

# Knowledge of medicine with special reference to their short acting, superficial acting, long acting, deep acting and antimiasmatic capabilities and strange, peculiar, queer and characteristic symptoms to know the grades of the symptoms

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### **1. Introduction**

It is an infallible / indubitable truth that the drugs do not produce stray or unconnected symptoms but produce diseased conditions, just as natural diseases produce sickness in healthy human beings. This fact is so obvious but was too long over looked. Hahnemann was the first to point out this fact.

Knowledge of medicine has a long history but very slow evolution. The knowledge of ancient physicians about curative power of drugs was based on empiricism, hearsay and to a limited extent on clinical experience, with advancement of knowledge of anatomy, physiology, pathology, biology etc. The knowledge of medical science depends upon animal experimentations. Thus the study of chemical action of drugs became the source and basis of curative properties of drugs and ground for drug application. The development of sophisticated instruments like microscope, x-ray, imaging system and various laboratory techniques gave us better visibility and understanding. So the laboratory became the shrine of drug knowledge. Whatever the laboratory could detect to be enlarged atrophied, surplus, deficient, the science of therapeutics should attempt to cut, supplant, remove and supply. Medical science rested upon the material in science that was learnt by experimenting on healthy animals and was applied on sick human beings to treat.

On a cursory look, it seems to be a perfectly rational method when judged from scientific trios –

“Experimentation, observation, inference” but to analytical mind there are more than one lacuna in the edifice of this drug knowledge, many elements have been overlooked, such as:

- a) The action of the drug in small quantities i.e. in quantities lesser than those producing detectable effects.
- b) The changes those are perceptible through sensory organs but not detectable through instruments.
- c) Human beings are objects of treatment and the actions of the drugs on human beings are not exactly what they are in the lower animals.
- d) Structurally there may be resemblance in cells and systems of animal and man but there are many higher faculties present in human beings such as: desire, will, ambition, memory, love, hatred, etc.
- e) Action of a drug is different from large quantities to small and very small quantities.
- f) While studying the organs, the sensations and functions can not be overlooked.

**Then Albrecht von Haller** raised his voice against the hollowness and irrationality of such knowledge and it was Hahnemann who pointed out the alternative method of experimenting on healthy human beings.

Hahnemann asserted that to treat human beings, a human Materia Medica is needed, and proved drugs on healthy human beings and recorded their pathogenesis. Infact, Materia Medica grew in extent and numerous / myriad of symptoms recorded in Homoeopathic Materia Medica became impossible even by the keenest of mind to retain in memory. Hence it was felt imperative to index out the symptoms which have been resulted in a subject Repertory.

## **2. How drug knowledge is obtained?**

**The sources are:**

### **1. Empirical source:**

Empirical sources which are based on observation or experiments, not on theory, deal with the facts observed from conjecture which attempts to explain in detail the general therapeutic values of the drugs. From the time of Hippocrates (460 B.C. – 370 B. C), Dioscorides (60 A.D), Galen (138 A.D. – 201 A. D), etc. the medicinal properties were known as emetics, purgative, diaphoretic, etc. No positive proofs of individual drug properties are present. No genuine attempt was made to know the time and full pathogenecity of drug substances

### **2. Experiments on plants:**

Drugs act on all living things like animal, plants etc. So some symptoms of the drugs can be studied by proving on plants. So we can get some idea of the pathological changes produced by the drug by studying the morphological and histological characteristic changes occurring during experiments on plants.

### **3. Experiments on animals:**

By proving drugs on healthy animals we can get objective symptoms. in this way we can study the pathological changes occurring in the animal body.

### **4. Chemical source:**

We can get some clue of pharmacological action of the drugs by studying its chemistry but a total drug picture cannot be derived from it.

### **5. Toxicological source:**

This is obtained from unnatural use and overdosing of drugs taken unfortunately. These indicate the gross effects of drugs showing changes in anatomy and physiology of the tissues which are comparable with the pathological morbid changes in diseases.

**6. Accidental source:**

Curative action of some drug substance is accidentally discovered. Medicines are prepared from these drugs after verifications of symptoms. E.g. *Blatta orientalis* in asthma.

**7. Clinical observation:**

When a medicine is applied for a curative purpose, some existing symptoms may disappear or some new symptoms appear which have not observed in the proving of that medicine.

**8. Laboratory experiments:**

These indicate the actual quantitative and qualitative changes that have taken place in the organ or tissue function and metabolism due to effect of the drug, may be in large, medium or infinitesimal quantity. This mostly helps to correlate the data with the actual disease state.

**9. Doctrine of signature:**

It is present in a few drugs which indicate the action of that drug upto a certain extent. In this, the relation between the external physical properties of the drug substance and pathogenicity in the patient is noticed. External characteristics of a substance served to indicate possible therapeutic effects. Fancied or real resemblance between some part of a plant and some particular organ or fluid of the body pointed to therapeutic relationship. Examples:

- Digitalis must be of use in blood diseases because its flowers are adorned with blood colored dots.
- Euphrasia was famous as a remedy for the eyes, because it had a black spot in its corolla, which looked like a pupil. (Grauvogl)
- Euphorbia, having a milky juice, must be good for increasing the flow of milk.
- Hypericum having red juice ought therefore to be of use in haemorrhage.

**10. Human proving:**

The genuine process of ascertaining the pure and peculiar effects of medicine is known as drug proving. Drug proving is a systematic and orderly process of investigation of the pathogenetic power of medicine by administering it in different healthy human beings of both sexes, different ages and of various constitutions with varying doses from crude to highly infinitesimal potencies, repeated times which forms the true basis of the Homoeopathic Materia Medica.

**3. Concept of short acting, long acting, deep acting and superficial acting drugs**

1. Footnote to aphorism 160 of Organon of Medicine: "If the action of those medicines to which the longest duration of action is proper, quickly expires in acute diseases – most quickly in those that are most acute – it is proportionately long lasting in chronic diseases (of Psoric origin) and hence it happens that the antipsoric medicines often do not show any such homoeopathic aggravation in the first hours, while they do so later and during various hours of the first eight or ten days". (Hahnemann)

2. In the time of acute crisis, we should always start our treatment with acute remedies (short acting) like – Aconite, Belladonna, Gelsemium, Pulsatilla, Baptisia, Dulcamara, Rhus tox, etc. As Hahnemann said "Give, if possible an acute remedy, which is not psoric, for acute cases and try to search first in the vegetable kingdom". Remedies like Aconite, Belladonna are called small remedies, because their action is short. When you have an acute case, begin it with a remedy from

the vegetable kingdom. (L. M. Khan)

3. Acute illness characterized by high grade inflammation in internal organs and which calls for frequent administration of the similimum. So on this case the similimum is short acting.

4. Medicines prescribed on miasmatic basis or constitutional basis are deep acting remedies.

5. In twelve observation of Kent, he writes in 5<sup>th</sup> observation that “when the remedy is only similar to the most grievous symptoms, that it do not cover the whole case, it does not affect the constitution of the patient. Here the remedy is only a superficial remedy”. (Kent)

**Duration of action of drugs:**

Name of the drug	Duration of action as given by Gibson Miller	Duration of action as given by J.H. Clarke
1. Acetic acid	14 - 40 days	14-40 days
2. Aconite	1 hr – several weeks	
3. Aesculus	30 days	
4. Aethusa	20 – 30 days	20 – 30 days
5. Aleos	30 – 40 days	30 – 40 days
6. Alumina	40 -60 days	40 -60 days
7. Ammon carb		40 days
8. Ammon mur		20-30 days
9. Anacardium	30 – 40 days	
10. Ars. alb	60 -90 days	60 -90 days
11. Aur met	50 -60 days	50 -60 days
12. Baryta carb	40 days	40 days
13. Belladonna	1- 7 days	1- 7 days
14. Bovista	14 days	7-14 days
15. Calc carb	60 days	60 days
16. Carb an.	60 days	60 days
17. Carb veg.	60 days	60 days
18. Caust.	50 days	50 days
19. Clematis	14 -20 days	14 -20 days
20. Colocynth	1-7 days	1-7 days
21. Conium	30-50 days	30-50 days
22. Digitalis	40 -50 days	40 -50 days
23. Dulcamara	30 days	30 days
24. Ferrum	50 days	50 days
25. Fl ac.	30 days	30 days
26. Graphites	40-50 days	40-50 days
27. Hepar sulph.	40-50 days	40-50 days
28. Kali bich	30 days	30 days
29. Kali carb	40-50 days	40-50 days
30. Kali iod.	20-30 days	
31. Lyco.	40-50 days	40-50 days

32. Mag carb.	40-50 days	40-50 days
33. Mag. mur.	40-50 days	40-50 days
34. Merc.	30-60 days	1-3 days
35. Mezerium	30 -60 days	30 -60 days
36. Muriatic ac.	35 days	35 days
37. Nat. carb.	30 days	30 days
38. Natrum mur.	40-50 days	40-50 days
39. Natrum sulph.	30-40 days	30-40 days
40. Nitric ac.	40-60 days	40-60 days
41. Opium	7 days	7 days
42. Petroleum	40-50 days	40-50 days
43. Phos.	40 days	40 days
44. Phos. ac.	40 days	40 days
45. Platina	35-40 days	35-40 days
46. Plumb.	20-30 days	20-30 days
47. Puls.	40 days	40 days
48. Rhodo.	35-40 days	35-40 days
49. Sarsa.	35 days	35 days
50. Sepia	40-50 days	40-50 days
51. Silicea	40-60 days	40-60 days
52. Stannum	35 days	35 days
53. Sulphur	40-60 days	40-60 days
54. Sulphuric ac.	30-40 days	30-40 or 40-60 days
55. Thuja	60 days	60 days
56. Zinc	30-40 days	30-40 days

**Group of medicines for 3 main miasms: (Hahnemann's chronic diseases)**

**Antipsoric**

**Antisyctic**

**Antisymphilitic**

Agaricus	Alumina	Ars. iod.
Alumina	Amm. mur.	Aur.
Amm. carb.	Antimony	Aur. mur. nat.
Amm.mur	Argentum	Calc carb.
Anacardium	Ars.alb.	Carcinocin
Ars.alb.	Aurum mur.	Kali iod.
Aurum	Baryta mur.	Kali carb.
Baryta carb.	Borax	
Bell.	Bismuth	
Bor.ac.	Bromium	
Bovista	Calc.phos.	
Calc.carb.	Cinnabaris	
Carb.anim.	Chlorine	
Carb.veg.	Ferr.iod	
Caust.	Ferr.phos	
Clematis	Fl.ac	
Colocynth	Graphites	
Conium	Hepar sulph	

Digitalis	Kali bich
Dulcamara	Kali iod.
Euphorb.	Kali sulph.
Graph.	Lithium
Guiac.	Mercury
Hepar sulph	Merc.cor.
Iodine	Merc.sol.
Kali carb.	Merc.iod.rub.
Lyco.	Natrum mur.
Mag. carb.	Natrum sulph.
Mag.mur.	Nitric ac.
Manganum	Plumbum
Mezerium	Silicea
Muriatic ac.	Sulphur
Nat.carb.	
Nat.mur.	
Kali nit.	
Nitric ac.	
Petroleum	
Phos.	
Phos.ac.	
Plat.	
Sarsaparila	
Rhododendron	
Senega	
Sepia	
Silicea	
Stannum	
Sulphur	
Stramonium	
Sulphuric ac.	
Zinc.	

**List of analogue remedies: (E. B. Nash)**

<u>Chemical</u>	<u>Vegetable analogue</u>
1. Kali hydr.	Phytolacca
2. Sulphur	Aloes
3. Phos.	Cepa
4. Mag. Carb.	Cham.
5. Ferr. Met.	Chin.
6. Calc. carb.	Bella.
7. Cup. Met.	Ipecac
8. Alumin.	Bryonia
9. Merc.	Puls.
10. Kali sulph.	Puls.

<b>Some of the symptoms of Natrum mur.</b>	<b>Time of appearance (Allen's Encyclopedia)</b>	<b>Time of appearance (Chronic disease)</b>
Cheerful, good humoured, lively	2 <sup>nd</sup> day	2 <sup>nd</sup> day
Melancholic mood	2 <sup>nd</sup> day	9 <sup>th</sup> day
No desire to work	9 <sup>th</sup> day	
Feeling of anxiety with heat & perspiration	18 <sup>th</sup> day	
Laughs so violently	23 <sup>rd</sup> day	18 <sup>th</sup> day
Vertigo on walking	1 <sup>st</sup> day	1 <sup>st</sup> day
Headache immediately waking in the morning lasting till noon	2 <sup>nd</sup> day	
Hair comes out when touching	15 <sup>th</sup> day	2 <sup>nd</sup> day
Violent throbbing headache with heat on head	17 <sup>th</sup> day	
Eye dim & weak	31 <sup>st</sup>	
Shortsighted ness		4 <sup>th</sup> & 9 <sup>th</sup> day
Tickling as if a wax in left ear	11 <sup>th</sup> day	
Deafness		7 <sup>th</sup> day
Sneezing	1 <sup>st</sup> day	
Redness, heat, swelling of left ala of nose		2 <sup>nd</sup> day
Face shines as if greasy	8 <sup>th</sup> day	
Drawing pain in lower jaw		10 <sup>th</sup> day
Frequent hawking of mucus	14 <sup>th</sup> day	
Dryness of fauces		3 <sup>rd</sup> day
Good appetite at noon	17 <sup>th</sup> day	
Intense hunger, no appetite with emptiness in stomach		1 <sup>st</sup> day
Gripping pain rt. Hypochondrium	19 <sup>th</sup> day	19 <sup>th</sup> day
Rumbling in the abdomen	6 <sup>th</sup> day	
Pinching in abdomen as from worms in evening		17 <sup>th</sup> day
Emission of diarrhoea like water	4 <sup>th</sup> day	
Emission of flatus following diarrhoea		12 <sup>th</sup> day
Erection in morning	10 <sup>th</sup> & 14 <sup>th</sup> day	
Pollution in a married man	1 <sup>st</sup> & 10 <sup>th</sup>	
Menses 7 days, too early	8 <sup>th</sup>	
Menses 4 days late		22 <sup>nd</sup> , 27 <sup>th</sup> & 33 <sup>rd</sup> day
Fluttering motion of heart	21 <sup>st</sup> day	7 <sup>th</sup> day
Urticaria, itching after violent exercise	2 <sup>nd</sup> day	2 <sup>nd</sup> day

Some of the symptoms of Belladonna	Time of appearance (Allen's Encyclopedia)
Lively memory	24 hrs
Loss of senses	2 hrs
Slight stupor or lethargic	5 ½ hrs
Vertigo, feeling as if intoxicated	½ hr
Headache all day	2 <sup>nd</sup> day
Weight on top of fore head, causes vertigo	14 <sup>th</sup> day
Dilatation of pupils	3 ½ hr
Diplopia	6 hrs
Swollen face	6 hrs
Itching of gums	½ hr
Swollen tongue	6 hrs
Excessive thirst for cold water	4 hrs
Vomiting	6 hrs
Sensation of fullness in abdomen soon after stool	7 <sup>th</sup> day
Pain gradually increase & gradually decrease	24 hrs
All limbs seems as if paralyzed	6 hrs
Painful swelling of one of left axillary glands	5 hrs
Convulsions, distortion of all muscles	6 hrs
Restless at night, grinding of teeth in convulsion	10 hrs
Redness like scarlatina of entire body	6 hrs

### Conclusion

Short acting, long acting, superficial acting and deep acting are the terms used in homoeopathy are not specific to any homoeopathic medicine, but are related to the condition for which the medicine is administered, the potency of the medicine and the symptoms covered by the prescribed medicine (particular or general).

### 4. Miasmatic characteristics

Before going through the miasmatic capabilities of drugs we should refresh our mind with the working knowledge on miasms and their characteristics:

#### Psora:

**Definition:** It is a chronic dyscrasia caused by Psoric miasm which is most ancient, most infective, most universal, most destructive, most misapprehended, hydra-headed and mother of all thousands of incredible various acute and chronic diseases.

**Source of infection:** Itch vesicle

**Mode of infection:** contact with skin

**Incubation period:** 6-14 days

#### Properties:

- .. Hypersensitivity and reactivity are hallmarks of Psora.
- .. Activity runs at a high pitch at all levels.
- .. Psycho-neuro-endocrine mechanisms are alert, active and responsive to this challenge.



**Effect of quickness:**

- a) Mental: Acute, sharp, sudden, alert intense swings, oscillations and changeableness of symptoms.
- b) Biological: The process of growth, development, digestion, assimilation, elimination and sex productions are heightened and rapid.
- c) Periodic: These types of responses are alternations, confused states, periodic or relapsing states.
- d) Inflammatory: This system also gears itself to normal through quick, immediate and adequate mobilization of built in natural defense. So inflammatory processes resolve rapidly without suppuration and residue.

These troublesome effects occur at the level of limiting protective envelopes viz. skin, mucus membrane in the form of classical eruption called primary Psora.

When these peripheral expression of primary Psora are blocked through suppressive measure now the road is clear of progressive internalization involving more to vital organs and at the level of limitless mind. Producing a psoric state where turmoil is produced and expressed through symptoms giving the warning bell before going to do any structuralization. This stage is called latent stage and is called Latent Psora.

**Cause:** This latent Psora may flare up by any type of physical or mental trauma, irregular living and unhygienic condition or sever acute diseases resulting in hundreds of secondary manifestations which is functional disturbances with minimal structural alterations.

**Nature:** Above adverse environment act as mere accelerators of process and not as initiators. It is a self activating, self propelling, self perpetuating mechanism with its own distinctive momentum downhill towards destructive.

**Physical:**

- a) Due to in coordination and imbalance of functions in control system (CNS, CVS, Endocrine system and RE system), there occurs congestion, nutritional disturbances of diverse type.
- b) Due to hypersensitivity individualizing features are: Aversions, cravings, concomitants, modalities, etc.

**Mental:** At the intellectual level: Quick registration of sensory input  
In few highly developed called clairvoyance or extra sensory perception Leads to

Quick sensory perception Specific experience

Stored as memory

Quick recall system

Intuition

Right interpretation

Enables the formulation of ideas, thoughts & concepts (Deductive reasoning)

Right decision (In Psora there is promotion of indecision)

Insecurity & anxiety (Anxiety is anticipatory type)

**High, aspirative, special active:**

The acute, quick, alternating perception and imagination, memory thinking and active neuroendocrine system

Vortex of strong desire where man goes on spinning hopelessly

Gratified desire engendered further desire through greed

That produces strife through continual conflict thus emotional expressions

(Anger, sadness, love, hate, envy, jealousy, suspicious, anxiety)

These reinforcing states produce guilt

Ungratified desire goes fulfilled through imagination, fancies, fantasies, dreams (day & night), etc.

Emotional represses because conscience are reflected

Aberration of behaviour & bodily function

Structural alterations

Leads to

Leads to

Further reinforces to

**Psycho-physiologic and psycho-pathologic mechanism**

Basic hypersensitivity

P.N.E and RES to a high pitch of activity

Heightened & exaggerated responses in sensory, intellectual and emotional level

This results in overloading circuit & process into brain

Produces alteration in neuronal control as regard speed, relays resistance and impendence of nerve impulse conduction

**Entropy system is deranged (Input & output constant ratio factor)**

Produces tension in the system due to increase input

Produces progressive, increasing confusion

The actions and responses that flow from this disorientation are quick, changeable, excessive, erratic, irrational, uncontrolled, inconstant, spasmodic, oscillation, periodicity, and alternations

Due to inadequacy, inefficiency, inappropriateness of functioning in relation to time, space & circumstances

- This play of force alter the susceptibility which produce troublesome manifestations
- Give way to progressive internalization functional disturbances in secondary Psora
- Structural alteration in Sycosis tubercle and syphilis leading ultimately to destruction

The alteration of susceptibility in Psora leads to activation and disturbance of neuroendocrine and RES (the controls of this dynamic system)

Neuronal controls operate at following five levels:

a) Segmental level (spinal cord & brain stem)

b) Reticular level

c) Brain stem & diencephalon (thalamus, hypothalamus, epithalamus, pineal body)

d) Cerebral cortex (motor cortex)

e) Highest level (presumably cortical)

These are for voluntary function and sensory-motor and the learned responses.

The involuntary and emotional functions are by:

- a) Limbic system
- b) Hypothalamus
- c) Autonomic nervous system (Sympathetic for catabolic & parasympathetic for anabolic functions)

### **1. In Psora sympathetic overactivity:**

- a) Thyroid gland is activated increased activity of vasomotor center in medulla

So accounts for heat, burning, coldness, flushes and other vasomotor phenomena

- .. Thyrotoxicosis without goiter
- .. Labile hypertension and emotional stress

- b) Adrenals with cortical & medullary hormones are activated  
So H<sub>2</sub>O, Na<sup>+</sup>, K<sup>+</sup> metabolism & blood pressure which secondarily effect kidney

Dryness of skin & mucosa with minimal thirst  
Affects melanin metabolism in skin

- c) Parathyroid – related to Ca & P metabolism so effects are seen in bones, teeth.

- d) Sex gland - affects their reproductive functions – Ovarian dysfunction causing functional menstrual disorders, acrid non infective leucorrhoea.

**2. Autonomic nervous system** is responsible for visceral functions like G.I., liver, G.U. tract, respiratory tracts, CVS. So all functional derangement in these sphere are Psoric. (Malabsorption, mal assimilation, malnutrition, impotency, sterility, vaginismus, etc.)

Let us sum up the Psora separately in different form expresses to us:

#### **Primary symptoms:**

##### **Premonitory symptoms:**

- .. Chilliness in the evening
- .. Evolution of heat at night (feeling temperature in paroxysm)
- .. Sweating towards morning (after midnight)

##### **Primary manifestations:**

- .. Followed by itch in next morning.
- .. Voluptuous itching followed by scratching < at night.

Psora infected during this primary stage (Sycosis & syphilis inherits in the stage the parents are having).

##### **Latent symptoms:**

#### **1. Mental symptoms:**

- .. Emotional: Anger, sadness, love, hate, jealousy, envy, suspicious, anxiety, fear, fright, restlessness, hopeless, sensitive, active, moodiness, melancholic.
- .. Intellect: Keeness of intellect, fault finding, delusion, time goes too slowly or too quickly, sensitive to noise.

**2. Desire & aversion:**

- .. Craving for: sweet, sour, fried food, fat, hot food.
- .. Aversion to: bathing

**3. Modalities:**

- .. < cold
- .. > heat, natural discharges
- .. < & > with course of sun (head)
- .. head > by hot application

**4. Other physical generals:**

- .. Chilly, easily catches cold.
- .. Sweat of head during sleep
- .. Sleep- Desire to lie down without doing anything
- .. Dreams – Day & night
- .. Taste – sour, sweet, bitter or bad taste (copper taste – syphilis; fishy taste – Sycosis)
- .. Bowel – Usually morning diarrhoea
- .. Appetite – Eats beyond capacity, ravenous hunger with empty feeling in stomach

**5. Other symptoms:**

- .. Burning palms & soles
- .. Sweating palm & sole
- .. Oversensitive to smell
- .. Frequent flushes of heat
- .. Redness of orifices
- .. Involuntary twitching of muscle during sleep
- .. Frequent passes of Ascaris lumbricoid
- .. Grinding of teeth
- .. Dry eczema
- .. Scalp dry

**Secondary symptoms:**

- .. Various vertigo < on walking
- .. Chronic sick headache
- .. Roaring in ear and otorrhoea
- .. Epistaxis and polyp in ear
- .. Perverted smell
- .. Wart on face, arm & hand
- .. Bronchial asthma
- .. Suppuration of larynx
- .. All short of skin diseases
- .. Glandular swelling of neck
- .. Inguinal hernia
- .. Bleeding piles, fistula in ano, polyp in rectum
- .. Diabetes

- .. Spermatorrhoea
- .. Enuresis
- .. Impotence
- .. Sterility with all sorts of menstrual irregularities
- .. Vaginal polyp
- .. Leucorrhoea
- .. Arthritis, swelling of bone, curvature of spine
- .. Varicose veins of lower limbs
- .. Suppuration of humerus, femur, patella, fingers & toes
- .. Encysted tumors
- .. All sorts of mental disturbances
- .. Cancer, sarcoma, epilepsy, tuberculosis, etc.

### **Sycosis:**

**Definition:** It is a chronic miasm and is a miasm of fig wart disease which produces cauliflower like growth on the skin and hypertrophy of tissues and organs such as tumors, rheumatic heart, gouty conditions, etc. and it is generally understood to be gonorrhoeal poisoning.

### **Primary sycotic expressions:**

- Fig wart alone or fig wart associated with gonorrhoea.
- Peculiarity of discharge is painless urination (it is the character of fig wart).
- This miasm in the primary expression is known by:
- Fig wart excrescences on the genitals with or without a thick pus like discharge from urethra after few days or weeks of exposure sexual intercourse.
- Penis swollen and hard.
- Tender glandular tubercles on the back of the penis which may penetrate the system to produce secondary change but there is no difficulty in urination.
- Fig wart character: It may be dry wart like, soft spongy, bleeds easily and discharges are offensive, there may appear moles on glands or below the prepuce and in women surrounding the pudenda and on the pudenda.
- If fig wart is removed externally reappears again and leads to secondary ailments.

### **Secondary sycotic expression:**

- Contracture of flexor muscles (specially fingers).
- Acute, sub acute and chronic inflammation.
- Anaemia refractory to hematonic.
- Cancer, diabetes.
- Criminal insanity and Bright's disease.
- Vertex, headache < at night.
- Dry dandruff (moist – syphilis)
- Over growth of tissues (warts, tumors).
- Rheumatic and gouty complaints.
- Valvular diseases of heart
- Anasarca
- Enlarged prostate
- Appendicitis
- Barber's itch
- Stitch abscess
- Special affinity for sexual and pelvic organs: Cystic diseases of ovary, salpingitis or

blockage of tubes.

- Malformation and incoordination from beginning.

**Reorganization is made by basic fundamental general feature:**

- Hypertrophy
- Exudation
- Spasm
- Oedema
- Malformation
- Incoordination

**Tertiary sycotic expressions:**

**e) Causatives:** Suppression of abnormal discharge (Syphosis is established after suppressed gonorrhoea. When acute infection is driven in upon the vital energy by external methods of suppression it becomes systematic stigma permeating every living cell of the organism.

**f) Modalities:**

**Aggravation:** damp weather, wet weather, getting wet, change of weather, meat, spice food, alcohol, natural eliminations (sweat, stool, urine).

**Amelioration:** slow motion, lying on abdomen, dry weather, return of suppressed normal discharge (menses), hard pressure, pathological eliminations like leucorrhoea, otorrhoea, fistulous discharges, and nasal discharge).

**g) Mind:** Mal active, mischievous, suspicious which leads to jealousy, quarrelsome, tendency to harm others, cruel, cross & irritable, forgets recent happening, remember distant events, absent minded, fixed ideas, suicidal tendency selfish, all better when wart appear, old ulcer break out and acute gonorrhoeal discharge.

**h) Sensation and complaints in general:** slow recovery, patient is anaemic with rheumatic & catarrhal trouble, hair falls in circular patches, warts and warty growth and moles, red nose with prominent (especially in females), offensive discharge (from genitals especially), discharges are greenish, yellowish and acrid, child smells sour, nails are ribbed.

**i) Particulars:**

- Headache < night, > motion
- Fishy odour from hair
- Loss of smell
- Putrid or fishy taste in mouth
- Craves beer
- Meat intolerance
- Likes either hot or cold
- Stomach – colicky pain, paroxysmal > hard pressure & motion
- Dry barking cough in early autumn and winter
- Pulse slow, soft
- Valves are roughened muscle flabby
- Grass green stool
- Pain in joints < rest, > motion

**Syphilis:**

**Definition:** It is a miasm of venereal, diseases which are supposed to be originated from impure coition and makes itself known through venereal chancre and destroy tissues, organs and bones causing bone caries and ulcerations.

**Source of infection:-** Impure sexual intercourse.

**Exciting cause-** Spirochetes, T. palladium.

**Fundamental cause-** psoric dyscrasia.

**Principles:-**

- .. All phases of syphilis is characterized by destruction all over and at all levels.
- .. Over stimulated and exhausted system and/or continued adverse environmental inputs leads to total loss of controls with inadequacy of functioning at all levels (intellectual emotional and physical).
- .. Violent response is the hall mark of syphilis miasm through out.
- .. It is irrational, disproportionate, long continued, and progressive and proceeds remorse lessly and relentlessly towards destruction at all levels.

**1. Progressive loss of value of life**

Lack in discriminative intelligence (perception, thinking, decision making)

Leads to

Results

The subjects to the prey of lower based elements

Pleasure seeking impulses take full sway & power

Emotion desire complex

Power of wealth, wine, women to corrupt the sanest a fact of history

Power of wealth, wine and woman to corrupt the sanest is a fact of history

This generate worst feeling (anger, hate, envy, jealousy and suspicious)

Leading to paranoid traits (violent act of destruction)

**2. Unappeased, irrational hatred of person who have offended either in actual life or imagination and which provokes:**

- .. Maliciousness
- .. Meanness
- .. Cruelty
- .. Cunning ness
- .. Deceit
- .. Revenge
- .. Vindictiveness towards the object of pursuit of a magnitude carried to their logical conclusion – termination of life are some of the expression.

3. Strong will present in syphilis. Anguish leads to despair. Despair arises from depression, and leads to suicidal tendency. Despair of recovery leading to religious salvation (sin & guilt). Anguish leads to acute anxiety expressed as restlessness < night & > by movement. Violence and destruction at physical level expressed in all tissues and systems.

**Primary symptoms:** Chancre or bubo.

**Latent symptoms:**

**a) Mental:**

- .. Dull, depressed, and tendency to suppress his trouble, morose, imbecile and stupid
- .. Fixed ideas
- .. Desire to be alone and commit suicide
- .. Extreme forgetfulness
- .. Apathy and indifferent

.. Anger accompanied with unwarranted destruction

**b) Modalities:**

.. < at night, normal discharge, warmth, heat and rest

.. > abnormal discharges (Sycosis), cold

**c) Desire & Aversion:**

.. Desire for alcohol, acids, sweet, chalk. Lime, pencil and cold food

.. Aversion to meat

**d) Other physicals:**

.. Constitution – grey hair and fissure on lip, saddle shaped nose, Hutchinson’s teeth, paper thin spoon shaped nail.

.. Taste – coppery taste or metallic taste

.. Head- large and bulging, hair greasy, and offensive fall out in bunches (circular – Sycosis), dandruff with yellow crust, moist (white crust – Sycosis), boring the head into pillow, large ear, lobes are pale, white and transparent.

.. Nose – anosmia

.. Face – acne indurate

**Secondary symptoms:**

.. Syphilitic eruptions

.. Arteriosclerosis

.. Hypertension

.. Various ulceration and gangrene

.. Deformity and atrophy

.. Tuberculosis

.. Cancer

.. Stricture, fistula

.. Caries of nasal bone

.. Occipital headache < at night, warmth & > by cold

.. Alopecia & dandruff (moist eczema)

.. Criminal insane

.. Deformities of lens and cornea

.. Degeneration of liver

.. Bone pain < night, warmth & > by cold

.. Pernicious anaemia

.. Azoospermia

.. Repeated abortion and still birth

.. Diabetes

.. Destruction from beginning in any disease

**Tubercular miasm**

An indolent system with the aberrant allergic, hypertrophic, erratic, spasmodic and target cell responses make a last ditch effort to survive and return to normalcy in the presence of continued adverse input of the environment.

.. Thus we have increased activity at all levels – intellectual, emotional and physical.

.. All tubercular manifestations may be designated as the “Heightened Psora”.

.. There is stimulation of PNE and RES.

.. Increased activity at levels lead to debility at all levels of intellectual, emotional and physical.

.. Other type of tubercular responses are hyper dynamic, changeable, alternating in relation to emotion, desire, will, intellect (Perception, thought), motives, drives, disposition in time and space



including endocrine, CVS, G.I tract, bone envelopes (skin & mucous membrane) and sensory-motor system.

At all levels of **mental expression** we find extreme hypersensitivity to external stimuli and alert system.

a) So quick registration of sensory inputs, their analysis and interpretation with adequate memory store house and recall system reference & comparison. There is heightened perception even clairvoyance (extrasensory perception), active thinking to the point of precocity, creativity and imagination. But motivation, drive and will being poor the heightened imagination, desires & strong attachment quite fall into embarrassing stimuli to put into practice.

The result is frustration, disappointments, and disillusionment with consequent feeling of insecurity which leads to anxiety, fear and fright. Unfulfilment of desires expresses themselves indirectly through dreams, fantasies, fancies and somatization or symbolization.

b) Excessive sex desire in mental level leads to indulgence in bad habits (Masturbation, homosexual, heterosexual) and its consequences being impotence and physical debility. Other expressions are nocturnal emission, amorous dream and lascivious mania.

c) Extreme nervous irritability and excitability this reinforces the anxiety – fear – fright complexes which expresses through restlessness or anxious frightening dreams and insomnia.

In physical level as spasmodic affection such as - hysterical convulsion, epilepsy, grinding of teeth during sleep.

At physical level expression are over stimulation of sympathetic (as in Psora) results in activation of endocrines and metabolic processes.

a) There is increase catabolism, decrease in anabolism, poor assimilation and anaemia.

b) Hyperthyroidism, hypothermia, hectic fever with night sweat, profuse sweat with musty, odour.

c) Emaciation with ravenous appetite

d) Hyper dynamic circulation

e) Diabetic syndrome

f) Skin pigmentation, cracks and fissures in the skin

g) Premature graying of hair

h) Loss of elastic tissue.

i) Stimulation of RES results in hypertrophy, enlargement, and indurations of glands (liver, spleen, lymph nodes, thymus and others).

j) There is generalized lymphadenopathy, silken hair down the spine, fair skin, fair eyelashes, slender fingers, regular teeth are tubercular constitutions.

k) Forced mobilization results in hectic activity with poor resources leads to exhaustion which render the subject vulnerable to biological agents germ, virus, parasites, fungi, etc. These give rise to chronic inflammation of various organs. These are emphasized by poor reaction evidence by –

.. Protracted recovery

.. Easy suppuration and delayed healing

.. Healing through fibrosis and scarring and scar breaks down often.

.. Diabetic acceleration of these pros

.. Reduce resistance to TB, pertussis and other viral infections.

l) In re-infection it produces a destructive response on account of hyper mobilization and ends in fibrosis.

**Causes:**

- .. Exciting causes- Bacteria, virus, parasites and fungi.
- .. Fundamental cause – Psora and syphilitic dyscrasia.

**Mental** – Both psoric and syphilitic

- .. Slow in comprehension
- .. Dull, morose
- .. Mental symptoms are better by out breaking of an ulcer
- .. At some patient active like psoric, alert, restlessness, anxiety, fear, fright, etc.

**Modalities:**

- .. < Riding horse (head), night
- .. > Rest (head), nose bleeding, hot application (eye), cold application (nose bleed)

**Aversion:** Fat

**Desire:** Potatoes, meat, indigestible things (chalk, pencil, lime, etc.), salt, bear, wine, extremist (like hot & cold)

**Sweat:** Hyperidrosis, bromidrosis, anidrosis.

**Taste:** All metallic tastes, salty or rotten egg taste

**Hunger:** faint too not satisfied, constant hunger beyond capacity

**Stomach:** Weak all gone sensation

**Bowel:** Morning aggravation, < from milk, potatoes, meat; rectal trouble alternate with chest complaints.

**Skin:** Affection with glandular involvement

**Scalp:** Pustular eruption

**Head:** Hair dry, moist, glues together; headache < riding carriage, > by nose bleeding and rest

**Secondary symptoms:**

- .. Eczema
- .. Herpes
- .. Urticaria
- .. Freckles
- .. Fissures
- .. Fistula
- .. Tuberculosis
- .. Leprosy
- .. Hodgkin's disease
- .. Sarcoidosis
- .. Pneumoconiosis
- .. Beryllium poisoning
- .. Crohn's disease
- .. Parasitic infections

**5. CONCEPT OF PECULIAR, QUEER, RARE & STRANGE SYMPTOMS:**

The theme of characteristic symptoms of Hahnemann is of greater importance. It embraces the whole of the homoeopathic doctrine as it represents the final synthesis of mental process carried out by the doctor in respect to the patient.

When Hahnemann in Aph-3 of Organon says 'What is to be cured in every individual case of disease....' Make us big commitment of understanding the patients whole biopathographic history and through a well considered evaluation of the symptom of the patient, thus manage to crystallize those few symptomatic elements that by joining together like a puzzle's element, create a single image from which to move easily towards the determination of the proper remedy.

It is interesting to consider the study of cases, the patient's dynamic element, and understanding every time we see it. The patient's image of suffering is not certainly fixed, but it looks rather like a painting with moving & floating contours resembling a drawing of a moving cloud in the sky.

What today constitutes a picture, with its characteristic symptoms defining the case, is no longer such, even after the first prescription. The extraordinary change in the predominant miasm in the phase of curative action make the symptomatic complex appears like a series of multicolored and moving shapes that one can see in a kaleidoscope. The predominant, striking, singular & peculiar symptoms which create the patients image of suffering of all that we need to set off the curative reaction of nature, the wonderful curative energy giving force activated by the medicinal potency.

In this view we can see that the characteristic symptom which Hahnemann speaks about in Aph-153 are not all the mental or physical or general symptoms visible in the patient, but only those characterize and make his/her existential phase unique & hardly that ever fit together with those symptoms of the fixed images created by the so called simplified Materia Medica.

Each patient can be defined by those few characteristic symptoms that are single and perhaps unrepeatable image.

Going back to the characteristic symptoms, they are as follows:

The Predominant symptoms are those corresponding to most intense suffering & those alterations, which make a stronger impression of the patient.

The **striking** symptoms are those which break in to the flow of everyday life in an uncommon & unusual way.

Peculiar symptoms are derived from the particular way, in which the individual modulates his/her reactions giving them personal peculiarities,

**Singular** symptom coincides with deriving from the specific nature of medicines.

Thanks to these definitions from Hahnemann, first from Hering. With the symptomatic tripod later and finally from Proceso Sanchez Ortega with the symptom of the last miasmatic stage. We come to have the instruments for making an evaluation.

In aph- 153 of "Organon- The art of Healing" is the stick yard of artistic prescribing,, where the author( Hahnemann) mentioned in the foot note appreciation of Boenninghausen & his works on Characteristic symptoms, which was clearly perceived by Boenninghausen as an concept of Concomitant.

Boger writes " In any system it must be self evident that the larger pathogenesis will cover more cases than smaller ones, which is an additional reason why we should become expert in picking out the odd and unusual ones for our guide. These odd & unusual are nothing but Hahnemann's most striking, singular,, uncommon & peculiar(Characteristic)....., which seems to be far removed from the ordinary course of disease. These are nothing but concomitant symptoms.

Dr. Henry N. Guernsey, coined the expression " Key-notes to the Materia Medica" and drew the attention of homoeopaths to their importance Dr. H.C. Allen key notes & characteristics & Dr. E.B. Nash Leaders in Homoeopathic therapeutics. Owe their popularity among generations.

Knowledge of pathology & character of disease help us to differentiation to the common from the uncommon symptoms, but unless become familiar with symptoms that are common it will be difficult to know what are uncommon, strange, rare & peculiar. However, when peculiar modality qualifies common symptoms, they become striking & peculiar and help to individualize the picture of repertory work.

Many of the old master prescribers like Dr. Adolph Lippe, H. N. Guernsey, P.P. Wells, C. Hering, H.C. Allen, Farrington, Dunham, Swan and many others were all users of the legitimate key notes.

The key note is described as the guiding controlling notes in a piece of music, as without such a note they would be no harmony or music.

The keynote is apt to be abused by those who fail to distinguish its above features, and confused with peculiar symptoms as Elizabeth. Hubbard points out "Strange, rare, peculiar" symptoms often become key notes, although not all keynotes are strange symptoms, for instance 'Hunger at 11 am' is a key note of Sulphur, but it is not a strange & peculiar symptom. The same is the case with 4-8 p. m aggravation of Lycopodium but a key note which is also peculiar is "The more you belch, the more you have to belch" of Ignatia or the well known aggravation from downward motion of Borax.

In order to restrain the tendency of relying too much on a single symptom (key-note or peculiar), Hering recommended the formula of "Three legged stool", i.e. at least three (More are welcome). Characteristic symptom which together support a general likeness to the constitutional action – Pathogenic power of the remedy is a dependable guide in the choice of remedy.

We have explained the distinguishing features of keynotes & peculiar uncommon symptoms, and the best way of using them safely. However the most difficult part of our duty, if we are to use the keynotes or peculiar symptoms is to discover them while taking the case.

Homoeopathic prescribing depends upon accurate case taking & correlation of information. This can be difficult if there is paucity of symptoms.

These cases illustrate one possible technique in such situation two elements seem to be used in these circumstances:

- a) The first is need to be select "More striking, uncommon & peculiar symptoms"
  - b) The reliability of information in the homoeopathic Materia Medica & Repertory.
- Many homoeopaths of great clinical acumen have accumulated this information over many years. At times there is only one outstanding feature in the case and nothing else to confirm the prescription.

Strange, rare, peculiar symptoms are those about which explanation is possible and which are peculiar to a few drugs and to a few patients suffering from similar diseases.

Hahnemann says, "We should be particularly and almost exclusively attentive to those symptoms that are peculiar or characteristic of the patient and not those that are common to the disease".

Kent says, "Get the strong, strange, peculiar symptoms and then see that to it that there are no generals in the case that oppose or contradict".

H. A. Robert says, "No single symptom, no matter how strange, rare and peculiar can stand without the support of well taken case and the likeness of whole patient to the remedy".

Let us study how symptom can be PQRS at different elements / dimensions of the symptoms.

**1. Peculiar location:-**

- a) Right side:- Apis, Caustic., Chel., Lyco., Sang.can. (If is present in greater magnitude)
- b) Left side:- Thuja, Spigelia, Lachesis, Phos. Sepia. (because of its intensity)
- c) Right to left side:- Lycopodium
- d) Left to right:- Lachesis
- e) Crosswise (Diagonal):- Agaricus, Ledum pal, Rhus tox.
- f) Alternating sides:- Lac can, Cocculus.

**2) Peculiar sensations:-**

- a) Falls as if legs are not his own :- Agaricus, Baptisia
- b) Splinter in throat: Hep. sulph.
- c) Cobweb sensation on forehead: Graph.
- d) Feeling of relaxation & bearing down in abdomen – Sepia.

**3) Peculiar modalities:-**

- a) Burning pain > by hot application- Arsenic alb.
- b) Coryza < by cold bath- Calc. carb, Sulph.
- c) Pain < by slight pressure but < by hard pressure- China, Lyco.
- d) Chilly but < from warmth:- Apis, Ipecac, Secale cor.
- e) Lump in rectum not amel. by stool :- sepia

**4) Peculiar concomitants: -**

- a) Thirst with chill:- Eup. perf, Nat. mur, Nux vom.
- b) Lachrymation, coryza during: Allium cepa, Carbo veg., Nux vom. Tellurium.
- c) Urination, involuntary laughing when:- Sepia, Causticum, Puls.

**5) Extension of pain:-**

- a) Chest pain, heart extend to nape of neck & shoulder:- Naja (if in greater intensity)
- b) Pain wandering:- Kali bich, Oxalic acid, Sabadilla,, Puls., Stellaria, Kalm., Rhodo.
- c) Pain, small spots:-Kali bich., Ignatia.
- d) Ascending pain: Ledum, Arn.
- e) Descending pain: Kalm.
- f) Pain spreads diagonally: Agar.

**6) Alternating symptoms:-**

- a) Asthma alternates with eruptions:-Hepar sulph, Kalmia, Sulphur.
- b) Chill alternates with sweat:- Phos
- c) Chest and rectal symptom alternate:- Silicea

**7) Absence of (normally) expected symptoms:-**

- a) Fever without thirst:- Apis, Gelsmium, Sabadilla.
- b) Painless ulcer:- Opium, Lycopodium, Phosphoric acid.
- c) Vomiting without nausea:- Apocynum( Phatak Rep.)
- d) Diarrhea, painless & non debilitating:- Acid phos
- e) Sleeplessness although sleepy:- Pulsatilla

f) Thirstless although mouth is dry: Nux mosch

**8) Other strange symptoms:-**

- a. Asthma better by lying down:- Psorinum
- b. Hates (averse to) loved ones:- Sepia
- c. Hearing impaired > by noise:- Graphites

**9) Circumstances:-**

- a) Can swallow solid food better than liquid :- Lachesis
- b) Can sleep only in the legs are crossed: - Rhododendron
- c) Light pressure < hard pressure ameliorate: - China

**10) Mode of onset: -**

- a) Pain appears suddenly, disappears suddenly: - Bell. , Mag. Phos., Kali bich.
- b) Pain appears suddenly, disappear gradually: - Pulsatilla

**11) Peculiar causation: -**

- a) Convulsion from anger: - Chamomila
- b) Dyspnoea from slight fits of anger: - Ranun. bulb.

**12) Magnitude of symptom: -**

- a) Pain in right hypochondrium: - Chelidonium
- b) Involuntary stool: - Aloes

**13) Symptoms are completed in 4 dimensions (L/S/M/C) :-**

- a) Stitching pain knee joint
- < Motion
- > Rest

Associated with constipation – Bry. alb.

**6. DISSECTION OF DRUGS: PQRS symptoms**

**Natrum mur.**

Let us work out on Nat. mur. to locate its peculiar symptoms on above concepts.

1. Peculiar location:

- .. Emaciation of neck
- .. Eczema of margin of hair
- .. Hamstring contraction
- .. Deep crack on middle of lower lip

2. Peculiar sensation

- .. Sensation of hair on tongue
- .. Heart palpitates, flutters, intermits, pulsates violently shaking whole body
- .. Bitter taste of tobacco while smoking

3. Peculiar modality

- .. Sad and weeping mood with out cause, consolation <
- .. Cramps > by tightening cloths
- .. Pain in back > by lying on something hard

4. Peculiar concomitant

- .. Hypochondriacal mood with constipation

- .. Headache with red face
  - .. Headache beginning with blindness
  - .. Dull heavy headache with profusion of tears
  - .. Goiter with chronic sore throat
  - 5. Extension
    - .. Stitch behind right tonsil towards the ear when yawning
  - 6. Alternate with
    - .. Sad and merry mood alternates
    - .. White scurf on scalp, dandruff alternate with catarrh and loss of smell
    - .. Alternate constipation and papescent stool
  - 7. Absence of normal expected symptom
    - .. Morning chill with thirst
    - .. Thirst, and yet hardly desire for drinking
  - 8. Circumstances
    - .. Vertigo while walking
  - 9. Causation
    - .. After violent exercise nettle rash
    - .. Chorea after fits
    - .. Paralysis after violent fits of passion
  - 10. Symptom completed in 4 dimensions
    - .. Headache – Location: Left sided clavus
- Sensation: Bursting type, as if thousands of hammers knocking inside the brain  
 Modality: < 10-11 a.m., sun heat, sunrise to sunset  
 > Perspiration, open air  
 Concomitant: Blindness

**Belladonna:**

1. Peculiar location
  - .. Especially upper lid, cracking in the middle.
  - .. Extraordinary mobility of facial muscle of left side
2. Peculiar sensation
  - .. Swashing in the brain as if full of water
  - .. Sensation as if inner organs over distended
3. Peculiar modality
  - .. Headache > during menses
  - .. Dyspnoea < by wine
  - .. Pain decreased by strongly pressing parts
4. Concomitant:
  - .. Headache with desire for lemonade
  - .. Attacks of head accompanied by pain in small of back
  - .. Hysteria with melancholic mood
5. Extension:
  - .. Tearing in inner parts from below upwards
  - .. Violent shooting pain in right maxillary joint, extending to ear when chewing.
6. Alternate with
  - .. An extreme paleness of face changes to redness with cold cheeks and hot forehead.
  - .. Delirium and heat alternates
7. Absence of normal expected symptoms

- “ Burning heat in whole face, without redness of cheeks
- “ Great thirst without thirst
- 8. Mode of onset
  - “ Violent onset
  - “ Pain comes suddenly and goes suddenly
- 9. Symptom completed in 4 dimensions:
  - “ Headache: Location- Right side, supraciliary region and forehead
 Sensation – stabbing as by a knife from one temple to other, throbbing in brain
  - Modality - < slight motion, Jar, noise, light touch
 > tight bandage Nd during menses
  - Concomitant – red face and throbbing of carotids
- 10. Periodicity
  - “ Retinitis in young lady < afternoon hours

**Miasmatic cleavage of Natrum mur.**

Let us work out the miasmatic facets of **Nat. mur.** with above concept:

Psoric	Sycotic	Syphilitic
<ul style="list-style-type: none"> <li>“ Company aversion</li> <li>“ Confusion of mind</li> <li>“ Aversion to strangers</li> <li>“ Irritability</li> <li>“ Anxiety</li> <li>“ Fear / dreams of robbers</li> <li>“ Fit of anger with tearful mood</li> <li>“ Ill effects of grief</li> <li>“ Hypochondriac</li> <li>“ Weeping disposition</li> <li>“ Sympathetic</li> <li>“ Congestive headache</li> <li>“ Rush of blood to head</li> <li>“ Red face during headache</li> <li>“ Sand sensation in eyes</li> <li>“ Craves farinaceous food</li> <li>“ Heart pulsation shakes the whole body</li> <li>“ Constipation</li> <li>“ Involuntary urination while coughing, laughing and sneezing</li> <li>“ Skin around nails dry and cracked</li> <li>“ Urticaria (Pseudopsora)</li> <li>“ Seminal emission</li> <li>“ Impotency</li> <li>“ Chill between 9 to 11 a.m.</li> <li>“ Sweat relieves</li> <li>“ Warts on palms and hands</li> </ul>	<ul style="list-style-type: none"> <li>“ Mistakes while speaking</li> <li>“ Anger, face pale, livid face</li> <li>“ Revengeful</li> <li>“ &lt; Sunrise to sunset</li> <li>“ Craves salt</li> <li>“ Stitching pain in rectum</li> <li>“ Herpes around anus</li> </ul>	<ul style="list-style-type: none"> <li>“ Amelioration when alone</li> <li>“ Reserved</li> <li>“ Violent</li> <li>“ Sadness</li> <li>“ Hair falls out</li> <li>“ Greasy face</li> <li>“ Desire milk</li> <li>“ Increased sexual desire</li> </ul>



Let us work out a so called short acting / superficial acting / no miasmatic drug for its miasmatic facets:

**Belladonna:**

Psoric	Sycotic	Syphilitic
<ul style="list-style-type: none"> <li>.. Restlessness</li> <li>.. Activeness of all senses</li> <li>.. Quickness</li> <li>.. Quick sensation and motion</li> <li>.. Flushing eyes</li> <li>.. Rush of blood to head</li> <li>.. Congestive headache</li> <li>.. Flushed face</li> <li>.. Vertigo on stooping</li> <li>.. Great sensitiveness of smell</li> <li>.. Epistaxis (Pseudopsora)</li> <li>.. Delirium</li> <li>.. Aversion to milk</li> <li>.. Craves lemonade</li> <li>.. Cough dry and short</li> <li>.. Skin dry and hot swollen</li> <li>.. Epilepsy</li> <li>.. Menses gushing</li> <li>.. Retention of urine</li> </ul>	<ul style="list-style-type: none"> <li>.. Restless sleep</li> <li>.. Prolapsed uterus</li> </ul>	<ul style="list-style-type: none"> <li>.. violent</li> <li>.. morose</li> <li>.. sadness</li> <li>.. indifference</li> <li>.. rage during headache</li> <li>.. aversion to meat</li> <li>.. pustules rapidly filled with pus and become covered with crust</li> <li>.. leucorrhoea</li> </ul>

**Conclusion:**

Each drug whether it is so called short acting, long acting, superficial acting, deep acting, miasmatic or non miasmatic has both phases.

**7. GRADATIONS**

**In artificial drug diseases**

Gradation of drugs ascertained by votaries / stalwarts of Homoeopathy in various Repertories / Materia Medica which are projected below:

**1. According to Boenninghausen:**

The most useful innovation introduced by Boenninghausen was the gradation or valuation of drugs for a particular symptom.

The drugs are graded basing upon the following criteria:

- .. Spaces italics – Repeated confirmed - *P u l s*
- .. Simple italic – confirmed clinically - *Puls*
- .. Spaced roman – Repetition of its primary action - P u l s
- .. Simple roman – Neither dubious nor emphasizes one - Puls
- .. Roman in parentheses – Dubious symptoms - (Puls)

## **2. According to Kent:**

Kent has used three different of letters to indicate the grades of medicines:

- .. First grade medicines are those which are written in bold letter.
- .. Second grade medicines are those, which are written in italic letter.
- .. Third grade medicines are those, which are written in roman letter.

Gradation of symptoms are being made on the basis of:

- .. Recording – by drug proving
- .. Confirmation - by reprovig
- .. Verification – by administering to the sick and curing them
  
- .. **First grade** symptom are recorded, confirmed by reprovig and verified upon sick.
- .. **Second grade** symptoms are recorded in few provers, confirmed and occasionally verified.
- .. **Third grade** symptoms are recorded in one or two provers, not confirmed by reprovig and verified clinically.
- ..

## **3. According to C. Hering. (Analytical Repertory of the symptom of the mind)**

- I – Observed in healthy
- II – Observed often & repeated
- I – Applied successfully with sick
- II – Applied very often and repeatedly

## **4. According to C. B. Knerr:**

The gradation of drugs corresponds more or less with Boenninghausen concept of evaluation. The drugs are graded into four types:

- .. **First grade:** (Double thick black vertical line – II) – Symptoms repeatedly verified.
- .. **Second grade:** (Single thick black vertical line – I) – symptoms verified by cure.
- .. **Third grade:** (Two ordinary vertical line – II) – symptoms more frequently confirmed, or if but once confirmed, strictly in character with the genius of the remedy (carries lowest value)
- .. **Fourth grade:** (Single ordinary vertical line – I) – less occasionally verified then the two ordinary vertical lines.

### **Gradation in natural disease**

Now let us work out what are the existing knowledge of gradation of natural disease:

There is no specific gradation as we see in reportorial totality, but varied concepts are proposed basing on evaluation which are delineated below.

Ever since the evolution of the homoeopathic method of treatment, Hahnemann and his disciples had been giving an unceasing effort to find an easy way to select the similimum. The first effort in this direction was made by Hahnemann, next Jahr, then Boenninghausen. Thereafter other stalwarts like Hering, A .Lippe, Boger, Kent and others followed.

Prescribing on the basis of Repertorisation mainly depends upon the philosophical background of the repertory used depending upon the case in hand for example:

*Kent's Repertory* is based on the philosophy of deductive logic i.e. general to particular. Totality demands the study of the man as a whole as man is prior to the organs, man is the will &

understanding and the house where he lives in, is his body. Highest importance is given to the mental generals because they express an individual's reaction. Next to it is physical general, then characteristic particular. The entire process of repertorisation of Kent revolves around a philosophy i.e.

- Prime importance to mental general
- Limited generalization
- Second importance to physical generals including modality
- Particulars for finer differentiation

*Boeninghausen's Therapeutic Pocket Book* is based on the following fundamental concept: Prescription is based on complete symptom (L / S / M / C ).

- Doctrine of Analogy
- Doctrine of Concomitant
- Evaluation of Remedies
- Concordance

*Boger's* repertory is based on the following fundamental background:

- Doctrine of complete symptom
- Doctrine of pathological generals
- Doctrine of Causation & time
- Clinical rubrics
- Evaluation of remedies
- Fever totality
- Concordance

**According to different stalwarts:**

Many votaries have arranged it differently and few examples are delineated below:

**Spalding –**

- 1 Mental generals
- 2 Physical general
3. Discharges
4. Dreams
5. Special senses
6. Desires
7. Aversions
8. Modalities
9. Strange, rare & peculiars
10. Particulars
11. Objective or pathology

**Elizabeth Hubbard –**

1. Mental generals
2. Will
3. Emotion
4. Intellect
5. Physical general
6. Menses

7. Discharges etc. & rest like Spalding

**Whitman –**

1. Mental generals
2. Physical general, Modalities
3. Food, Desires and Aversions
4. Menses
5. Strange, rare & peculiars
6. Particulars

**Dr. M.L.Sehgal -**

Prescription is made simply on the **common and most ordinary symptoms**, which are generally known to be common to all patients. This is quite in contrast with the classical Homoeopathy in which uncommon, rare and characteristic symptoms are taken into consideration for prescription. The prescription is made on common most ordinary and usual symptoms related to patient's mind only, out of which the **presenting, predominating and persisting symptoms** are given importance.

**Dr. H. A. Robert**

It is only upon the totality of symptoms that we can base our prescription and so we require many individual symptoms as showing the **characteristics and personality** of the patient.

**Dr. M.L. Dhawale**

According to him the totality of a case is ( in order of importance )

1. Cause – Mental and physical
2. Aggravation
3. Amelioration
4. Unexpected deviation, Craving and Aversion
5. Characteristic particulars

**George Vithoulkas**

Totality of the symptoms can be made only through the symptoms produced on **mental, emotional and physical levels**. The symptoms are ranked according to their intensity, how deeply they reach into the organism ( mental and emotional symptoms being considered most important ) and according to their degree of peculiarity.

**Dr. Prafull Vijayakar**

He considers Activity – Thermal – Thirst – ( Mental ) Axis for prescription.

**Dr. Oscar Eugene Boericke**

His repertorial totality is based on following three factors.

1. On the basis of nosological diagnosis.
2. On the basis of pathological general.
3. Importance on concomitants.

**Dr. James William Ward**

The spirit of clinical picture is best obtained by

1. Cause and course of the sickness.
2. Modalities especially natural modalities of the sickness.
3. Mental state
4. Sensations

5. Expression of sickness
6. Parts affected.

#### **Dr. Guernsey**

Keynote method – In comparing the symptoms of medicines we find that each medicine has peculiar differences from other medicine. The difference by which one remedy distinguished from other are the “keynotes” of the remedy according to Guernsey. E.g. Arnica mont. has bruised pain, Calc. carb. better when constipated.

#### **Dr. Adloph Lippe**

He illustrated his method that the “**Characteristic symptoms**” are the symptoms peculiar to the individual patients rather than symptoms common to the disease. He illustrated this by a case as follows:

1. An unusual noise in the intestines as if a fluid were being emptied out of a bottle.
1. The discharge came away with a gush of what pathological value these symptoms were we know not.

Still they formed part of the totality which we must cover we found that these two symptoms are also characteristics of *Jatropha curcas* and that this remedy, at the same time has caused symptoms corresponding with general pathological condition, *Jatropha* promptly cured the case.

#### **Dr. William Boericke**

He observes a remedy is selected for a case that is found to possess in its symptomatology marked action:

- a) In a certain location
- b) To correspond with the sensation
- c) Possess modalities without necessarily having in the proving the very symptom resulting from the combination, e.g. A patient with tearing pain in left hip, relieved by motion, greatly worse in afternoon, would receive *Lycopodium*, not because *Lycopodium* has so far produced in the healthy such a symptom, but because from the study of its symptoms as recorded in *Materia Medica*.

#### **Discussion**

Today Homoeopathy has become dependent upon the individual’s understanding of Homoeopath ( which is not to say that any one system is necessarily better than another) and their personal pattern of practice. Rather like the Hydra of Greek legend, homoeopathy has grown into a many-headed entity. There are many different schools of thought and practice all of which would probably claim to be following the sage wisdom of Hahemann’s second aphorism. [Aphorism 2 - The highest ideal of cure is rapid, gentle and permanent restoration of the health, or removal and annihilation of the disease in its whole extent, in the shortest and most harmless way, on easily comprehensible principles.]

Some Homoeopaths adopt an almost fundamentalist approach, venerating Hahnemann’s words with near religious fervor and decrying any deviation from the principles he set down in the *Organon of Medicine*. Others use complex prescriptions arrived at according to different principles & the most, however, still regard the *similia* principle as being the essence of the discipline. Reports suggest that they are probably using different models to simplify their task according to their needs. (9)

Hahnemann believed that he is laying down an algorithm method, which if followed according to his dictums would lead to the correct and logical remedy or the *similimum*.

So, over the years different approaches have been developed. Some people feel more comfortable with one approach in particular, so may use that at least most of the time. Others have an eclectic attitude and flit from approach to approach depending upon the case as it unfolds.

From above study, it is envisaged that there are numerous different methodologies have been developed to aid the prescriber towards his goal, which is to make the patient feel and become better. Homoeopathy is a complex therapeutic system which is practiced in different ways by various Homoeopathic group of people.

Perhaps the algorithmic method pronounced by Hahnemann is followed according to his dictums would lead to the “Correct and logical remedy” or the similimum.

If a homoeopathic uses a particular approach exclusively then he or she needs to be aware that bias is being introduced into remedy selection and not every one benefits from bias.

It seems highly likely that whether we like it or not we all use heuristics or rules of thumb in order to make sense of complex system. Homoeopathic medicine is highly complex system and like all of the biological sciences, it is not exact science, the use of rules of thumb is almost inevitable.

As per cognitive psychologists, these are two types of thought process going on, one rational and the other intuitive in type. The rational type of thought is sequential and algorithmic, while the intuitive is associated and probably heuristic. Heuristic can be extremely accurate.

In a sense they support the concept that we practice not merely the science of medicine, but the art as well. We cannot stop thinking heuristically but we should be aware of the process, for although heuristics can be very accurate, they can also be biased. It can be helpful or it can unhelpful. However we should remember the last word of the father of medicine Hippocrate “FIRST DO NO HARM” (Hippocrate 460-355 BC ).

Hence it is felt imperative to prepare a principle for an “INTEGRATED REPERTORY” with an objective to overcome the drawbacks, confronted while dealing with different source book i.e Materia Medica & Repertories. The proposed principle should encompass all features described in them (i. e. the Repertories currently available), extracted during case receiving and obtained from source books (Materia Medica).

## **Let us proceed from practice to concept to prepare a principle.**

### **Aim :**

To prepare a principle for “Repertorial Totality” which will be fitting to the “INTEGRATED ONE” to arrive at a similimum which is the sole & solitary objective of the Homoeopathic Physician.

### **Methodology:**

1. Data from patients should be collected and should be transformed into a standard case recording proforma.
2. The raw data needs to be processed for analysis of symptoms / formation of a conceptual image / synthesis of the case / evaluation / formation of a repertorial totality.
3. Symptoms under repertorial totality will be of three grades such as: first grade, second grade and third grade. The arrangement will be as follows:

**A) First grade:**

- I. Unexpectedly deviated symptoms: They include the following:
  - a) Concomitant
  - b) Negative generals ( Lack of expected feature )
  - c) Alternate with
  - d) Sensation as if
  - e) Extension
  - f) Unexpected features
  - g) Onset
  - h) Symptoms of highest magnitude
  - i) Causations
- II. Intensified symptoms

**B. Second grade**

- I. Mental generals
  - a. Causative emotional amel.
  - b. Causative emotional agg.
  - c. Emotional amel.
  - d. Emotional agg.
  - e. Emotional symptoms
  - f. Causative intellectual amel.
  - g. Causative intellectual agg.
  - h. Intellectual amel.
  - i. Intellectual agg.
  - j. Intellectual symptoms

**II. Physical Generals:**

- a) Reaction to heat and cold
- b) Tendencies (Suppuration / Bleeding / Common cold)
- c) Aversion
- d) Desire
- e) Intolerance
- f) Sweat
- g) Sleep
- h) Dream
- i) Appetite
- j) Thirst
- k) Stool
- l) Urine
- m) General amel.
- n) General agg.
- o) Sides
- p) Constitution
- III. Pathological Generals

**C. Third grade:**

- i. Characteristic particulars
- ii. Common particulars

#### **D. Formation of acute totality and chronic totality.**

- I. Acute totality – “It will incorporate all recent changes”.
- II. Chronic totality – “It will incorporate all remote changes”.

#### **E. Added values to the graded symptoms.**

1. First grade symptoms will possess a value of ( x 3 )
2. Second grade symptoms will possess a value of ( x 2 )
3. Third grade symptoms will possess a value of ( x 1 )

To be far away from thumb rule / heuristic / biased opinion it is necessary that all the data collected from patient are to be screened out and to find out an intermediate tool which can bring all the criteria taken by numerous authors and use all the data / information collected from patient in an standardized case recording format. A mantra is provided below which satisfies our above objectives.

1. Causations
2. Unexpected features
3. Mental generals
4. Physical generals
5. Pathological generals
6. Characteristic particulars
7. Particulars

For getting real totality, one has to pass through various stages:

1. Analysis of symptoms
2. Conceptual image formation
3. Synthesis of the case
4. Evaluation of the case
5. Totality of the symptoms
6. Miasmatic diagnosis
7. Nosological diagnosis
8. Conversion of symptoms to rubrics
9. Repertorisation
10. Finding out reportorial result
11. Framing a plan of treatment

A model case was worked from cured cases. After working out systematically with above procedure the totality evolved as follows:

#### **EVALUATION AND TOTALITY OF SYMPTOMS / REPORTORIAL TOTALITY**

First grade –

1. Hot patient desires for warm food. (Unexpected deviation)
2. Anxiety (Intense)
3. Irritability (Intense)
4. Obstinate (Intense)
5. Numbness extremities associated with stitching pain and loss of muscle power (Concomitant / Intense)
6. Swelling of joints associated with stiffness (Intense / Concomitant)

Second grade –

1. Concentration difficult



2. Impatience
3. Religious affection
4. Desire – Salt, sour, bread, farinaceous diet.
5. Summer aggravation
6. Intolerance – farinaceous diet

Third grade –

1. Numbness and tingling of thumb, index and middle finger  
< night, lying down, cold  
> sitting up
2. Swelling / pain of multiple joints  
< exertion  
> rest

#### **FORMATION OF ACUTE TOTALITY / CHRONIC TOTALITY**

I. Acute Totality

No recent change is found in the case.

II. Chronic totality

All the changes are remote hence are incorporated under chronic totality.

#### **CONVERSION INTO RUBRICS:**

1. GENERALITIES, Heat, sensation of
  2. STOMACH, Desires, warm food
  3. MIND, Anxiety
  4. MIND, Irritability ( See Anger )
  5. MIND, Obstinate
  6. EXTREMITIES, Numbness ( See Tingling )
  7. EXTREMITIES, Weakness
  8. EXTREMITIES PAIN, Pain, stitching
  9. EXTREMITIES, Swelling, Joints
  10. EXTREMITIES, Stiffness, Joints
  11. MIND, Concentration, difficult
  12. MIND, Impatience
  13. MIND, Religious affections ( See Anxiety, Despair, Fear )
  14. STOMACH, Desires, salt things
  15. STOMACH, Desires, sour, acids, etc.
  16. STOMACH, Desires, bread
  17. STOMACH, Desires, farinaceous food
  18. GENERALITIES, Warm, agg.
  19. GENERALITIES, Food, farinaceous food, agg.
  20. EXTREMITIES, Numbness ( See Tingling ), right and left arm, night
  21. EXTREMITIES, Numbness c, fingers, night
  22. EXTREMITIES, Numbness, ( See tingling ), fingers, air, cold
  23. EXTREMITIES, Swelling, Joints, exertion, after
- After formal repertorisation drug evolved as follows:

#### **RESULTS AFTER GRADED VALUE**

Sulph	Nat. mur.	Lyc.	Ars. alb.	Puls.	Calc. c.	Phos.	Apis	Nux. v
1. 3x3=9	3x3=9	3x3=9	1x3=3	3x3=9	2x3=6	2x3=6	3x3=9	2x3=6

2.	0x3=0	0x3=0	3x3=9	3x3=9					
3.	3x3=9	2x3=6	3x3=9	3x3=9	3x3=9	3x3=9	3x3=9	1x3=3	2x3=6
4.	3x3=9	3x3=9	3x3=9	3x2=6	3x3=9	3x3=9	3x3=9	3x3=9	3x3=9
5.	3x2=6		3x1=3	3x2=6		3x3=9	3x1=3	3x1=3	1x3=3
6.	3x2=6	2x3=6	3x3=9	3x2=6	3x2=6	3x2=6	3x2=6	3x2=6	3x2=6
7.	3x2=6	2x3=6	3x3=9	3x3=9	3x2=6	3x3=9	3x2=6	3x2=6	3x3=9
8.	3x2=6		3x2=6	3x2=6	3x2=6	3x2=6	3x1=3	3x2=6	
9.	3x3=9	2x3=6	3x2=6	1x2=2		3x2=6		3x2=6	3x2=6
10.	3x3=9	2x3=6	3x3=9	3x3=9	3x2=6	3x2=6	3x2=6	3x1=3	3x2=6
11.		2x2=4	3x2=6	3x2=6	2x2=4	2x2=4	2x2=4	1x2=2	2x2=4
12.	3x2=6	2x2=4	2x2=4	2x2=4	2x2=4	2x2=4		2x2=4	2x3=6
13.	3x2=6	2x1=2	2x2=4	2x2=4	2x2=4	2x2=4			2x1=2
14.	1x2=2	3x2=6				2x2=4	2x3=6		
15.	2x2=4	2x2=4		2x2=4	2x2=4	2x2=4	2x2=4	2x2=4	
16.		2x2=4		2x2=4	2x2=4	2x2=4	2x2=4	2x2=4	
17.		2x2=4							
18.	2x2=4	2x2=4	2x2=4		3x3=9		2x2=4	2x3=6	
19.	2x1=2	3x2=6	2x1=2					2x1=2	
20.					1x1=1				

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93	86	98	83	78	90	70	62	65
2	4	1	5	6	3	7		

**RESULTS AFTER GRADED VALUE IN ORDER OF RANK**

<u>Name of the Drug</u>	<u>Mark secured</u>
1. Lycopodium	98
2. Sulphur	93
3. Calc. carb.	90
4. Nat. mur.	86
5. Ars. alb.	83
6. Puls.	78
7. Phos.	70
8. Nux vom.	65
9. Apis mel.	62

**DISCUSSION:**

After graded value "Lycopodium" which had actually cured the case vindicated its position as the first ranking drug in the panel. But it was placed in the third rank before graded value. Similarly there had been other changes in the placement of drugs in the panel and the graded value system,

had allowed to bring better drugs up in the hierarchy of drug list, which was brought, after normal repertorisation. Hence, it was felt imperative to examine the results obtained in the model case study in a large number of clinically cured cases. The detailed study is delineated below.

**AIMS / OBJECTIVES:**

To undertake a retrospective study of the cured cases and to ascertain the most efficacious principle among there principles of Repertorial Totality such as:

- K. C. R.T.
- B. C. R. T.
- I. R. C. R. T.

**METHODOLOGY:**

102 cures cases were taken for study from the case records of Dr. A. C. Homoeopathic Medical College & Hospital and Author’s clinic. The parameter fixed up for cure was as follows:

“Disappearance of all symptoms for more than 5 years.”

The Repertorial totalities were framed separately after proper evaluation as per individual process / principle. Thereafter data were processed for repertorization by softwares Hompath, RADAR. A panel of drugs comprising of ten were brought into the list in order of their value of the cured cases.

Observations were classified in following types for critical study such as:

- Obs. 1 – No. of cured cases showed as 1<sup>st</sup> drug of the panel.
- Obs. 2 – No. of cured cases showed as 2<sup>nd</sup> drug of the panel.
- Obs. 3 – No. of cured cases showed as 3<sup>rd</sup> drug of the panel.
- Obs. 4 – No. of cured cases showed as 1<sup>st</sup> / 2<sup>nd</sup> drug of the panel.
- Obs. 5 – No. of cured cases beyond 3<sup>rd</sup> drug of the panel.
- Obs. 6 – No. of cured cases beyond panel.

**RESULTS:**

Results obtained are presented below:

Types of observations	Kent	Boenninghausen	Integrated Repertory	Total
No. of cured cases showed as 1 <sup>st</sup> drug of the panel	27	19	61	107
No. of cured cases showed as 2 <sup>nd</sup> drug of the panel.	31	19	32	82
No. of cured cases showed as 3 <sup>rd</sup> drug of the panel.	40	13	6	59
Total No. of cured cases in the 1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> drugs of the panel.	98	51	99	248
No. of cured cases below 3 <sup>rd</sup> of the panel	1	38	3	42
No. of cured cases not within the panel	3	13	0	16

**RESULT ANALYSIS:**

The results obtained from 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> ranking drugs of Kent group and Boenninghausen group

were processed for chi – square (**c2**) test. On referring to the chi – square table with 1 degree freedom on the value of chi – square for probability of 0.05 is (3.84). Since the observed value (32.2) is much higher and that speaks, the result is significant. The interpretation is that the results of Kent’s principle is superior to Boenninghausen’s principle.

Similarly the results obtained from 1<sup>st</sup> / 2<sup>nd</sup> and 3<sup>rd</sup> ranking drugs Boenninghausen group and Integrated Repertory group were processed for chi – square test. On referring to the chi – square table with 1 degree freedom on the value of chi – square for probability of 0.05 is (3.84). Since the observed value (32.1) is much higher and that speaks, the result is significant. The interpretation is that the results of Integrated Repertory’s principle is superior to Boenninghausen’s principle.

There after the results obtained from 1<sup>st</sup>, 2<sup>nd</sup> / 3<sup>rd</sup> ranking drugs of Kent group and Integrated Repertory were processed for chi – square test. On referring to the chi – square table with 1 degree freedom on the value of chi – square for probability of 0.05 is (3.84). Since the observed value is (0.32) is much lower and it speaks result is non – significant. The Interpretation is that there is no much difference between two results.

The results obtained for top ranking drugs of K.C.R.T. and B.C.R.T. were processed for chi – square test. Referring to the chi – square table with 1 degree freedom on the value of chi – square for probability of 0.05 is (3.84). Since the observed value is (27.5) is much higher and it speaks result is significant. The Interpretation is that the result of Kent’ principle is superior to Boenninghausen’ principle.

Similarly, the results obtained for top ranking drugs of B.C.R.T. and I. R.C. R.T. were processed for chi–square table with 1 degree freedom on the value of chi-square for probability of 0.05 is 3.84. Since the observed value (29.3) is much higher that speaks the results of Integrated Repertory’s principle is more superior to Boenninghausen’s principle.

Finally, the results obtained for top ranking drugs of B.C.R.T. and I.R.C.R.T. were processed for chi-square test. On referring to the chi-square table with 1 degree, freedom on the value of chi-square for probability of 0.05 is 3.84. Since the observed value (42.26) is much higher and it speaks the results of Integrated Repertory’s principle is more superior to Kent’s principle.

## **CONCLUSION**

From the above study, it is ascertained that the results of bringing a panel of drugs by Kent’s concept of Repertorial Totality has proved statistically significant over Boenninghausen’s concept of Repertorial Totality. Hence the principle of Repertorial Totality enunciated by Kent is superior.

The results of bringing 1<sup>st</sup> ranking drug in the panel by Kent’s concept of R. T. is significant over Boenninghausen’s concept of Repertorial Totality. Hence K. C. R. T. is superior to B. C. R. T.

The results of bringing 1<sup>st</sup> ranking drug in the panel by Integrated Repertory’s concept of R. T. is significant over Boenninghausen concept of Repertorial Totality. Hence I. R. C. R. T. is superior to B. C. R. T.

The results of bringing 1<sup>st</sup> ranking drug in the panel by I. R. C. R. T. is significant over K. C. R. T.

Therefore I. R. C. R. T. appears to be “BETTER” among all the concepts of Repertorial Totality. It can be used for FINER DRUG SELECTION at terminal stage and to ascertain the most leading drug of the case.

From above study it is learnt that, let us accept to rational / algorithmic / Scientific prescribing to get reproducible results but not to intuitive / heuristic / thumb rule / biased / artistic prescribing, if we want to say, Homoeopathy is scientific system of medicine. Every scientific study must precede with art or philosophy but it needs to be tested.

On scientific protocol, to study its superiority and most superior one should be adhered to practice in every scientific system of medicine and so also in Homoeopathy.

## **8. Practical application**

### **Cases – 1**

#### **Sulphur (as a deep acting on constitutional basis)**

A girl aged 18 yrs. was diagnosed as case of allergic rhinitis of 4 months duration. Taking into account the generalities and causation of the case, Sulphur 30 in fractional doses was prescribed. Improvement starts from the next day of taking medicine and since last 11 months she is all right.

#### **Symptoms of the case in brief:**

Sneezing < in morning, dust exposure, cold exposure; nasal blockage since 2 months < at night; pressive pain at root of nose since 1 month < morning,; dyspnoea < 5 p.m. onwards since 15 days, > night; hot patient; desire sweet, sour, aversion pulses; intolerance to prawn; increased perspiration, deep sleep, somnambulism; mentally active. Complaints started after treatment with allopathic medicine for fever.

#### **06.01.07**

Sulphur 30 1 dose (fractional)

#### **20.01.07**

No dyspnoea was there other complaints decreased in intensity.

Placebo

#### **30.01.07**

No nasal blockage, no dyspnoea, no pain in the root of nose but only irritation in the nose.

Placebo

#### **15.02.07**

No sneezing, no dyspnoea, no nasal obstruction only coryza, thin & watery

Placebo

#### **28.02.07**

No symptoms

Placebo

### **Case – 2**

#### **Sulphur (Prescribed as an acute remedy)**

A baby of 6 months old had diarrhoea since 2 days, 7-8 times per day, yellowish, sour smelling; < after taking food and morning associated with redness of anus. The child was irritable.

Rheum 30 was prescribed in fractional dose, no change was there for 24 hours. Then Sulphur 30 in fractional doses which acted very well and within 24 hours diarrhoea stops and irritability also

reduced.

### **Case – 3**

#### **Natrum mur. (prescribed on constitutional basis)**

A lady of 31 yrs. of age had allergic rhinitis since last five yrs. with dyspnoea on slightest mental stress. On careful history taking basing upon the generalities and causation Natrum mur LM potency was prescribed on 10.06.2006 and the lady was improving day by day. There is no allergic rhinitis and dyspnoea on stress since last one year.

#### **Symptoms of the case in brief:**

Sneezing < morning, dust, summer; itching eyes < exposure to sun rays; left side; dyspnoea < stress. She was under severe mental stress in her in-laws family after her marriage. Her husband had leprosy, but she came to know about this fact after her marriage. So for this condition always she was in mental stress.

The patient is of thin built, hot patient, desire bitter, salty food, appetite reduced, thirst increased; depressed, likes to be alone, not get relived from consolation.

**10.06.06** - Natrum mur 0/1

#### **30.06.06**

Lachymation and redness of eye decreased, sneezing occasionally, only suffocated feeling but no marked dyspnoea on stress.

Natrum mur – 0/2

#### **28.07.06**

No eye complain, no sneezing, last night had an attack of dyspnoea but of lesser intensity.

Natrum mur.- 0/3

#### **14.08.06**

No complain, patient has increased appetite, stool clear, developed creativity to engage herself in other work.

Natrum mur. – 0/4

#### **14.09.06**

The patient had no complaint.

Placebo is continued.

### **Case – 4**

#### **Natrum mur. (Prescribed as an acute remedy)**

A girl of 17 yrs. had intermittent fever since 7 days. Fever comes daily 10-11 a.m. she felt chill, does not like be covered, thirst increased with dryness of mouth, fever blisters around the mouth, chilliness associated with coldness of body. Fever subsides with perspiration, constipation no desire for stool for 2-3 days. Bryonia 200 in fractional doses was given but no relief was there. Then on prescription of Natrum mur. 30 in fractional doses, there was no attack of fever from the next day.

## **9. CONCLUSION**

From above study it is envisaged that:

1. Knowledge of medicine has a long history but slow evolution.
2. There are lacunae in the edifice of drug knowledge which are obtained by modern school.
3. To treat a human being drug pathogenesis is necessarily to be acquired by experimenting on healthy human beings.
4. Short acting, long acting, superficial acting and deep acting drugs are terms used in Homoeopathy are not specific to any Homoeopathic medicine but are related to the condition for which the medicine is applied, the potency of the medicine and the symptoms covered by the prescribed medicine.
5. Each drug whether it is miasmatic or non miasmatic it has both the dimensions and antimiasmatic capabilities exist which is one dimension of drug study.
6. Just like gradation of the drugs there exists gradation of symptoms obtained from natural diseases.
7. PQRS symptoms do exist with all drugs which are high grade symptoms in Homoeopathic prescribing.

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