attention of the reader.

Cannabis has many aspects to it and the main ones we can list are as follows:

- One is abandonment and forsaken feeling;
- Second is a feeling of danger;
- The third is horror and cruelty (like hell);
- The fourth is beauty and peace (like heaven).

There are more features too. The feeling is that one is in a strange place, in a confusing place which is described as a spiral staircase or a maze and there are emotions of fright, anger and despair. The feeling of one who is abandoned, who is bullied and beaten up, a child without protector. A feeling of being lost, a feeling of things going out

STAPHYSAGRIA

In an article titled "Evolution of *Staphysagria*" in the Journal of the American Institute of Homoeopathy, Karl Robinson wrote: "In Homoeopathy a remedy never evolves, only our idea of it does." My understanding of *Staphysagria* has evolved over the past few years and I find that I am able now to often spot a *Staphysagria* person soon after he enters the consulting room. I wish to share this insight with my colleagues.

As I now see it, one of the most important rubrics of *Staphysagria* is: "Delusion: humility of others while he is great". To this rubric add: "Ailment from wounded honour" and "Fear of losing self-control". We now have the core of this remedy.

As I understand it, the main feeling of *Staphysagria* is the feeling of dignity and honour, like a person of a noble birth. This feeling can be further understood when expressed as follows: The person feels that he should live up to his dignity and honour which is often far more than needed in a man in his position. He should not do anything that is undignified, even though others may do so. He should never lower himself to the other man's level and retaliate by acting as he does. He must never lose his control since it would be very much below his honour and dignity to do so. If somebody insults him, he has to keep control as befits his noble birth. He cannot lose his temper and become abusive or violent. If he did so, he would feel very upset and feel that he had done himself an indignity, and this, to him, is worse than the effects of the insult.

Hence the sentence in Phatak's Materia Medica: "Great indignation about things done by others or by himself, grieves about the consequences". This for me is a very significant sentence. He worries about the effect of such a lack of control on his reputation – what people will say about him. The sentence in Phatak's Materia Medica is: "Very sensitive as to what others say about him." The feeling seems to be that his survival depends upon maintaining a very high reputation and self-control; of being a very superior, calm and dignified person who wins the respect of all by his noble actions... a person who is much above the ordinary.

I have strongly felt that if Mahatma Gandhi needed a remedy, It would be *Staphysagria*. He was born in a country ruled by another that had contempt for those of a dark skin, when it was a shame to be Indian. However, this man showed such nobility and uncompromising dignity that he won the respect not only of his countrymen, being called Mahatma or great soul, but also of the very people who initially insulted him. Such was

A PROVING OF MUSIC

The idea of using music as a healing agent is not new; it is universally accepted that music has healing powers and most of us have experienced it. I felt that as music has healing qualities, it must be related to Homoeopathy, it must be based on the law of similars. I learn music myself, the North Indian (Hindustani) classical music in which we have a system called *Raga*, a system of notes in the major and minor scale which are sung or played in different combinations. Each combination is called a *raga*. Each *raga* is very specific and consists of specific notes, some in the major and some in the minor scale, sung or played in a particular way. Different pieces of music can be composed in every *raga*. What I found remarkable was that each *raga* is known to have a specific time when it is to be played, it evokes specific feelings and creates a specific atmosphere. I learnt this from my music teacher and other expert musicians. The similarity between the *raga* system and Homoeopathy is striking, for, in the homoeopathic *Materia Medica* too, each remedy is specific, has specific time modalities and evokes specific feelings. I wondered if *ragas* could be used as remedial agents. To use *ragas* as remedies, we need to know the specific feelings evoked by that specific *raga*. There were two ways of finding this: one way was to ask musicians, but they had certain individual understandings, and the other way was to use Hahnemann's method, i.e. to prove the *raga*, which I did, with amazing results.

I took a sarod (stringed instrument) player, Mr. Devdas Naik, to one of my lectures and made him play a particular *raga* (*Rag Darbari*) for about ten minutes to an audience of about 200 people. All of us closed our eyes and listened to the music, allowing our feelings to surface. All the feelings and memories that came up while listening to the music were written down by the participants. In order to test the specificity of *ragas*, Mr. Naik played the sarod again to the same audience in the same room an hour later, maintaining the same style and meter, only changing the *raga*. The feelings were once again recorded. The two provings were studied individually and compared with each other. The result was amazing: A large number of the provers (60-70%) had similar responses to a particular *raga*, and the two *ragas*, despite being played under similar external conditions, evoked entirely different feelings. Thus, I concluded that each *raga* evokes specific feelings in people, which belong to it alone.

Music and culture are closely interlinked. I wanted to see if the effect of the *raga* was universal. In a seminar in Madras, I made a violinist play a *raga* (*Dhira Shankara-bharanam*) to a large audience and they were asked to write down their feelings. The music performance was recorded on a video. I took this video cassette and played it to an

CLASSIFYING PATIENTS INTO KINGDOMS

In homoeopathic practice so far, we have used symptoms as the only, or almost only, guide to the remedy, without really considering the source of the drug. For example, if we were to differentiate *Sepia* from *Phosphorus*, it would usually be on the basis of the symptoms alone. It is, however, becoming very clear to me (and to many others) that the symptomatology of any drug is intimately related to the source it is drawn from, and that each drug has in it the essence of its source. For example, in *Lachesis* we find the symptoms are left-sided, the person cannot bear pressure/constriction around the neck, and has a darting movement of the tongue. It cannot be a mere coincidence that the *Lachesis* snake has all its organs on the left side of its body, is most vulnerable around the neck region and has, like all snakes, the darting movement of the tongue. Such examples are legion and have been used by teachers to bring alive the *Materia Medica*.

However, this knowledge has not been actively or systematically used in differentiating remedies by studying their origin. If properly understood, this study could enable us to think directly of the kind of remedy needed for the patient, a sort of direct application of the law of similars. Having from the very outset found such an understanding extremely useful in practice, I have attempted to identify and note down the main differentiating features of the four major kingdoms from which our medicines are derived, i.e. Plant, Animal, Mineral and the Nosodes. From this, we will have at least some idea as to which kingdom we are to choose our remedy from, and this certainly makes our task much simpler.

I must warn that such differentiation is neither final nor fullproof, and is not always clear. Let it be considered another point of view, so that we may be able to look at a case from several view points, and not only one.

PLANT KINGDOM

The basic quality of a plant is sensitivity. It is a living organism rooted to the soil, unable to move. To survive, it needs to be sensitive to changes in the external environment and also capable of adapting to these changes, for it cannot move away. These features are also descriptive of those needing a plant remedy. They are of a sensitive nature, affected by many things and adjusting/adapting to these. In their choice of dress too is reflected

A CASE FROM PRACTICE

(Transcript of a video case with explanation)

I will give a detailed case which demonstrates all aspects of the approach to a case. It demonstrates case taking, observation, importance of history of the mother during pregnancy, route of disease, understanding the case, rubric selection, remedy selection, follow up and the effect of allopathic drugs during homoeopathic treatment.

This is the case of a three year old boy. He gets attacks of allergic asthmatic bronchitis and has been given a lot of antibiotics and allopathic medicines. His diet has been strictly controlled, yet he gets attacks which last for two days despite medication. He has a cold since two or three days and is coughing a lot, especially now. As the mother is giving the history, the boy is very restless and is banging the desk repeatedly with a bunch of keys. During the attacks he becomes stubborn, violent and irritable. He does not listen to anything. [Taken together, what is this behaviour? – a tantrum. He is usually happy, easy to handle and has a fixed routine, but is a different child during the attacks. So, he is not uniformly restless and stubborn, but only in attacks.] He is a very bright child and needs lots of stimulation. He is not disobedient, not aggressive or destructive. He lets other children take his toys, his bike, and he never fights back. The mother is also quite restless (the remedy is the same for both of them). He watches other children play, he observes. The mother says:

— I have travelled a lot in the last two years. May be that has upset him. He has cough all the year round. Is he trying to bring up phlegm? He has had pneumonia twice and malaria once which lasted for eight days.

The boy is still shaking the keys. The mother continues:

— The wheeze begins soon after the cold. He is a very poor sleeper. He is OK for three hours and then starts sneezing and coughing around 1 am. He wants lots of water at night and often has to use an inhaler. He eats well.

[My case taking technique is simple. I just wait and watch. The patient will say the real thing, the spontaneous thing. I look for the ideas. What is the situation, what are the symptoms? The boy gets angry in intervals, not all the time. Why?] The boy is constantly on the move. Mother:

— He hates being scolded. I never hit him. Even if I raise my voice, he starts crying. He can be very stubborn, very obstinate. He says yes/no. He is very

THE PHYSICIAN'S REACTION

During the consultation each patient elicits a specific reaction from the physician. The kind of reaction can be a very useful tool in understanding the patient. However, we have to understand this phenomenon better in order to use it. This reaction may be of two types – conditional and unconditional.

A conditional reaction is the reaction of the physician's own mental state with the patient's state, in which the physician, out of his not-OK feelings, needs the patient to behave in this or that way so that he himself will feel OK. When the patient does not fulfill these conditions, then the physician will develop such feeling as anger, grief, fear, or impatience. He may feel happiness when the conditions are met. The same behaviour of the patient with another physician would elicit a different conditional response depending upon his state of health and his own conditions for feeling OK.

For example, a patient who is not at all particular about time would make a punctual physician unhappy but would not bother a sloppy physician. So the irritability on the part of the punctual physician shows his conditions for feeling OK as much as it shows the patient's sloppiness. In other words, a conditional response is usually a reaction to some one or the other quality of the patient which the physician likes or dislikes. The moment he can remove this criteria of what he likes or dislikes from his mind, he will be left with the objective view of an observer. He does not have anything to gain or lose from the patient and can therefore view him unconditionally. From this unconditional viewpoint again two types of reactions are possible: empathic and instinctive.

Empathic response

When the patient narrates his experiences and feelings, the physician can sometimes experience the very state and feelings of the patient. Such a state could be induced in him just as a magnet giving its charge to a neutral iron piece. If the physician keeps himself still, he will be transported into the patient and will be charged with the same energy. Very often, it is my experience that when a *Staphysagria* patient leaves after an intense consultation, I experience feelings of indignation myself, as if the incidents narrated by the patient have actually happened to me. After some time, when the physician becomes neutral again, he is able to see the whole state objectively. This not only helps to understand the patient better but also to guide the patient towards awareness. Since the physician can see reality objectively, he may be able to help the patient to do so.

PICTURE BEHIND PICTURES

In essence, each of us is playing a role – we are like actors. Depending on what we think, what our capabilities and our feelings are and also on what the situation around is, we select a role and play it. It could be the role of a king, a minister, a wife or a servant, and this role we play is normal and healthy provided we do not feel compelled to play it and are unfit for any other role because of bad feelings about ourselves and the situation. These bad feelings are delusions – disease.

The role that we play not only involves our profession but also our social position and our dealings with problems and the people we encounter around us.

So when we say king, he is king everywhere. In the animal kingdom, the king is the lion – he walks and talks like a lion. The sheep is the servant and so he has the walk and talk of a sheep. In metals, *Aurum metallicum* is the king, *Platinum* the queen and *Ferrum metallicum* the soldier. In plants or music, you will also find similarities. These similarities are useful because a person who behaves like a king will identify himself with the king, the lion and gold. The way the man walks and talks and his manner of conduct is like a king, even when the situation is entirely different. Even if he is called upon to play the part of a soldier, he will behave like a king. A lion cannot behave like a sheep even if the situation changes. It is this fixity due to delusion which is disease.

The difference between an actor and a person who is diseased is that the actor knows consciously that he is playing a part and he is able to change his part or role quite easily, whereas someone under a delusion actually believes that he is the part, that he can only be this part and nothing else. This restricts his freedom to be in the moment and react to the situation appropriately.

Imagine a story in which a person is playing a particular role and has a particular character that suits his life, but suddenly his life changes and there is a completely new situation. For example, imagine a simpleton who has been living a simple, rustic life and whose character is innocent, gullible, unpretentious and unambitious. Suddenly he finds out that he is a long-lost prince and is now the king. A few years later, you are taken into the palace with its grandeur and opulence and are given an audience with the king. The picture that you see on the outside is of majesty, but after some talk you notice a sudden foolish giggle – a sign that what is outside may not be the same as what is inside. The country bumpkin is the real one inside and the picture outside is the situation.

THE TOTALITY OF SYMPTOMS

The essential idea behind the term “totality of symptoms” is that all the signs and symptoms present in an individual at a time arise from one basic disturbance which is the disease of the individual. Signs and symptoms that exist together without being the cause of one another are called concomitant symptoms. The totality of symptoms is thus totality of concomitants. When put together, concomitants become meaningful and form a picture which is the picture of the disease.

We can describe the totality of symptoms under different aspects:

- Pace;
- Sensitivity and excitability;
- State of mind and dreams;
- Nature of pathology and its meaning to the patient;
- Causation;
- Characteristic symptoms;
- Miasmatic consideration;
- Past history.

The coordinated picture of all these is the totality of symptoms.

Pace

The pace of the disease can be rapid, medium or slow, or it can be slow alternating with rapid or medium alternating with rapid. The pace of the disease gives us an idea of the nature of internal delusion and gives us the clue about the remedy. In this also, we have to determine or judge whether we are dealing with an acute, subacute or chronic condition. We also have to judge whether it is an acute crisis in a chronic case (needing another remedy) or just an intensification of the chronic state, in which case we would persist with the same remedy.

Sensitivity and excitability

Sensitivity and excitability to various external factors like atmospheric changes, food, emotional factors, etc., has to be judged accurately and one has to choose a medicine with that kind of sensitivity. It will be found usually that most sensitive and excitable disease state need a plant remedy, intermediate states require an animal remedy, and less

STATE AND PATHOLOGY

I heard from my friend Dr. Anton Rohrer from Austria about a case presented in a conference in Vienna. He explained that a senior homoeopath, Dr. Dario Spinedi, brought a case of a patient who had a tumor on the face. The remedy given to him was *Sulphur*. The man also had itching eruptions between the fingers. The tumor became less but his nature became worse – more angry, more temper; in spite of becoming worse in the psyche, the tumor reduced in size. After three years of treatment, the psyche improved too.

I have observed in practice that some patients have a very intense state (of disease) but very little pathology. For example, we may have a child with intense characteristics of *Calcarea carbonica*, with the fears, sweat, craving for eggs, etc., but with very little or no pathology. On the other hand, I have also seen patients who have a very mild state of disease, but have severe pathology. I asked myself what influenced the development of pathology in a person with a state of disease.

At this point I was approached by a union leader. He had come to me for treatment of a skin condition, an eczema. This man is full of guts. You see nothing special about him, but this man has single-handedly fought everyone up to the highest authority. Many people have tried to crush him but he would not be crushed. When his demands are rejected, he goes on strike and his co-workers join him, he has that leadership. His agitation initially produced little effect but he persistently intensified the struggle. He is a fighter and loves to fight.

When I asked him for the modalities of the eczema, he said: “The eczema harasses me. I have to scratch violently. But I have noticed that whenever I am at the height of the agitation, the eczema almost completely disappears. The moment there is peace, my skin starts itching again, and the eczema flares up.”

Here I could see a very obvious connection between the situation and the pathology. In his mind, the feeling is that people are unjust, that they harass him and that he must struggle, even violently, in order to survive. With this state of being within him, he tries to find one to match it outside (in life). He looks for such a situation, and when he finds one, he goes into an intense violent struggle. He finds the situation of his internal delusion and then his pathology disappears.

When there is no such situation outside of him, he is unable to live his internal delusion (i.e. of being harassed) and there is no way in which he can fully express his

LEARNING HOMOEOPATHY THROUGH LIFE

On a visit to England for a seminar, while on the plane, I happened to get a copy of the "Reader's Digest". As I went through the various articles, I found that with my knowledge of Homoeopathy, I could see these articles in a new light. I also found that I could understand the place of Homoeopathy in life much better. In fact, I can say that I found the "Reader's Digest" rather like a Homoeopathy Materia Medica... like Kent's "Lectures" or Tyler's "Drug Pictures". I found this study so fascinating that I thought it might be worth an entire seminar discussing one issue of the "Reader's Digest", and felt that this would bring Homoeopathy to life much more vividly.

Here, I give just one example of such an analysis. I have chosen the article, "The Boy and the Billionaire", which is reprinted with permission from the April 1992 "Reader's Digest" (copyright (C) 1992 Print & Publishing Pvt. Ltd.). I have followed this with an analysis.

THE BOY AND THE BILLIONAIRE

It was his sense of humour that set Craig Shergold off from other children. A natural entertainer with an exuberant personality, he loved to make people laugh. His greatest joy was putting on wigs and funny hats and staging comedy skits for family and friends at his home in the London suburb of Carshalton.

Craig brought the same buoyant energy to soccer. But in the autumn of 1988, his coach noticed a change in the nine-year old's normally aggressive play. "He seems to have slowed down", the coach told Craig's father, Ernie.

Craig complained of earaches, and his mother Marion noticed that his eyes blinked repeatedly when he watched television. He seemed listless, but the family doctor blamed it on Craig's grief over the recent death of a beloved grandmother. As the weeks passed, however, he became more and more subdued.

At Christmas, Craig did not even want to ride his new bicycle. This time the doctor blamed Craig's problems on ear infection. Antibiotics did not help.

A couple of weeks later, Craig suffered a violent bout of vomiting. Marion demanded an immediate hospital appointment and a specialist put Craig through a series of tests.