

ROH Books Series I

Dr. Sehgal's

**REDISCOVERY
OF
HOMOEOPATHY**

*Rubrics their Meanings and
Versions of the Patients*

By : Dr. M.L. Sehgal

Dr. Sehgal's
REDISCOVERY OF HOMOEOPATHY
(A Different Concept)

By
Dr. M.L. Sehgal
Founder Dr. Sehgal's School of
Revolutionized Homoeopathy

ROH Books Series I

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PUBLISHERS NOTE

The present work, the most valuable and precious of Dr ML Sehgal's Revolutionized Homoeopathy, contains some of his seminal ideas besides giving a glimpse of new technique. Written first in the form of lectures for the benefit of some of his first students, these were later revised and published in the form of a book, the Red Book, to form the second edition. The text, published in great haste was full of mistakes of all sorts. Ms Alison Hargreaves of Dorset, U.K., a senior Homoeopathic student on a visit to Delhi undertook to edit it at the instance of Dr HL Chitkara. Her invaluable help is hereby acknowledged. In this new edition, the author has further revised the work, elaborating some of the ideas which evolved out of his experience and new thinking over the last 7 years. This book is more valuable because it brings together some of the most essential of the doctrinal part of the author's teaching in a more readable form for the first time.

Dated 14-07-1992.

Sehgal Brothers

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INTRODUCTION TO THE THIRD EDITION

About the main principles of Revolutionized Homoeopathy enunciated in the second edition of this work I would like to emphasize that they stand further confirmed by me in my practice and need no change.

Suggestions for including physicals were also considered. Trials proved that the results were not conforming to criteria of cure set by RH. The so called cures are temporary, resulting in frequent relapses in changing the site of the disease and coming back to the square one ultimately. Your practice may flourish but your skill will not.

A new chapter has been added (Revised lecture No. 4-A,) emphasising the need for patience in selecting the next remedy or raising the potency because in most of the cases your 1st remedy in 30 potency is going to cure the patient.

Also as promised in the end of the Revised lecture No. 4, a book with a title 'ROH BOOKS SERIES IV Rubrics their Meanings and the Versions of the Patient' is already in the market. It comprises of 150 rubrics of common use to a physician in his daily practice. The idea is to restrict the work to its practical utility than extending its size with something of mere academic value.

A supplement to series IV is ready (in manuscript) which comprises of additional 300 rubrics, bringing the total to about 450 or more.

I wish I could serve more and more as the time passes.

14-07-1992

Author

INTRODUCTION TO THE 2ND REVISED EDITION

These lectures were written in the year 1980, and published in 1983. As research is a continuous process, there ought to be changes in one's outlook after coming across new facts. The fact that medicine prescribed with the help of Revolutionized Homoeopathy establishes discharges, from all or any of the five natural outlets, was, upto the end of year 1983, being misread by me.

These discharges I thought were taking place in accordance with the Hering's Law of Cure. All along I remained under the impression that I had found a method of selection of Homoeopathic medicine which conformed to the above law, in each and every case, and thus I could provide a fixed standard to Homoeopathic therapeutics, unverified upto now.

Later on when I realized that these discharges have nothing to do with the previous diseases of the person, but are indicative of something new, it aroused my curiosity to know about them more precisely. It was revealed to me by my further experience that these discharges have a correspondence with those which take place, as a matter of Natural Order; that there is a relationship between the Natural Order in the body, the sickness which is the result of a process which I have preferred to call the "DEGENERATIVE PROCESS" and the medicine selected according to the Revolutionized Method. How wondrous, and yet not without a scientific background, it looks when a medicine selected with the help of the Rubrics of the mind, on the basis of common and usual expressions, presented by the patient could provoke the *accumulated discharge* to flow out, with the resultant healing in the particular organ.

For these and many other factors, a need to revise these lectures was felt by me and my followers.

Since the first edition could not be given wide circulation, it has been decided to publish it in combination with the revised one, to keep the readers properly in touch with our research process. I hope this work will receive the same warmth and enthusiasm as has

been ushered upon us, for our other efforts to propagate this revolution in Homoeopathy.

I have no hesitation to place on record, that it could have not been possible to bring out this revised edition without the encouragement and active help of Dr. Chander Kumar, a devoted student of mine.

Author

INTRODUCTION TO THE 1ST EDITION

The author, for many years has been working on one unflinching faith, that the homoeopathic medical system has, in itself, the desired potentialities and capabilities to take over as an independent medical science. It can undertake the responsibilities of modern medical care, run hospitals and effectively tackle emergencies etc. which are at present only the pride empire of one system. What is wanting in it is the definite direction, criteria and method, almost like mathematical calculations in its therapeutics. It should be in a position to stand the test of being precise, accurate and quick. It should also lead to predetermined and definite results. It will be heartening to members of the profession that this worker, (the author) has been able to uncover these latent truths through his hard work and by keen and close observation of patients. He claims to have tested and verified them in his later practice. This he could do in spite of the fact that he had no hospital facilities for indoor observation. These, according to his thinking, were essential for an intensive research in the science and art of symptomatology based on the law of cure, similar by similar. *Through these five lectures, he has given an abridged version of his findings, and to be elaborated in books, under a single title, 'Dr. Sehgal's Rediscovery of Homoeopathy'.* It may be satisfying and relieving to the lovers of the principles of Homoeopathy that the answers found are within the bounds of known principles of Homoeopathy — the law of s i m i l a r s , s law of cure, and the principle of one remedy, one dose at a time — *although their interpretations have been completely changed.*

For these lectures the author is indebted to his students for their inspiration and help in bringing them out. He would like to make special mention of Dr. Chander Kumar, B.Sc., D.H.M.S. (DLI) in whom he found a rare sense of sacrifice and devotion.

The initial idea of writing these lectures came from (Pr.) Robert — the then student of Nehru Homoeopathic Medical College (Mew Delhi). After coming in contact with me in the year 1979, he became my devoted student and attended my classes regularly. Later, in the

course of time, he insisted upon getting extra time from me to speed up his learning, and also wanted me to put my thoughts in writing as they were not available anywhere in the existing literature. All of a sudden, for personal reasons, he had to leave India for California, his hometown. Before leaving, he made known his intention of speaking to others in his country about (my) his teacher's novel approach to Homoeopathy.

The first three lectures of this work, with minor changes later on, are the outcome of his desire to have something from me in black and white. This much, as credit to him, I am proud to recognise.

Author

FOREWORD

Dr. M.L. Sehgal makes an immense contribution to the development of Homoeopathic medical science by publishing his book "REDISCOVERY OF HOMOEOPATHY."

Homoeopathy is a vast practice in India. Astonishing cures have been taking place at the hands of homoeopaths. But for their practice of secretiveness, they have never divulged what and how have they been doing in actual practice. Dr. Sehgal has thrown open to all of us who are engaged as guardians of Public health, the treasures of knowledge which he must have dug out and accumulated after a lot of labour and hard work.

Deviations from the beaten paths are disturbing to many and invite opposition from various quarters for different reasons. But if we are interested to enrich our science we have to be serious about the author's findings. For example when he talks of prescribing without giving any consideration to grades of symptoms, he convinces us of the correctness of his *contention* with practical examples. For instance he prescribes Opium on a single rubric, 'FEAR, extravagance of' which according to Kent's Repertory is its 3rd Grade symptom. I have also tried Opium, on the same patron in my practice and it has been confirmed that it gives results, beyond expectations.

Furthermore he gives us a novel way of using and interpreting rubrics, which one has to admit, is unique in itself as a method and a contribution, and is exclusively the product of his own genius.

Generally we know the meaning of the word 'Extravagance' as belonging to monetary affairs. No one except him could imagine that in the matters of rubrics, this word could mean as 'excess of anything.' That if a patient says, 'Dr., it is already many days now. How long do you want me to wait for the results. I have absolutely no relief, after all there is a limit to everything.' One wonders that this version could also be interpreted as 'FEAR, extravagance of.'

It has been verified in practice that prescribing on this new and strange way, cases do respond quickly with startling results. It will

not be out of place to focus the attention of the readers towards another astonishing factor, that of the importance attached by him to those symptoms of Mind, which were hitherto been neglected by all of us as 'usual' and ordinary, being common to every sick person. Then he emphasises that to the homoeopathic way of practice, the acute form of sickness has been proving to be more irksome than the chronic. That Homoeopathy has gained its reputation because of its effectiveness in Chronic Diseases. But equally it has been losing its credibility as a dependable science in the acute form of sickness. Well begun cases and those nearing cure, would get spoiled just because we were missing the keys which could have opened the locks to acute conditions erupting in between, with certainty.

Dr. Sehgal says since his new way of case taking, covers Acute form of Sickness, 1st and foremost, to which he has named as his emphasis on 'PRESENT, PREDOMINATING, AND PERSISTING SYMPTOMS' it often saves a homoeopath the sort of embarrassment, he occasionally has to face in his practice.

Further, he observes that the remedy so selected on the basis of usual and common symptoms of mind with the new technique, establishes discharges from the five natural outlets in the form of excreta which he has named as Toxin, and thus eliminates the present sufferings and also gradually takes the case towards permanent cure. This means he seems to be killing two birds with one stone i.e., the remedy selected for the acute state of sickness, automatically covers the chronic state also.

He further observes that in health the elimination of excreta takes place as a matter of natural order, or establishes self cleansing process which is automatic in nature. This remains for an odd number of days, hours and minutes etc. and that it is milder in the beginning, reaches its peak in the middle and thereafter heads towards final decline and so ends.

That it may remain for many phases, and every phase passes away gradually by diminishing in intensity, duration and frequency.

One discovers that his findings are not just ideas from a few stray observations, but appear in a well-knit sequence, one giving birth to the other as the off-shoot of the 1st.

For example he further deduces that the crude medicine does not act as a suppressive agent in every case. That in certain cases it seems to be acting beneficiary to the process of Assimilation, exactly as other crude substances like (articles of food), and removes in a system the ailments resulting from deficiency of a particular element.

I think it will be agreed by many of us that it is after a considerable time of stagnation that an original work has been added to advance the technology of our science, which is no mean contribution. Dr. Sehgal therefore deserves to be commended by all of us, for his efforts in going so deeply into the subject, and unearthing a new avenue of prescribing.

To those who have a rare interest in research and curiosity for something new and original, this book will prove to be a boon.

I hope the much promised writings, with elaborations of his findings will be available from the pen of the author for publication at the earliest, as the quest for knowledge on the subject is bound to increase as one goes through this book.

I wish the publication a great success.

Dr. R K Kapoor
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PART I

Lectures related to the 2nd revised edition

REDISCOVERY OF HOMOEOPATHY

REVISED LECTURE NO.1

Before I start talking about Revolutionized Homoeopathy, I shall remind you that in Homoeopathy we have many ways of prescribing a medicine e.g., on the basis of one medicine, one dose at a time; one medicine many doses per day; two medicines alternating with each other for four to six doses a day; or mixtures of many medicines in lower potencies; mixtures of multiples in mother tinctures; and selection according to diagnosis pathological and biological alterations; the colour and the form of discharges from the body, including stool and blood etc. These are done by taking into consideration, the symptoms of a particular disease, a particular organ, or the total condition of a patient, and so on. The propounders and protagonists of all these methods had and have their own beliefs and arguments to justify their actions, although: they accept the overall superiority of The Classical approach to Homoeopathy. All depends on what sort of results one expects; whether the aim of the treatment is the mitigation of apparent turmoil or the rooting out of the malady once for all, and to follow some rules and principles in order to get results in a systematic way.

As far as it is relevant, I will try in these lectures to make a comparative study, between Revolutionized Homoeopathy and Classical Homoeopathy, because I understand that both of them have their own principles, and that is why they are competent to be rivals to each other, and yet have a scope, for co-operation and co-ordination, which is yet to be discovered.

You perhaps know that *according to the tenets of Revolutionized Homoeopathy, the 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 Classical Homoeopathy in which uncommon, rare and peculiar characteristic symptoms are taken into consideration for prescription.*

Likewise, in results also, both approaches are far apart from each other. The former prescribes on common, most ordinary and usual symptoms related to the patient's mind only; out of which the

Present, Predominating and Persisting are given importance. Thereafter it expects the medicine to balance those mental signals on which it was prescribed, and in turn start some expulsions in the form of excreta, from any one or more of the five natural outlets of the body (Nose, Mouth, Urethra, Anus and Skin) with a Corresponding relief in the particular diseased organ. For example "a person had the following mental symptoms. He was Careful, with Anxiety for others, and Frivolous in behaviour. With the help of Kent's Repertory, "BARYTA CARB" was the medicine which was prescribed. The person was suffering from earache and before the administration of the remedy his thoughts were, "The night is approaching and if the earache gets worse, there should be some arrangement for an alternative, so that if the need arises, I can look after myself properly." His other thought was that if no such arrangement were made, the other people in the house may be inconvenienced. The third consideration was, while he was talking he was laughing as if he were not very serious about it.

After the medicine was administered, first of all the foregoing three mental symptoms on which the prescription was based normalised. Thereafter a thin watery discharge from the nose started, with a corresponding relief in the earache. Well, here it is not necessary to anticipate what precedes what. The trouble in a particular organ, say pain etc., may start reducing first and the discharge, as in this case, may start coming later, or vice-versa.

Quite opposite to the above method of prescribing, we must know that in accordance with the tenets of Classical Homoeopathy, the medicine is prescribed on uncommon, rare and peculiar symptoms pertaining to any one or more organs of the body, including the mind and conforming to a totality of symptoms. As for results it expects the disease to take a particular direction i.e. as is required of it by Hering's Law of Cure, which means that the disease must move from within outwards, from above downwards, and in the reverse order of coming. By the reverse order it is meant

that all the diseases from which a person has suffered up till now *are* stacked in the body, in layers. For example, today a person has come to us with asthma as his presenting complaint. In his history it is revealed that prior to this he had suffered from tonsillitis and previous to that he had eruptions on his skin. According to law of reverse order, after the present trouble of asthma is removed the disease from which he had suffered immediately previous to the present one i.e., tonsillitis, should reappear and after that ultimately "the original skin disorder should also reappear and go. And in this manner they expect the final cure of the patient to take place.

So in contrast to all the previous methods of prescribing, the important points to know about Revolutionized Homoeopathy will be the subject of study in the remaining part of this lecture.

As in the example given above we have seen that the medicine was prescribed on common, but Present, Predominating and Persisting symptoms of the mind. Thereafter the mental symptoms were balanced and a nasal discharge started and ultimately healing in the particular organ (ear) took place. A question which will be obvious is, "What role has the medicine actually played in this case, by establishing discharges from the body and then affecting a cure?" (Here it will be out of the scope of this work to go into details of the accumulations, of secretions deposited in the body, which need to be eliminated i.e. from where and how they originate and accumulate; and how they become the cause of the disease; and what exactly could be the relationship between the over-stocked secretions which we have termed elsewhere as Toxins and which become the cause of disease).

To find an answer to the above question, one's attention is drawn towards those discharges which take place from the natural outlets in the form of discharges as a matter of daily and natural routine. We observe in our daily life that the body demands something in the form of hunger, appetite, or cravings; and in response to these demands it is fed with material, in the form of food and drink. It retains a part of it which assimilates in the body, and rejects the remainder. We also see that these two major

functions of ASSIMILATION AND ELIMINATION are taking place in the body continuously and automatically. If this routine is disturbed, or in other words gets out of tune, it has a corresponding influence on the mind in the form of feelings. It is of an abnormality that something has gone wrong. As a result, some sort of reflections, in the form of speech or actions, take place. For example, if you don't get the routine expulsion from anus or urethra, you start feeling abnormal, and talk or do something about it in your own way. External, superfluous causes like over eating, change of weather etc., may be responsible for such disorders. They should be left to automatically settlement by themselves without the interference of medicine, and natural methods resorted to, such as fasting simply missing a meal or two, or taking only comparatively light food.

This sort of abnormality in routine discharges from the body takes place in a different way too. This occurs periodically i.e. it lasts for a period of time with a fixed behaviour and *goes off automatically without the help of any medicine*. Actually, in daily routine it is through the anus and urethra that discharges are essential and that is why any sort of disturbance in their normal functioning causes anxiety. An affected person does not rest as long as this "abnormality is not removed". But it will be noticed that apart from this, some sort of discharges from the other three outlets i.e., nose, mouth and skin also take place over a period of time with the same type of feeling of abnormality as stated above. If they are from the anus, this will be in the form of stools in excess of the daily routine. The difference may not be in quantity or the frequency alone, but it may be in colour and smell also. Likewise through the urethra, with the routine discharge of urine, sometimes it is accompanied with some sort of degenerated material with a sensation of burning and other sensations etc. The discharges from nose are of various types, thin watery discharge or thick, in different colours, and sneezing. From the mouth it is in the form of vomiting which may be accompanied with bile etc. And through skin the discharges may be in the form of heat (fever) and perspiration, or eruptions of any kind.

These extra and abnormal discharges follow the following disciplines:

- No.1 That they last for a fixed period of time i.e. a fixed number of days, hours, minutes, or seconds.
- No.2 That this period is always in odd numbers i.e. 1,3,5,7,9,11,13 and 15.
- No.3 That they have a beginning, a peak and an end. This means differences in speed and stress in all the three stages. For example, if one starts getting a nasal discharge, in the beginning it is slow and less troublesome, it may take the form of sneezing. Gradually, as it rises to a peak the discharge may become more troublesome, and after the peak is over, it starts declining, and that is how it ends.
- No.4 This sort of discipline, as explained above in serial Nos.1-3, forms one phase of a discharge.
- No.5 It is not necessary that these abnormal discharges remain only for one phase, they may last for many phases. But essentially every successive phase will be diminished in intensity, duration and frequency. For example if the discharges are in the shape of loose stools, and if in the first phase their number was 20 times a day and if they were occurring at an interval of half an hour with intensely odd feelings, the following phases or the next phase that should have comparatively fewer stools, at longer intervals (say instead of half an hour they should now be occurring after an hour or so) and with less intensity.
- No.6 After every phase there is a feeling of increased health. One feels more efficient than

before, as if some sort of restorative or re-aligning process has started.

Well, it is more important to know that these discharges occur automatically as a matter of order which is natural to the body. That occurrence is essential to keep the body in the state of perfect health.

So the answer to our question, about the function of the medicine which was selected according to the methodology of Revolutionized Homoeopathy in the case of earache (as referred to in the beginning of this lecture) would be that by establishing the nasal flow it had restored the same natural order in the body as explained above, and thus affected the cure.

So, to conclude, I will say that in this lecture we have studied those major functions of the body which are taking place as a matter of natural physiology, continuously and automatically under a strict Natural Order. These functions can be divided into two forms. One takes place as a matter of normal daily routine, for example, you meet the demands of the body in response to its indications in the form of appetite and hunger and after they are met, the body assimilates a part of it into itself and eliminates the remaining refuse in the form of excreta. But you might have experienced that apart from the foregoing routine demands of the body, sometimes one feels like meeting its particular demands in the form of cravings. These cravings are a part of assimilation to meet the extra nutritional or deficiency problems of the body. And likewise, one gets extra and abnormal discharges from the body as a part of abnormal eliminations in the form of discharge from all or any of the five natural outlets, which are different from daily routine eliminations, and are disciplined in behaviour.

In the next lecture we will study the relationship between a medicine prescribed according to Revolutionized Method and the two major functions of the body i.e. Assimilation and Elimination and also we will study cure.

REVISED LECTURE NO.2

In lecture No. 1 we have studied the basic difference in the mode of prescribing in Classical and the Revolutionized Homoeopathy, and also about the direction that a cure takes. We have also studied the normal and abnormal activities of the body, relating to its two major functions i.e. Assimilation and Elimination. In this lecture we will try to find out how this NATURAL FUNCTIONING of the body (which takes place in a disciplined way and which is the sign of HEALTH), THE SICKNESS and the REMEDY (selected according to the Revolutionized method) are related to each other.

Let us first of all distinguish between the state of health and sickness according to the tenets of Revolutionized Homoeopathy. As already described in lecture No.1, if Assimilation and Elimination take place in a disciplined way they are to be understood as taking place efficiently, this efficiency is to be known as a sign of health. But if the Assimilations or Eliminations, whether they are in the form of normal or abnormal cravings or normal or abnormal eliminations, do not follow the discipline already described in the previous lecture, they are the sign of sickness. They are not to be known as the processes of Assimilations and Eliminations. But they come under the heading of *DEGENERATION*. Now it has become important to point out another contrast between these two approaches, the Classical and Revolutionized. Perhaps we all know that according to the tenets of Classical Homoeopathy, any sort of outward discharge or manifestation of disease on the surface,—may it be through the natural outlets of the body or those which are made by the disease by altering the anatomy of a particular organ to throw out the 'Degenerated matter" — is taken as a welcome sign.

But we the followers of Revolutionized Homoeopathy are very clear in our minds that this sort of undisciplined transaction in the body takes place as result of degeneration and is taking the body towards a decline in total health, and is, therefore, to be remedied. So to repeat, if the discharges from the body follow the fixed discipline, the body is to be known to be following the Natural

Order, and is in the state of health. And if it is not so, it is to be taken that instead of the Natural Order the body is being overpowered by the processes of degeneration and therefore is in a state of sickness.

So let us trace out the relationship between *the medicine* selected according to the principles of Revolutionized Homoeopathy, the Natural Order (the disciplined functioning of the body) which is the sign of *health*, and processes of degeneration which are the signs of *sickness*.

So the first question which will arise in this context will be, When will we consider it necessary to prescribe a medicine in a given case?" Obviously the answer is. "Only when we find a person | s i c k in the real sense." This means that there is sickness which is to be known and recognized as unreal.

In answer to the question as to what is the nature of this unreal sickness, I will say that it is nothing new, but the same as already stated in different words. To keep itself in health, the human body follows a discipline. This discipline lies in its resorting to specialized activity of Assimilation and Elimination, through extra and excessive cravings and eliminations which fall outside the daily routine. We come to know, through this activity, that the body is functioning under the influence of Natural Order.

This remains as a passing phase, and ends by itself, after a period of time. Although we take it as a sign of health, yet it is not without discomfort. There is some sort of uneasiness. We call it an *UNREAL SICKNESS* because we don't have to prescribe any medicine for this, and it is to be allowed to pass away without interference.

Here again another point of distinction between Classical Homoeopathy and Revolutionized Homoeopathy arises. We have very often heard and also read in Homoeopathic literature that diseases are suppressed. Now let us first of all be clear in our minds about the term "SUPPRESSION." Suppression is opposite to expression. It means that something is trying to find an expression, trying to find an outlet, trying to come out, and is not being allowed

to do so. *That is why in Revolutionized Homoeopathy, we do not allow the prescription of any medicine while the body is engaged in the process of self-cleansing or re-alignment or re-balancing along with the resultant elimination.* Because, if these excretions which are not a part of the body and therefore must be released are suppressed and cause disease. *That is why we like to advise physicians of other faiths also, that before prescribing they must try to learn the difference between the two processes i.e. the one which relates to natural order, and the other, which happens to degenerate the body.* They will be doing a great service to humanity by way of saving them from the disastrous diseases which erupt as a result of these suppressions. The matter, which must be discharged should not be allowed to remain in the body for even more than a moment than is reasonable, because these excretions if allowed to stay in the body for more than a reasonable time, and given particular conditions and a cause, are in a position to convert themselves into Toxin, or in other words have the power to damage the tissues, and thereafter start the processes of degeneration.

But the term 'SUPPRESSION' employed by Classical Homoeopathy has a different meaning. They conceive it to take place exactly according to Hering's Law of Reverse Order. According to this concept a person may have suffered from many diseases for a long time, and the disease from which he is suffering now is the result of previous suppressions. For example if in the beginning a person had a disease relating to skin, after the same was suppressed it shifted to intestines converting itself to some intestinal disorder, say diarrhoea, and after this was suppressed he got a new disease in the shape of the present trouble. According to Classical Homoeopathy, all the previous diseases are to go in the same order as they came. The present one is to go first and previous to this the next and ultimately the disease that he suffered from in the beginning is to go, and remove the sickness in its finality.

We will say that the term "*SUPPRESSION*" as is used here does not seem proper because a state of sickness, in the beginning and in the end is known as sickness. It is the disease which has been

made to shift from one organ to another and change its shape and form accordingly. Because in whatever shape the disease was, it was operating as an instrument of Proportion and not Proportion. It was not trying to find an outlet, to leave the body by means of its natural mechanism. It was merely the activity of what we call the Degenerative Process.

Now before we proceed further many questions come to our mind. "Does Allopathic Medicine cause suppression in each and every case?" Another question related to this will be "How far, is the principle of Contraria Contrariis Curentur, attributed to this system, valid? Another question relating to this subject will be, "How to view those cases which are taken up for prescription according to the tenets of Classical Homoeopathy, but do not demonstrate Hering's Law of Cure. i.e. where nobody is bothered whether the cure is taking place from within outwards, from above downwards, and particularly in the reverse order of their coming?" And to come to yet another question related to this; in those cases, where incidentally Hering's Law had been noticed to have taken its course repeatedly, yet without leading the case to a final recovery. What sort of conclusions should be drawn with regard to the action of remedy?

I think it will be outside the scope of this lecture to go into the details of all these questions. But I hope I shall be treating them exhaustively later on at some appropriate opportunity. But to answer in short, I shall say that allopathic medicine does not cause suppression in each and every case. And in those cases where the cure does not seem to be taking the course as required by the principles of Classical Homoeopathy, it should be taken that the malady has been made to change its shape and location.

Coming back to the question of when to prescribe a medicine in a given case of sickness, I have already said that it will be necessary only when the process, other than the natural one i.e. of degeneration, is operative:

After the medicine has been prescribed, how do we judge that it has started acting in the manner expected of it? We in Revolutionized Homoeopathy expect a medicine to put a halt to the operation of the Degenerative Process, whatever its shape and form may be, by way of re-establishing natural order in the body, and restoring perfection in the processes of Assimilation and Elimination.

So, as beginners, it will be sufficient for you to know this, that after the medicine is given, you have to keep your eye on the basic pointers, so as to watch the progress of the case.

First of all, you will be required to recall the symptoms on which you prescribed. (Let me remind you here that you prescribed on the basis of the symptoms relating to the present mental state of a person which was being presented to us through the ordinary, usual and most common expressions. Out of these we gave importance to the predominant and persisting symptoms. Since we will be taking up in detail the question of how to prescribe according to this new method in the coming lecture, I will not go into the details of it here).

And the second point to be noted, in this connection will be 'The Problem' for which the patient has come to you.

For example a patient had come to you with ch. arthritis, and her complaints at the time of case taking were pain, swelling of the joints. You prescribed on the following mental states, that this disease was hindering her movement. She could not go about in society and attend to her business etc., in an uninterrupted way. And because of that she is angry, and is always looking for ways to remove the hindrance. And suppose the rubrics that you extracted were (A) ANGER, interruption from and (B) REPULSIVE mood. After the medicine was given, you had instructed your patient as to how to watch for the reaction of the medicine. You told her that the medicine might react in any one of the following three ways:

- No. 1 *The trouble that she was suffering from before taking the medicine might be aggravated. We*

in Revolutionized Homoeopathy term it as a Negative Action of the medicine.

No.2 That those troubles could start getting milder without any sort of aggravation. That some sort of relief could be obtained, may be in the form of reduction in pains and swelling etc., This we call as the '*POSITIVE ACTION*' of the medicine.

No.3 That '*NO ACTION*' could also be a possibility, meaning thereby that the medicine would show no action, we have termed this sort of inaction on the part of medicine as '*NEUTRAL ACTION*' of the medicine.

In the case of Negative Action, or when the present state of disease seems to be aggravating as a result of the action of the medicine, we have to verify what has happened to the real symptom i.e., of the mind, on which the medicine was prescribed. In this case we will have to ask the patient whether the feeling of anger due to interruption experienced by her in her day to day activities, is still persistent, and if so, if it is with the same intensity, duration and frequency. And whether the other symptoms; that of Repulsive mood, is also balanced to some extent. The physical aggravation the increased pain and swelling should be by now somewhat more tolerable. Meaning thereby, although they are increased —they are much worse than before taking your medicine — yet is she finding herself able to tolerate them. This is to be taken as a favourable action of the medicine and one need not entertain any sort of worry on this account.

But if nothing like this happens, and no alteration in the symptoms as mentioned above takes place, but the present state of sickness aggravates, it is the sign of no-action of the medicine and increase in the intensity of the impact of the disease, and therefore, it will be a case to be considered for the next higher potency or a fresh selection of medicine.

Similarly, in the case of Positive Action, we also have to check the overall progress. Positive Action should not be positive only in so far as pain is reduced, but should also be accompanied by a balance in the real basis of the prescription (Mind). Otherwise it is to be taken as partial action of the medicine and therefore there will be a need to select a new remedy.

To conclude this aspect of my lecture, there is one more point to keep in view in case of negative or positive reactions. This will be whether some sort of extra or out of the ordinary activity of the body, (with regard to Assimilation or Elimination, or both, in the form of abnormal cravings and in the form of discharge takes place. This will be the most welcome sign of promise for recovery.

So before we pass on to the next lecture, let us remind ourselves that we have elegant in this lecture about the distinction between the processes which take place as a matter of natural order, and are treated by Revolutionized Homoeopathy as a sign of health. The processes which take place under the influence of sickness, we have named, 'Degeneration.' We have also learnt that the medicine will be needed only when the degenerative process is operational and that our hands will stay out of the pill-box while the human economy is passing through a disciplined process of Natural Order which is a passing phase, and which leaves the body by itself and without any help. Towards the end of the lecture, we have learnt how to manage a case after the medicine has started working.

In the next lecture we will learn about the nature of sickness, and the principles it follows while degenerating the body.

REVISED LECTURE N 03

In the previous lecture we have studied the general physiology of the body, concerning the functioning of its major activities i.e, of Assimilation and Elimination. We have studied their behaviour when they are working under the influence of natural phenomenon, or as we have called in the 'Natural Order' of the body, and also when they are acting under the command of the Degenerative Process.

In this lecture we will go into the details of the Degenerative Process. We will examine how it operates in the body, and in what way the selection of the medicine according to Revolutionized Method is related to it.

It is a common notion amongst physicians of every system that sickness, in general, has two forms, called Acute and Chronic. They are named so, perhaps, because of their behaviour and age. They call it new and old also. Perhaps they do so because the new has a recent origin and the old has an origin in the past. They also believe that both of them have their own causes, distinct and separate from each other, and that they need to be treated on different lines.

We, in Revolutionized Homoeopathy, have recognized sickness in a different way and split its operation in three different parts, one comes under the heading "Unreal Sickness". The other two are covered by the title "Real Sickness." We have already gone into the details of the nature of the Unreal Sickness in the previous lecture. Now in this lecture we will do the same with Real Sickness—How it operates and what are its forms. Although the common belief is that the Acute and the Chronic are two different diseases, yet our observation is that they are one and the same entity, and it is for us to give the many name, According to us the malady is singular in essence although outwardly it gives the impression of being plural because of the difference in velocity and intensity in any given situation.

This outward difference is further enhanced when in a given situation the Degenerative Process is speedy and deep. Obviously

in so-called Acutes, one has less time to wait and waste before one tackles it. If it is slow, and the danger to life is not immediate, one has ample time to tackle the so-called Chronic. It is only this distinction that makes them look different, but in reality they have the same origin. That is why on the mental dial, as you may call it, the signal that will appear to indicate the medicine will be the same in both cases. Therefore I would like to state here that there is no such disease as Acute or Chronic; it is the same. If it is slow in speed, you can pay attention to it with leisure, and if it is provoked to accelerate its speed, you are required to manage it quickly. So the medicine thus selected covers both states. If I put it in another way, I should say that the so-called chronic itself never ventures to degenerate the body, it has to convert itself into an acute to be in a position to attack the body, at onetime slowly, and at another quickly.

That is why we put emphasis on the PRESENT, as far as the selection of medicine is concerned.

Before proceeding further let us understand the basic difference between the cause and effect of any action. In the case of sickness we say, that the cause of sickness may be there, latent in the body but without doing any harm. It is there already in a slumbering state. But I would like to put it that as long as it is slumbering it cannot be called a cause. It can be called a substance (Material) which may become a cause tomorrow to produce its effect in the shape of sickness—because a cause must be accompanied by a corresponding effect. It will become a cause when it has actually started producing its effect. Before it becomes the cause of disease it may well be adjusted automatically with the help of the processes of Elimination or Assimilation, or both. These may take place as a matter of natural realignment of the body, if it finds the opportunity and the conditions to do so. Thus it may not ultimately be in a position to convert itself into Toxin and to cause disease (sickness).

It is this present state of sickness, whatever may be its impact (slow or fast) which is being revealed through expressions, vocal or mute. Through speech or actions or both, it is being signalled,

and man's vocabulary has succeeded in binding these expression into words, singular or numerous. A full expression is sometimes represented by a single word, or a phrase. A Homoeopath is acquainted with these expressions in the form of the rubrics, those that we find in repertories of Homoeopathic Materia Medica.

Our experience tells us that *these expressions are not merely the mental states or so called mental symptoms of a patient. In reality they conform to a technique which has a direct link with the apparent cause of the disease and is wedded with a particular type of result.*

We have observed that when we administer a medicine on the basis of these expressions which are present, predominating and persistent in nature, it sets in motion discharges which perhaps have remained deposited in the body for want of desired stimulus. This stimulus could be deemed responsible for keeping them in motion and helping them to come out of the body on their own and at their proper time.

We see that ordinarily the discharges, which are being expelled from the body at their proper time are not harmful. But those which remain undischarged for a period of time and become stagnant become toxin, and thus take on the energy to damage the tissues which make the net fibre of the entire human system.

That is why we have come to the conclusion that Toxin is the cause of disease. We call it 'An Apparent Cause' because we know that there are many more factors which contribute to the accumulation of *excreta* in the body.

But what is strange and *new with Revolutionized Homoeopathy*, and what makes it distinct from others, in this respect also, is that it helps in the selection of that medicine which, hits at the cause of the disease directly before starting the cure of the particular diseased organ.

No other method has been noticed to have produced such a direct relationship as this between the so called Physicals which

should not be called physicals because they do not form part of the physical body, but are lying in the body as rejected matter i.e. the *excreta*. The signals of its presence in the body come in the form of expressions, which are known to constitute the mental state of a person. To repeat, let me point out *that we prescribe on the basis of the symptoms of the mind (leaving aside all the other symptoms relating to the popularly known physical level of the body) and in turn get a stimulus in the automatic system, which is responsible for keeping the system of Assimilation and Elimination efficient.*

As soon as these systems regain balance, the body as a whole including each and every organ,—starts retaining its natural efficiency, and returns to its original state of functioning.

To put it in other words, *Revolutionized Homoeopathy* makes the Homoeopathic medicine work to create conditions in the body which help it to heal itself. To state it more precisely, I would say *that Revolutionized Homoeopathy is 'NATURAL HEALING' with the help of Homoeopathic medicine.* That is why, after the medicine starts its action in the body, apart from the reduction in suffering and the repair of a particular organ, our primary concern remains to see whether all the systems (i.e. Alimentary, Respiratory, Circulatory and Nervous system etc. etc.) engaged in running the administration of the human body are regaining normalcy in every respect. Thus, on the one hand, while prescribing we take into consideration those expressions of the human economy which are revealing a class of signals to our perception (insight) and these are pointers to or indicative of an underlying cause—a type of toxin which is similar in substance to a medicine—The sickness needs to be expelled by a medicine—which ought to be similar to it. On the other hand, while measuring the progress of the case, we are to be watchful of the human frame as a whole. Our medicine should not leave any sort of abnormality uncovered in the body.

Before proceeding further I would like to mention a very important point that came to my mind, and for which I am really very grateful to a top Homoeopath of India who has been kind enough to grace one of our School's Functions and was generous

enough to focus my attention towards it. The point was that the theory of Toxin being the cause of disease and the methods of its extrication from the body, such as inducing vomiting, nasal discharges, the use of purgatives, diuresis (urination), blood letting etc., are very ancient, and were abandoned long ago by the medical profession as unrealistic and very crude. I am not in agreement with the above view. To me the ancients seem to be close to the truth, even today. Because as far as the idea of Toxin being the cause of disease is concerned, Ayurveda and the Sidha and Unani systems seem to be holding to it even now. The problem that remains or persists is, how to get rid of this Toxin? Of course the crude methods (used in ancient times as referred to above) employed to expel it from the human body proved to be a futile and harmful experiment. But the method that we have tried is with the help of the minutest dose, and has definitely produced marvellous results. Because after it hits the target it realigns the levers of the body, so helping the organism to attain its own natural way of functioning as a whole. *The order that we know as Natural to the body is that all its components should become natural in size and construction (anatomically), healthy in material (biologically) fully efficient in functioning (physiologically), and in complete harmony with each other.*

To conclude this lecture, I would like to say that it was never expected that a similar could be so precise (with the help of prescribing on the basis of this particular method) that it would start repelling its similar from the body, directly in the way as stated above and thus help 'Natural Healing' in the body. That is why the ancient idea of Toxin being the cause of disease was re-planted in my mind, but in a new context, and after due observation of the responses that the medicines selected with the help of new technique initiated.

I think, the above explanation will also be sufficient to convince those of our critics who object to our method of prescribing confining ourselves to mental symptoms only. My humble submission to them is that it is not because of any whim on my part that I propound a precise selection of mental symptoms as you call

them. My purpose is to provide a yard-stick which could serve as a standard for accurate Homoeopathic diagnosis (Homoeopathic diagnosis means selection of the right medicine) which could be put to practical use universally with greater success and confidence, in every sphere of medicine. It has been found that it gives the best results in comparison to all existing methods, and is easy to prescribe with certainty and speed.

In the next lecture we will be learning about the technique of prescribing according to the Revolutionized approach.

REVISED LECTURE NO.4

How to Prescribe According to the Tenets of
Revolutionized Homoeopathy

In the theoretical part of lecture no.4 of the previous edition of this work, my emphasis was that as a test of its being a true similar, a medicine must direct the cure according to Hering's Law. In this edition, as we have already learnt through the previous lecture, the emphasis has by now been changed from the above law to a law which is natural to body. By this new emphasis, the expectation will be that a medicine which is a true similar, must be capable of restoring NATURAL ORDER IN THE BODY WHICH HELPS IT TO HEAL ITSELF ON THE LINES OF NATURAL CURE.

We also said in the last edition that since our aim was to direct the disease from the centre to the periphery (as is required by Hering's Law; mind being the centre of the body), we must prescribe on the basis of the symptoms of the centre so that the medicine so selected may be in a position to capture the centre and thus direct the disease towards the desired end.

Now a new discovery takes over from the previous theory of CENTRE. The new discovery is that a medicine selected with the help of mental symptoms, restores Natural Order in the body which in turn instigates in a process of Natural Healing. This Natural Healing follows a strict discipline and renovates the human organism to its optimum. But one very important thing to be noted is that this peculiarity of setting in Natural Healing in the body is vested with the group of 'Mental symptoms' selected with the help of the Revolutionized Technique only.

In a nutshell, *Revolutionized Homoeopathy* (which is generally mistaken to be teaching prescription on the basis of mental symptoms only) *offers a technique of prescribing which brings out a different type of results that need to be managed in a (totally) different way.* Further, to proceed towards the practical part of this lecture, let me say that all that has been said, on this account in lecture No.4 of the previous edition, is in common with our present

thinking and will be definitely and fully useful to readers who intend to learn Revolutionized Homoeopathy, or require something in writing for reference. That is why I will not repeat anything already said, but will try to add something new, to enrich its contents.

In the last paragraph, on page 2 of the lecture no.4 of the previous edition I said, "Now to come back to the real lesson in this lecture, that of prescribing, let us know the tasks involved. The first and the main job is to know the predominating symptoms relating to the present ailment (state of imbalance in the body of the patient). This point was perhaps left without elaboration, and the next one, that of 'How to convert the patient's expressions into the language of rubrics' was given full justification.

While restating the first point I would like to put it another way. I suggest that before you start examining your patient forget that he is a human being as you know him. Take it that he is a computer in human form which is emanating data. He is a signalling machine, sending out indicators that denote the type of fault it is experiencing. While taking up the case you do not have to hunt for the symptoms and find out the dispositions etc. You do not have to make out what it is disposed to, but you decode and decipher what it is exposing without hitch or hindrance. It gives information voluntarily and without being asked, and without self knowledge. This information is finding its way out through expressions—verbal and through actions—subjective or objective, and you have to learn to read and understand it. Nothing that is being exposed to your faculty of perception is unworthy of attention. All that is surfacing is important, and that is why we in Revolutionized Homoeopathy consider, these symptoms also for the selection of a remedy which are generally overlooked as usual, common and ordinary and given no attention at all. *Actually these so called common and most ordinary divergences, are connected with the underlying causes (Toxin) which are responsible for creating these un-natural conditions in the body.* Let me give you an example to clarify this point. A person is rejected in the medical test for diplopia. He is given three months time to reappear for the test. He is afraid that if

he does not recover from the eye trouble, there is a chance that we will lose this opportunity of a good job, which he may not have again. This mental state is generally expected of a person in such circumstances. But we have cases, where people have expressed 'FEAR, **betrayed**, of being' in different situations and circumstances. The medicine was prescribed in accordance with this singular rubric which was pre-dominating, persisting and current in the mind of the patient, and it worked beyond expectation. As already stated above, in case of the prospective candidate for commission, in the Navy, the medicine was prescribed on the basis of the same mental condition. After the medicine was given, to start with his mental fear of being betrayed was balanced, which was followed by a discharge of phlegm from the throat, with the corresponding relief and recovery in eyes.

A common remark that one often hears from a patient is, "Doctor, it has been a long time now. I have not had any relief. How long do I have to wait?" You might ask me, "What is peculiar in this remark?". And you may further add that it will be an obvious reaction of any patient who is not getting any kind of relief while he is under treatment. But I would say, "No, it is not so. Patients wait for a long time without a word. This sort of a feeling is not a result of his impatience to bear with us, without any sort of gain for a long time. Actually, it is, in its turn, his latest mental signal which is indicating the next medicine.

I am sure you can recall a conversation of the following kind with one or many of your patients who come to you with the above kind of complaint. You might want to remind him, "Dear friend, you came to me with so many other complaints which you no longer have. Moreover, even this present problem is not that intense." And the reply that you might get may be. "No Doctor, but after such a long treatment with you I am still not completely cured." *It is very important to note that this, the latest remark of your patient which was never made before, despite numerous relapses that he might have suffered, is the latest development in the mind of your patient.* Therefore you must not discount this mental state of your patient as just a cumulative effect of the total duration of his treatment. You

will definitely be astonished, as well **as** fully convinced, that the medicine selected on this indication is not only going to cover your patient's present state of sickness and gives him satisfactory relief, but it is also going to help you, as his physician, in preventing him from leaving your treatment, because he has started to feel that it is of no use continuing with you as it is merely going to amount to waste of time and money, in spite of the fact that he had benefited from your treatment, in many other respects.

So, the first lesson is that while selecting a medicine according to the Revolutionized Method you cannot afford to ignore certain expressions just because they appear quite common to all patients. You have to keep a keen eye, on the expressions that are current, persisting and predominating, which the human structure before you is making, without bothering about the words and their meaning, which he is using to express himself.

As a second lesson, you have to restrain yourself from encouraging your patient to say something that you have come to think about him in your own mind. You need to allow the spontaneous expressions that are flowing out of him to come out, without colouring. Try to watch, perceive and interpret things without interference on your part. All that you see and hear happening is the material that is real. Nothing is useless and without meaning. All that is needed is its proper placing. It will depend on how you sort it. It is the perfection of this art of assorting various shades of human behaviour under the headings that you call rubrics, on which will depend your success.

The third lesson to be learnt, will be to find out the predominating symptoms. Certain patients will talk to you about many things. While reporting they will go on telling you all that happened to them previously and all that passes through their minds usually. But when you ask them, "What about today and now?" They may reply, no, none of this is troubling them at the moment. On further questioning as to what is the present problem which is occupying their mind at the time of relating symptoms to you, they have a different story to tell. So it is this story that is now occupying

his mind that needs to be treated as his present state of mind. And you may further ask, "Is this the only thing which is uppermost in your mind, or do you have to add something else to it or do you have something else to tell which you feel is on your mind?" It is these last thoughts conclusions which he makes, which will help you to know the predominating disturbance in his intelligence and emotions. And these symptoms, which do not only appear occasionally and do not pass through and vanish, will be called persistent in nature, and will form the basis for your prescription.

Before concluding the foregoing part of this lecture, I must confess that the subject requires further elaboration with an exhaustive treatment, which I shall be excused for saying is beyond the scope of this introductory work. Therefore I hope that I will be able to take it up separately, in the shape of a full text, sometime later.

Now, to move on to the other subject of this lecture, i.e. of 'converting the expressions of the patient into the language of the Repertory of the Homoeopathic Material Medica' I would like to say that I have already dealt with it concisely and comprehensively in lecture No.4 of the previous edition. You are advised to go through that thoroughly. It covers many useful points, which will help you to select a proper medicine. For example how to know the exact meaning and sense of the rubrics; what is the importance of cross references and how to draw an exact demarcating line between them; how different words and phrases spoken by your patients, could amount to the same rubric like a mathematical equation, and how with only a slight difference in stress, that of tone and style, of the speaker, the rubric apparently coming to mind may not be the real rubric. And finally, out of the total number of the mental symptoms, which of them are to be segregated for the selection of the medicine.

A separate book is being written under the title "*RE-DISCOVERY OF HOMOEOPATHY Series II*" [Repertory of Homoeopathic Material Medica (MIND Section) An Acquaintance]. It will contain subjects like 'Rubrics how to

understand them (by way of their dictionary definitions and grammatical positions, emotional sense and derived essences, and their relation to intelligence; and how to use them in your own language), and how to make use of them for the sake of prescribing a remedy. Another topic of discussion will be of Categorising symptoms into Subjective, Objective and others, and Symptoms belonging to the emotions, intelligence and others, and to be further refined to know them in the language of science i.e. as Electrons, Protons and neutrons. This I hope will fully meet the deficiencies of this work on this particular score. In the next lecture, we will be exploring the **DISTINGUISHING FEATURES OF REVOLUTIONIZED HOMOEOPATHY.**

REVISED LECTURE NO. 4A**How a well-begun case can be spoiled by change of medicine on false indications or by subordinating one's judgement to lay opinions ?**

This lecture emphasises the need for patience, in selecting the next medicine or raising the potency. This is so because, in most of the cases, your first remedy in 30 potency, is going to cure the patient in the long run. In this context the following case reports will be found useful.

CASE NO. 1

Ileocecal Koch's

Mrs. D., Age : 85 years

The main complaints were

- 2" wide bulging lump in the abdomen on the right side.
- Incessant vomiting, could not retain even water for a few seconds.
- Persistent nausea
- An unbearable pain in iliac bone alternating left to right and vice-versa.
- Pain in calves.
- Stretching of legs amel.

Belladonna 30 was prescribed on 26/2/91 on the following rubrics:

- (i) FEIGNING sick (desires attention)
(wants someone lying by her side in the bed)

- (ii) UNCONSCIOUSNESS, interrupted by screaming
(remains calm or normal with short intervals of loud moaning.)
- (iii) QUIET, wants to be, repose and tranquility, desires.
- (iv) LIGHT, desire for.
- (v) DELUSIONS, well, feels she is, alternating with the feeling of extreme sickness (S).*
- (vi) CARRIED, desires to be, fast.
- (vii) LOOKS, now well, now sick (S).

Note that the prescription was made without any bias and without any consideration whether the medicine was deep or short-acting miasmatic or not, as is generally done.

The fundamental principle is of selecting the indicated medicine on the basis of P.P.P. (Present, Predominating, and Persistent) symptoms.

After giving Bell 30 following changes were observed next day in morning

- Slept well, first time after many months.
- Pain stopped.
- Vomiting stopped.
- Nausea no more.
- Started accepting liquid food.

The progress continued up to 22/3/91

- Placebo -

(S): Additions by Dr. Sehgal.

- 23/3/91 - Itching appeared on the painful part, and subsided after a few days by itself.
- The size of the lump reduced to half and overall progress continued.
- 2/4/91 - Constipation, no stools for the last three days.
- **Placebo** -
- 6/4/91 - Anxiety from constipation. Patient and the attendants were restless as the bowels did not move continuously for many days. At last the bowels moved on 7th day.
- No interference. **Placebo.**

NOW HERE COMES THE POINT WHERE THE TEMPTATION OF THE NEXT REMEDY COULD SPOIL THE CASE.

- 13/4/91 - Constipation started again and the anxiety for stools continued. This time bowels moved once after six days.
- **Placebo** -
- 20/4/91 - Anxiety for stools continues. This time she felt the urge after five days.
- **Placebo** -
- 27/4/91 - Next after four days.
- **Placebo** -
- 4/5/91 - Next after three days and so on.
- **Placebo** -
- The stools became normal after another two weeks.

The point in quoting this case is *the turning point* after 6/4/91. The case would have definitely spoiled, had I raised the potency or changed the remedy to remove constipation.

CASE NO. 2

Master A, Age 3 1/2 Years

For the last 3 years

Persistent complaints

- (i) Tonsils enlarged
- (ii) Adenoid
- (iii) Loss of appetite

Recurring complaints

- (i) Fever
- (ii) Nose blocked.
- (iii) Sudden spells of prostration with emaciation.

Strain. 30 was prescribed on 1/4/92 on the following observations:

Wants complete involvement of the person who attends on him. A little diversion from him annoys him. Wants others to listen to him and keep doing things as he wishes. Obstinate, will like his wish carried. If contradicted, becomes angry and threatens violence. Will also strike. But becomes quiet in the presence of strangers. Wants the company of the family as a whole. Badly misses the member of the family who is absent.

The rubrics are —

- 1 - TALKING pleasure in his own.
- 2 - THREATENING.

- 3 LONGING, sunshine, light and society for.
- 4 CLINGING, to persons and situations. (S)
- Parents were told not to feel alarmed if the present complaints aggravate and instructed not to give any other medicine or anything else as medicine to interfere with the action of the remedy.
- 7/4/92 In the first week the swelling of tonsils came down to half. The fever vanished. There was overall relief with a marked change in the mental attitude. Parents were happy as no aggravation took place. The aggravation was expected in the coming week, they were told.
- 8/4/92 Child became inactive and wanted to be carried and was clinging.
- 9/4/92 The condition aggravated further with slight temp.
- 10/4/92 Fever went upto 103 F - tonsils swelled to assume the original condition with increased intensity. Embarrassed parents reported on telephone:
- " The child is not able to breath properly. The fever is high. The latest development is since 2 pm, now it is 7 pm, What to do ?" They were told, repeat the same medicine (**Placebo**) which was given to the child in morning after every one hour and report again at 10 pm. By 10 pm. the fever came down to 101°F, and the child was asleep comfortably.

- 11/4/92 - Next morning the fever was 101°F, breathing was better and he ate a biscuit and drank half a cup of milk.

They were told that further improvement would start after some expulsion from the body. Probably in the form of phlegm with vomiting or some sort of nasal discharge.

By the evening the child vomited a lot of phlegm and was comfortable thereafter, the fever also came down to 100°. Before the vomiting the fever had risen again to 103°.

They were told some more vomitings were expected to further the progress.

In the night the child vomited twice and next morning after a good sleep, the temperature and everything else came down to normal. Only a slight weakness remained.

CASE NO. 3

V.S.D. syndrome.

Ms. C Age—6 months

Complaints:

- Recurring pneumonia.
- The child remains happy **even in the worst** condition except occasional **screams in** between with great anguish.

In the event **of** high fever she would simply **go to** sleep and awake refreshed.

Rubrics taken:

- 1 UNCONSCIOUSNESS, interrupted by screaming.
 - 2 LAUGHING, while speaking
 - 3 FRIVOLOUS.
 - 4 QUIET wants to be, desires repose **and** tranquility
- 16/9/91 - **Belladonna** 30 was given.
- 18/9/91 Fast, difficult breathing with **wheezing, temp.** 103°, is in a state of stupor.
(Placebo for 1 day)
- 19/9/91 Improvement.
(Placebo for 2 days)
- 21/9/91 - Fever suddenly went up to 105 °F, neighbourhood ladies counselled the lonely housewife to take allopathic help.
Took **allopathic** treatment.
- 23/9/91 Reported with 105° temp and similar allied complaints.
Bell. 200 for 1 day.
- 24/9/91 - Stupor was no more. In spite of the high fever the child became active. Took normal feed.
Placebo for 1 day
- 25/9/91 Fever 103°F. breathing much better. Felt normal.
Placebo 1 day.

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- 28/9/91 Fever normal. Stools and nasal discharge increased, with baldness (scalp)
- 30/9/91 Same condition.
Placebo 3 days
- 3/10/91 Discharges continued.
Placebo 4 days.
- 7/10/91 Discharges reduced.
Placebo 1 week
- 14/10/91 - Slight nasal discharge with cough appeared
to 5/12/91 occasionally.
Placebo -
- 6/12/91 - Attack with high fever and Wheezing sound
re-appeared but with lesser intensity and
duration.
Placebo 1 day
- 7/12/91 - Much better in all respects.
Placebo for 10 days
- 16/12/91 - Echo test on 14/12/91. The hole in the heart is
narrower than before, mucus with stool and
nasal discharge continued with short recess.
There was corresponding improvement in
proper growth of the child.
Placebo 1 week
- 23/12/91 **Placebo continues,**
to 25/4/92

CASE NO 4:

Pyrexia of Unknown Origin

Master - P, 4 years

Morn. —101° F

Eve. — 103°F.

- 10/7/91
- 1- Pale eyes
 - 2 - Emaciated, yellowish skin.
 - 3 - Anorexia with nausea
 - 4- Unable to walk, had to be carried.

P/History — Suffered from measles 4 months before.

After 2 weeks of recovery, pain in both the legs started with gradual loss of strength.

Rubrics taken

- 10/7/91
- 1 - FEAR, falling, of, child holds on to mother.
 - 2 - Wants to remain in one position. Will like to watch the T.V. or remain sleepy. (DISTURBED, averse to being)
 - 3 - Likes to eat things other than the regular meals, having charming look and distinct taste. (LIGHT, desire for)
 - 4- Sticks to things and tastes for long. (CLINGING, things to) (S)
 - 5- IRRITABILITY, spoken to when.
 - 6- ANGER, obliged to eat (things other than what he wants to), when (S)

9 - CLINGING, grasps the nurse when carried (was seen garlanding his mother with his arms with tight grip when she carried him to my clinic).

GELSIMIUM - 30 was **given**.

10/7/91	=	Temp.	Morn.	=	101.4°F
			A.N.	=	103°F,
			Eve	=	102.1°

- Placebo -

11/7/91	=		Morning	=	102°C
			A. Noon	=	103°F
			Night	=	102°F

- Placebo -

12/7/91	=		Morning	=	99°F
			A. Noon	=	103°
			Night	=	101°

-Placebo-

13/7/91	=		Morning	=	100.4°
			A.N.	=	102.1°
			Night	=	103°

- Placebo -

14/7/91	=		Morning	=	102°
			A.N.	*	102°
			Night	«	100.4°

- Placebo -

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15/7/91 ± Morning = 100°
 Noon = 99°
 Night = 100.3°

- Placebo -

16/7/91 = Morning = 99°
 Noon = 99°
 Night = 101°

- Placebo -

17/7/91 = Morning = 101°
 Noon = 100.4°
 Night = 101.2°

- Placebo -

18/7/91 = Morning = 97.3°
 Noon = 101°
 Night = 100°

- Placebo -

19/7/91 = Morning = 98.1°
 Noon = 101.1°
 Evening = 99.3°

- Placebo -

20/7/91 = Morning = 99°
 Noon - 100°
 Night = 99.2°

- Placebo -

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21/7/91	Morning	=	98 ^s
	Noon	=	99°
	Evening	=	97.1°
	Placebo		
22/7/91	Morning	=	98"
	Noon	=	98.4°
	Night	=	98.4°
	- Placebo		
23/7/91	Morning	=	97.3°
	Noon	=	98°
	Night		98.4°
	Placebo		
24/7/91	Morning	=	97.3°
	Noon	=	98.1°
	Evening	=	99.3°
	- Placebo -		
25/7/91	Morning	=	98.1°
	Noon	=	99°
	Evening	=	99.2°
	- Placebo		
26/7/91	Morning	=	99.2°
	Noon	=	100.3°
	Night		101.1°
	- Placebo -		

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27/7/91	Morning	98.4°
	Noon	100.1°
	Night	100.3°
	Placebo -	
28/7/91	Morning	98.2°
	Noon	101°
	Night	100.3°
	Placebo -	
29/7/91	Morning	99°
	Noon	100.2°
	Night	101°
	- Placebo -	
30/7/91	Morning	101°
	Noon	101°
	Night	101°
	Placebo -	
31/7/91	Morning	100'
	Noon	100°
	Night	99.2°
	- Placebo -	
1/8/91	Morning	99°
	Noon	100°
	Night	99.1°
	- Placebo -	

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2/8/91	Morning	=	98.2°
	Noon	=	99.2°
	Evening	=	98.2°
- Placebo			
3/8/91	Morning	=	98°
	Noon	=	99°
	Night		99.3°
Placebo			
4/8/91	Morning	=	99°
	Noon	=	99°
	Night		98°
- Placebo -			
5/8/91	Morning		97°
	Noon		99°
	Night		98°
Placebo			
6/8/91	Noon		98°
	Night		98°
- Placebo			
7/8/91	Morning		98°
	Noon		98"
	Night		98°
Placebo -			

8/8/91	Morning	98*
	Noon	98°
	Night	98°

- Placebo -

After this the temperature stabilised and patient was declared fit. During the period of convalescence the patient had black sticky stools, and vomiting, in phases of three or five days.

The recovery started with the change in the attitude of the boy and improvement in general efficiency. He started attempting to stand on his legs for some moments and walking upto the bathroom with support. The feeling of nausea ended and the intake improved gradually, with corresponding gain in weight and flesh. The glow on face re-appeared and the strength in the legs was restored. Now he could walk as a normal being.

HOW COULD IT BE POSSIBLE ?

The parents of the boy were surrounded by the neighbours who would not allow them to recognise the progress in anything other than the temperature of the body, which did not show any sign of decline in the beginning.

Always on their lips was just one phrase : "no improvement". And everytime I had to display annoyance and thrust my opinion on them, telling them that their boy was improving. How could I keep my morale high ? Because of the clarity of the concept of the cure in my mind: how it begins, proceeds in the middle and heads towards the end.

This is very essential for the successful management of the case.

CASE NO. 5 ,

Mr. A - Age 31 years,

came on 9/5/91 with following complaints:

- 1 - Breathlessness
- 2 - Coryza.
- 3 - Blackish discolouration of the lowermost part of the abdomen, groins and the penis.

P/History: 1 - Sinusitis in 1978-80.

- 2 - Rashes on the body in 1982.
- 3 - Herpes Zoster in 1989.
- 4 - Eruptions in Penis -1990.

Belladonna 30 one dose was prescribed on the following:

- 1 - Talks with involuntary smile on his face (SMILING involuntarily)
- 2 - The tone and style of the talk conveys that the things have no deep effect on his mind. (FRIVOLOUS)
- 3 - ASKS, with a smile on his face "Dr. SAHIB, shall I be cured V (LIGHT, desire for) He repeats this question till end.
- 4 - Prefers tranquillity to noisy atmosphere (Desires repose and tranquillity).

9/5/91 to - Problem in the breathing process totally
3/7/91 vanished.

- Eruptions on penis persisted.

-Placebo-

- 1/8/91 - Rashes on the penis reduced.
- **Placebo** -
- 6/8/91 - Throat swelled with fever and cough
- **Placebo** -
- 12/9/91 - Came after a gap, was feeling better.
- **Placebo** -
- 19/9/91 - White thick discharge from the throat
No irritation, no swelling, no cough, no fever.
- **Placebo** -
- 26/9/91 - Discharge increased.
- **Placebo** -
- 3/10/91 - Discharge continued with corresponding
relief in stomach disturbances which he
forgets to disclose.
- **Placebo** -
- 10/10/91 - White thick discharge from eruptions on the
penis.
- **Placebo** -
- 24/10/91 - Problems seemed persisting and **Belladonna**
200 one dose was prescribed.
- 31/10/91 - Much improvement
- - **Placebo** -
- 6/11/91 - Stomach disturbed with frequent loose stools.
Coryza with increase pus discharge from
throat.
- **Placebo** -

- 14/11/91 - Breathlessness **for three days.**
- Sticky sputum
- Foamy urine.
- **- Placebo -**
- 20/11/91 - Cough, sputum etc reduced.
- **- Placebo -**
- 28/11/91 - Considerable improvement in all respects.
- **- Placebo -**
- 6/12/91 - Sleeplessness, nausea stiffness in joints after rest.
- **- Placebo -**
- 14/12/91 - Better.
- **- Placebo -**
- 21/12/91 - Feeling normal except skin. Sick feeling in the morning after stool, with nausea, desire for seasoned food, (mentions casually)
- **- Placebo -**
- 28/12/91 - 23/12 to 25/12/91, sensitive to noise agg.
- Skin trouble-area increased.
- 4/1/92 - Appetite improved, skin improved
- 14/1/92 - Stomach disturbed
- Appetite only for seasoned food.
- Discolouration around hips cleared.
- **- Placebo -**

- 23/1/92 - Stools twice a day. Stomach still **upset**
- Appetite reduced.
- - **Placebo** -
- 4/2/92 - Albumin in urine.
- - **Placebo** -
- 12/2/92 - Anxiety hypochondriacal. Feels highly depressed and cheated. Weeps profusely while reporting, "I was expecting cure which seems distant."
- "Why ?"
- "Because I am having pain in the armpit. It is the same which I had before the attack of Herpes in 1989."
- The usual smile on the face **re-appeared** when I assured him that there will be nothing like that.
- - **Placebo** -
- 18/2/91 - Slight problem in the throat.
- - **Placebo** -
- 26/2/92 - Complaints reduced.
- - **Placebo** -
- 2/3/92 - Loose stools many times for two days with corresponding relief in itching and throat.
- 20/3/92 - Reported after a gap.
- Came with slight breathing difficulty and stomach disorder.
- - **Placebo** -

Breathing trouble for two days.

Nose running, itching.

Stomach upset.

- Placebo -

No report thereafter.

Breathing difficulty with sleeplessness.

Irregularity in reporting was interpreted as "INDIFFERENCE, recovery, about his."

and FEAR, suffering of.

Calc. Carb 30, one dose.

Cough with phlegm and a bit of difficulty in breathing persisted. Stomach and skin improved.

- Placebo -

No report till 29/5/92 the day of closing this writing.

REVISED LECTURE NO.5**Distinguishing Features of Revolutionized
Homoeopathy**

A fresh look at this subject makes me realise that a lot has been left unsaid about it in the 1st edition of this work. But I do not feel that it is feasible or even advisable to add each and every detail of it, even in this present work.

That is why I would like you to focus your attention on those features which I feel (at the present) are very important from the point of view of results. I mean to say that apart from the other features, that of change in procedures*, which curtails a physician's labour, saves his time, and offers him confidence, there are others which are linked with systematic results. To get results is one thing, but to get them in a systematic way, means that from beginning to end, you have a proper grip on the case and that all the in between phases are never in a position to put you in a situation, which you cannot understand and manage. You are very clear in your mind whether the case in hand belongs to the sickness which we know as 'UNREAL', or whether it comes under the category which we have named as 'REAL SICKNESS.' You know whether the disorder which is taking place, is because of the natural self-realignment of the body and requires no interference with medicines, or whether it is really being dictated by the •DEGENERATIVE PROCESS,' and demands your prompt attention to conceive, interpret and convert its signals into the language which helps you to arrive at the selection of a correct medicine. "As a check of correctness of your selection you are provided with a test to find out whether the medicine taken by your patient has been able to direct healing, as is required of it, according to the principles sought out by Revolutionized Homoeopathy (You already know them through the foregoing lectures)."

Kindly go through lecture 5 of the previous edition which is combined with this edition In this book at pages 96 to 99

The next important point to be noted will be that healing by this method tones the human system in such a way to provoke it to heal by itself. In other words, it is the cure, by NATURE, that the Revolutionized Homoeopathy induces in the human organism i.e. by way of establishing discharges etc., (as already stated). Probably everybody knows that healing that takes place under the laws of Nature, brings every organ and function the body into their natural and perfect order, in such a way that nothing remains to be eradicated thereafter.

And the most important point I would like to stress by way of a final word in this lecture is emphasis 'ON THE PRESENT'. The uniqueness of this approach — which covers acutes including emergencies and the state of alarm, where the danger to life itself is disproportionate to the time allowed to tackle it, and those cases also, where everything in the other systems has already been tried to its best. This method gives you a key—of course as long as you have already put in some hard labour to learn the technicalities of this method, it ultimately builds your confidence and helps you to save most of your fellow human beings from the virtual clutches of death.

I would like to add further that this emphasis on the present (accompanied by persistence and predominance) must not be thought to be covering the superficial phase of the disease, but is covering the malady at its root. So you need not think that you will need to deal with the so-called chronic separately, later on when the so-called Acute has settled down, as may of the Classical Homoeopaths seem to be under the impression. So the beauty is that the same medicine is acting as a curative agent, whatever the phase and the character of the disease may be. Therefore, if your patient is going on well with a medicine, you have to be careful before you change it, because it is in a very rare case that you have to do so, when a new phase of the disease has taken over from the previous one. This new phase is milder in nature. You should remember that for months, phase after phase may continue to appear, with a change in the intensity, duration and frequency of the same class of symptoms, or some other symptoms, and yet you

may not have to change the medicine. You have to wait till another class of signals, which will qualify to be called the PRESENT, PREDOMINATING AND PERSISTING ONES appear, to justify a change of medicine.

I hope you will agree with me, when I say as a concluding remark to this work, *that Change*, when it is suggested, in those routines to which people are accustomed and are contented with — is disturbing and troublesome. But it is welcome, where instead of contentment, discontentment is prevailing, with eagerness for something new, which can help them to overcome the difficulties which they are experiencing, despite the benefits that they are deriving out of the present routine. It is un-welcome again, when the change does not suit them immediately and the transition from the old seems to be full of disadvantages.

It is only the zeal for the betterment and the best which makes the improvement over the past, acceptable, as a game and pleasurable adventure where no *odd* seems to be daunting.

This method will require repeated attempts to master it, it is tiresome and tough in the beginning, it is a bit easier in the middle of the journey, and is very smooth and palatable, when you finally reach the goal. To end this work I request you not to hesitate to be in touch with us if you experience difficulties which we know will be natural and inevitable.

As indicated in lecture No.4 of the previous edition, a regular Institute to propagate this new thought was formally started on 25th Feb., 1983 and was inaugurated through the hands of Dr. Jugal Kishore, a well known personality in Homoeopathic World. I trust with active co-operation of all of you we will be able to live up to your expectations.

PART II
Lectures related to the first edition

LECTURE NO. 1. (1st Edition)**HOMOEOPATHIC LAWS (A NEW CONCEPT)**

Homoeopathy cannot be recognised as a medical science unless it attains certainty in its therapeutics — as a substitute to the present method of 'HIT AND TRIAL.' It has to develop a direction on those lines which take it through and lead it to a definite path and destination.

A homoeopathic physician, before laying his hand on a homoeopathic medicine, should be in a position to foresee and perceive what he expects his prescription to do. What direction does he expect the matter to take? What symptoms does he want it to reduce, and in what manner? What will he tell the patient to expect? When will it be necessary for the patient to report? And when will it not be necessary for him to report, but to wait till the next remedy is indicated?

Why has this not been possible so far? Because in theory, we have been talking of laws. They are no doubt scientific i.e., (i) the Law of Similars, (ii) Herings' law of Cure — (from centre to periphery, from above downwards, and the symptoms disappearing in the reverse order of their coming), (iii) one remedy, one dose at a time. But while prescribing, perhaps, hardly has the insight of anyone of us, grasped and realized the importance of these laws. Whether or not, after prescribing a remedy, the sickness has actually taken the direction according to these laws, invariably, in every case. If not, why not? Should the direction taken by the sickness be taken as homoeopathic, even if it has not taken the direction according to these laws?

Instead, in practice, we have been ignorantly allowing ourselves to be led into inquiries relating to the causes of disease. These inquiries took us to philosophical conclusions like 'Miasms' and lured us to make these the basis of prescribing. There we seem to have lost our way. That is the way of scientific inquiry. Well,

what is science? Science introduces into any inquiry an element of certainty, exactness, and an analytical approach. It justifies its conclusions with tests. Truth unverified is not truth. Science untested is not science.

The scientism of homoeopathy can be established only, if in every case, after the remedy is given to a patient, *it proves itself as a similar*. In proof thereof, it must start acting from centre to periphery and remove the turmoil in the reverse order of its coming and from above downwards.

Well, to my readers it may seem really very strange to find that what has been stated by me above is not new to them. No doubt, their disappointment may be a bit justified upto this point. But perhaps it may come as a pleasant surprise, find in the ensuing lines, that although *the laws are not new but*, as far as my knowledge goes, *my conception of them is quite new* and as yet unknown to anybody in the world.

Now to start with, let us examine — *WHAT IS A SIMILAR?* In our profession, perhaps, mere matching of certain symptoms of the medicine with those of the sick person has generally been known as having struck a similar. But the fact has always been lost sight of, that if it is really a true similar, then *it must always behave like a similar*. The behaviour of similars, as is universally known, is to repel each other, in case, they are placed and poised in *opposite direction* "Ultimately, it is the more powerful of them which becomes dominant. After the initial resistance is over, the more powerful prevails and repels.

So in a given case, in which a patient has been prescribed for homoeopathically, in other words according to the law of similars, the remedy given is really a similar, as a proof thereof, it has to be seen whether it starts repelling something outwards. These repulsions appear in the form of expulsions through any one or more of the natural outlets i.e. nose, eyes, mouth, urethra, anus, skin etc. These expulsions are in the form of discharges from the body. They may start coming from any of the outlets meant for the purpose e.g.,

nose (coryza) etc. eyes (lachrymation) etc., urethra (urine or in the form of some fluid discharge) etc., anus (stools which may become loose and/or may contain expelled products like mucous, blood, worms) etc. and skin (growths, eruptions or ulceration and sweat) etc.

FROM CENTRE TO PERIPHERY:

The disease moving from within outwards i.e., when it moves towards the extremities and away from the more important and vital organs to the less important ones, is generally known to be moving from centre to periphery. But before we answer this question, it will be appropriate to answer one more important question. *While prescribing, what should be our target?* Is it the body as a whole i.e. *the totality, or the centre* ? If our target is to make things move from within outwards i.e., from centre to periphery, it will be imperative for us to catch hold of the centre because in this case, it will be from behind the centre that a charge is to be administered. So that the centre, after being reinforced, should be in a position to push things outwards. To know and answer further as to where the centre is, will not be difficult if we give some deep thought to this problem, with the help of the facts scattered all over homoeopathic literature.

There is no dearth of literature in homoeopathy to ascertain that the centre is the "WILL" and "UNDERSTANDING," it is willing and thinking supported or aided by memory, which constitutes man. This in other words, is his mind (Kent's Repertory, MIND portion is clearly indicative of this fact). Furthermore, in homoeopathy, it is man and not his disease, that is treated. To put it in other words, it is his mind and not his physical condition that is to be balanced in seeking a corresponding balance in the physical. *Balancing the mind will automatically balance the body, is the conclusion we make.*

Here you may agree with me that the term 'innermost in man,' which you might have come across many times while studying homoeopathic literature, is nothing but an indication of mind. There

is nothing more innermost in man than his mind. That is why they say that medicine must start improving the mind first. The disease must start moving from mind, outwards to physicals. So the starting point from within outwards being the mind, it automatically attains the right to be called the centre of a person or a patient.

The foregoing description of the centre is based on facts scattered here and there in homoeopathic books with missing links, since almost the entire homoeopathic work available so far has been philosophical, that is why this is also philosophical.

I have also made efforts to explain this great wisdom scientifically. I shall be placing its scientific version before the profession elsewhere, in the shape of an exhaustive treatise. It is quite beyond the scope of this introductory work. Now, to return to our original topic of discussion. What a strange anomaly there is in homoeopathic philosophy that where on the one hand, the principle of 'Centre to periphery' is preached, and on the other, while prescribing, the centre is forgotten altogether, and the totality is taken care of. (By totality, as is generally known, it is meant that all the symptoms aggregated into one single whole from head to toe, making a picture. This picture so achieved is to be matched with the drug pictures. In this way and so on, one after the other, one has to make efforts to fit in as many drugs as possible, till some action starts. In case this method of arriving at a totality and matching it with drug pictures fails, we are advised to try one of the miasmatic keys, i.e. Sulphur, Psorinum, Thuja, etc. etc. These keys are expected to open the lock. In case there is still no response, the case is to be treated as hopeless). But one feels convinced that totality is a field as a whole. It is a territory in its entirety. Whereas, the centre is a particular point like the capital of a state, it is easier to capture the centre than the territory as a whole. One is never sure of the length and the breadth of a territory at any given time. But it is possible to be sure about the centre which is a particular point of target. *Provided one knows the art of recognizing the signals of the centre.*

The above line of prescribing, at the basis of centre (mind) has been adopted in practise. *It has led to accurate and principled prescriptions with speed and confidence.* Thus it has removed the greatest shortcoming in Homoeopathy, which has hitherto been taken to be an insoluble problem.

So if we accept the centre as the target and the mind as the centre, after a remedy is given, it is to be positively expected that the mind (the centre) will start improving first in every case. Although, the physicals may aggravate (i.e., the fevers, the pains, the flows, the growths, may aggravate, or increase), yet, within the innermost somewhere in the deeper depths, a sensation must persist, a sensation of well being). Here again, it is to be clearly understood that it is not always necessary that the physicals will aggravate. But with regard to the mind, it is essential that it should start improving first, and in every case. Sometimes, physicals, without aggravating, also start improving. This is a matter of sequence, that the improvement, from the very beginning, takes a course, from mind to physicals. It is this course of disease which is to be taken as, *"from within outwards" or "from centre to periphery."*

FROM ABOVE DOWNWARDS:

The pains or suffering must start moving from above downwards, from head downwards to toe. Now after the mind has improved the next order of the movement of the disease, or cure, should be a relaxation in the head and its components, and next to it, in the neck, shoulders, thorax, abdomen and the lower limbs etc. By this is meant that in a case of headache, along with some trouble in the neck, thorax, abdomen etc., it is the headache, in order to sequence (no doubt, after the mind has already improved to any extent), which must alleviate first and thereafter, the troubles in the other lower organs exactly in the same order as stated above.

If, in case, instead of the above course, the disease, i.e. the trouble, starts improving from below upwards i.e., just in the

reverse of the above, it is a dangerous trend. It is a direct threat to the centre and must be tackled immediately to avoid remorse.

REVERSE ORDER:

According to homoeopathic philosophy, a person i.e., a patient, is carrying in his system, all the diseases which he has suffered from so far, since his birth. They are layered up in the same sequence as they appeared. For example, a person had some skin trouble in his childhood, some prolonged fever in his school days, some chest trouble in his late twenties, some liver trouble in his thirties, a renal trouble in late thirties and now heart trouble in his forties. In his case, the reverse order will be heart, kidney, chest trouble, fever and in the end, the skin, in other words, it is first the heart trouble that is to disappear after starting the homoeopathic treatment. But after the disappearance of the heart trouble, the kidney trouble must reappear. It is as if the heart disease was a cover and after the cover is removed, the things hidden under it are to come to the surface. Likewise, after the lid of kidney's trouble is removed, the underlying chest trouble in the same sequence is to come to the upper level. So it is to continue in this fashion upto the last; until the skin disease appears again and thereafter vanishes. *But things do not end here.* Rather the most important aspect is that things are to appear in the above sequence, not by mere accident, in some rare case by chance say, as a lucky hit, *but it is essential that this order is established in every case.* We have to know and master this art. If we do not, the whole structure of our basic rules of cure will be demolished.

Now, if I had to restate this principle of reverse order, I would say it is nothing more than the curve indicating the route of the disease, through which it has travelled. The different localities i.e., chest, kidney and heart etc., are the stops and stations, which it has selected as its resting points, on its itinerary; on its advance journey, from childhood till now. We have to see and observe while effecting a cure, that this is the only route backwards through which we have to push the disease. *The disease, has, in other words, to stage a*

withdrawal in the reverse direction, through the same route as has been selected by it while staging an advance.

So, in the end, the most important thing to keep in mind when prescribing is to track down, or find out the present state i.e. the exact point of take off in the reverse direction. It is the present state; pure and without admixture of the past of the patient (Le. of centre, mind), that is to be considered, evaluated and accounted for while prescribing *if the results desired are to be in accordance with this golden principle*. Now if these operations are accepted as essential tests of the accuracy of the remedy, and also if one learns the art of putting these operations into practice, invariably and in every case, nothing can prevent the selection of a correct remedy, and homoeopathy can be called as an *exact science*.

If these fundamentals are accepted seriously, not only to the extent of their academic value, but their practical value also, our horizons of inquiry will automatically widen. Then we will have to answer scientifically —why is mind the centre? What is the reverse order? Is there any law behind the reverse order? Why should the things start moving from above downwards?

In my opinion, based on my experience, all the above operations have certain set laws behind them.i.e., the laws of physics, and are practical and practicable. What one needs is to learn the art of putting these scientific operations into practice.

I shall take up the scientific explanations of the above laws separately elsewhere.

In the next lecture, we will study the law of sickness, the law of life, the law of cure, and their corresponding relationship.

LECTURE NO.2**THE LAW OF SICKNESS, THE LAW OF LIFE, THE LAW OF CURE AND THEIR CORRESPONDING RELATIONSHIP:**

What is popularly meant by sickness, and what actually is it according to the natural physiology (functioning) of the body? Pains in any part of body; heat/fevers, flows from nose, anus, urethra, growth and eruptions on the skin or deformities and ulceration etc, are called diseases. They are named after the locality, and the type and extent of the damage done to that part or locality. It is after experiencing these abnormalities in localities that the layman runs for medical assistance. *But actually these (local), physiological or anatomical, alteration are not to be called diseases.* In reality, they are to be looked upon as a struggle for existence, self-defence and self preservation — efforts are being made to throw out something unwanted, undesirable and inimical which is retained in the body, in various forms. This it is expected to discharge through the natural outlets. This it does through unnatural outlets also, in the form of pathological changes in any part of body e.g. heart, kidney, etc., as may be selected by the centre as being the nearest, weakest and quickest outlet, since the effort for liberation or expression through the natural outlet has been obstructed or suppressed many times. It is actually in this struggle i.e. the effort for survival, that the body resorts to this sort of self-liberation or cleansing which is automatic. So let your patients also know that the fevers, the flows, the growths, the eruptions, the ulcerations, etc. are not to be viewed as diseases. They are expulsions and are to be understood as such. Any sort of expulsion from the body through natural outlets is welcome, and is a sign of health. Likewise expulsion through the unnatural outlets are also welcome, yet not to be taken as a sign of good health. Because unnatural outlets are made by dismantling and disfiguring of the anatomy of the organs. This ultimately results in mal-functioning of the organs affected. Yet these are not to be taken as alarm signal, but with the help of remedies it will be seen that ultimately these

unnatural outlets will be corrected and the expulsions established through the natural course.

Pain and fever are not diseases but are the natural result of the friction, i.e. the interaction, of the disease and the centre. One repels and the other puts up resistance and this results in suffering.

So anatomical and physiological changes in the body are not to be viewed as diseases, but as the results of inefficiency in the automatic processes of expulsion. Also the pain and suffering of any kind are to be viewed as an excessive strain on the sensory nerves as a result of sluggishness in the automatism. The sooner they become fully efficient with the help of medicine, the pain will disappear and the healing will begin.

Here it is important to note that according to the natural physiology of the body, as one sees it, *it is in reality in the nature of the body to live outwards*. Otherwise why should the flow from the natural outlets be directed outwards? (This will be elaborated in my main book). As we know, each cell in the body has a nucleus - the life, the energy, flows out from it, and spreads throughout its whole body, up to its borders-in other words it is kindled from its centre. Common sense, therefore, accepts the existence of the scientific background behind the idea that the body as a whole must also have a centre, which runs the entire show i.e. of general maintenance repair, protection, prevention, growth etc. (The scientific explanation will be given in the main book).

The struggle for liberation as stated above is of two types i.e. acute and chronic (here you will kindly notice *that the definition of Acute and Chronic given by me is quite different from the one already known to the profession*).

INACUTE: the process of expulsion remains for a fixed period of time i.e. for 3, 5, 7, 9, 11, 13, 15 days, and passes of its own accord without medical aid. Gradually it starts, rises, reaches the peak, and thereafter starts declining. If, for example, it is to remain for three days, on the first day it will be mild but on the second day, it will be at its peak and the third day will see its end. If it is to be

of five days duration, the third day will be the day of its peak, and if it is to last for 7, 9, 11, 13, 15 days, then 4th, 5th, 6th, 7th & 8th days respectively will be the corresponding peak days.

It is generally on the day of the peak or a day before the peak that the patient reports his increased stress (pains etc.) on his systems and tempts you to prescribe. But here you simply need to prescribe *placebo*, and confidently keep quiet. From the next day or the day after it, the decline is bound to ensure. Mostly, in 80% of cases, the illness lasts for five days, in 10% of 3 days and in the remaining, of 7 days, but in very rare cases it extends. In cases where the indications are not well marked, a period of one month or even more should be allowed to pass, unless the picture clears.

CHRONIC: In case the process of expulsion is chronic, it will persist and will not follow any law. Now after the remedy is given, it is expected to change its behaviour and take the same course as is taken by the acute sickness exactly as narrated above. In other words, it means that the remedy, if it is correct, must change the nature of sickness i.e. from chronic to acute.

As long as it goes on behaving like an acute, it needs no prescription, but you simply wait and watch. It is here, that the danger of fall is greatest. Because in these passing phases, which last over a period of time (during which pictures of many medicines, may appear, stay for a short time, and then pass off, followed by another drug picture), a peculiar picture may tempt one to prescribe and spoil a well-begun case.

That is why, after the remedy is given and when the aggravation starts, the behaviour of the sickness should be carefully watched — its beginning, its peak, its decline and the end — as stated above. You ought to wait till the periodicity of phases ends. Here, *one more important thing to be noted is that the aggravations must become gradually less in intensity, duration and frequency; meaning thereby that every succeeding aggravation (say pains etc.) must be less stressful stay for less time than before and appear at longer intervals*. This will only be when the symptoms of the same remedy

are aggravated, as for example, you have given Sulphur, again and again the symptoms of Sulphur will keep appearing in an aggravated state, but every subsequent aggravation is less intense in duration and frequency.

But sometimes, it so happens that the symptoms of another remedy may appear. For example — Nux Vomica; here again you must bear in mind that you have to wait for the periodicity of 3, 5, 7 days or more. If it follows this rule, you do not prescribe. It is a fictitious picture requiring no prescription and will disappear by itself. Another point peculiarly noticeable will be discharges, in every phase of aggravation some sort of expulsion through natural outlets must be established, or increased through the sources already selected by the sickness. This discharge generally takes place on the next day of the peak. For example a patient complains of loss of appetite and constipation during the course of your treatment, you can safely forecast that this is an aggravation and will end on the next day of its peak only after a normal or easier stool or vomiting, etc. has taken place.

You must remember here that the process of expulsion in the chronic struggle for liberation on the part of the whole economy of the human system, which is continuous and irregular in nature — ceases to be so, after the remedy is given. It assumes a regular and disciplined nature, as in an acute, and therefore comes after set intervals. They come after a calm has prevailed for some times during which the required quantity of matter for expulsion accumulates and it is in an effort to expel it that the body has to exert, and follow the above rule of periodicity of struggle for liberation (i.e. in acute type).

After every discharge and at the end of the phases of the above said aggravations, a feeling of increased well-being must come.

Now, there is another point that should be clearly understood. Local complaints, — pains in a particular locality, or the expulsive process already set in, through nose, anus, etc. or through any damaged organs, kidney, lungs etc.— will always increase with

every aggravation and persist till the end. Although the patient is improving mentally, and is feeling better in general, and the mental state for which we prescribed has balanced, his physical symptoms may increase or remain the same because they are acting as clarion calls to announce that there is still some work left to be done that the basic malady still has roots which are yet to be removed by subsequent indicated medicines.

The idea of the conversion of the chronic into an acute may be clarified further as follows:

It has been stated above that a *prescription will be needed only* when the fight between the centre and the disease force is not following the above rule of periodicity during a particular expulsive phase (as already given above the rule of 3, 5, 7 days of aggravation), because this is the only test of the chronicity of the disease. In other words, this regular and disciplined line of self-liberation from pollution or whatever we may call it, will be followed by the body only when the malady is acute; this is an automatic and natural process of the body.

So, our sole aim of prescribing is to break the chronicity i.e. the chronic base of the disease, it is my experience that mostly in pathologically advanced cases and certain other complex types of cases like T.B., cancer etc. this chronicity is not broken and the body does not start following the above law of periodicity of expulsions *on the first prescription*. But very frequently, for many days or weeks, in the beginning, remedies go on changing, following each other in a particular sequence i.e. as demanded by the patient's symptoms individually. It is at last after many change[^] of medicines, that the goal of breaking the chronicity is achieved and the natural law of self cleansing i.e. of periodicity, begins to operate. It is only, thereafter that the case is left to itself for healing in the same manner as already stated above, under a constant and careful policy of wait and watch, treating it as an acute form of the expulsive process, which is automatic, regular and systematic.

In the next lecture we will find out something about the 'Test of the accuracy of remedy.'

LECTURE NO 3 (1st Edition)**TEST OF THE ACCURACY OF A REMEDY**

In the foregoing lectures, we have learnt about the role of the centre and that of life; that it lives from within outwards, under the command of a centre. It is the responsibility of the centre, to properly maintain, repair, and protect the body as a whole. It also performs the functions of thinking and willing. It runs and directs the functions of its subordinate forces and entities also i.e. the limbs and senses etc. The status of these functions is simply that they report damage and danger, they receive commands and they obey orders. In return they ask for remuneration for their services in the form of nutrition etc. That is why all derangements, all abnormalities, all imbalances, in the body are attributed to the imbalances or weaknesses of the centre. Thus, we also see that the centre struggles to its utmost capacity to resist the attacks on it by the forces of degeneration, the forces of destruction.

The forces of degeneration are similar and more powerful than those which are the constituent parts of the centre, and are trying to replace them (this will be elaborated in the main book).

The above struggle has two distinct phases and these phases have two distinct peculiarities. We have learnt in the previous lectures that these two phases are acute and chronic. The peculiarity of acute is, that it is a passing phase, coming and going by itself 'w i t h o u t the aid of medicine; denoting thereby that the centre is in full control of situation and is capable of managing the show, independently of any external aid i.e. medicine.

The peculiarity of the chronic is that the centre, along with the struggle which it is putting up against the disease, is calling for aid, because it does not find itself in a position to meet the demand on its strength. The disease, which is posing a challenge to the centre, seems to be the stronger, thereby putting its balanced government into danger. (This will also be elaborated in the main book).

Now in this lecture, we will learn what is the test, after the aid, the medicine, is given, of its being correct and accurate, and also whether that the very aid is actually working hopefully. Because actual aid means assistance or fortification of the centre. But, if on the contrary it adds to the strength of the inimical force i.e. the disease, and joins it to make a common front with the latter, against the centre, it is amounting to a threat and not assistance. No doubt however, it can be said to have started some action. Here, let everybody be very clear in his mind, that the mere beginning of some action, (as may be mistaken by some of us, as a homoeopathic aggravation,) does not mean that the medicine given, has actually started working helpfully as an assistance. The job of the medicine is to aid the centre, to fortify the centre, or in other words to make the centre capable of repelling its enemy i.e. the disease, outside the borders of its country, i.e. the whole of economy. It is, in a way, to restore the lost capability of the centre, to make it fit to run its government perfectly in a natural order (This will be fully elaborated in main book).

When should it be taken that the centre has regained its desired strength, and has started working perfectly in a natural order?

It is here that the practical applicability of Hahnemann's golden principle of cure (the cure must be pleasant, quick and permanent) is to be seen, taking the shape in reality.

The following are, therefore, to be taken as the essential tests of its being so.

1. The recovery must start from within outwards, from centre to periphery i.e. from mind to physicals. The mind must regain the confidence that it has lost under the stress of the disease to maintain and establish itself to fight back the forces of degeneration.

2. The mental states which formed the basis of prescription must return to normal, i.e. the excesses, the exaggerations in them must depart. The mental symptoms before prescribing should be converted into specific rubrics as they appear in Kent's Repertory.

Suppose a patient was prescribed for **on** the following mental rubrics:

A. ENNUI (The patient wishes that the sort of trouble he is suffering from must be removed sooner, may be by any method or pathy, although the person has a staunch faith in Homoeopathy).

B. DELUSIONS 'wrong suffered has.'

C. DELUSIONS' injured being.'

It is expected that after the remedy is given, these mental states (in the form of rubrics as they appear in Kent's Repertory) must become milder, making the patient feel that he is somewhat released from them, free of them and is now able to take things easy. The feeling of ENNUI etc. is not so troublesome. This should be accompanied with the sensation of general well-being.

4. Along with the discharges, all the systems of the body must start regaining their lost efficiency, i.e. appetite, if lost, must return, normal, tastes, if lost must be regained etc. General strength should not be diminished, but rather improved. Respiration, circulation, excretion etc. must start regaining normalcy. Mere satisfaction that some expulsive process is, started which is sometimes taken as a Homoeopathic aggravation, will be a misleading notion.

Here it will be very necessary to distinguish properly and understand clearly this process of expulsion.

The expulsions are of two types.

No.1: Where the disease is predominant, (the degenerative process is operational and the generative one yielding)

In such cases, it is the weaker similar (which is the constituent part of the centre), instead of the disease, which is being degenerated and thrown out by the predominant similar i.e. the disease force. This happens because the similar, which is the constituent part of centre, is not capable of confronting fighting back and throwing out its similar, which is the constituent part of

the disease. Yet it is an effort of self defence, self preservation, that every effort, within its full capacity is being made by it. The energy is being withdrawn from all other functions i.e. systems, proportionately, as need be and as subsistence allows and is diverted towards the challenge. (We may observe this diversion of energy when sometimes we see that appetite is lost, nervous vitality has diminished and automatism is sluggish etc.)

No.2: Where the Centre is predominant:

In these cases, the similar existing as part of the centre is predominant, perhaps on its own or with the help of remedies. That is why, the expulsions from the body are peaceful, palatable, and soothing, not painful, tumultuous or disturbing. It is because the elements contained by the centre are in complete equilibrium, that it is possible for it to be in full command of the situation; and it handles things with ease and without tension or strain, while expelling its weaker similar i.e. the disease.

In the next lecture we will learn "How to prescribe in accordance with this new concept."

LECTURE NO.4 (1st Edition)

HOW TO PRESCRIBE IN ACCORDANCE WITH THIS NEW CONCEPT

Uptil now, through the previous lectures, we have learnt what is required of a remedy; what are the essential tests to ascertain whether the remedy administered is working desirably.

It is required that the remedy as a proof of its being similar, should start repelling something from within outwards, meaning thereby from centre to periphery, and it should remove the present state of imbalance (disease) in the reverse order of its appearance.

Since our aim is to direct the disease from centre to periphery, obviously our target of attack becomes the centre, and our main task is to capture the centre, (the scientific explanation and terminology, as to what happens to the centre, whether it is attacked, captured, fortified, stimulated or whatever, will be given separately in the main work) *which is mind*. So from the whole stock (Repertory) of weaponry (Rubrics) we have to select the weapons concerned with the centre alone i.e. the mind.

The best suited weaponry i.e. repertory, for our way of doing things will be Kent's Repertory. Because, to me, the order and the precision selected by the great Dr. Kent is the most natural and scientific.

Here I would like to remind the profession of the distinguished visions of the great genius of Dr. Kent, in planning and reproducing his work in this most natural and scientific order. I would like to emphasize that it is not, just accidental plan, but is founded on well thought-over ground, which is natural and scientific. The order selected is first mind, and then body (within outwards) and then head downwards (above downwards). I call it natural because nature's very order and plan of growth is first head (the container of mind) its constituent parts, the nervous system and, thereafter, the remaining parts of the body. It is scientific because nature's very order of growth is in keeping with the very order of existence i.e.

what comes first and what comes later; it is the nervous system that comes first and the others in order of importance to existence, come second, third and so on. In my view all orders of nature, whether of growth or existence are not without the background of the laws of physics. Nothing can exist and nothing can grow, neither is any other activity in nature possible, without the background of a physical law. Which law governs the subject under our study shall be explained by me in my main work which is yet to come.

The next approach of genius, while compiling the repertory, is the alphabetical order which facilitates the readers to the easy location of a particular rubric. *But the selection of rubrics and defining the different shades of the human mind exactly and precisely, within well-demarcated and well defined boundaries, is a rare skill.*

After going through the variety of works available in his time, Kent could precisely define the exact location of the symptoms. Which symptoms should be placed only under Mind, and which of them should come only under the other parts of body. The mode and scale of measurement adopted by him is in accordance with the very conception of mind, given by Kent himself. According to him the mind consists of two faculties i.e. the Will and Understanding. This, to me, seems to be the most reasonable explanation of the anatomy of mind.

Now, to come back to the real lesson of this lecture i.e. of prescribing let us know the tasks involved. The first and the main task is to know the predominating symptoms relating to the present ailment (state of imbalance in the body) of the patient. It is necessary because, we must remember that we have to establish the reverse order of its coming. Now the next very important job will be to select its similar with the help of the repertory. The Repertory consists of distinct rubrics which carry precise meanings and sense. But the symptoms that we get from the patient, whether objective or subjective come to us in vague and crude language. They are, simply, the expressions of the patient in his own way, of his condition. But, what we have to master is the art of fixing and fitting

these crude expressions into the four walls of the boundaries of the rubrics. We should take rubrics as fixed dies and the crude expressions as raw moulds (scattered, mixed up pieces of material to be sorted and placed into rubrics). It is only after doing this work of placing the symptoms into exact rubrics that we can proceed further towards the selection of the right remedy.

This will be possible only if we know our rubrics thoroughly, if we know their exact meaning and sense. For example take the general rubric "WEEPING" and the difference between the particular rubrics, "WEEPING Causeless." "WEEPING Without Knowing Why" and "WEEPING Involuntary" has to be made known to one's deeper intelligence and understanding there on the other hand, the cross references and their importance is to be kept vigilantly in view. Now look at these particular rubrics. Apparently there seems to be no difference in their meaning, yet nobody can deny that they carry distinctly different senses. The first one, "WEEPING Causeless," means the person does not know the cause of his weeping. When asked why is he weeping?, he will simply remark, that he does not know. But in the case of second, "WEEPING Without Knowing Why" when he is asked, his reply is that he is curious enough to wonder why he is weeping, but is unable to answer his own question. And in the case of the third, "WEEPING Involuntary" the person does not want to weep, he is making efforts to hold himself from weeping, yet he is not able to exercise self-control, and the weeping is flowing out spontaneously like an unchecked stream. Likewise we must know the meanings and the differences in the meanings of the rubrics which seem to have the same meanings and sense. For example, 'ANXIETY,' 'ANGUISH,' 'FEAR,' 'RESTLESSNESS' and 'EXCITEMENT.' ANXIETY stands for, *discomfort* about SOMETHING DOUBTFUL; ANGUISH stands for general physical and mental discomfort. FEAR is a discomfort about something distinct to come in the future i.e. events yet to come, Restlessness is for regaining the comfort lost, and EXCITEMENT is getting uncomfortable on provocation.

For the sake of knowing the importance of cross references let us study the following group of rubrics... 'HATRED,' 'AVERSION,' 'LOATHING,' 'DISGUST.' It looks as if a single word dislike, would be sufficient to cover the meaning of all of these. But if we look deeply it will be found that in the general sense it may be correct, but in particular they vary in degree, and therefore have distinct demarcating lines between their meanings.

In 'HATRED' we will find that the very idea or the sight of a person or a thing etc. leads one to its utter rejection and arouses in one's mind an instantaneous rebuff and opposition. It is a straight no — a resistance — a no entry.

And now to trace the finer meaning of the rubric "AVERSION" It should be kept in mind that it was previously a liking that has now been converted into dislike. It is without cause and just like a change of taste, a thing previously very much liked is now not one's taste and so it is converted into a state of dislike. If asked why this is so, no explanation comes forth except simply that he does not like it.

In "LOATHING," the dislike is actually the loss of interest in anything, say life. This may be due to disappointment etc. The person says, "What is left to live for now, as if he has lost love and charm for his life.

"DISGUST" has its own sphere of dislike. In it the liking has reached its optimum, any further addition is bound to cause rejection of it and a reduction in the liking already felt. If he continues liking it he may start vomiting, since he is already nauseated. For example, a patient may remark after attending your clinic for sometime, that he feels no relief, and is fed up with your treatment. He feels so replete that any further acceptance is refused.

So before you embark on prescribing in accordance with this new method you have to realise the importance of acquainting yourself with the rubrics, not just as they appear in the repertory, or as you know them by your general knowledge and

commonsense, or through their meanings as you may find in the dictionary, but you must know them as exactly as mathematical equations.

As we have exact equations in mathematics like...

$$4 = 1 + 1 + 1 + 1$$

$$4 = 1 + 3$$

$$4 = 2 + 2$$

$$4 = 3 + 1$$

$$4 = 6 - 2$$

$$4 = 8 - 4$$

$$4 = 7 - 3 \text{ and so on.}$$

We have to learn to convert each expression of the patient into the language of rubrics. Here we must keep in mind that the rubric may be one, but the modes of expression of the patient may be very diverse yet they stand equivalent to the same rubric.

For example, let us refer to the rubric in Kent's Repertory 'DISTURBED, averse to being' — To know its meaning, we should know that when a person, *does not like* any sort of *change* in his present arrangement, position or state he should be said to be in a mood to remain undisturbed. Actually this disturbance is caused, when he is required to change his present state, of one's own volition will not cause any disturbance. It has been undertaken voluntarily, at one's own convenience. (Perhaps this happens because of some sudden and unexpected aggravation of ailments, through which the patient happens to be passing, and it becomes convenient for him to change his position when he finds himself out of the grip of this aggravation).

In the following examples, we will see how in different situations, different behaviour can be classed as belonging to the same rubric.

EXAMPLE NO.1: If a person is on duty, at his convenience, he has arranged his job in such a manner as to finish it in a fixed period of time. Suddenly a suggestion is received to leave the job already in the hand and undertake a new one; or to add some more work to the present volume of work; or to change the order of the present arrangement. To all these suggestions, his natural reaction will be of disobedience, and ordinarily he will not be in a mood to oblige, because he feels disturbed.

EXAMPLE NO.2: A person is sitting and comfortably occupying a seat, and if he is suddenly required to leave it, he will be annoyed because he feels disturbed to which he is averse.

EXAMPLE NO.3: A person is experiencing a state of mental or physical aggravation due to some ailment, and to relieve himself, has assumed a state of quietitude, of slumber or tranquility. Any effort at this stage to induce him to talk, will mean a break in his present state of composure, which he will not tolerate. This state of mind also, we can class as pertaining to the rubric "DISTURBED, averse to being."

Now, in a different context, sometimes we will observe that a situation confronts us, where two or more rubrics appear as rivals to each other.

For example, apparently it amounts to ADMONITION, aggravates, when a warning, a reminder, some advice, or censure is given in an authoritative manner, as a matter of rebuke. Although it carries behind it the concern, the kindness and the anxiety, of the person giving it, and it is generally done by well wishers, who are often intimate friends, elders, parents, yet it is disliked by the person who receives it.

But this apparent admonition will qualify as a rubric in Kent's Repertory 'ADMONITION, aggravates,' only if the effect of the rebuke is instant and the person affected shows, resentment instantly, with the words "Who are you to tell me these things, I can look-after myself without your advice." But if the reaction is slow and the resentment comes only after the rebukes are repealed

many times, then in this case actually it is not admonition which aggravates but the very repetition of the rebuke which are giving such effects as to amount to *disturbance, to which he is averse*.

In an other Example, let us examine the behaviour of a housewife who, in spite of her own ill health has undertaken her usual job of cooking, with the discomfoting worry that a particular person in the house, or the family will be inconvenienced if she neglects the job. After finishing the job, she keenly waits to see that the food cooked by her is consumed by every member of the family, and that no one leaves his share uneaten. But for some reason or other a member of the family has been unable to eat something; she is enraged and furiously annoyed. It is not because she fears waste or extravagance, but because of the disregard she feels has been shown to the pain she has taken in cooking. The very idea itself is disturbing her, because things have gone against her will.

Similarly, sometimes a patient talks of sleep and says, she wants to sleep but she is suffering from pain. When asked why she is not concerned about the relief of her pains first, she replies, actually it is the sleep she needs because she feels that sleep alone will bring her ultimate relief. The pain and the suffering are only the cause of *disturbance*, they are only annoying because they are not allowing her to sleep, so instead of asking for a pain reliever she prefers a sleeping pill. Apparently, we may be deluded to place her expression under the rubric "FEAR, suffering, of," or a DELIRIUM, crying help for" or "ESCAPE, attempts to" but actually it is the *disturbance of sleep to which she is averse*.

Now let us examine, for similar study, another rubric i.e. "Fear, suffering of," to know which expressions will qualify to be placed under it.

Ist: One which is straight forward; when a patient allows us to do anything except causes aggravation, and gets fearful even at the mention of them and flatly admits that he fears them, and therefore will run away and not come back to you if he gets them.

2nd: Again it will amount to the 'Fear, suffering of' if a person is in pain and keeps quiet because talking aggravates his pain. So we cannot place this behaviour under the rubric..."ANSWER, aversion to," or "TALKING, complaints all agg."

3rd: A person has a painful ulcer in his mouth and if he refuses to eat, you have to ask him, why is he refusing to eat? If he replies only because he *fears the pain*, it is amounting to 'FEAR, suffering of' instead of the other rubric, "EAT, refuses to."

4th: For many days a person has fever, say malaria, which has times of arrival and departure. The patient remembers the rigors, he has already undergone. Before the next attack, well in advance, he gets afraid and presses his doctor to prevent the bone breaking aches at all costs, the fever may come, the temperature may rise but the pains he does not want, since they are awful. Now this expression is also clearly indicative of the rubric "FEAR, suffering of" and not the rubric..."ANTICIPATION, complaints from" or "CAUTIOUS" or "IMPATIENCE, pains from."

5th: Sometimes there is very strange and mixed up feeling. If you ask the patient whether it is due to the fear of suffering etc. that he does not want to speak, or because of the ulcer in his mouth. He answers in affirmation and says, "Yes, the fear is obvious," and repeats "I fear pain." *But actually you will find that he has not been able to give you the correct assessment of his present condition.* Now to weigh exactly the fear of anything it means a mental discomfort before anything happens. But if the discomfort is experienced only after he has been obliged to change his present position which was keeping him quite comfortable, we will call it a disturbance in his present state which, in reality, he is averse to. Since we find that in reality, it is not that he is keeping quiet, but it is shutting his mouth, avoiding movement that is keeping him comfortable, and is not interested in changing his present condition because he knows that even a little movement of his mouth is going to lead him, into a severely painful condition. *Here it is to be very carefully understood that it is not that he is sensitive to something which is coming and is definite (fear) but he is interested in avoiding*

something by invitation or by provocation. He actually does not want to invite any sort of discomfort or disturbance and that is why he is irritated when spoken to. *Yet instead of calling* it a disturbance in his present state, sometimes he calls it and we also take it as *"FEAR, suffering of.* It is here that sometimes "BRYONIA" fails because it actually happens to be a case of "GELSEMIUM". Because in "GELSEMIUM" like "BRYONIA" the Aversion to disturbance is there, but the fear of suffering is absent.

Now the final and the most important point to be kept in view is that it is not the totality of all the symptoms that a patient is presenting at one time that are to be considered, but out of the whole only those which are Present, Predominating and Persisting concerning the present ailment, are to be picked out for the purpose of prescribing. Their number should be ordinarily not less than THREE, unless the Rubric is overwhelming and is singular in remedy. As already stated this is to be done in keeping with our homoeopathic principle of establishing the reverse order of the malady. To do this, it will be essential to know the Present to go backward to the past. Through spoken expressions, and by his actions and behaviour in general, the upper-most layer of the symptoms is presented to us by the patient.

For example, a patient may be having any type of temperament, habits, emotions and peculiarities in his character since birth. It may be that many have changed into new ones and some are still persisting in their original form, and are making a part of his present, general nature. We have no concern with all that. *Without prejudice and with a very free mind we have to carefully understand our job. The patient comes to us only when a physical abnormality has ben experienced or felt by hint, and he is interested in getting rid of it.* This ailment has a definite bearing on his mind and the homoeopathic physician has to exact that part of the mental symptoms which is directly concerned with the present ailment. These mental states may or may not include the permanent ones which a patient has had since birth. The important thing is what is present; irrespective of whether it is old or new. So his present problem is his physical ailment.

In other words it should not be very difficult to locate the present station of the disease and catch the train which runs backward in direction. (But however easy the job may be, it is to be admitted that nothing can be achieved without any effort. It is with presurance and with the help of sustained efforts that a true homoeopathic physician has to sharpen his perception. As in case of a devotee, unshaking faith and persistence in effort, alone, makes it possible for him to bring under his command the duty of his worship which is generally known as achieving of 'Siddhi.' A person who is interested in learning this art has to inculcate in his mind an unshattering faith in the efficacy of this art, and to make tireless efforts to master it. The 'Siddhi' is bound to come. Once achieved, miracles will be performed through his hands, and success after success.

To take a practical example, a person has had the following characteristics commonly in his daily life since birth, and to reproduce them in the language of rubrics, they may be as follows:

1. ANTICIPATION, complaints from.
2. REST, when things are not in proper place, cannot
3. CENSORIOUS.
4. COMPLAINING, supposed injury, of.
5. LAMENTING, sickness, about his.
6. SUICIDAL disposition.
7. DEATH desires.
8. QUARRELSOME.
9. GRIEF, hunting for something to grieve oneself.
10. DISCONTENTED
11. CONTEMPTUOUS etc.

Now today, he is suffering from pain in the stomach, head or anywhere in the body, or he has an attack of difficult breathing, and his present, predominating mental states are:-

No.1; Feels as if encircled or bounded by the present ailment, wants to be freed soon. So he feels he will not be able to wait and continue in his present state for long. Two or three days are Okay,

but beyond that it may not be possible for him to wait. It is boring, so he wants the ailment to go very soon.

No.2: He is weeping because of the pain.

No.3: Shrieks and says, "Do something, do something for me."

No.4: After the attack of the ailment is lessened or finished he thinks about the cause of his pains and becomes uncomfortably conscious about self, of its turning for the worse later on; etc.

Now to convert the above expression into rubrics.

No.1: Above is to be conceived as "ENNUI."

No.2: as "WEEPING, pains with"

No.3: as "SHRIEKING aid, for,"

No.4: "EMBARRASSED, ailments after."

You will find that the common remedy covering all these rubrics will be "PLATINUM."

Likewise, for consideration of another set of symptoms covering the ailment of the same patient at another time.

No.1: "Call a doctor, give me something for relief." Suggests treatment and sometimes the medicine, and talks in a delirious or semi-delirious manner.

No.2: "I was never sick like this before, God knows what has happened to me now." Asks the person present in his company, "You tell me what has happened to me."

No.3: "Well, has everybody had a meat, Oh, I have forgotten to cook, let me cook, you know it is bad that you should all be without meals when I am alive."

According to the above reports and observation, the following will be the rubrics.

1. "DELIRIUM, crying, help for"
2. "ANXIETY, hypochondrical."

3. "BUSINESS, talks of."

And in the above case "CANTHARIS" will be the medicine.

Let us study another set of symptoms.

No. 1. The patient feels incapable of work and always feels unable to attend to his business, with a sort of general reduction in efficiency.

No. 2. Always feels like condemning himself for not being in a position to perform his duty.

No. 3. Is discouraged and low spirited sometimes, and haughty the other times.

The rubrics will be:

(1) "BUSINESS, incapacity for."

(2) "CONTEMPTUOUS, of self."

(3) "DISCOURAGED, alternating with haughtiness."

The remedy that covers the above rubrics will be "AGNUS. CASTUS.

Now see that there is a lot of difference in his present, persisting and predominating mental state, and the one which is comprising his permanent nature. Why importance is to be attached to the former, and the latter to be totally ignored, is because this is the stage of his sickness, from where things have to take off, towards the reverse order. *It is only this approach which makes the remedy directly and immediately reach the ailing spot of the body and relieves it of its ailment. It establishes the order which moves, from within outwards, from above downward, and in the reverse order of the appearance of the sickness, in the form of starting some discharge from any of the outlets.*

Although I have endeavoured to present this in the simplest style, yet I understand that it will be difficult to follow and

understand this new method for those who are quite new to it. This happens whenever one is introduced to any new venture. Definitely it requires a little more exertion with poise and calm, while acquainting oneself with it. Therefore, to anyone interested and curious enough to learn it I shall be much pleased to explain things, in person or by any medium convenient and selected by him, as many times as may require him to understand things clearly and properly.

However, it may be very easy to pick up for those doctors who have been in my close contact for quite sometime now, and attending my lectures on this theory and practice, and have already started successfully practising accordingly.

It may not be out of place to mention here that I am already under great pressure from my students to start a regular institute to propagate and spread, as widely as can be, this new approach, by imparting practical as well as theoretical training to the really zealous and interested physicians. This, I feel, I shall be compelled to comply with very soon.

LECTURE N0.5**DISTINGUISHING FEATURES OF THIS METHOD:**

Until now we have been learning to prescribe or select the similar by learning or grasping drug pictures, through various *materia medicas*. We have been taught to take note of the rare and peculiar or the guiding symptoms of the drugs. This led us to personify the drugs as if they were entities in themselves, having souls. Furthermore we have learnt that every drug has symptoms, in grades, i.e. certain symptoms in a particular drug are found in the majority of provers, and others in a less provers and the yet others in still fewer provers. That is why the symptoms found in the majority of provers were to be placed in the *1st Grade* likewise the second ones in the *2nd Grade* and third ones in the *3rd Grade*. Obviously all these *materia medicas* containing drug pictures place before us those symptoms of the drugs which are called characteristics. By these characteristics it is meant only the *1st grade* or sometimes the *2nd grade* or the rare and peculiar symptoms of the drug. Naturally the system of calling the patients by the name of drugs came up, for example BRYONIA patient, ARSENICUM patient, NUX.VOMICA patient etc.etc.

Actually at no time, temporarily or permanently, can one find in a patient rare and peculiar, upper grade and characteristics, or the guiding symptoms of a single drug. An individual patient is always an embodiment of many drugs at a time and that is why one finds in him characteristics of more than one drug, yet apparently, all those characteristic symptoms belonging to a variety of drugs may not essentially become the basis of the remedy indicated now.

So the first distinguishing feature of this new approach will be that you are very clear in your mind about what you have to precisely observe in your patient to *prescribe on at a given moment*.

The present system of selecting similars as taught by the existing *materia medicas* is defective, misleading and unscientific. Because actually it is not that one requires to search for the characteristics of a drug in a particular patient but the present

predominating first grade and characteristic symptoms of patient which are scattered over the whole of the drug's colony. For this the repertory seems to be the best index for locating, them and repertorization for assorting them at any given time. A symptom may be *3rd grade* in a drug but if it exhibits itself as 1st grade in a patient, we should not hesitate to prescribe for that reason alone. What is to be clearly understood is that we have to prescribe a drug for a patient and not a drug to be found in a patient when we are compelled to conclude that there can be no individual patient as the ARSENIC or the NUX. VOMICA Patient etc. etc. So this is the second distinguishing feature of this method of putting things straight forward and proper manner.

According to this approach a physician needs to know the present, persisting, and predominating symptoms of the patient. They are to be discovered in the patient's feelings and thoughts, in his anxieties, his fears, his delusions, in his restlessness etc., and should directly relate to his present ailments. A physician ought to know what are the reflections of his present ailment on the centre (mind). The central control room (mind) is presenting, in a nutshell, a complete and clear cut present picture of the patient which can be perceived or read in no time. *So this approach introduces into our system of prescribing an element of precision, accuracy and speed and effectiveness, saving a lot of the time which is hitherto required of a homoeopathic physician.* It also removes the confusion which mostly surrounds his mind, even after having taken a decision on the selection of a remedy. This constitutes the 3rd distinction of this approach.

Likewise, in spite of the clear cut direction and method of this selection, if the selected remedy fails; *how to find the mistake one has made* and how to make the next selection's success in the matter is also a peculiarity of this approach. In the existing methods, after a remedy fails, one is left in the lurch about what to do next. So in this new approach, well defined, and well directed areas for investigations are explained to find out, with clarity and certainty, the fault with one's own selection. This is the fourth distinction.

It is not the selection of the first remedy only but its follow-up at every proceeding stage which is well marked and clearly understood by the physician. At no stage he is under any confusion and embarrassment for want of grasp of the situation. Because he is well versed in the art of deciphering the signals of the central control room (MIND), which works as a dial to indicate, with every movement, through feelings and thoughts how the patient is doing. Whether he is improving, stagnating or deteriorating; whether the remedy has had an expressive or suppressive effect, whether the remedy has started giving full or partial effect. The physician also knows how to undo the wrongs, how to recognise whether the aggravations being experienced by the patient are homoeopathic, necessary and beneficial to him. His mind is also trained to judge reasonably and scientifically how long they should last and why; what is the clear indication that the remedy already working is still in command of the situation, or whether it has totally finished its own part of the job, handing over the remaining symptoms to the next indicated remedy.

So this knowledge, whereas it is essential for the physician for the proper management of the case, it is also very necessary to curtail unnecessary torture, agony and sufferings of the patient while undergoing homoeopathic aggravation. Herein lies its fifth distinction.

The totality is a wilderness, a complete whole is like a jungle but the centre is a particular point and a place of target specifically known to the hunter (the physician), therefore, he knows with certainty where to hit. So this is another and the sixth edge of this approach over the existing one, which teaches to treat on totality.

Homoeopathy lives in symptomatology, in its principles and methods based on the law of similars. Therefore, its survival is safe and dependent, in the hands of a person who knows the art of coming to an exact similar when selecting the remedy for a patient. The more he masters the art of selecting the right similar the more he attains the right to be designated as a perfect and true homoeopath, in the same way as a person who chooses

'TRIDOSHA' theory as a mode of healing, and masters it by the aid of NADIGYAN (NABZ, i.e. rhythms of blood circulation by the help of pulse) acquires the right to be called a true Vaid or Hakim, and a person who chooses diagnosis and laboratory methods as a way of healing and masters himself in this art to be a true Allopath.

Practice makes a man perfect, but only within certain, well defined and well bordered lines. *So by adopting this method,* homoeopathy which is just lingering its breath and is UNDER CONSTANT DANGER OF EXTINCTION BY SUFFOCATION, will not only start breathing freely but will further nurture itself to the required extent, to become a fully responsible art of healing.

ROH Books Series II

Dr. Sehgal's

**REDISCOVERY
OF
HOMOEOPATHY**

By : Dr. M.L. Sehgal

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PREFACE

While referring to ROH Books series No. 1, it is to be reminded that in the concluding lines of revised lecture No. 4 it has been indicated that the subject to be covered in ROH series No II will be 'REPERTORY OF HOMOEOPATHIC MATERIA MEDICA (mind section) 'AN ACQUAINTANCE'. The work is still under construction. As it is a huge and tedious requiring a lot of labour, apart deep study and concentration is going to take some more time.

In the meanwhile we have decided to publish under the title ROH Series II, a collection of all those papers by the author and his correspondence with important persons which can enhance the knowledge of the School's followers and prove valuable to them about the new concept. We trust that our effort will be duly appreciated and the publication well received.

Sehgal brothers
Publishers

FOREWORD

Papers included in this work will be better appreciated if they are read in continuation of the author's earlier works mainly Dr. Sehgal's re-discovery of Homoeopathy available in book form and zerox copies of papers presented at annual Seminars of Dr. Sehgal's School of Revolutionized Homoeopathy held in 1985 and 1986.

The preamble in the form of letters is in substance, the letter written in reply to Dr. S.P. Koppikar, Chief Editor of the Homoeopathic Heritage and relates for the first time, how the author, came upon the idea of applying symptoms of mind mainly and later on exclusively for the purpose of arriving at the similimum.

The first paper on Asthma was presented at a seminar organized by C.C.R.H. and the other on MENTAL Symptoms and Disease in another seminar. The papers named Papers-1987 were prepared initially for a Seminar proposed to be organized by the Homoeopathic Medical Association of India but which was not held. They were later on presented at the 3rd annual Seminar of the S.S.R.H. The next paper bigger in size, is in nine parts comprising three main categories i.e. drug relationship between four drugs, Bry., Gels, Cocc. Ind. and China Ars based on a common feeling of aversion to disturbance of any kind. The drugs Gels and Cocc Ind. a study as individuals and the practical indications of all the four drugs as applied to patients.

The main thrust of the papers is to help in interpreting language of patients into rubrics of mind chapter in repertories. A number of possible rubrics revolving around clinical conditions, and pointing to different drugs, in individual patients, have been discussed hypothetically. By adopting different ways and styles, the author intends to make the study of the new art, easy. However in actual practice gestures and tones of the patients play a very important part in deciding in favour of one interpretation or the other. Mere words should not be relied upon for such purposes.

It needs to be emphasised again that case-taking in Homoeopathy is an art which can best be studied in the clinic while cases are actually taken and not by reading of theorirical description. No body can learn music or dancing by studying books on these subjects.

I don't think the author needs any introduction from me. He has already made his mark as one of those original thinkers who happen to give new directions and dimensions in their chosen fields. Every word said and written by him has its value and must be brought to the knowledge of true lovers of Homoeopathy.

DR. H.L. CHITKARA
B.A. (Hons.), D.H.S. (Hons).
Resident Editor Homoeopathic Heritage.

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Letter dt. 12.11.86 from
DR. S.P. KOPPIKAR
 Chief editor, "Homoeopathic Heritage" to
 Dr. M.L. Sehgal

I admire your new interpretation of mental symptoms, and Dr. Chitkara has been trying it out and spoken very highly of it. I also heard it at the seminar in Delhi, where I got a copy.

I should like to publish your work in our Homoeopathic Heritage. For this, I want some more information.

1. How did you come to the discovery that treating cases ONLY on their mental symptoms will cure ANY disease?
2. Any eye opening 'case reports' on this. Please give 5 to 10 cases briefly.

In the lecture in that Seminar you have taken up only 3 cases and 9 rubrics. Are they real cases? If so, what were the main complaints for which they approached you. Or were they only given as 'examples'. Ofcourse, even if they are not real cases they ARE wonderful.

3. So far what is the total number of such interpretative rubrics you have worked out? Is there any list, index or repertory or alphabetic or other arrangement (like Dr. R.P. Patel's Word Index) to Kent? If so, could you provide me one and how much would it cost?
4. A "cure" in Homoeopathy means removal of all the physical and mental (but abnormal) symptoms and

diseases. I don't know if you advocate taking down of other physical (for example) symptoms and seeing later if they have gone after the administration of medicine based only or mainly on the mind symptoms.

Some good examples of this action, from your vast practice, will be highly appreciated.

I wish I had spent more time with you.

stun - to make senseless or unconscious, as by a blow. to daze or stupefy; shock deeply; astound; overwhelm [stunned by the news]. to overpower or bewilder as by a loud noise or explosion. - in the effect or condition of being stunned.

stunt - vt. to check the growth or development of; dwarf. to hinder (growth or development). in the act or process of stunting or dwarfing. a stunted creature or thing.

1. m. a stupefying or being stupefied, stun would amaze or utter bewilderment.
stupefy - to bring into a state of stupor; stun; make dull or lethargic. to astound, amaze, or bewilder.
- stupefies n. stupor n. a state in the mind in which senses are dulled; partial or complete loss of sensibility, as from the use of narcotic or from shock. mental or moral dullness or apathy.

It is a matter of great pleasure to know from your letter that you do have a lot of interest in the new discovery.

) Let me start answering your questions. How I discovered it and what is the present stage of research in it?

) I had in hand certain cases of different chronic diseases progressing satisfactorily but interrupted by malaria fever times and again. Patients had to fall back on crude quinine hampering final recovery.

) My mind did not accept that a system which could do miracles in various fields would fail in covering malaria fever. It gave me the impression that perhaps the cures so emphatically attributed to this system were lucky hits and not following any law requiring skills.

But discoveries as we are aware, are by chance and as such gifts from God. This has exactly happened in my case also. A boy of 10 would get very high fever on alternate days. Except stupefaction during fever there were no apparent physical or mental signs. **Helleborus Nig.**, **Opium**, **Stramonium**, the remedies for painlessness of complaints had failed. "How are you?" When he was questioned whether in febrile stage or otherwise his reply was he is well. Almost all the time he liked to remain in bed. There was absolutely no complaint on his part. I used to consult Mind section of the repertory limiting to a few rubrics in general e.g. **WELL**, says he is when very sick, **WEEPING** while telling of her sickness when, **ANTICIPATION**, complaints from etc. The case in question created a need and thrust an opportunity on me to widen my file. **INDIFFERENCE**, complain does not, **BED** desire, to remain in, **WELL**, says he is, when very sick, were the rubrics which came to my mind. After noting down the above expression of the patient, **Hyoscyamus Nig**, became the indication which was

administered in 30th potency with astonishing results. The boy recovered within a week after getting 2-3 milder attacks. He passed loose stool at the end of the final attack. Say 5 on the 1st day, 3 on the 2nd and 1 on the 3rd. The recurrence of the fever stopped thereafter.

Encouraged by this clue, I decided to prescribe accordingly for his father also who was a victim of persistent malaria fever for the last many years.

At first I prescribed *Nux.Vom.* 200 on the following symptoms of mind and body.

1. One moment covers and on the other uncovers himself. (for prescribing *Nux.Vom.* this used to be the key symptom for me in fevers.)
2. Wants to vomit but cannot.
3. IRRITABILITY, questioned when.

But it failed to avert the attack. The patient said, "I am sorry, I have no hope of recovery by your medicine. I shall be taking quinine and rest in bed for the coming few days by absenting myself from my office".

On just two rubrics *BED desire, to remain in* and *DESPAIR, recovery of*, *Psorinum 200* was prescribed. Soon after taking the medicine the above mental symptoms vanished. The fever returned on the 3rd day but without much discomfort. On its (fever's) next and final visit the patient's chronic nasal discharges aggravated and subsided after sometimes.

Another case of malaria fever from the same family was the third to be attempted by me with this method. A girl of 10, topper in her class was getting attacks, on alternate days. Her mother who was a patient of Bronchial Asthma and under my treatment started refering her case when the girl was brought to me. The

1. 4FA2-4ED, 4A6A.
2. 4S41, 4C6E41, 70Scrupass, 106Superior

1) girl interrupted and burst with a voice filled with horror. Doctor, please excuse me. I can't undergo the sort of torture my mother is accustomed to. I wonder how she tolerates what you call aggravations and moreover everybody knows that the bone breaking pains of malaria fever are horrible in themselves. Further as is usual with me she continued, "I like the ailments to finish as soon as possible". "it is because of a classmate who is the only rival to me in studies that I don't want to miss any class. I can't tolerate that she should excel me."

3) "But she forgets everything else if someone of her choice comes to her and makes herself available for talking." Her mother intervened.

"Yes of course that is my weakness" she admitted. Any other weakness of yours, she was asked, "anything that could amuse me," she replied. *LIL. TIG. 30* was prescribed on the following rubrics.

- 1) FEAR, suffering of.
- 2) ENVY
- 3) EXCITEMENT, amel.

The same day the family left for Vaishnav Devi and came back after 10 days of pilgrimage. Fever came but without much agony. The above mentals were no more to be observed. By her next visit to me, she had running of nose which lasted for five days and the recurring fever disappeared for good.

Likewise a boy of 16 with the temp. 105°F—106°F said, "I have a strong desire to see the neighbouring city for I am suffering from extreme boredom." *TRAVEL, desire to*, and *ENNUI*, were the rubrics on which *Curare 30* was prescribed which eradicated the tendency of the fever in his case.

A case of a housemaid. She was separated from her husband and had two children totally dependant upon her. After getting frequent attacks of malaria, she became depressed.

1. acute mental suffering. n. great suffering, as from worry, grief, or pain: agony. to feel anguish.
2. disnot authorized. *Ant. M. L. 001.*

She was weeping with high temp., with the feeling that she couldn't afford to fall sick so frequently. No body will pay her for the period of her absence from work. This idea of helplessness saddened her and made her weep. **WEeping** sad thoughts at, and **HELPLESSNESS** led me to prescribe **Stram. 30**. The lady was out of the grip of the fever within a few days. There are many more examples like this. The very fact that this method cures malaria fever convinced me of its superiority over other methods for its efficacy. I started applying it to other cases also e.g. a girl of 19 used to experience attacks of Urticaria with anguish and high fever. Twice she was hospitalised for the severity of the attacks with grave prognosis. The doctors had opined that attacks of that intensity at short intervals could endanger her life. When examined she said she was expecting the attack any time and that she didn't like to attend her college those days because of unwarranted remarks from her classmates. She said, that she was averse to business except sweeping which she reserved for herself. She revealed that it was because of fear of infection that for this job she couldn't rely upon others. **DESIRE**, for amusement was also there.

FEAR, infection of and **AMUSEMENT**, desire for made me to prescribe **Lach. 30**. The attack came with lesser intensity and duration but never to come again. This is in short about the discovery.

↳ The results as above made me think that a 'Master Key' had fallen into my hands. As is with the every new idea it was crude in the beginning and required further and constant research for its refinement. I have been doing this since a decade now and simultaneously passing on the outcome of my labour to my students.

↳ For its propagation our main stress has been on practical training. Our experience is that with this technique, we can have a better understanding of the Homoeopathic doctrine.

↳ Perhaps you have in your possession our brief literature, **papers of 1985 Papers of 1986 - Dr. Sehgal's Rediscovery**, a small booklet. It is suggestive of various ways of learning the new method. The paper entitled prescription-box is designed like a practical guide.

↳ Besides the individual and collective training on a humble scale we ventured upon a regular institution giving it and the new method distinct names. The School SSRH was inaugurated on 20th Feb, 1983. We have been holding annual functions followed by one day seminar. In the year 1985 we presented papers keeping in view a beginner's problem and suggesting how to learn this method.

↳ In 1986 we provided its advanced version, by discussing rubrics and their interpretations. These interpretations are not academic, but are in the shape of the real versions of the patients converted into rubrics. They were 39 in 1985. Now after adding those contained in the papers of 1986, they come to about 125. We hope to add more in the coming years. The order is from practice to theory, after due verification with results.

↳ In the paper presented by me in the seminar on Bronchial Asthma indications of 6 drugs *Opium, Cham., Ant. C., Lil. Tig., Cocc. Ind.* were given. They are real cases related to varied complaints including Bronchial Asthma, Skin diseases of long standing, and Arthritis etc.

↳ According to this new method the prescription is based on the symptom of mind which are directly related to the physical disorders, but the progress is watched on both the type of symptoms. For further details you are advised kindly go through the Rediscovery of Homoeopathy, the papers of 1985 and 1986.

↳ Copy of Monthly Bulletin of 1984 (Sep. & Oct.) is also enclosed. It contains a few reports of the cases successfully treated by our students.

**Paper presented at a seminar
organised by C.C.R.H.
Part I**

**"The Art of case taking" according to
Revolutionized Homoeopathy
An Introduction**

) A new concept, a new way of prescribing, would obviously appear strange hence it may become difficult to understand it.

) But if we are told that the concept has already been tried by others and testified to be of value, our attitude may change from questioning to that of learning. And if the attitude of learning has once been adopted by anyone, it becomes very easy for him to understand even the toughest of the matter. It also becomes a useful exercise for the person who has to explain it (the new concept). Let us try to understand it in a simple way.

Every patient coming for treatment 'TALKS TO YOU' about something. It may be in any form and in any way. It is not always necessary that he talks only about his sickness. He may do so about his business, about his surroundings, including social and personal affairs etc. and totally ignore talking or complaining about his sickness for which he comes to you. So the first thing to be noted by you is 'What he talks' and 'about what' and the second thing to be done by you is to **observe what he does** (with his limbs and facial expressions in the shape of gestures) **while he talks.**

✓ Note down all that you have listened and seen.

✓ Out of these expressions, underline those which are

persisting and predominating. Thereafter you have to open the Mind section of the Repertory.

HOW TO USE THE REPERTORY

Repertories of Homoeopathic Materia Medica contain symptoms in the form of rubrics. This is one of the unique features of the Revolutionized Homoeopathy that before arriving at the selection of a medicine every symptom is given a definite shape i.e. of a rubric (this minimizes the chances of error).

Shaping a patient's expression to a rubric is also an art which is not very difficult. Three things are to be kept in mind in this task:

1. ✓ Familiarity with the stock of rubrics and its memorisation.
2. ✓ Their dictionary meanings.
3. ✓ Their interpretations as exemplified by Dr. M.L. Sehgal.

These are the three essential steps.

✓ In many cases, one finds, that these expressions represent the emotional part of man. It is the disturbance in the emotional being of a person, under the influence of sickness which finds an outlet through his thinking and willing in the form of his **VERSIONS.**

The versions of the provers are recorded in Kent's Repertory, and its enlarged form Synthetic Repertory. The main job for you is to equate the versions of patient with those of the provers, in a mathematical way. You have to find out the equivalents to the expressions of your patient in the stock of rubrics as you know them and understand them.

सद्वै: 1. to treat as equivalent, to make equal. एव उरुवित्तं इति गृह्यते
एव उरुवित्तं एव उरुवित्तं.
9
version: एव उरुवित्तं: n. translation, a statement of account. (अथ उरुवित्तं, एव उरुवित्तं), एव उरुवित्तं.

) The visionary of the calibre and stature of Dr. Kent, has precisely displayed the shades of human mind and placed before us a vast variety, so that nothing seems to have been left unnoted.

) Coming to 'BRONCHIAL ASTHMA' Dr M.L. Sehgal, discusses the changes on the emotional level of a patient and how to make use of those changes for the sake of prescribing.

A Paper presented at a seminar by

C.C.R.H

Part II

Bronchial Asthma.

Asthma as we know in simple words means- "difficult breathing" with constriction of chest and wheezing sound.

Revolutionized approach looks at all the problems of health from a different angle. It observes that every being is an embodiment of all types of emotions. A few and particular emotions differing from disease to disease and individual to individual are thrown up to take charge of the entire mental state of the person. They predominate and persist having direct link with the disease.

Through speech and actions they exhibit themselves in the form of :-

- 1) *Fears and Anxieties* (discomfort about something known and unknown).
- 2) *Change in attitude towards one's life in general*, (surroundings and health).
- 3) *Change in routines* (e.g. a person stops attending to his business etc.).
- 4) *Change in habits and tendencies* (e.g. a person loves to remain in bed).

Every disease denotes a disorder in a particular organ and is found to be stirring an emotion linked with it e.g. in asthma the problem is concerning the 'breathing-process'. Obviously, your patient will mainly be talking about it.

) Let us see in the given cases, what are the versions of the patients. How will we evaluate them and give them, the form of definite rubrics found in our repertories?

A patient says:

- f. 1. "It is already a long time now, I cannot take a longer treatment, than is necessary.
- Int. 2. "The minimum that I expect is that the intensity of the disease is reduced to a tolerable extent.
- Int. 3. "Actually, it is not the difficult breathing that I am bothered about but it is the pain due to the constriction of the chest, which irritates me."

In this case, please note that the disease is found to be affecting the ATTITUDE of the patient. And this change in attitude is towards life.

The patient feels that her disease has already taken a long time. There is a limit to one's tolerance. Now, she cannot accept to live anymore the way the disease has made her to. To her mind, it is crossing the limits, where one is compelled to think whether it is worthwhile to wait any more and live the way one has been doing for long.

We have been interpreting the rubric - FEAR extravagance of, in the manner stated below with cent-percent success.

Where the patient starts becoming uncomfortable about the excess of anything, whether it is related to matters of money or the affairs connected with anyother field of activity in life. If to him/her the things seem to be crossing the desired limits, he/she becomes fearful of them. Accordingly the expression number(1) above indicates a particular change in the attitude of the patient towards her life, which is covered by the rubric - "FEAR, extravagance of" (pg.499, B.S.R.). Likewise in expression

No.(2), the patient's attitude towards suffering is being surfaced. The patient feels that the sufferings are no problem for her if they remain within a limit. For minor problems, she never bothers unless they prolong. The rubric "INDIFFERENCE, suffering to" covers this expression.

The third and last expression is "but it is the pain due to constriction of chest, which irritates me." This means that although the sufferings are not bothering her much, yet the pain and the pinch of it is making her unhappy and irritable. The rubric "IRRITABILITY, pain during" covers this expression (B.S.R. Pg. No.668).

The remedy common to all these rubrics is "OPIUM."

But if the same statement continues and ends in an another way, the rubric and the medicine will change.

For example, the version of the patient is:

- 1. "It is not within my capacity now to bear anymore this sort of torture."
- 2. She is irritated, and continues "You say I have to bear it in the interest of true cure. But I say I cannot continue this struggle. Please, tell me clearly if you can't do anything, I shall have to change the treatment."

In this case too, it is the attitude of the person which has undergone a change. The patient feels that in her fight against her disease, she feels defeated and is no longer interested to continue the fight. Therefore, the expression, 'It is not within my capacity now to bear anymore this sort of torture' will be covered by the rubric DISCONCERTED (Pg.402, B.S.R.). 'If you cannot do anything, I have to change the treatment.'. She is uttering these words out of irritation. It is to be noted that whereas she is irritable due to physical pains, the very idea of

as - true, real, actual + 154, 810, 1121.
adv. in a great degree, exceedingly 11011, 1111 & 11.

Moan - the expression of sorrow or pain in a low, prolonged, mournful sound or sounds.

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the disease and the course that it has been taking is also hurting her somewhere in her mind and making her irritable about it. So the next rubric will be IRRITABILITY, pain during.' (Pg. 668, B.S.R.). The medicine common to these two rubrics is **IGNATIA**.

Again if the stress and the style of the same statement varies the rubrics and medicine will also be different.

For example:

1. Alternatively throwing her head on sides, the patient moans, 'Uff-Uff' and says "Dr, I cannot bear it, it is paining me a lot" and angrily adds,
2. "The breathing is also much obstructed. Dr. tell me what should I do?"
3. "What should I do?"

Now in this case the attitude of the patient is that of losing patience. She feels that she cannot keep patience and bear pain. Thus the expression No.(1) Will be covered by the Rubric IMPATIENCE pain from' (Pg. 602 B.S.R.).

Expression No. (2) (Angrily adds, "The breathing is also much obstructed") is covered by the rubric "ANGER, interruption from" (Pg. 25 B.S.R.)

Expression No (3) ("Tell me, what should I do?") is covered by the rubric "CAPRICIOUSNESS" (Pg. 119 B.S.R.) means that he wants to do something but does not know what, and that is why he is asking what should she do? And the medicine common to these rubrics is **CHAMOMILLA**.

Now, in the next example, we will see that the person's disposition (habit or tendency) is being influenced.

Caresses - a display of affection by gentle stroking or patting, an affectionate touch or gesture, as a kiss, embrace, etc. to treat kindly & affectionately.

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- 1 Like a child she says, "Dr, see, what is my condition. Please tell me, how it will be cured. Can you tell me how long will it take? Please Dr, do tell, Dr, please. (like a child she insists). Oon..Hoon...Hoon..Hoon...Hoon...(in the same childish tone)."
2. What is it? You don't tell me anything.
3. Well, I don't know anything else, you cure me at once.
4. (Her face reflects simplicity and lips emit innocence). These days she has been remembering her mother, her husband says. "Is it so?" You (doctor) ask.
5. "Doctor if you ask me the truth, I will say that in this condition, I always remember my mother. I want to be in her lap and be soothed by her caresses. But when I realise, that it is not possible I become angry
6. and also weep.
7. "Why"?, you (doctor) ask. "It touches my mind, when I have to think that so precious a thing as mother, who is the only source of affection is not available in the times of need and in anger,
8. I lament why then has God created it."

) To find out the medicine on the basis of the above expressions, we have to convert them into rubrics.

The expression No. 1	=	IMBECILITY	(Pg.598 B.S.R.)
-do- 2	=	FOOLISH behavior	(Pg.537 B.S.R.)
-do- 3	=	IDIOTIC actions	(Pg.597 B.S.R.)
-do- 4	=	AFFECTIONATE	(Pg.13 B.S.R.)
-do- 5	=	LOVE-lovesick	(Pg.719 B.S.R.)
-do- 6	=	ANGER,	
		touched when	(Pg.38 B.S.R.)
-do- 7	=	WEEPING	

Lament - to feel deep sorrow or express it as by weeping or wailing; mourn; grieve. Lamentation. an outward expression of sorrow; wail.

Foolish - shows lack of good judgement or of common sense. [don't take foolish chances]

Ediotic - an idiot: very foolish or stupid.

Idiot - a retarded person mentally equal or inferior to a child two years old [Obs.] touched when (Pg.1089 B.S.R.)

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The medicine common to all these rubrics is **ANT. CRUD.**

As already stated in the beginning of this example that the person's disposition is under influence. She has become love-sick and is badly in need of love. It is because of this that she has become *imbecile, foolish and idiotic* in behaviour and affectionate etc.

Let us take into account another example of change in disposition.

This person is disposed to be quiet and wants that he should remain silent, so that he could get rest and peace of mind. When examined, he says:

A-1 "I want to be quiet, so that I could get rest and achieve peace."

A-2 "But this, ailment of mine is proving to be a great hinderance."

Another example of a similar type, a version with a bit of difference in meaning:

"Since a long time, it has been a strong desire of mine that I should have rest (B1) so that I may be able to attain peace B.2 but because of this ailment, I have not been able to do so."

To convert the above expressions into rubrics:

A-1 QUIET, wants to be, repose and tranquillity, desires (Pg.812 B.S.R.)

A-2 ANGER, interruption from (Pg.35 B.S.R.)

B-1 LONGING, repose and tranquillity for (Pg.712 B.S.R.)

Imbecile - [Obs.] a retarded person mentally equal to a child between 3 & 8 years old, a very foolish or stupid person.

Longing n. strong desire; yearning - adv. longing or showing a yearning (n. deep or anxious longing, desire, etc.)

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LONGING, repose for tranquillity (Pg.63 B.S.R.)

B-2 ANGER, interruption from, (Pg.35 B.S.R.)

The medicine common to both these examples and all the rubrics, is **NUX VOMICA.**

Before passing on to the next example, I shall like to remark that although in his repertory Barthel has tried to enrich the contents of Dr. Kent's repertory with new additions, etc., but in certain cases he seems to have tampered with the original meaning while re-arranging the rubrics of, Dr. Kent. For example, the original rubric according to Kent's repertory is LONGING, repose for tranquillity whereas Barthel has re-arranged it LONGLING, repose and tranquillity for. The difference is quite clear. The person wants to be quiet because he is desiring both repose (rest) and tranquillity (peace of mind). But according to the other rubric, he is longing repose (rest) to attain tranquillity. So in the first rubric the target is to achieve both repose and tranquillity by becoming quiet. Whereas, in the second the target is tranquillity (peace of mind) which he feels, he can get through repose (rest).

In the remaining examples, we shall see the effects of the disease on the emotional level of the person in the form of anxiety, fear and the daily routine.

To examine an example of this kind:-

1. "Doctor, I don't mind any length of your treatment but the sufferings are awful for me. If you can treat me without them, then only I will be interested in your treatment, otherwise not".

Q. Her mother says, "There is another way out".
A. "What is that"? You (Dr) say.

2. In a joking mood, her mother replies, "If you can send

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1. Tamper: to make secret, illegal arrangements, as by bribing. To interpose or meddle, esp. so as to damage, corrupt, etc.

excite - to put into motion or activity; stir up. [tapping on the hive excited the bees]. To call forth; arouse; provoke [the rumour excited her curiosity].

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 to arouse the feelings or passions of [one's] someone to talk to her, you rest assured, she will forget the sufferings."

"Of course, Doctor, I do not know why, but whatever my mother is telling, is truth".

3. "Or if there is something else more exciting which can afford relief", her mother adds further.

Q "What can that be?" You ask.

"It can be anything like some movie, or song, etc. Actually, this is how I manage her. Either I have to make myself available for her to indulge in talking or if I am not free I switch on the radio, etc., for her entertainment."

In this example the person's sense of fear has been stimulated by the sufferings produced by her disease. To find out her medicine on the basis of above expressions:

- Expression No. 1 : FEAR, *suffering of*
 (Pg. 525 BSR)
- do- 2 : TALK, *desire to someone*
 (BSR p. 986)
- do- 3 : *agitation.* EXCITEMENT, *ameliorates*
 (BSR p. 450)

LILIUM TIG is the medicine common to these rubrics.

In another example, the person's attitude seems to be typical. One is expected to be bothered about self especially when in trouble like asthma but in this case, the person's anxiety is about others.

1. "I am not worried about myself. You people as my

1. to remain firm, to bear, to last. G.C. 2 E.N., 2 E.C. 2 E.N., 1 E.C. 2 E.N., 1 E.C. 2 E.N.

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physicians are doing your best for me. My people around me are also very nice and take due care of my health. Everything needed is being done for me. Even after that if my health does not improve, let it be so. Something that cannot be cured must be endured".

2. "Only one thing which keeps me anxious all the time, is the future of my children. I think, if I die, what will happen to them?"

Q- "Anything else?"

3. "Nothing else except that no one should disturb me during the attack. Let me remain where I am and in whatever position."

To convert the above expressions into rubrics :

- Expression No. 1 : RECOGNISE, *everything but cannot move* (Pg 825 B.S.R.)
 (inferred as Recognises, the reality and accepts it)
- Expression No. 2 : ANXIETY, *others for*
 (Pg. 86 B.S.R.)
- Expression No. 3 : DISTURBED, *averse to being* (Pg. 414 B.S.R.).

The medicine common to these rubrics is *Cocculus Indicus*.

As already stated in this example "the person's sense of anxiety about others" is being aroused. Her attitude towards her own health is that of accepting the reality of life and her

tendency during the attack and at other times is of not liking 'disturbance'.

CONCLUSION:

) Those who are well-versed with the Homoeopathic way of prescribing know, that in Homoeopathy whatever may be the criteria of selection, medicine is prescribed on the basis of symptoms totally different from the symptoms of disease. That is why the above few indications will be useful in all the problems of health.

) These examples, are an INTRODUCTION to this new method of prescribing and are, therefore, not to be taken as complete pictures of the drugs. Nor is it to be mistaken that these seven medicines alone will be sufficient to treat Bronchial Asthma.

1. शिवा - to deliver a sermon publicly, to give moral advice, to proclaim. एतद् दश सुखी शिवा, एतद् दश शिवा
शिवी शिवा.

'MENTAL SYMPTOMS AND DISEASE'

(a precise relationship)

**Paper presented at a Seminar on 'MIND'
organized by Hahnemannian Society of
Homoeopaths of India on
19th July, 1987, New Delhi.**

) There are different schools and therefore various criteria of eliciting and evaluation of symptoms of 'MIND' and obviously distinct ways of making their use for the sake of prescribing or in other words Homoeopathic diagnosis.

One school advises its patient to change his ways of thinking. He should avoid anger, anxiety and tension etc. and change his surroundings if possible. He is kept on tranquilizers which help to keep him in a semi-conscious state so that he should not disturb other members of the society.

Even after taking long histories and linking sickness to serious causes like inheritance etc. the field of their medicine remains very limited.

Hindu religion preaches the practice of self control over one's passions- which manifest themselves in the form of KAM, KRODH, LOBH, MOH, AHANKAR, and to translate them in English INDULGENCE, ANGER, GREED, AFFECTIONS (sympathy), EGO. No doubt mind accepts charges from outside. Atmosphere, environment, surrounding, society, company etc., have their own bearing on one's mind. But this remains only as long as the contact is maintained. Diversion of mind does help without the aid of medicine, but only in those cases which are not chronic in nature. In a really sick person, the relief is short lived. To expect cures by talks, discourses and lectures alone is not possible. Your patient says, "I understand what you preach but it is difficult to practise". How much so ever valuable may

1. यूनैत विरुद्ध। अर्. ए one opinion. (वै. २१३ २१).

Annoy - temporary disturbance of mind caused by something that displeases one or tests one's patience to irritate, bother, or make somewhat angry, as by repeated action, noise, etc.

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your advice be, he gets annoyed.

It is also now increasingly being realized by allopaths that the field of mental symptoms is not limited to mental cases alone.

HOMOEOPATHY recognised this fact from the very beginning.

In the selection of a similar, supremacy of the mental symptoms over the physicals has unanimously been confirmed in experience by homoeopaths from Hahnemann down to established stalwarts of today. But the problem which remained with them was the paucity of mental symptoms. They thought it was difficult to find mental symptoms in every patient. This was so, perhaps because of their sticking to the norm of finding rare and peculiar symptoms.

Through this paper I intend introducing you to a new way of TAKING MENTAL SYMPTOMS by relating two cases:

CASE-I

A boy of 7 (seven), was brought to my clinic. Crying with abdominal pains he sat down on the chair in front of me. Bending double he was pressing hard both of his hands at the site of pain. His mother remarked 'the boy has a very strong will'. He will keep on bearing the pain unless it goes out of his control to do so. But when he realizes that he is losing self control he clings to anyone near him.

First Prescription : Gels 30 was prescribed on the following mentals:

(i) WILL, muscles refuse to obey the

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will, when attention is turned away.

(ii) FEAR self control losing of.

(iii) CLINGING to persons.

which relieved the pains instantly. On investigations it was found that the boy was suffering from acute pancreatitis for the last over a year as per hospital reports.

In the beginning the pain used to recur after two months. Then occurred after intervals of one month or so. All pathological tests were NAD. They used to admit him in the Ganga Ram Hospital. This case was referred to me by a colleague Homoeopath after trying the medicines like *Colocynthis* etc.

The pain returned after five weeks instead of four with lesser intensity, duration and frequency. The number of vomitings, the degree of temperature also remained lowered. But the pain persisted and the intensity increased after the third day and at the end of the fourth, after due wait and watch, the case was re-examined for fresh prescription. The boy was sleepy and in between he remarked, 'Dr. I am not getting sleep. I want to sleep' and would go back to a deep stupor. There were intervals between the paroxysms of 12 minutes, he would scream wake up from sleep and desire to be carried. The pain would disappear after a moment and the boy would lie down and go to sleep again.

Second Prescription

Bell 30 was prescribed on the following mental symptoms.

Hue m. colour, tint. १०, ६१०.
1. Hue & cry (confusion, outcry). ०१०१६०, ३११२३१०.

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- (i) QUIET *wants to be, desires repose and tranquillity.*
- (ii) UNCONSCIOUSNESS, *interrupted by screaming.*

This remedy also gave him instant relief.

The next attack came after seven weeks with high temperature, vomiting of phlegm and bile with entirely changed mental state. In irritated tone he said, "Mummy take me to the Dr. or Hospital and arrange for me blood transfusion or drip. I am not going to survive." But it seemed that the boy remained comparatively comfortable during this attack. The hue and cry noticed during the previous attacks was absent. The next remedy had to be considered because although in the morning of the third day all the existing complaints disappeared yet by the evening they returned with a new set of mental symptoms.

Third Prescription: IGN. 30 was prescribed on the following mental symptoms:

- (i) SHRIEKING *aid for:*
- (ii) IRRITABILITY, *pains during.*
- (iii) DISCONCERTED.

It removed irritability only. After three hours the potency was raised to 200. It removed 'SHRIEKING, aid for' After

1. श्रुति. to hold an opinion, to think, to suppose.
श्रुति श्रुति, श्रुति श्रुति, श्रुति श्रुति.

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another three hours it was raised to 1M, it lowered the fever from 102°F to 99°F, restored appetite, stopped vomiting but pain in the abdomen persisted with disconcerted feeling. 10 M removed instantly all the remaining symptoms.

Let us see, when the pain comes next the case is still under treatment.

CASE-II

A pregnant lady started getting pre-mature labour pains. The lady Doctor who examined her recommended her to be removed to Hospital. She opined that the case could take any turn. The pains were coming exactly after every five minutes and remaining for three minutes. Laughingly the patient said, "I am not very serious about what will happen. I simply want to know what type of pain it is. I am interested to be relieved of it as early as possible because it is creating a poor impression amongst the women around me."

First Prescription: Bell 30 was selected on the following mentals:

- (i) LAUGHING *speaking when*
- (ii) FRIVOLOUS
- (iii) LIGHT, *desire for*
- (iv) REPULSIVE, *mood.*
- (v) CARRIED, *desires to be fast.*
- (vi) HIDES, *things*
- (vii) DELUSIONS, *poor she is*

The relief started and gradually the intensity, duration

and frequency of the pain reduced. After about three hours she went to sleep.

- (i) The next day the character of the pain changed. It was a general abdominal pain aggravating every time after stool or by slight motion even while lying in bed. She resisted the frequent calls for stool because of losing the comfort which she attained during rest. She was not bothered about what will happen because inspite of the best efforts if something went wrong then it had to be accepted as a fact.

Second Prescription: **Cocc. Ind. 30** was selected on the following mentals:

- (i) **DISTURBED**, *averse to being*
 (ii) **RECOGNISES** *everything but cannot move.*

All the above mental as well as the physical symptoms disappeared. Instead of aggravation the pains were relieved each time after stool.

The purpose of relating the foregoing case reports apart from introducing you to a new way of taking mental symptoms is:

- (i) To prove that no human mind is without any mental symptoms at any given time.
 (ii) To draw your attention to the precise relationship between the mental symptoms and the disease.

To elaborate this point it may be recalled that in the above cases medicine (the Similimum) was selected on the

symptoms of mind only. The job that the medicine did was to change the mental state on the basis of which it was prescribed and correspondingly the new mental state restored the order. In the case of above lady ultimately it was the regulated stools that relieved the pains which is indicative of a beautiful example of relationship between the mental symptoms, the disease (i.e. pain) and the cause of the pain (i.e. the unregulated bowels). The case of the boy demonstrates the limitations of Allopathy as well as Homoeopathy.

(The anatomy of mind as given by Dr. Kent is INTELLIGENCE plus EMOTIONS aided by memory. But to elaborate it one infers that the above components of mind are linked to functioning of the nervous system which is connected with each and every organ of the body). And the nerves act as a musical instrument and produce vibrations in the form of speech and actions. Through various moods, emotions and gestures every disturbance in the body finds expression. This implies that the present mental state is the true representative of whatever order or disorder is going on in the body and it can serve as an accurate dial to recognise the mental symptoms to find out the real simiulimum.

Gestural (gestur) n. a movement, or movements collectively, of the body, or of part of the body, to express or emphasize, ideas, emotions, etc. Anything said or done to convey a state of mind, intention, etc.; often, something said or done merely for effect or as a formality. [a gesture of sympathy].

- vi. to make or use a gesture or gestures.
 -vt. to express [a gesture or gestures].

1. adv. in an unchangeable manner. 554124 5407, 1011 540210.
 2. adv. true, real, actual. 2101, 010, 4211. adv. in a great degree,
 exceedingly. 21010, 211, 010.

PAPER 1987

MENTAL SYMPTOMS

OF

TWO AIDS PATIENTS (HYPOTHETICAL)
 Identical to the diagnosed cases (of AIDS)

Introduction

Any disease, as such, when it attacks, causes functional and structural alterations in particular organs of the body and these alterations together form the symptomatology of that disease which helps physicians to diagnose it.

An important point to be noted is that invariably in very case changes on the EMOTIONAL and INTELLECTUAL LEVEL of the body also appear. Please note that no disease minor or major is without a change on the emotional level of a person.

Alterations found on the physical level of AIDS Patient (as we are told) are as follows:-

- | | | |
|--------------------------------------|---|--|
| <i>Signs & Symptoms</i> | : | Weight loss
Chronic diarrhoea
Prolonged fever |
| <i>Others</i> | : | Persistent cough
Swollen glands
Dermatitis |
| <i>"HOW it spreads?"
through</i> | - | Sexual contact with
infected persons
Improperly sterilized syringes
Administration of blood or blood
products from an infected person. |

It is said that the disease is "ACQUIRED", from outside. A particular type of virus is contacted by coming into touch with the blood of the AIDS patient directly or indirectly which ultimately causes this disease.

Although this is a part of the natural phenomenon that certain species have seeds which can be sown to grow more of them, yet it cannot be accepted as a rule sufficient for the diseases to spread. The great Dr. Kent disputes it and asserts that no live organism can exist without food. Soon after birth, depending upon the strength and degree of their preservation they require food for maintenance, upcoming and growth. So the rule is effective only in those cases of individual economies which provide a ready ground for their preservation and growth.

Since, the scope of this paper does not allow to go further into this part of the subject, it is to be stopped here.

Let us remind ourselves that as Homoeopaths, we cannot forget that in contrast to the above phenomenon, we have another natural one that of drugs also have the power to CREATE DISEASES and cure the same and no disease what soever is outside of its impact. (See foot note, 1, 2, & 3.)

It is because of this scientific truth, that there exists a scope in Homoeopathy that a person can be treated even without knowing the name of his disease. As for example, 'AIDS' as disease has taken its birth quite recently. Healthy human beings proved our drugs long ago. Obviously during provings none of them could be expected to experience this disease.

As in the case of other diseases, we can proceed to treat 'AIDS' even without experiencing it during provings. There is nothing wrong in this idea. In fact it leads to another scientific truth. That (the changes on the physical level may or may not occur to take the shape of a particular disease yet) the causes common to all the diseases exist in the body which invite or allow any disease to attack it (irrespective of the fact whether a particular disease had its origin in the past or belongs to a recent origin).

These causes keep on manifesting themselves through emotions with or without minor (physical) ailments every now and then.

Cases of minor ailments if treated with the help of the medicine selected on the basis of indications appearing on the 'EMOTIONAL-LEVEL', (centre of the body) or in other words the defences of the organism which is under your care, you can prevent major ones.**

In certain cases, physical ailments do not occur even in the slightest form, say upto the age of 45 or 50.

But in these cases, the onslaught of disease, if it attacks, is sudden, severe and quick and many times irreversible. Perhaps this is because it keeps on fortifying itself silently without any presign on the OUTER PARAMETER of the body in the shape of physical disorders of even minor nature.

How to detect such cases :

By the help of general physical (Possible) check-up for:

1. Alteration in structure of body.
2. Alteration in functions (Including B.P., E. C.G., respiration rate, pulse rate etc.,
3. And overall abnormalities found on the "EMOTIONAL-LEVEL".

Please remember that the abnormalities found on the emotional level must be kept in mind while prescribing in all the cases, whether a person is having any sort of physical disorder as stated at No. 1 & 2 above or not.

In this way, I think we can help most of the people, whose cases

1. We have at our disposal a vast treasure of symptoms given to us by our provers which has been helping us for prescribing in many areas of medical field and proved to be comparatively more effective than others.

2. सत्यता, security of food, famine. ६६०१०१, ५६०१५.
1. एता शतानि, waste, destruction, devastation. आनंद, अस्ति, अस्ति (५६०१५). व. १. ते वायु, अस्ति (५६०१५).

remain undetected for want of apparent signs on physical level. It is to be remembered that having no disease for a long time is also a disease in itself. An intelligent Homoeopath can prevent this havoc before it takes place, if he succeeds in balancing the exaggerated emotional state of the person.

This exaggeration is a relevant term. The ideal or the natural mental state is expected to keep the body as a whole in perfect health which varies from individual to individual. We have to keep on changing the medicines based on symptoms relating to the changes and exaggerations found on the EMOTIONAL-LEVEL, till the above goal is reached.

2. No doubt in provings diagnostic symptoms were not verified and laboratory test not taken but we have no dearth of clinical record of cures of these symptom and;

3. The causes like external injuries to the organisms by accidents, mental strains or shocks and internal-disorders of inefficiency on the part of eliminatory and assimilatory systems also create diseases in the same way and similar to that created by drugs. If we succeed to come to some useful conclusion after pondering and experimenting over this idea and that of Dr. Kent and correlating and co-ordinating it with that of the live organism, a revolution will be brought in the field of medicine to the greater benefit of mankind.

** Although nothing is universal, it has been found that in individuals a particular set of emotions get stirred up whenever attacked by any ailment minor or major and as such if treated for the minor ones on the basis of those emotional disturbances we can prevent the occurrence of the major ones.

Coming to the real subject of this paper let us examine what could be the alterations on the Mental Level of AIDS patients?

To build an hypothesis the rubrics DELUSIONS, *thin, is getting* and DELUSIONS, *thin, body is* (Pg. 367 B.S.R.) (Pg. 24 K.R.) attract my attention.

As the alterations on the physical level (of the 'AIDS' patient) suggest that a person loses weight accompanied by other ailments of degenerative nature, it has been presumed that the changes on the emotional level could belong to the above rubrics. The remedies that have produced these delusions during provings are **Sulphur and Thuja**. So through this paper we will study :

1. The new technique which teaches how to prescribe on the basis of the symptoms occurring on the emotional level of a person corresponding to those found on his physical level (i.e. disease)
2. That the changes on the emotional level of a person are represented by very common expressions which are generally ignored by us as common and usual ones.
3. The art of converting a large variety of shades of disturbances found on the emotional level of the patients, into rubrics.
4. The mental pictures of the drug, **Sulphur and Thuja**.
5. These two drugs have produced two rubrics i.e. 'DELUSIONS, *thin, is getting*' and 'DELUSIONS, *body thin is*'. These rubrics carry a common feeling of thinning. How to identify them individually on the basis of this common sensation.
6. Why the KING-PIN Symptom of sulphur is DELUSIONS, *thin is getting*, but that of THUJA is STUPEFACTION, *knows not where he is* ?

7. How the whole symptomatology of the two drugs revolve around their king pin symptoms.
8. 'MENTAL STATES' of two patients identical to the diagnosed cases of AIDS.

Paper-1987 (a)

MENTAL SYMPTOMS OF AIDS

(PATIENT NO. 1)

OR

Alterations, brought on the Emotional Level of the Provers by the drug 'SULPHUR'

(Now you have to imagine)

A patient is waiting in your clinic, for his turn. He does not seem to be absorbed, nor does his mind seem to be absent. He is looking towards you as if waiting for his turn but is not responding to your call.

(1) Page 91 KR
UNOBSERVING

(2) Pg 960 B.S.R.
STARTING, *spoken to, when*

(3) Pg 2 KR
ANGER, *mistakes over his*

(4) Pg 37 B.S.R.
ANGER, *tear himself to pieces, could*

(5) Pg 405 B.S.R.
DISCONTENTED
himself, with

(6) Pg 704 B.S.R.
LAUGHING, *serious matters, over*

You repeat your call and say, "Gentle-man, its your turn".¹ Again it seems as if you remained outside the orbit of his sight. In the end, you have to request some one else from the queue to draw his attention towards you.² He shakes and appears³ to notice his inability to observe as was expected of him. And says, "I wish I could tear myself to pieces".⁵ Discontented and displeased with himself he moves from his seat and presents himself before you. You offer him a seat, and fix your looks on him. ⁶ He becomes more serious and laughs.

(7) Pg 71 KR
REPULSIVE,
mood.

(8) Pg 712 B.S.R.
LOOKED, *at cannot bear to be*

(9) Pg 255 B.S.R.
DELUSIONS,
clothes, thinks, beautiful.

(10) Pg 400 B.S.R.
DIRTINESS

(11) Pg 367 B.S.R.
DELUSIONS, *thin is getting.*

(12) Pg 246 B.S.R.
DELUSIONS,
body black, as if it were.

(13) Pg 50 KR
GESTURES,
hands, motions involuntary of the.

(14) Pg 563 B.S.R.
GESTURES *talk- ing, head with*

(15) Pg 51 B.S.R.
ANSWERS,
slowly

⁷ In a repulsive mood he enquires from you, "⁸ Sir, perhaps you are looking at my dress. In reality my wife has been requesting me to change my clothes. But I do not find anything wrong with them. ⁹ To me they still have not lost their charm. ¹⁰ I think, I can wear them for many days more"

"Have you taken your bath?"

"I did not find it necessary."

¹⁰ "I feel, I am more happy without that".

"Well, what is your trouble?"

¹¹ "Sir, I am getting thin day by day and losing weight." ¹¹ He pulls up his sleeves and shows you his arms and wrists by touching and drawing out the skin on them. ¹¹ "Sir, this thinning is not from without only but also from within me. Inside, also I seem to be losing strength."

¹² "See how black has my body turned?"

"But how has all this happened?"

"Actually, I am getting watery evacuations many times a day with fever for the last many weeks."

"He coughs a little and stops talking for a moment to regain his breath." ¹³ In a rhythmic gesture, he starts beating his thigh ¹⁴ and nods (communicate with his head) instead of speaking and showing his inability to do so.

"Is it that you cannot talk?"

1. ३।०. to avoid, to sink to get out of. चरुविल, एका, अरुविल, अरुविल. - n. one who lives by tricks. चरुविल अरुविल.

DR. M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY

(16) Pg 991 B.S.R. TALKING complaints all agg.

¹⁵ nodding continues and slowly he answers, ¹⁶ "Yes it increases my cough, and general fatigue."

"You seem to be irritable also."

(17) Pg 665 B.S.R. IRRITABILITY exertion from

¹⁷ Yes, I do get so after I have exerted "You mean, after doing the days job or after you have taken a little extra-physical strain."

"Any little fatigue, what to say of the whole day's job."

(18) Pg 117 B.S.R. BUSINESS, averse to

"What about your business?" ¹⁸ "I do not like to pay any attention to it."

(19) Pg 118 B.S.R. BUSINESS, talks of

"Do you mean you are not attending to it?" ¹⁹ I do talk of it, the idea of it always occupies my mind. ¹⁸ I do attend to it but without interest ¹⁸ Actually, I do not like it.

In a jesting mood, his wife remarks, "Sir, actually he has no trouble, simply he shirks work."

(20) Pg 678 B.S.R. JESTING, aversion to

²⁰ I have told you many times that I do not like jokes but you cannot restrain yourself," he utters tersely.

(21) Pg 25 B.S.R. AMUSEMENT, averse to

"But she seems to be amusing you," he is told. He replies, ²¹ "No, I do not like it."

His wife confirms that he does not enjoy jokes. By this time, the person has turned his face away and gets absorbed.

2. Jest (जस्त) a joke, launt or fun. उरुविल, एका, अरुविल. - n. to joke to merriment. एका, अरुविल, एका, अरुविल.

3. अरुविल (Averse - अरुविल, अरुविल, अरुविल).

1. to stake to sudden jerk. अरुविल अरुविल अरुविल अरुविल. - n. a sudden jerk. एका, अरुविल.

2. to turn, to throw back to tell against. अरुविल अरुविल, अरुविल, अरुविल. - n. ready reply. अरुविल, अरुविल, अरुविल. DR. M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY

His wife speaks about him in whispers. "Sir, see, I shall call him by his name." "ARUN" she calls.

(22) Pg 953 B.S.R. STARTING CALLED, by name, when

²² He jerks and jolts at once and is irritated at the call, ²³ shrieks with ²⁴ anger, anxiety and fear, and retorts, ²² "what has made you to call me by my name?"

(23) Pg 953 B.S.R. SHRIEKING (24) Pg 2 KR

ANGER, ailments after with anxiety and fear

3. a disposition of mind, temperament, passion, imitation. अरुविल, अरुविल, अरुविल, अरुविल अरुविल, अरुविल, अरुविल. - n. - अरुविल, अरुविल, अरुविल. अरुविल अरुविल अरुविल.

(25) Pg 649 B.S.R. INTRO-SPECTION

²⁵ Soon he seems to be coming to himself and realises that he has made a mistake. It is a Dr.'s clinic and thus not a place to exhibit his tempers.

(26) Pg 30 B.S.R. ANGER, alternating with repentance, quick

²⁶ He repents and begs apologies from you with a sense of ²⁷ guilt on his face and humility in his eyes.

(27) Pg 830 B.S.R. REMORSE (28) Pg 673 B.S.R.

IRRITABILITY waking, on (29) Pg 986 B.S.R.

He is trying to regain his composure, ²⁸ the traces of anger are still evident on his face. ²⁸ Perhaps he has not been able to forgive himself for his misbehaviour and has therefore ²⁹ become silent.

Remorse - a deep, torturing sense of guilt felt over a wrong that one has done; self reproach

TALK indisposed to (30) Pg 813 B.S.R.

RAGE (31) Pg 397 B.S.R.

His wife says, "Sir, this is what I wanted to show you that he becomes so irritable at times that he ³⁰ is besides himself.

DESTRUCTIVENESS clothes of (32) Pg 129-130 B.S.R.

cheerful - a steady display of bright spirits, optimism, etc.

B.S.R. CHEERFUL Morning, evening

³¹ He starts tearing anything around, specially his own clothes. ³² Strangely he can be cheerful

4. to feel regretful about. to feel regret for something. अरुविल अरुविल अरुविल.

5. n. meekness, modesty, humbleness. अरुविल, अरुविल, अरुविल.

mirth. n. joyfulness, gaiety, or merriment, esp. when characterized by laughter.
1. adj. full of, expressing, or causing mirth; merry.

DR. M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY

(33) Pg 65-66 KR

MIRTHFUL
morning, evening

(34) Pg 466 B.S.R.

FANCIES, exaltation of

(35) Pg 382 B.S.R.

DELUSIONS
wealth, of

(36) Pg 907 B.S.R.

SENTIMENTAL
2.

(37) Pg 50 KR

GESTURES
hands of as if grasping and reaching at something

(38) Pg 895 B.S.R.

SELFISHNESS
egoism

(39) Pg 404 B.S.R.

DISCONTENTED, everything, with

and ³³ mirthful also specially in the morning and evenings. ³⁴ He goes into beautiful fancies and ³⁵ will derive a lot of contentment from them. For example yesterday as he was sitting, he called me, "Usha."
"Ya" I replied.

2. a feeling, often a tender one, accompanied by some thought or reasoning.

"Please come", he said. And I obeyed. "Sit down by my side", he said. ³⁶ In a sentimental mood, he caught hold of my wrist and drew me towards him.

³⁷ His hands reached my ear-rings and his fingers started playing with them.

³⁵ He started, "How foolish am I, all my worries are imaginary. You are there as my very faithful wife, who is always thinking of me and helping me in every odd. ³⁵ Not only that but also as a beautiful woman to enjoy with. Then also, I see a grand future in my children too. ³⁸ They will come up one day to share my burdens and enrich my resources. All that I earn and possess suffices my needs. I do not feel, I am short of anything. Then, why should I worry?"

"But, sometimes back you were telling me ³⁹ that I am not beautiful and that we are poor people and hardly manage to make both ends meet and that we cannot even think of a better future for our children."

When I pointed out this contradiction". He refused to see it and became angry and said, "I have told you many times, not to cut jokes with

me."

"I am astonished at this change in his attitude." she adds further.

As this goes on you hear him (the patient) weeping, and tell his wife, She consoles him, "and says Arun, what is the use of this, I have told you many times that you need not worry about anything. You say, that you possess everything and lack nothing. Then what is it, that makes you weep?"

(40) Pg 181 B.S.R.

CONSOLATION
agg.

(41) Pg 1074

B.S.R. WEEPING
causeless

(42) Pg 39 KR

EMBARRASSED
ailments, after

(43) Pg 263 B.S.R.

DELUSIONS
dead persons, sees,

(44) Pg 502 B.S.R.

FEAR, ghosts of

(45) Pg 487 B.S.R.

FEAR death of

(46) Pg 512 B.S.R.

FEAR misfortune
of

(47) Pg 518 B.S.R.

FEAR poverty of

(48) Pg 619

B.S.R. INDIFFERENCE others

⁴⁰ He gets irritated, and retorts "You keep quiet, you need not bother about my affairs. I shall talk to the doctor myself." After sometime he calms down and restarts addressing you, "Sir, ⁴¹ sometimes I weep with out any cause. ⁴² At other times when I am reminded of my sickness, ⁴² I become overconscious about myself ⁴² I am going down hill day by day. ⁴³ There seem to be no sign of improvement. ⁴³ In my imagination all types of images come before my eyes ⁴³ I see dead persons and in this trail, ⁴⁴ fear of ghosts creeps into my mind and ultimately that of ⁴⁵ death. ⁴⁶ The terror of misfortune over-takes me there after. ⁴⁷ I shall be losing my wife, my children, my family, my home, and all my possession if I die. I do not want that Dr. I love them all.

You turn to his wife. Who is a nice lady, and serious, but not without humour. She turns to her husband and says, "Arun Saheb, ⁴⁸ do you know the age of your children or in which class are they

1. n. *disparous, cause of shame or reproach, disesteem, ugliness.* शुभिन, (मस) 2) शोचो अनि शोचु, शोचि, शोचिनी।
 V. 7. - to dismiss *from favour, to being discredited.* शोचिनी अनि, *studying, the name of their school etc. etc.?"*
 toward

(49) Pg 571 B.S.R.
 HATRED persons
 who had offended
 him of

(50) Pg 572 B.S.R.
 HAUGHTY

(51) Pg 927 B.S.R.

SIT inclination to

(52) Pg 4 B.S.R.

ABSORBED

(53) Pg 1002

B.S.R. THOUGHTS

disease, of

(54-55) Pg 78-79

B.S.R. ANXIETY

future,

and health, about

(56) Pg 578 B.S.R.

HOPEFUL

(57) Pg 270 B.S.R.

DELUSIONS

disgraced, she is

1 -

(58) Pg 437 B.S.R.

EGOTISM, self-

esteem

(59) Pg 195 B.S.R.

DEATH desires

(60) Pg 977 B.S.R.

SUICIDAL

drowning by

"⁴⁹ I hate you, I hate you," he cries and says,
 "alright you go out."

She laughs and goes out.

Dr.⁵⁰ he starts stressing his point of view, see this lady, she does not realize my position and that is why I do not like her.

⁵⁰ "I know, she is right. I do realise my fault. I do nothing, except ⁵¹ keep on sitting the whole day, ⁵² buried in ⁵³ thoughts of my disease, always ⁵⁴ anxious about my health, ⁵⁵ my future.

⁵⁶ When I find some improvement in my health and encouraged by a physician like you, I start indulging in building castles in the air and forget about my disease, although I know it is fatal."

"⁴² But when I find, I am thin and emaciated and going down in health day by day, especially after an acute phase is just over, I become overconscious of myself. This chain of ⁵⁷ thoughts leads me to think that I am lowered in the eyes of others and that If things do not improve, ⁵⁸ I feel indignant. ⁵⁸ My ego wakes up. I start ⁵⁹ desiring death, and of ⁶⁰ committing suicide by throwing myself in some river."

2. ab. moved by indignation,
 angry. अनि, शोचिनी, शोचिनी

(61) Pg 1071

B.S.R. WEEP-

ING, alternating

with laughter

(62) Pg 119 B.S.R.

CAPRICIOUS-

NESS

(63) Pg 124 B.S.R.

CARRIED desire

to be

(64) Pg 600-604

IMPATIENCE

(65) B.S.R.

IMPETUOUS

By this time, ⁶¹ tears fill his eyes and yet he tries to laugh.

"²⁵ Sir, how foolish I am ?" I have wasted a lot of your time for nothing. ⁶² But before I conclude I must tell you sir, "I am on a crossroad. I do not know what to do. ⁶³ It will be for you to do something for me. ^{64,65} I hope sir, you will not disappoint me."

Now he becomes ⁶⁴ impatient and ⁶⁵ impetuous, you console him and direct him to wait outside for the medicine.

1. rash, violent, vehement, furious. अनि, शोचिनी, शोचिनी

1. 211) 2. dress, clothes, costume. 2-2, 4, 12, 11. vt. to clothe, to dress. 0505, 1211, 112, 1105, 11 (211).

Paper-1987 (b)

MENTAL SYMPTOMS OF AIDS

(PATIENT No. 2)

in the garb of
HOMOEOPATHIC DRUG "THUJA"

Please imagine that you have called in the next patient and said "next please" and there is a laughter from the queue as the old lady whose turn it is does not respond to the call.

(1) Pg 91 KR
• UNOBSERVING

Referring to the previous patient they are saying. She is also of the same stock. Her attendant tells her, Amma, it is your turn".

(2) Pg 671 B.S.R.
• IRRITABILITY
*sleep, when roused
by noise, during*

² She awakens, as if from sleep, with irritation.

(3) Pg 970 B.S.R.
• STUPEFACTION
*knows not where
he is*

³ Where have you brought me?" She asks the person accompanying him.

"You try to move from your seat first," he tells her.

"Why?", she asks.

"There is some purpose", he replies.

(4) Pg 983 B.S.R.
• SUSPICIOUS

⁴ You tell me first", she insists.

"You go and sit there". Angrily he points his hand towards the chair facing the doctor.

(5) Pg 935, 938
B.S.R. SPEECH,
*confused, finish
sentence, cannot.*

"I am better (here)". She insists ⁵ (without completing the sentence.)

"Look the doctor is waiting to examine you. Please get up and don't waste his time, he has to examine many more patients", he asserts.

(6) Pg 678 B.S.R.
• JESTING *aversion, to*

"You are a very bad (person). You are always in the habit of (⁶ joking with me)".

"Who is joking with you?" he cries. "You", she says.

"No, not at all".

(7) Pg 935,
(8) Pg 940 and
(9) Pg 944 B.S.R.
• SPEECH *confused, hesitating,
slow.*

"But I don't see (⁷ any Doctor here)." In a ⁷ slow, ⁸ confused and ⁹ hesitating manner, ⁵ she speaks without completing the sentence.

The person accompanying her tries to pull her up by force. Perhaps he is getting embarrassed by the situation created by her behaviour.

(10) Pg 1028
B.S.R.
• TOUCHED *aversion to being.*

¹⁰ O.K., O.K., I will do it, myself."

"you don't touch me. I have told you many times to deal with me from a distance." She gets up from her seat and moves towards the patient's chair.

"Here is the doctor, say Namaste to him". The person accompanying her encourages her to do so.

(11) Pg 517
B.S.R. FEAR,
*physician will not
see her, he seems
to terrify her.*

(12) Pg 525 B.S.R.
FEAR strangers, of

(4) Pg 983 B.S.R.
SUSPICIOUS

"¹¹Dr", she exclaims.

¹¹ You know that even mention of the word doctor is terrifying to me. Why are you after my life? Do you want to take my life? She gets irritated and becomes silent. 'Amma,' the man says, he is not a Dr. only ¹² but a member of our family too. Don't take him to be a stranger and tell him everything that you are suffering from."

"⁴ But I have never seen him before".

"Then what, if you have not seen him before." After a pause he resumes telling her, "rest assured, he is very intimate to me. I have been coming to him very often."

"⁴ What for?"

"For the treatment of my gastric trouble".

"⁴ Who introduced you to him?"

"Ahmad, my friend whom you know."

"That person?"

"Yes, that person."

"Alright", agreeably she continues.

"I shall start his treatment, but with a condition.

Q. "What is that?" You, (Dr.) Intervene.

(12) Pg 647 B.S.R.
INSANITY
*touched, will not
be.*

"¹³ You will not touch me", excitedly like a mad person, she bursts.

"No, not at all, there is no need of it."

"Should I tell you about my complaints?"

"Yes.

(12) Pg 525
B.S.R. FEAR
strangers, of.

"¹² Who is this person ?"

"My compounder."

"¹² And he?"

"My assistant" And you add, yes, all are our own people, none of them is a stranger."

(14) Pg 367 B.S.R.
- DELUSIONS
thin, body is

"O.K., then listen, ¹⁴ I have gone thin. I feel so. ¹⁶ delicate in every organ that it ¹⁵ may break as a thin piece of a dry wood."

(15-16) Pg 246-
B.S.R.
- 15. DELUSIONS
body brittle, is

As she speaks the persons around her including you, laugh and you say, "But apparently you don't look so. Q.

• 16. delicate, is
(16-A) Pg 655
B.S.R.
• IRRITABILITY,
waking on

[16-A] "You are perhaps looking at this bulk of mine from outside but you cannot judge, how I am and how I feel from within me. Like an empty and big earthen pot, made of clay, I am eroded from inside and feel brittle."¹⁷ She speaks with increased mental strength and slows down to a point of halt.

(17) Pg 963 B.S.R.
• STRENGTH in-
creased, mental.

(18) Pg 546 B.S.R.
• FORGETFUL
*words while speak-
ing, of; word hunt-
ing.*

"¹⁸ She wants to restart relating something. Scratches her head and tries to recollect what else is there to tell about herself but does not succeed."

¹⁹ At this as if, she awakens about her condition and becomes anxious as to what is happening to

1. n. the feeling or attitude of one who looks down on somebody or something as being low, mean or unworthy, scorn. The punishable act of showing disrespect for the authority or dignity of court, as by disobedience, untruthfulness, etc.

(19) Pg 98 B.S.R.

• ANXIETY, waking on

(20) Pg 39 B.S.R.

• ANGER, violent, when things don't go after his will

(21) Pg 1013

B.S.R.

• THOUGHT, stagnation, of

(22) Pg 182 B.S.R.

• CONTEMPTUOUS self, of

(23) Pg 595 B.S.R.

• IDEAS abundant heat during

(24) Pg 235 SR

• DELUSIONS animals abdomen, are in

(24A) Pg 339

• DELUSIONS pregnant she is,

(25) Pg 1006

B.S.R.

• THOUGHTS persistent

(26) Pg 1000

B.S.R.

• THOUGHTS as if from abdomen

(27) Pg 524 B.S.R.

• FEAR, stomach arising from

(28) Pg 378 B.S.R.

• DELUSIONS, voices abdomen, are in his

her, ²⁰Angrily she adds, "What is all this?" Have I to hunt for words to express myself? She asks and adds. ²¹My thoughts are stagnating. ²²What a useless person am I? I cannot remember what I am suffering from. How will any Dr. be able to treat me? What right have I to live any more?" Full of self contempt, she goes on speaking for sometime and stops. ²³And in the heat, she recollects and says, "Oh. It is about my abdomen. I feel, I have a serpent in my abdomen. ^{24A}Occasionally it gives me a sensation as if I am with a child, but most of the time, I feel, I have a serpent in it. ²⁵This thought persists and seems to ²⁶come from my abdomen, ²⁷I suffer from a fear which originates from stomach. ²⁸Hissing sounds are there all the time in my abdomen.

1. n. a leaving out, failure, neglect. अभाव, अंत्य, अज्ञान.
2. SISR n. divinity, a god or goddess. देवता, देवता 211 देवता

(29) Pg 386 B.S.R.

• DELUSIONS wrong he has done.

(30) Pg 361-362 B.S.R.

• DELUSIONS superhuman control, is under

(31) Pg 497 B.S.R.

• FEAR evil, of

(32) Pg 412 B.S.R.

• DISGUST, everything with

(33) Pg 109 B.S.R.

• BESIDE, oneself being

(34) Pg 684 B.S.R.

• KILL, herself sudden impulse to.

(35) Pg 981 B.S.R.

• SUICIDAL, throwing himself windows from

(36) Pg 1063

• B.S.R. WEARY of life

(37) Pg 406 B.S.R.

• DISCOURAGED

(38) Pg 1077

• B.S.R. WEEPING, desire to weep all the time.

(39) Pg 812 B.S.R.

• "QUIET, disposition parturition, after

(40) Pg 1060 BSR WALK, circle, walks in a

²⁹I feel this trouble is because of some omission on my part. There is a famous place of worship. I know its name and have heard a lot about it but I do not remember of having ever promised offerings to the deity. ³⁰Some spirit keeps reminding me all the time of having committed a wrong by not keeping my word. ³¹Because of this I am always afraid of some impending evil. ³²I feel disgusted with everything and ³³cannot control it."

³⁴Impulse to kill myself usually overwhelms.

³⁵Many times, I tried to jump from the window. ³⁶I am so weary of life and ³⁷discouraged that I feel ³⁸weeping all the time." ³⁹In the end, she becomes silent, gets up and with tears in her eyes starts ⁴⁰walking in a circle. As you see her taking small steps around the chair.

"You tell her to wait outside."

CONCLUSION :

These are just examples, as INTRODUCTION to this new method of prescribing and are therefore not to be taken as the complete pictures of the drugs, nor it is to be mistaken that these two medicines alone will be sufficient to treat AIDS.

1. caused, experienced a state of self conscious distress. something that embarrassed (difficulty or perplexity arising from the want of money to pay debts). To be uncomfortably self conscious. To make more difficult. **SULPHUR**
case so of SOME 'PRACTICAL INDICATIONS'

(Frequently coming into use)
to result in a loss of composure. *cutting / A doctor*

- I. A patient with cervical spondylosis says. "I am of firm belief that I shall get relief. But I just fear one thing i.e. pain."
Q "Why?" Because it causes weakness and as a result I become poor in overall performance and functioning. This I don't want."

This version is covered by three rubrics :

- 1. HOPEFUL
 - 2. FEAR, *poverty of*
 - 3. REPULSIVE, *mood.*
- II. When the pain becomes intolerable. I become quiet and try to take rest so that I should get rid, of the suffering. I am sure of getting relief but get embarrassed when it recurs time and again.

Rubrics

- 1. QUIET, *wants to be, repose and tranquillity, desires*
 - 2. HOPEFUL
 - 3. EMBARRASSED ailments after
1.
- III "Any physical or mental exertion shakes off my balance and composesures and I desire to withdraw from all types of activities and go in for rest for sometime or preferably sleep to recoup myself. If I get a chance to do so I am back to myself. Otherwise, I get irritated with every one." 2

2. n. Sorrow, grief, etc. 49-11/14. (Kundam)

1.

Rubrics

- 1. IRRITABILITY, *exertion from.*
 - 2. QUIET, *wants to be, repose and tranquility desires.*
- IV "I get angry too often. It is a bad habit. Why can't I always remember that children are naturally naughty and that it doesn't behoove of me to get offended with them. I don't want this, I really feel bad about it.

Rubrics

- 1. ANGER, *alternating with repentance, quick.*
 - 2. MOOD *repulsive.*
 - 3. DELUSIONS, *injured is being.*
- V "See doctor how thin I am getting day by day. I feel it more when I talk. Even a little talking gives me a feeling of great weakness.

Rubrics

- 1. DELUSIONS, *thin is getting.*
 - 2. TALKING, *aggravates all complaints.*
- VI. I feel I will get well every time before I take the medicine, but when I get no relief I get disappointed and embarrassed.

Rubrics

- 1. HOPEFUL
 - 2. EMBARRASSED *ailments after*
- VII. I am much troubled, inclined to take rest and need nothing else.

Rubrics

- 1. DELUSIONS, *injured, is being*
- 2. QUIET, *wants to be, repose and tranquility desires*

Q. "You seemed to have not cared to dress up properly". Yes "Don't you feel that you are not properly dressed"? "No not at all" "I feel like taking rest and keep quiet. I do not like to do any work."

Rubrics

- 1. INDIFFERENCE, *personal appearance, to*
- 2. QUIET, *wants to be repose and tranquility desires.*
- 3. BUSINESS, *averse to.*

VIII I never bother about my work. I feel like resting all the time.

Rubrics

- 1. BUSINESS *neglects his*
- 2. QUIET *wants to be, repose and tranquility desires.*

IX A millionaire says "I cannot part with the money which I once put into my safe, as I like to keep feeling wealthy and not thin. The fact is that even for making payment of your small bills, I wait for dues coming from other sources instead of paying from my cash.. To me to withdraw money from my safe means reducing my flesh.

Rubrics

- 1. AVARICE
- 2. DELUSIONS, *wealth imagination of*
- 3. DELUSIONS, *thin, is getting*
- 4. FEAR *poverty, of.*

THUJA

Thuja is another drug which produces the sensation, THIN is. Sensation of SULPHUR is, 'THIN is getting'. Thuja feels that body is thin and it can break into pieces. Another feeling of Thuja almost similar to the foregoing is of DELUSIONS getting dissolved or eroded. Which may not be found in the repertory. It has come up in my personal clinical experience.

The 'THINNING' of SULPHUR is generally related to something material, something physical i.e. flesh and bones. But THINNING of THUJA refers to the sensation of hollowness or softness and that of continuous erosion of general vitality. It can break and go into pieces even with a whiff of wind symbolically or is in the process of dissolution with the passage of time, as if a lump of clay is kept in the flowing stream of water (time). He feels that gradually he is heading towards the grave and will not live longer. There is no immediate danger of death but something keeps him reminding that he is not going to live any longer. But he doesn't bother for it because somewhere he desires death that is why he doesn't try to tell you about this feeling. It is very occasional and seldom that he speaks to you about it because in a general way he remains as if in a state of stupefaction and doesn't know where precisely he is and what exactly to tell you. Sometimes he admits that he hesitates to come to you because he feels he himself does not know what to tell you (about himself).

Please examine the version of a patient.

"With me there is a problem, that I cannot answer your questions. I myself don't know as to what to tell you. That's why I feel I am not fit for Homoeopathic treatment."

PRACTICAL INDICATIONS

(Commonly coming into use)

- I A woman with 4-5 months pregnancy says "I have in my abdomen a snake and not the human foetus. This idea

frightens me and always occupies my mind with a fear that some evil may befall on me.

1

Rubrics

1. DELUSIONS, *animals are in the abdomen.*
 2. FEAR, *evil of*
- II I have gone thin and lighter in weight but I am not worried about it. What if I die?

Rubrics

1. DELUSIONS, *body thin is*
 2. DELUSIONS, *body lighter than air, is*
 3. DEATH *desires.*
- III I feel as if I am being eroded from within and the time is not too far for my end to come and perhaps it is already here.

Rubrics

- (i) DELUSIONS, *body, is eroding from within*
 - (ii) DELUSIONS, *die, he was about to.*
 - (iii) DELUSIONS, *die, time has come to*
- IV. I feel as if I am diminished and much thin.

Rubrics

- DELUSIONS, *diminished, thin, he is too*

V. I don't feel any attraction towards opposite sex.

* INDIFFERENCE, *opposite sex to*. This one rubric covers this version and if predominating will be indicative of THUJA.

VI. I am myself not clear in my mind as to what to tell about my sickness because it is beyond my understanding except one thing about which I am clear is that I am thin.

Rubrics

- 1. STUPEFACTION, *knows not where he is*.
- 2. DELUSIONS, *thin is*.

VII. While he speaks he loses the thread of conversation. When he tries to recall it unsuccessfully he becomes irritable. This agitation perhaps enables him to recover his thoughts. Then he feels as if his mental strength has increased. But no sooner he succeeds in expressing one particular idea, the flow of thought stops, and he decides to abandon thinking any further.

Rubrics

- 1. THOUGHTS, *vanishing of speaking, while*.
- 2. FORGETFUL, *words while speaking of; word, hunting*
- 3. IRRITABILITY, *chill during*
- 4. IDEAS, *abundant heat during*
- 5. STRENGTH, *increased mental*.
- 6. QUIET, *parturition after*.

PAPER 1987- A COMMENTARY

The paper is titled "MENTAL SYMPTOMS OF TWO PATIENTS" (identical to the diagnosed cases) of AIDS. It is in two parts, introduction and practical case-taking. In the introduction, the theoretical background of the paper has been discussed. It starts with the idea of symptoms needed to know the name of the disease (diagnosis) and those required by a Homoeopath to know the name of the medicine to be prescribed according to the new approach (Revolutionized Homoeopathy).

An important point to be noted in this part of the paper is 'how to find out a prophylactic for an individual on the basis of the day to day abnormalities found on his emotional level. These abnormalities are indicative of IMMUNE deficiency in an individual's economy, which if taken care of well in advance can help save a person from every type of disease to come. In the end it has been explained why Sulphur and Thuja could possibly be the medicines for the patients of AIDS.

In the practical part of the paper, pictures of the drugs Sulphur and Thuja have been depicted taking into account the EXPRESSIONS of the patients with side by side conversion of the expressions into rubrics.

While going through the papers keep in mind that there is one (King Pin) rubric in every drug (as in Sulphur DELUSIONS, 'thin, is getting') which is reflected in all the other rubrics contributing to form the picture of the drug. For example the group of the first five rubrics convey that the patient is angry and discontented with himself because he could not observe the call of the Dr. which normally he could have. This to him means that he is getting thin, a condition which is not acceptable to him.

In the next group of five, *the feeling of being wealthy* is upper most in his mind and any doubt about it in any way is not liked by him. Rubric No. 9 gives him the feeling of being wealthy but No.8, (the on looker) doubts his conviction which is beyond his forbearance.

1- एम, सचिवीकनी.

According to rubric No. 6 within him he is serious but outwardly is trying to laugh because he does not want to present a poor show of himself although in reality (rubric No. 10) he is dirty (is poor and not wealthy).

The other group is, from rubric No. 11 to 21. He is feeling through his senses that he is getting thin (poor in health) day by day, has lost the lustre of his skin (12). Rubrics No. (13) and (14) are Gestures which are the result of his basic nature of being repulsive in mood. Rubrics No. 15, 16 and 17 give him the sense of thinning and after exertion when he realizes that he is losing strength he wants to stop straining further and if not allowed to do so he becomes irritable unless he gets the chance to lie down and take rest and recover his strength. This also denotes the *desire to remain wealthy*.

Although rubric No. 18 tells that he does not like business, rubric No. 19 indicates that his concern for business is intact. Rubrics no. 20 and 21 indicate that he is averse to jesting and amusement because he feels these things also take away something from his body.

The next group of rubrics No. 22 to 31 give him the feeling that in his lackings (weaknesses), his poverty (in behaviour, impression on others, etc.) has been exposed which is not acceptable to him because the basic thought of 'DELUSIONS, *wealth of*' is always occupying his mind which keeps him satisfied.

The group of rubric, No. 32 to 39 denoted that in reality the person has no problem, (so long as he is under the delusion that he is short of nothing-that he is not poor) which means he is wealthy. So far so, (as is explained in the expression covered by rubrics No. 39) that in spite of being reminded of his own utterances in the past about his 'discontentment with everything,' he does not like to think to the contrary.

Rubric No. 40 also hints towards his poverty and that is why he is not in a mood to agree to it. Each rubric from No. 41 to 65 in one or the other form is contributing to one main idea that the person wants to remain contented with the feeling that he is wealthy. The idea of poverty

is fearful and embarrassing to him which makes him repulsive in nature to remove poverty by either of the two ways i.e. by recovering the losses incurred or inviting death.

Next to it is the second patient requiring Thuja. The rubric 'STUPEFACTION *knows not where he is,*' serves as the 'King pin' symptom of the drug. From the start to the end of the paper it is to be understood that the patient is actually not aware of what is proper for her to do or say. Except the sense conveyed by the rubrics No. 2, 10, 11, 12, 13, 16A, 19, 20, 23, that on occasions (when she is roused, touched, faced with a stranger, in anger, during heat etc) momentarily she will be found to be in the state of awareness of her surroundings etc.

To conclude it is to be understood that the rubric 'STUPEFACTION, *knows not where he is,*' is an objective symptom, to be found by observation that the patient is stupid and is not able to recognize the reality. To elaborate this point the example given below may be of help.

A house wife- says, "nobody likes me, nobody helps me, no one cares for me. You give me the medicine so that I could do something for myself. I do not want to take any favour from any body." But in reality the people around her are very nice co-operative and sympathetic towards her.

Apparently these versions of the patient would seem to lead two rubrics. (1) IRRITABILITY *pains during*, (2) SHRIEKING, aid for and remedy to be IGNATIA. But the fact is that she does not know that it is her own thinking which is wrong and not of the people around her. This amounts to the rubric STUPEFACTION, *knows not where he is*.

Paper 1988

**THE FOUR SISTERS
a drug relationship between**

**BRYONIA, GELSEMIUM, COCCULUS
IND., and CHINA ARS.**

INTRODUCTION

Study of the drug relationship has been carried out in the past in such aspects as Complementary, Supplementary, Inimical, Antidotal or Incompatible to one another. This study of relationship is based on similarity of feeling and thinking or in other words with reference to one shared reaction to an action.

The four medicines are common in reacting to any type of action in the form of disturbance (the reaction is aversion and the action is disturbance). This refers to a rubric in KENT's Repertory "DISTURBED, *averse to being.*" It covers two drugs i.e. Bryonia and Gelsemium and the other two i.e. Cocculus Ind. and China Ars, have now been added by Barthal in his Synthetic Repertory. I have called them sisters because they belong to a family headed by the above singular rubric which is their King-Pin symptom.

These drugs should draw first attention if we see that patient is inclined to show aversion to disturbance. And once we become certain in our mind that this observation is correct, the necessity of finding the distinguishing features of the four drugs will have to be studied in order to recognise their individual indications.

1. १) २. to break suddenly into pieces, to split, to derange, to destroy. १) २) ३) ४) ५) ६) ७) ८) ९) १०) ११) १२) १३) १४) १५) १६) १७) १८) १९) २०) २१) २२) २३) २४) २५) २६) २७) २८) २९) ३०) ३१) ३२) ३३) ३४) ३५) ३६) ३७) ३८) ३९) ४०) ४१) ४२) ४३) ४४) ४५) ४६) ४७) ४८) ४९) ५०) ५१) ५२) ५३) ५४) ५५) ५६) ५७) ५८) ५९) ६०) ६१) ६२) ६३) ६४) ६५) ६६) ६७) ६८) ६९) ७०) ७१) ७२) ७३) ७४) ७५) ७६) ७७) ७८) ७९) ८०) ८१) ८२) ८३) ८४) ८५) ८६) ८७) ८८) ८९) ९०) ९१) ९२) ९३) ९४) ९५) ९६) ९७) ९८) ९९) १००)

Paper 1988 Part I (a)

Bryonia-its causes of disturbance

Bryonia has another rubric 'FEAR *suffering of*'. It has been found that she is averse to disturbances of any kind and any form, which brings suffering to her. Hence we can say that one of the reasons Bryonia is disturbed is because it cannot bear suffering. He talks of business because any disturbance (change) in the present state of his business may bring him miseries and ultimately suffering. One of the common remarks will be, 'if one does not work, how shall one make both ends meet.'

He is angry and there follows certain ailments, after anger. May be in the form of anxiety and silent grief etc.

If you ask him "do you get angry"?, he will reply "I do but avoid it because it shatters the whole of my frame." He becomes angry, sometimes violently and sometimes on small matters when things go against his wishes, when he meets contradictions. Again if you ask him why cannot he control his anger, the reply will be because basically he cannot endure and tolerate disturbance. In reality it is his disliking for disturbance which gets manifested in the form of anger etc. He is hasty in answering questions, one may like to ask him why? Definitely it has a cause that of the desire to remain quiet, also of indisposition to talk and even of thinking. Because thinking of complaints or about anything else aggravates his complaints ultimately causing disturbance (which he is averse to). He feels comfortable at home i.e. he talks of home and suffers from homesickness. Being away disturbs him, but sometimes when there are causes in the home itself to create disturbance he will like to leave home. He thinks let him try a change away from home. Possibly he may recover or at least get away from the people who come and unnecessarily disturb him by giving unreasonable and superstitious type of suggestions about his treatment. (Change desire for). He is impatient and impetuous because he wants to get out of disturbance as soon as possible.

Although by nature he is averse to work, desires rest, is inclined to sit, is slow in habits yet he chooses a sort of disturbance to avoid a greater one. And the causes of greater disturbance are his desires. He is full of desires and many times desires more than he needs and sometimes for those things which are not present and attainable. And this desire is so out of proportion that he is in the habit of demanding things for nothing. He is hard at work and makes it a point to achieve them, forgetting his inconveniences.

He is homesick, talks of home and sometimes has a desire to leave home. Because he suffers from mental insecurity. So he tosses between two poles constituting his emotional frame i.e. problems relating to his wishes and the way he wants the things to be and problems relating to his capability to perceive and produce thoughts. He is capricious particularly when rising in the morning. He is as if in a state of unconsciousness and at that moment if you try to talk to him he will simply like that you do not disturb him. Telling you that he is not within himself. He is not able to tell you as to what is happening to him and what actually is needed by him. To him everything looks strange as if under the control of strangers. His friends appear to him strangers, residence a strange land. His remarks will be "Na Jane mujhe kaya ho raha hai. Kuch ajeeb ajeeb sa lag raha hai. Pahle to kabhi aisa nahi hua." "I am not able to make out as to what is happening to me. It is a strange type of feeling which I have never experienced before. And feels as if in dreams. Shrieks on waking with pains. Becomes nervous and will weep. "Main kuchh nahi bata sakti mujhe kaya ho raha hai". "I can't explain how I feel". And will go on talking 'I must go home'. In a state of delirium, and stupefaction he gets delusions that he is away from home. He must go home because he wants rest which he feels he can get only by being at home and then only he can get rid of the disturbance which he is averse to.

PAPER 1988 - PART I (b)

BRYONIA -A STUDY THROUGH A PATIENT'S HISTORY

I was on a private visit to a relative's house. I shall like you to imagine the things as I saw there.

It is morning time. The housewife has left the bed and just attempted to stand up on her feet. Her eyes are still closed and by observing one gets the impression that she is not in the position to balance herself. Looking to her condition her husband asks 'What is the matter?'

- 1. DISTURBED, *averse to being.* "Please do not disturb me. Wait a little. Let me come to myself and don't ask anything for some-time," she said and became silent.
- 2. CONFUSION *of mind, yawning, amel.* After a few moments, she was seen to yawn, and seemed to be more alert.
- 3. CONFUSION *of mind, morning waking on.* In the meanwhile her husband brings a cup of hot tea for her. They sit over it. She starts telling. "it happens to me every morning on waking and on rising."
- 4. UNCONSCIOUSNESS *morning, rising, on.* As soon as I step down from my bed a state of complete unconsciousness overtakes me.
- 5. CAPRICIOUSNESS It is difficult to make out and explain as to what happens to me except that I am stiff and stilled all over the body. Mentally and physically everything remains jammed and locked. It takes me at least half an hour to recover from that state. I

1. aesi: motionless, sound, silent, peaceful. 10-2-11, 11-11, 21-11-14, 21-11-14. -n. deep silence. 11-11-14. adv. habitually always. 14-11-14, 11-11-14. sound then. 11-11-14, 11-11-14, 11-11-14.

- regain my sense and clarity of mind slowly and gradually.
- 6. CONFUSION, of mind eruptions and yawning amel.
 - 7. DELIRIUM fever, during
 - 8. DELIRIUM maniacal.
 - ? 9. DELIRIUM, raging, raving.
 - 10. DELIRIUM quiet.
 - 11. DELUSIONS, business, is doing.
 - 12. DELIRIUM, closing the eyes on.
 - 13. DELIRIUM, muttering
- "Generally it is yawning, open air or eruptions that helps."
- Her husband related "Once she had fever. The fever was high 105°F. She became delirious, and spoke as being off the rails."
- To me she said, "You, fool, why are you bothering me?" She burst and became quiet.
- I had simply inquired whether she needed anything.
- A doctor was called. My friend told her, "Doctor has come, please tell him about your condition". She closed her eyes more tightly in an unusual manner and spoke nothing. She remained quiet for sometime and hastily answered, 'Why have you called a Doctor?', "I am busy in my work," she said and stopped.
- After a few minutes she was seen opening her eyes and found normal, but only momentarily. No sooner did she close her eyes, she went into delirium and experienced delusions of many kinds.
- She would mutter occasionally,

- 14. DELUSIONS beaten, he is being
 - 15. DELUSIONS dead persons, sees
 - 16. DELUSIONS sinking is
 - 17. DELUSIONS bed hard too
 - 18. HOME, desire
 - 19. DELUSIONS injured, is being
 - 20. DELUSIONS strange land, as if in a
 - 21. DELUSIONS stranger room, seem to be in the
 - 22. DELUSIONS strangers control of, under
 - 23. DELUSIONS unfortunate he is
 - 24. FORGETFUL
 - 25. MEMORY WEAKNESS OF
 - 26. MISTAKES localities, in
 - 27. SPEECH confused and hasty
 - 28. DISTURBED averse to being
 - 29. SOMNAMBULISM make day labour to
- stop and utter that she was being beaten,
- that she saw dead persons,
- that her bed was sinking,
- that her bed was hard
- and at the other moment, she would talk of home and say, when shall I go home.
I must go there.
I am in great difficulty.
- Then again after she came out of the state of her stupefaction, she asked, "Where am I?" "To me you look as if you are a stranger, that I have seen this room for the first time and that some new faces are controlling all the activity around me.
- "How unfortunate it is to be in a strange land and away from home."
She said, I forget things. My memory is very weak
- and I make mistakes in recognising localities.
- Her speech was confused and hasty.
- From the tone and style of her expression, one could feel that this awareness of her own shortcomings was also making her uneasy.
Her husband added that there was one more thing.

1. n. a piece of baked bread, conical mass of sugar. *UNBROKEN*,
OR UNBROKEN. v.i. to spend time idly. *OR UNBROKEN* + *OR UNBROKEN*.

She gets up at night in the state of sleep and starts doing house hold duties and if, try to stop her she will reply, "If I don't work from where shall we get our loaf."

1

She resumes "If you don't mind doctor please ask minimum questions." When asked the reason, she said,

30. THINKING
*complaints of ag-
 gravate,*

"I don't want to put pressure on my mind. When I think about my complaints, they aggravate."

So far we have learnt about the disturbances in the intellectual part of Bryonia. We will now examine the emotional state of its mind. It is to be observed that the tides of its emotions revolve around three ideas, BUSINESS, HOME and SUFFERINGS. In most of its mental states (in the form of rubrics) it would be found that he or she is always busy in avoiding disturbance into his or her above affairs and will make it a point that they run smoothly.

31. AFFECTION-
 ATE

Her husband says, "Although she impresses everyone by her behaviour and seems to be an affectionate person,

32. ANGER
face red

yet when she gets angry, her face becomes red.

33. ANGER
trifles at

She becomes angry on little things,

34. ANGER *con-
 tradiction from*

mostly from contradictions when things go against her wishes,

35. ANGER
*throws things
 away and violent*

even to the extent of violence and throws things away."

36. DISTURBED,
averse to being

Agreeing with her husband, she continues, "Yes sir, he is right. I never want that any body should disturb me while I am at work."

37.A. CON-
 TRARY

"She is full of contradictions", her husband starts, 'She desires rest, and is always inclined to sit.'

38. REST, *desire
 for*

39. SIT, *inclina-
 tion to*

40. INDUSTRI-
 OUS, *mania for
 work*

Yet, 'I never find her taking rest. I can say that by nature she is industrious.'

41. DISTURBED
averse to being

She tries to correct his statement. 'No doubt I want rest and will like to sit but only when I am mentally at rest or my physical ailments permit me to do so.'

42. AILMENTS
anticipation from

If I know that some work is pending I cannot imagine anything else, except that I must finish it.

43. ANXIETY,
business, about

During pain I become anxious about my work. But sometimes I am not aware of the cause of my anxiety.

44. ANXIETY,
causeless.

45. ANXIETY
*conscience as if
 guilty of a crime*

At times I feel, perhaps, I am doing wrong while simply taking rest.

46. ANXIETY *do
 something, com-
 pelled to*

And that anxiety drives me to do something or the other.

47. ANXIETY
*thinking about it,
 from*

More so, the anxiety itself is a problem for me.

- 48. FEAR *suffering, of* "When I become conscious that I am becoming anxious, I become more anxious because of the suffering and disturbance it causes."
- 49. DISTURBED *averse to being*
- 50. AVARICE Again her husband joins, 'let me tell you frankly sir. She is very calculative and will hardly agree for spendings. So much so, that for every purchase on my part she inquires about the price of every thing and will compare it and will become irritable when she finds that according to her I have not been able to bargain properly. If you observe her while purchasing vegetables from the vendor, you find her in her real colour. She will first verify the quality of the vegetables. It should be the best and it should be cheap also. In the end she will start bargaining.'
- 7 51. FEAR *poverty of*
- 52. IRRITABILITY, *waking on*
- 53. BARGAINING
- 54. BARGAINING
- 55. QUARRELSOME She will offer a price which will generally not suit the vendor. He will definitely say 'No' and look towards the other customers. At this she quarrels with him. "Do you think my money is bad or am I asking for something free? What is wrong in what I have said. You are always overcharging. Alright, but do not try to cheat me by weighing less." She will keep the eye on the weighing balance
- ✓ • 56. DISHONEST and while pouring the contents into her basket, she will pick up one or two more, pieces over her purchase and add them to her basket. "If sometimes, he objects, she will leave it but waits till his attention is turned away, to make up the loss by virtually stealing which she feels she should not bear. Also while making payments she will make it a point that she pays less than the settled price".
- ✓ • 57. KLEPTOMANIA
- ✓ • 58. DISHONEST
- 59. DIRTINESS She intervenes "But why do you bother?" She

- 60. UNGREATFUL *avarice, from* tells her husband. If I am that bad, why doesn't he break the dealing with me. "You must know that many times, I don't have small change which ultimately I never pay, and he does not mind. He knows that, because occasionally, he helps and deliver the vegetables home. When needed he gives things on credit, so if I am bad, how is all that?"
- 61. DIRTINESS, *dirtying everything* "Yes" she says, "then what is bad in it? You are always in the habit of teasing me. What is the need of telling all these things here? I can also start revealing your short comings". "Alright", he says and tries to divert her attention by saying "let us talk about your sickness."
- 62. MOCKING *sarcasm* "What do you know about my sickness except pointing out my mistakes. You leave that to me. I will do that job myself. Better you keep noting my mistakes," she says, mockingly and sarcastically.
- 63. SHRIEKING *pains with* Before she finishes her sentence, she shrieks as if with pain.

I felt inclined to ask her, "What is the matter?"

"It is pain," she replied.
- 64. DELUSIONS *injured is being* "What else occupies your mind at the moment?"
- 65. DISTURBED *averse to being* "Only that I have pain." She has changed the position of her painful leg and the pain is aggravated. The look of her face denoted loss of stability. After regaining herself a little bit, she

1. to lower the dignity of, to mortify, to depress. अङ्गीकार, अङ्गीकार, अङ्गीकार.

66. DISCOMFORT *eating after*
67. FEAR, *stomach arising from*
68. DISCOURAGED, *discontented himself with*
69. DOUBTFUL *recovery of*
70. PERSEVERANCE
71. DESPAIR *recovery of*
72. FEAR *suffering, of*
73. DISTURBED *averse to being*
74. INDIGNATION
75. MORTIFICATION *ailments from*
76. CAPRICIOUSNESS
77. CHANGE, *desire for*
78. DISTURBED *averse to being.*
79. DISTURB, *do*
- started, "Whatever I eat makes me uncomfortable and irritable. Sometimes, a sort of fear arises from my stomach." After a pause she continues, "I am crippled and bed-ridden. Unable to look after myself. How useless am I?"
- Who knows whether I shall recover or not?
- When I am slightly better I can tolerate the pains.
- But when there is a relapse I lose all hope of recovery. Although I am never well during day, yet the sufferings at night are very fearful for me because they are torturing and disturbing and do not allow me to sleep.
- I want atleast I should be able to look after myself. I do not want to be dependent on others. I know I will not be respected in this condition. Although there is nothing like that at present, yet what is the guarantee for tomorrow. If that happens, I will definitely feel humiliated.
- I fail to understand, what course to adopt for the sake of recovery.
- Many times, I think I should change the place. Perhaps I may recover thereafter. My brother and sister-in-law had requested me many times to be with them for a month or so at their place. I shall like that but only after I am able somewhat to look after myself.

- not want others to
80. RESIGNATION
81. DISTURBED *averse to being*
82. AVARICE
83. FEAR, *poverty of*
84. SUSPICIOUS
85. FEAR, *poverty of*
86. CRUELITY
- "I have given charge of every thing to my daughter-in-law. What have I to do with all that when I am not in a position even to manage myself? Presently my condition is that I do not want to work, do not like it, where as previously, I used to do a lot of work."
- Q. Have you actually given up the idea of household and other work? She was asked.
- "How can it be?" She replied and continued, I have to keep a watch on the house maid, whether she has done the job properly?"
- Q. "What is there to check?"
- "A lot, you do not know. If they are left free, they will disturb your entire budget by using excessive amount of cleansing powder, Ghee, etc. Then who knows, when they get tempted to steal and make us starve." "Yes sir," she continues, "It is not very easy to earn than to spend! You know certain house-wives in my street are very bad. They have spoiled the psychology of these house-maids. They will serve them with tea, bread and other eatables daily, and will give them all sorts of old clothing. That is why they demand these from me also. This is disturbing. More so, if you ask them to do a little extra job, they will avoid it or will ask for extra reward. Then why we should show leniency."
- Her husband takes over, "but don't you think that one should be compassionate in human matters. One day the maid had to come earlier without eating anything at home and you refused even to serve her a cup of tea which she virtually begged saying, she had severe headache. Rather

1. n. reward for service, hire. *अथवा अथवा अथवा*, *अथवा (अथवा)*,
अथवा.

7 87. AILMENTS

from hurry

88. ANGER,
contradiction,
from

89. CONTRADI
CTION is intoler-
ant of

90. VIOLENT
deeds of vio-
lence, rage lead-
ing to

91. DESIRES,
full of

92. DESIRES
more than she
needs.

93. DESIRE pres-
ent, things not.

94. ASKS for noth-
ing.

95. CONTRARY

96. CONTRA-
DICTION, intoler-
ant of

97. PERSEVER-
ANCE

you insisted that she must complete the work otherwise you will not pay her for the days wages. When I intervened you refused to listen. He reported that she is extremely intolerant of the slightest contradiction. Yesterday what happened. The poor maid was busy in cleaning the floors. Suddenly she called her for a very minor job which could easily be postponed for a few minutes or even more. The maid said, "Just a minute, I am coming after finishing the job in hand." She showered all sorts of abuses on her.

Another important thing is that she is always full of desires, many times more than she needs and sometimes for things which are not available and attainable. Will ask things for nothing.

"She is contrary in character. Her legs are stiff and painful. She is always complaining about them and will refuse to move even in times of urgency. But if it comes to her own demands and if she imagines that others are not attaching due importance to fulfill them, she forgets her suffering and persevere, even walking distances and undertaking journeys which in the ordinary course she refuses"

1. To chirp to squeak, to look through a narrow hole, to look slyly. *चिर-चिर, झि-झि, चिर-चिर, चिर-चिर*.

Paper - 1988 Part II (a)

GELSEMIUM

CAUSES THAT DISTURB IT

In Bryonia, we find that it fears suffering and that is why is averse to any kind of disturbance which can cause suffering.

Gelsemium fears losing self control. It seems to be maintaining it's balance with effort and will therefore not like any sort of disturbance which can upset it's balance. A slight variation in the **WILL** can disturb it's balance. That is why in sickness, present or anticipated, it is the **WILL** which is affected and which oscillates to and fro between **confidence** and want of confidence in self.

Now, if we peep through the whole symptomatology of Gelsemium, **the concern for maintaining self control will be visible.** There are fears of many kinds. His heart will cease to beat unless he is constantly on the move. Fear of being alone, fear when ready to go to church or opera, in a crowd, in public places, of appearing in the public, of downward motion, of falling, that something will happen, of thunderstorm. All of these seem to be contributing to one idea i.e. **losing self control.** It is in a bid to maintain self-control that all these types of fears creep up in his mind while facing problems. It is because of the wavering 'WILL' the 'WILL' that straggers, that depends solely on the mind and that is why she will always be on guard lest attention should turn away, because she knows her muscles will refuse to obey (the will) and lose co-ordination. She is easily angered and is affected by anger, anxiety, fright, silent grief, bad news, emotions. They all make her sick because they leave their impact on her mind which is not confident of self and cannot keep itself composed. That is why she does not find herself safe while alone and tries to cling to persons. If he or she is a child, when carried will grasp the nurse or will like to be held. She is indisposed to talk and averse to being spoken to and so is 'irritable when spoken to'. She wants to remain quiet. Why? Because she wants to avoid every kind of disturbance which

is going to affect her composure, the state of balance, which she is trying to maintain with a lot of effort.

Events effect her both ways whether anticipated or of the past. While anticipating she is doubtfull of her capacity to face them and after they have passed away, she becomes overconscious of herself as to how it was possible for her to have faced them and if it happens again, will she actually be in a position to face them? 'EMBARRASSED ailments after.' From the total behaviour of Gelsemium, one can very easily infer that the shakiness is because of the imperfect nervous system. That, all this imbalance is because of the bad nerves. This is the emotional part of Gelsemium.

Now coming to the intellectual side- in bad health- stupefaction, dullness, torpor, confusion of mind, general sluggishness, nearing unconsciousness are marked. She cannot open the eyes, cannot concentrate her thoughts. Her concentration is difficult which may alternate with uterine pains. She cannot bear mental exertion, it aggravates all the symptoms. There is desire for mental work which seems to be difficult. The more she concentrates the more she gets confused. There is so much of disturbance in the intellect that she starts thinking that instead of herself someone else is sick, and it is not she that is sick.

The other day, I came across a patient of Herpes Zoster- an old religious lady. She was suffering from all types of pains, as is usual with the patient of this disease. When questioned how she takes her sickness and how she feels about it, She replied, "I have realised after so many days of turmoil and tell myself 'Why do you worry about this body, it is not you that is sick, it is something else, which is not yours. It is the fruit of its (Body the mortal being) Karmas (deeds). Let it bear it. Why do you bother about it. You have to leave it here. So what have you to do with it? I have been telling all this to myself. "You are the soul and not the body." Rubric DELUSIONS, sick someone else is (B. S. R. Pg No. 349)

Then she continued, "I try to lift myself, lift my WILL, my MIND by telling it about all this but it does not agree and accept the lift. It remains where it is and does not pick up because of the pains. Unless they go, the WILL, will remain affected in the same way. Really, the pains

are very disturbing and if I am not able to control my mind, it is not my fault because actually the pains are very severe and even the strongest of the willed will not withstand them. The pains must be subsided. I have been having attacks and after every attack, I feel embarrassed at the thought of it. What is the matter? Why are they not leaving me? I have become grief-ridden and want courage but cannot get it." There is always a desire for mental work to occupy her mind but to her it seems impossible. She gets ailments from mental exertion. Her thoughts vanish and any sort of thinking aggravates all complaints. Sometimes she loses confidence in herself. She cannot concentrate. The more she concentrates, the more she becomes confused and even if she succeeds to do some mental work she is unable to think for long.

1. adj. elevated in spirit. १०५१. (Elate - to stimulate, to swell, to make proud. ३१०५१ ०२५१, ३१५१ ०२५१. adj. exultant, proud. ३१५१ ०२५१, ३१५१ ०२५१.)
2. noun - a banquet, a festival, gratification. ३१५१ ०२५१, ३१५१ ०२५१. - ३१५१ ०२५१. ३१५१ ०२५१ ०२५१, ३१५१ ०२५१ ०२५१.
Paper 1988 Part II (B)
३१५१ ०२५१, ३१५१ ०२५१.

GELSEMIUM, an individuality

As an entity or as a being or as a person, every existence is based on two opposite poles. It is the union of the two opposites which keeps it alive as it is. So, in every person there are two faculties- Intelligence and Emotions- which form his personality and these two faculties have further subdivisions of two each which denote their qualifications. Intelligence works in two ways. It performs the job of perceiving from surroundings and manufacturing within and relaying the response outside by conveying the decisions it takes or the conclusions it arrives at. So in a personality, we have to judge the efficient functioning of these two aspects. Likewise in emotions also a personality exhibits two types of characteristics. They are connected with its sorrows and joys i.e. the factors which make him sad and those which give him joy.

Let us start studying the moments of joys, in the life of Gels. Perhaps they are few in number. He or she is happy only while living in the past, and never in the present or when thinking of the future. In the repertory we have rubrics, 'EXHILARATION' and 'MIRTH', which denote the sense of happiness.

Exhilaration means the sense of feeling elated. When he recalls his successful adventures and past deeds, he derives a sense of happiness, out of it. (EXHILARATION, recalls things long forgotten can). It is the air (EXHILARATION) which comes out of his wonderful past on which he floats and flies and (the 'MIRTH') gives him the sense of enjoying those ideas within his mind. He might have seen good old days. He might have been amongst the people and the spheres beyond his reach and the areas known only to a few. When he sits he gazes over past memories and that is how he enjoys within and feels mirthful.

The third rubric is CHEERFULNESS which according to Dr. Kent means contentment. This rubric belongs to sphere of joy. But in his case

it is half way. CHEERFULNESS, alternating with sadness and the other is CHEERFULNESS followed by melancholy. He is contented with something which has passed, which has gone but is not contented where he is today. Both the states are alternating. One moment he dwells in the past and the other into present or so to say in reality that is the future.

Singing means to produce a sound with a rhythm which is not always necessarily of joy. It may also be of sorrow.

The moments of his sorrows start at the time when he thinks of events to come-may be bad or good. This thought disturbs the state from which he was deriving joy i.e. from the past.

The point to be seen is the thin margin between his joy and sorrow. How happy he feels while remembering and telling others about his past successful moments. How beautifully he addressed a huge crowd on the Republic Day etc. Forgetting how embarrassed he was feeling before this performance. Actually at times when he starts talking to others about himself, say in praise of self (to his surprise) his speech is not stable. He finds he is not able to impress the other party. This wavering state of self control leads him to cling to his past, to gain control of himself. He starts referring to his successes, to the successful moments in his life. But the peculiarity to be noted is that he succeeds in regaining self-control only after feeling assured that he is being taken on his words. That the opposite party is not doubting the truthfulness of his statement. As long as the impression of an opposition from the opposite party continues, loss of self control remains. But as soon as he gets the assurance well done, my boy! my baby!-he/she comes to him/her-self and achieves brilliant success. But if he gets the slightest opposition in spite of knowing very well that the opposition is wrong and baseless, he finds it difficult to manage himself. It is not that he is poor in knowledge but because he loses self control. There is a rubric "BAD NEWS ailment from." The news may actually not be bad in the real sense, yet it can be bad for him, if it works as a disturbing factor in his present peaceful state. He has always a desire for light (LIGHT, desire for), every moment must be upwards towards heights (like rising sun), where the light i.e. Hopefulness-

Optimism dwells and shines and not downwards towards, darkness (Despair) where he feels no confidence in himself, even to be able to maintain his balance. So the on coming events may have 'joyful shadows', they may be in the form of messages for parties, merrymaking, marriages but as they are in the womb of future, they make him shiver. He shivers from fear, about his own doubtful self-composure and that is why anticipation is disturbing the co-ordination between his intellectual and emotional faculties. His concentration, becomes difficult. The more he attempts, the more confused he becomes. Cowardice and timidity overtake him, depending upon the situation, how demanding it is. He or she goes off the rails. In a state of delirium his face becomes red and he becomes talkative, muttering in paroxysms during sleep and on falling asleep and sometimes to the extent of exhibiting wildness in behavior. Likewise, this disturbed mental state gets him delusions. He doubts his personal identity. He thinks that his real self is missing, that someone else is residing in him; that he is not a single person but is double, that he is lying in his own grave. About his sickness, he believes that someone else is sick; that there are snakes in and around him and before his eyes he has visions of large distances. He is in a general state of despair. He is dull and unable to think longer and gets excited with any news which is bad for him, which can horrify him. He gets embarrassed at the thought of all these things and fears to be alone because he fears he may fall. He requires someone to cling on to so that he can keep himself stable. He forgets things. He becomes so grief-ridden and full of embarrassment that he wants to cry but feels unable to do so. He knows he cannot cry because if he cries then whatever little self control he still has will also go out of his hands. That he will never be able to regain it and that is why he gets impulses, sometimes to jump from a height, to jump from a window, to commit suicide. So instead of bursting, instead of crying out, he likes to remain quiet. It is perhaps the only state which helps him to regain some-what of his self-control and that is why he becomes irritable when spoken to or becomes indifferent in general and averse to work.

He is in a general state of prostration of mind and gets restless. He will not bear any noise and sits still, speaks in a confused and incoherent

manner as if he is intoxicated. It is a general state of stupefaction. He wants to remain silent, does not want to think, ultimately a complete state of numbness of all the senses, the state of torpor and unconsciousness overwhelms him. In the last he is in a general tearful and weeping mood and in a state of unconsciousness, unable to open his eyes.

Paper- 1988 Part II (C)

GELSEMIUM INDICATIONS

Case Reports

Following examples cover the varied symptomatology of the drug, but with an overall tinge of one rubric i.e. 'DISTURBED *averse to being.*'

CASE NO. I:

A young man of 25 years of age came for the treatment of a mental state with a convulsive type of sickness. He said, "While riding on the scooter all of a sudden, say for a minute or a half I get vacant feeling as if the entire understanding comes to a halt and I must stop the vehicle".

Q. "What actually happens?", he was asked.

1. "As if I am trying to understand what is happening and inspite of the repeated efforts the brain remains locked and does not open."

Q. "How do you take it?"

"Not very serious because I know by experience that it remains for a few moments and vanishes on its own."

Q. "How does it affect you?"

2. "It is embarrassing. I may meet an accident or placed in such an odd situation being in the center of the road that it may become impossible to save myself."

Q. "But how do you manage?"

3/4. "Because somewhere I feel that I am losing control over myself and some how by reinforcing my will I am able to get onto the road side."

Q. "It means your dullness is not complete. That there remains the sense sufficient enough to drive you to the side of the road and wait there till you are really in a position to see the world as before (to reopen your eyes)."

"That is exactly so sir."

Gelsemium 30, one does removed all the above symptoms within 3 weeks. The prescription was made on the following rubrics. R

1. UNCONSCIOUSNESS, *eyes cannot open.*
2. EMBARRASSED, *ailments after.*
3. FEAR, *self-control, of losing.*
4. WILL, *muscles obey the will as long as the will remains strong.*

CASE NO. II

His version is I fall ill very often and disturb everybody. Disturbing others is rather more disturbing for me. Do you have any medicine which can freeze my memory and all sort of sensations which are responsible for this type of unwanted behaviour on my part ?

This is the real shortcoming of your system because you don't have any medicine like that I remember in my old days when I was young and unmarried I used to take sleeping pills and lie down quietly in my bed without disturbing the people around me. That way the trouble remained to one self, and without disturbing others.

Gelsemium 30, which removed all the above symptoms, was prescribed on the following rubrics :

(1) DISTURBED, *averse to being.*

? (2) QUIET, *disposition heat during.*

If you asked something, she would not answer (9) properly but suddenly in an incomplete manner with redness of face just once or twice and become mum thereafter. (10) She was seen making efforts to answer further questions and ultimately abandon after finding her self unable to do so. (11) She gets up for frequent calls to urine which gave her relief.

The prescription was made on the following rubrics:-

1. DELIRIUM, *face red.*
2. DISTURBED, *averse to being.*
3. UNCONSCIOUSNESS, *eyes cannot open.*
4. CLINGING *persons to.*
5. FEAR, *self-control of losing.*
6. DELUSIONS *identity, errors of personal, someone else, she is.*
7. DELUSIONS *grave he is in his.*
8. DELUSIONS *snakes in and around her.*
9. ANSWERS *abruptly, shortly, curtly.*
10. CONCENTRATION *difficult, on attempting to concentrate has a vacant feeling.*
11. DULLNESS *urine ameliorates, copious flow of.*

CASE No. VI

A business executive complains of his (1) difficulty in concentrating his thoughts. The more he attempts to do so the more he feels as if the (2) thoughts have vanished and that his head is vacant. (3) He gets fatigued from mental work and after that the (4) confusion of mind starts.

1. n. a gathering of men, collection or act of collecting. (state of mind),
 1011d. - v.ibt. he called for inspection. (on arrival, school etc.)

The more he tries to arrange his thoughts the more confused he gets. Ultimately there starts a (5) distaste for the mental work. It is a paradox in him that on the one hand he is finding it (6) impossible for him to continue with his mental work but on the other (7) the desire to continue it remains, because basically he loves mental work. (8) His memory is weak and it is aggravated after (9) mental work which tires him.

His power of retention is much less than the pages he has to go through. Therefore it is all useless on his part to read so much. Yet his desire for it never dies. He has a type of dullness of mind and memory (10,11,12) which can be called slow sluggish and powerless to feel or act (13) It is after a lot of effort that he is able to muster clarity of ideas and thoughts regarding the decisions he has to take and to reply to correspondence. It is after many days that a moment like this arrives and he sits at his table to clear his work. He will keep the doors of his office room closed, with instructions not to allow anybody in because (15) he will not like to be disturbed, lest he loses hold of the clarity of ideas achieved with difficulty. (16) He likes to cling to his thoughts and try to put them into black and white hurriedly. (17) He has no confidence in himself that he will be able to hold on to them for longer time or so long as he wants them to. (18) Fear hangs over his head of losing control of those thoughts because he knows his memory is short. (1) Has poor concentration of mind and that is why keeps himself constantly engaged till the job is finished. Moments of losing will-power do come in between but for fear of losing self control he holds on to it by reinforcing his will, by avoiding (15) disturbance of any kind. The following rubrics cover his mental state.

- 1) CONCENTRATION, *difficult*
- 2) CONCENTRATION, *difficult, has a vacant feeling, on attempting to concentrate.*
- 3) THOUGHTS, *vanishing of, mental exertion on.*
- 4) CONFUSION, *concentrate the mind, on attempting to.*
- 5) WORK, *aversion mental to.*

- 6) WORK, *mental impossible.*
- 7) WORK, *mental desire for.*
- 8) MEMORY, *weakness of.*
- 9) AILMENTS, *work mental.*
- 10) SLOWNESS
- 11) DULLNESS
- 12) TORPOR
- 13) BROODING
- 14) IDEAS *abundant, clearness of mind*
- 15) DISTURBED, *averse to being*
- 16) CLINGING *to persons or furniture etc.*
- 17) CONFIDENCE, *want of self*
- 18) FEAR, *self-control of losing*
- 19) WILL, *muscles obey the will as long as the will remains strong.*

PATIENT NO. VII

A member of an interview board is sitting in his chair along with the other member. He has an urge for urination. Unluckily, the toilet is a few yards (say about 50 yds) away. He had been to it once with the permission of the other members but after a few minutes the urge recurs. Interviewing of the candidates, has already started. It is being conducted without break. He does not feel it proper to frequently absent himself from the job. He tries to make up his mind not to leave his seat too

frequently but when he sees that the list of candidates is long and the job may take a long time he doubts his will-power to retain the urine for such a long time and (2) fears that he may lose control over himself. (3) The more he thinks over it the more pressure of urine is built up. (4) The fear of losing self control, the storm created by the pressure makes him restless and (5) keeps disturbing him. (6) This retards the proper functioning of his mind. Then his (7) WILL, to retain urine gave way and he made for the lavatory. Thereafter he could attend to his work properly.

The following rubrics cover the given mental state:-

- 1) AILMENTS *anticipation from.*
- 2) FEAR, *self control of losing.*
- 3) THINKING *complaints agg.*
- 4) RESTLESSNESS, *storm during.*
- 5) DISTURBED, *averse to being.*
- 6) DULLNESS, *urine amel, copious flow of.*
- 7) WILL *muscles obey the will as long as the will remains strong*

These are a few real and not hypothetical examples of the cases treated and cured.

1. adj. sympathetic, merciful. सुविह, सुविह, सुविह।
2. adj. m. veneration, act of respect. शिवाङ्ग, शिवाङ्ग।
3. adj. love-inspiring, lovable. शिवाङ्ग, शिवाङ्ग।
4. n. a witty remark. शिवाङ्ग, शिवाङ्ग।

DR. M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY

to find out the intentions behind her strange behaviour. In repertories we do not find any rubric to support this popular belief. She has no ailments from love, nor does she have religious affections, but is contrary in character. Has no moral feeling, is wicked in disposition. No doubt she is sentimental and compassionate and may exhibit sympathies for others and show reverence for those around her. Perhaps, she is a good nurse and while in the presence of others exhibits gentleness, mildness and seems amiable. She is full of witticism and keeps people laughing and happy. Ecstasy, exhilaration, mirth and vivacity are admirable ornaments of his/her conduct.

She remains content with those around her so long as they do not disrespect her. She is reciprocal because this gives her joy. She is playful, active and lively while meeting and enjoying the company of those who are intimate to her. But with all her fineness others may feel as if something is missing. The true sentiment affection for which he or she is very much looking for in her is nowhere to be found. To him, the end, the net result of the meeting, the association, the company with her, gives a sense of hollowness. He or she departs empty handed as if he has lost something instead of gaining because one does not encounter any emotional depth in her.

Perhaps this is not her fault. Because it lies somewhere in her constitution. She has given what she could to the maximum. Because it is a weak constitution, she has no stamina for furthering her relations with others to a deeper level that demands more energy, strength, and grit. And this is because a little exertion takes away everything from her. She cannot bear touch and obviously keeps away and has therefore aversion to it. After a little while of talking she gets exhausted and becomes indisposed to talk. Talk worsens her complaints. She is averse to touch. For example, under the influence of emotions, a son addresses his mother who was in the kitchen, "Mummy you are very nice" She replies in a repulsive mood "Don't tell me all that, I don't want to be known as such, take your food and get out".

Like Gelsemium, Cocculus also cannot bear mental strain. Mental exertion aggravates and creates disease and fatigues. The patient cannot afford to lose vital energy and becomes sad after masturbation and

1. to proceed in place of time, to give up. शिवाङ्ग, शिवाङ्ग।
2. one who introduces strangers. शिवाङ्ग, शिवाङ्ग।

DR. M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY

sometimes insane. There is confusion of mind from mental exertion. She has difficulty in concentration and becomes dull from mental exertion or otherwise. She has to repeat questions before understanding. She is forgetful and imbecile. Weakness of memory affects her in expressing herself. While speaking she uses wrong words and misplaces words. She has prostration of mind.

She becomes unconscious after exertion. As already stated, vital discharges like sexual excesses and menstruation before and after aggravate her mental problems. Suppression of menses gives her nymphomania.

She may avoid excitement because she knows excitement like horrible dreams etc. aggravates. She is compelled to keep her tone too low and may be inclined to sit always. Sits as if wrapped in deep sad thoughts and notices nothing. She remains always in an attitude of general indifference towards everything even pleasure. With her eyes closed, she does not show any interest in happiness. There is a rubric 'INDIFFERENCE, lies with the eyes closed.' Now the meaning of this rubric should not be taken as limited to mere taking no interest in anything and lying down with eyes closed but it is conveying the same senses as by rubric, RECOGNISES everything but cannot move. Therefore it is not to be mistaken as a totally dull and unhappy personality. Let us not forget that she is vivacious, witty, playful, mirthful, full of exhilaration and ecstasy, contented and cheerful. She is fond of singing and dancing. But her sense of contentment is so great that, she can forego, if the situation so demands, the moments of even greater pleasure.

It is the sense of incapacity in her general constitution which makes her angry, anxious and fear with a tendency to escape from certain unwanted situations. Yet in her own way she is industrious by nature and likes to remain busy always. She gets abundant ideas in the evening in bed. She has an aptitude for mathematics.

One thing which she cannot compromise with is the rudeness of others and that is why she is sensitive to external impressions. She takes to heart the acts of insults ushered upon her, which may result in foolish behaviour. Will become loquacious to express her sense of indignation. She likes jesting, is capable of jesting but is averse to jesting by others if

accompanied by bad manners and where she imagines that the remarks are insulting.

In moments of her foolish behaviour and imbecility she may refuse to eat. She will respond with a straight refusal. She will always say no for every article offered as if she is averse to everything. Yet in the next moment she may accept it. It is a sort of capriciousness.

Paper- 1988 Part III (B)

COCCULUS INDICUS

An Individuality

The foregoing study of *COCCULUS* is through the mother rubric 'DISTURBED' *averse to being*. We can study it as an individual entity, as a personality in itself. A personality can be divided into two major parts :- (1) Belonging to the intellectual faculties and (2) Representing emotions. Intellectual faculty can further be subdivided into two - (a) The power to construct thoughts and transmit them and (b) to understand and receive them. Likewise the faculty of emotions can also be divided into two (a) those belonging to its sorrows and (b) those belonging to its joys.

Intellectually her concentration is difficult. There is confusion of mind particularly in the morning time, after drinking, after eating as if after being intoxicated, during menses, from mental exertion, while reading and even on walking. She is confused as to her identity and feels as if her head is separate from her body.

She has delirium alternating with stupor, during menses. She gets delusions about criminals, dead persons, hollow feeling in the organs, things seem unreal. Gets many types of visions on closing eyes. It is only in the evening in bed that she gets abundant ideas and at times has an active memory. She makes mistakes in speaking, at times misplaces words, uses wrong words.

Foolish behaviour, hysteria, fainting, hysteria before and during menses, mania with singing. These states belong to mixture of intelligence and emotions. They are perhaps disturbed emotions overwhelming intelligence although in other sphere of intellectual functioning also emotions play a greater role. Intelligence is fixed. It cannot be increased or decreased. In most of the imbalanced states, emotions are found to be manipulating the intellect.

*Quip - n. a sarcastic remark, taunt, etc., 1881.
- n. to taunt. 1881.*

Papers- 1988 Part III (C)

COCCULUS INDICUS

Indications

PATIENT NO. 1

Highly inflamed septic condition in the right calf, with hardness, redness and unbearable pain and high fever. The patient was not able to move from bed. (An acute state had appeared while under treatment for many other ailments).

Expression of the patient :

When reasoned that she had to wait for a few days and bear the pains as any interference in the action of the medicine will stop its action, she replied "I am not a fool I can understand that the disease will take time but the pains should be bearable."

Q. "Nobody has told you that you are a fool".

(1.) "Alright, but you are definitely unnecessarily rude to me, and are not trying to understand my point of view".

"I know what you have in your mind but the more important thing for you is to understand my point of view".

(2) "This is what irritates me and makes me mad". She quipped and (3) suddenly became quiet with signs of anger on her face. (4) She put on such a bad face that it became difficult for me to decide how to reopen the conversation.

Somehow I picked up courage to ask "Now what will you like me to do for you"?

(5) "What can I say when you are not ready to listen to me? I have already told you that I don't expect to be cured within a short time I do

recognise the limitations of Homoeopathy. My problem is that the pains should be tolerable.

The following rubrics cover the above expression:

- 1. SENSITIVE to rudness.
- 2. DELIRIUM angry.
- 3. QUIET, disposition.
- 4. SADNESS, as if from insult.
- 5. RECOGNISES, the reality and accepts it.

High fever (104° F continuous) came down, the pains vanished and a lot of blood and mucus came out to the overall relief.

PATIENT NO. 2

An elderly lady with rheumatic pains sends her son.

"Sir, if you don't mind I have a message for you from my mother".

My. "Welcome".

"Sir, she wants to be under your treatment once again but with the condition that you (1) should not ask her why she left the treatment and (2) neither you should blame her. For her suffering has already increased because of her own fault although (3) she realises that whatever you will tell and have already told her was correct.

The following rubrics cover the statement and the medicine was sent without examining the patient.

- 1. SENSITIVE, to rudeness.
- 2. OFFENDED, easily
- 3. RECOGNISES, the reality and accepts it..

PATIENT NO. 3

Another lady sends her husband. "Sir, we came that day and started the treatment of my wife. Perhaps, you told her that her ailments

will aggravate and that is why she did not turn up. She has a condition to come back to you (1) that you should not tell her that she will have to undergo sufferings. (2) she says she gets frightened on that account and it (3) makes her sad. The idea that she has to suffer again without knowing for how long makes her (4) imagine that for her the pleasures of life have no meaning and that is why unreal (5) although she knows that your advice is correct".

The following rubrics cover the case without examining the patient:-

- * 1. HORRIBLE, *things and sad stories affect her profoundly.*
- * 2. FRIGHTENED, *easily.*
- * 3. SADNESS, *chill during.*
- * 4. DELUSIONS, *unreal things seem.*
- * 5. RECOGNISES, *the reality and accepts it.*

PATIENT NO. 4

A couple arrives, the lady was under the treatment of some other physician. There was some relief also but she had decided to leave that treatment.

Q "Why" ? She was asked.

"She feared the doctor".

Q "Why" ?

"Sir, (1) I am fearful of such people who will not listen to others even for a minute and hastily impose their will on others. (2) I know, that I cannot be a physician myself, but at least I must be listened to may be for my satisfaction. I expect a physician to be broad-minded in that respect."

Two rubrics cover the above impression :

- * 1. FEAR, *narrow places in.*
- * 2. RECOGNISES *the reality*

She was suffering from migraine.

PATIENT NO. 5

Urticaria very troublesome. Aggravated and the patient became bed-ridden.

His Expressions : "Dr. I don't think, I can afford to be bed-ridden for a longer period".

Q "Why" he was asked. "In my business there are important operations which only I can do. It means my work will stop and all commitments remain dishonoured. No body will like that. Do something in such a way as my routine does not suffer".

Following rubrics covered the case :

- ? 1. RECOGNISES, *the reality and accepts it.*
- ? 2. INTERRUPTION, *aversion to.*
- ? 3. DISTURBED, *averse to being.*

PATIENT NO. 6

A lady of 26 has a nodule in her right breast. It was painful. She was advised operation, which she accepted to under go. After one month of the operation it reappeared, but smaller in size than the earlier.

She was sad because of pains, SADNESS from pain indicates just one remedy i.e. Sarsapilla. It was given in 30 which removed the whole trouble.

Thereafter she had an open wound in the right toe. It inflamed and converted into septicemia with high fever.

Q She wrote to me, " Although I am impressed that your medicine works but in this case, I think, it may not. Because it is of a different type where only allopathy will work. Also I feel it is all the more disturbing to come to you from a long distance. This is exactly in my mind".

Two rubrics covered the above statement :-

- * 1. DISTURBED, *averse to being.*

1. to proclaim, to reveal. ...

2. Deliberate deliberate - dis. well consider...
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2. RECOGNISES, the reality and accepts it. *Y. B. N.*
COCC IND. 30, one dose was sent. - *v.t. d. - to consult, to consider, to think seriously*

There was no communication for two months. There after her husband happened to come for his own treatment. He revealed that she *A.M.L.*
recovered totally within 10 days. *to (S.D.)*

PATIENT NO. 7

A lady of 50 years with pain in the chest i.e., in the cardiac region states, "I have pain in the chest for the last so many days. I cannot talk because the pain aggravates. It aggravates even when others talk amongst themselves."

Q. 'But, how did it start?'

'I don't think that I can tell you'

Q. 'Why?'

'There are so many things relating to domestic affairs which cannot be made public.' 'One has to preserve the prestige of the house'. I don't think that I am going to divulge it to anybody.

Phy → "I don't intend to interfere into anybody's internal affairs. I want to know because I have to locate your present mental state to the utmost precision which is essential for the selection of the correct remedy."

'Since you insist, I must tell you' she said and started "it is a trivial affair". I had requested my daughter-in-law to prepare a cup of tea for me. The request was neglected. Although I am not sure that it was deliberately. I took it as an insult. I became sad and quiet. After an hour or so she came and inquired from me whether she should prepare (the usual) breakfast for me?"

I replied in the negative. She insisted and I persisted. She went back in the kitchen lamenting that she was a bad person and that she will have to do something to herself. I became suspicious and followed her in the

1. P.P. Undo - to open, to loose. ...

2. ab. true, real, actual, ...
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kitchen. To my horror she had undone her hair and was about to set them on fire I snatched the match-stick from her hand. Took her into my lap and caressed her and touched her feet assuring her never to repeat anything like that. It is since then the whole of my body trembles and suffer from violent palpitation. I have never divulged this incident to my son. He is much attached to me. He is already burdened with so many worries. I do not want to have any sort of disturbance in the home. I do realize that it is a small matter and should be ignored. But the very idea terrifies me, that she may repeat the same episode. Then I wish I could live separately elsewhere which also I find is not possible.

Q "What is your real complaint?"

10 "That is what I am trying to see, how best to answer your questions." "Now that I have started thinking, I do not feel I have any." "You were telling that you have pain in your chest."

10 "True, but now I am doubtful whether it is actually there." The following rubrics covered the case :

- (1) SADNESS, insult, as if from.
- 2 (2) INDIGNATION
- (3) REVERENCE, for those around him.
- (4) EXCITEMENT, with violent palpitation.
- (5) EXCITEMENT, trembling, with.
- (6) EXCITEMENT, hearing horrible things, after.
- (7) HORRIBLE THINGS, sad stories affect her profoundly
- (8) CARES full of others, about.
- (9) RECOGNISES the reality and accepts it.
- (10) THINKING complaints ameliorates.

PATIENT NO. 8

A young girl of 20, had epigastralgia (pain in the epigastrium) for the last many months. She remained without treatment for all these days.

Q "Why" she was asked.
"I never thought of treatment."

3. 20204 - in reverence. ... of respect. ...

1. अविचारित - अविचारित - to throw into confusion, to disturb, to agitate. अविचारित, अविचारित, अविचारित, अविचारित, अविचारित.

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Q. "You mean you never wanted any medicines."

"I mean it never came to my mind whether or not I need any medicine for it"

Q. "How have you decided now?"

"Perhaps I have not made this as a special visit to you for myself. I am with my mother (who is under your treatment). Generally I attend to her from the very start of her sickness and I am indifferent to my personal affairs." ①

Q. "Your personal affairs?"

② "Yes, I need medicine. My studies are suffering. I do feel perturbed and get angry about the hindrances. But taking into consideration the overall family condition I realize that there is no other way. I have to make this contribution." ③

Q. "Alright what is your problem?"

④ "At time I get pain in my epigastrium and many more complaints and try to remember that whenever I would come, I will mention them to you. But now I realise that when I am thinking about them I do not feel whether I actually have those complaints".

The following rubrics covered above expressions:

- (1) INDIFFERENCE, *lies with eyes closed.*
- (2) CARES, *full of others about.*
- ? (3) DISTURBED, *averse to being.*
- ? (4) INTERRUPTION, *averse to being.*
- (5) RECOGNISES, *the reality and accepts it.*
- (6) THINKING, *complaints ameliorates.*

PATIENT NO. 9

Mr. A is 80, had semi-paralytic attack of left arm and left leg, with no sensation, and reduced strength. Cannot stand on it with full body weight.

1. Contemplation, censure, reconsideration, reproach. अविचारित, यथावत्, तदनु, यथावत्, अविचारित, अविचारित, अविचारित, अविचारित.

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Q. "How do you do?"

"I cannot raise my left arm and leg too high"

(1) "They are heavier in weight than they should be but I know they are because of my disease".

Q. "What is your disease?"

"They say this is because of the blood clot in the brain".

Q. "What is the reflection of the disease on your mind?" ①

"Nothing. It is because of (Karma), the past deeds that I have to repay in the form of present sufferings. I have accepted it as a reality. I shall undergo it without any complaint."

(2) "In spite of this ailment I am totally contented. Whatever is happening is for the over all betterment."

(3) He stops and adds further "I wish that I could walk myself without any support. Yesterday there was no one in the house. I tried on my own to take the support of wall and stand on my legs. I did not succeed and realised that perhaps it was not possible even to do without the help of others."

The person was already under my treatment and these indications were of a next remedy.

The following were the rubrics:

- (1) RECOGNISES, *the reality and accepts it,*
- (2) CONTENTED.
- (3) INTERRUPTIONS, *averse to.*

1. Quiétude - ns. tranquillity, state of rest. 211611,
211611, 211611 (211611)

2. Pref. to nos, on. 3. ab. elevated, raised to a height.
211611 211611

(Exalt) - to raise to a high rank, to raise, 211611, 211611
Paper 1988 Part IV - (a)

4. China Ars. - n. mercurium, mischief, 211611, 211611,
211611, 211611, 211611.
Sub. messy, mistyful. 211611, 211611, 211611.
(a) China Ars. - Individuality

Every rubric has two edges. For example 'DISTURBED, averse to being'. Either, a person is in a state of quietude-rest etc. and does not want to be disturbed (by the external forces) or She/He is already in a disturbed state and wants to get rid of it.

- 1. EXHILARATION
2. FANCIES exaltation, of
3. DISTURBED averse to being
- 1 China Ars., in general remains unto herself with exalted fancies², and enjoying joyful thoughts as if she is the product of hilarity or hilarious ideas-or experiences.³ And does not want to be deprived of this attainment. Physical ailments, like pains, fevers, chills, haemorrhage etc. convert it into a completely disturbed economy.

Anxiety about health, with fear almost all the time, predominates her mind. Hopeless with pains, irritable, sad, restless with moaning and groaning. Exhaustion and prostration are the two words which she cannot endure even to hear. The idea itself makes her restless. The pains and aches makes her impatient not because they are torturing but because they are exhausting and take away from her energy, grit.

(b) A patients history

A woman of fifty with cervical spondylosis, walks into my chamber. Bent forward making an angle of 75 degree, dragging her legs which do not seem to be keeping pace with the speed with which she wants to reach the chair. After a step

6. n. accomplishment, 211611, 211611,
211611 (211611, 211611)

2. 211611 - adv. complete, total final, absolute, perfect. 211611, 211611.
- vt. 211611 211611, 211611. 211611, 211611, 211611, 211611, 211611, 211611.
- ncl. 211611 211611 211611 211611, 211611 211611,
DR. M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY

or two she bends forward more steeply extending her hand towards an arm of the chair and holds it firmly after reaching it.

- 1. ANXIETY must sit
2. SITS, still
3. SIT, inclination to
4. PROSTRATION
5. DELUSIONS prostration can not endure such utter
6. DISTURBED, averse to being
7. ANXIETY health about
8. ANXIETY with fear
9. EXHAUSTION intermittent fever during
- 1 When asked 'what was happening to her'. She said, "Let me sit down first."
2 After taking the seat, she waited till she became quite stationary (Still) and then explained.
3 "I always intend to remain in a sitting position Why?"
"It is impossible for me to remain in any other position even for a moment."
4 After a pause she restarts "I am experiencing great weakness," as if no strength is left.
5 I think I cannot even entertain the idea of prostration
6 I do not like it because it renders me unable to do my routine job.
7 Takes a pause and continues further, "I am always worried about my health". Do not know whether I shall recover or not.
8 I fear if I do not recover, what will happen then.
9 "I fear pains, (since in the symptomatology of intermittent fevers BONE BREAKING PAINS are implied, it is inferred pains of any kind) not because they are torturing but because they are exhausting.

1. ग्रीक - n. one who introduces strangers, an under-teacher. उपदेशक, शिक्षक, अध्यापक. -v.t. to introduce. परिचय कराना

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- 10. IMPATIENCE
Intermittent fever in ¹⁰I can bear pains. I become impatient only when they start taking away my energy.
- 11. ANXIETY
must sit up ¹¹Unable to lie down I must sit up or
- 12. JUMPS out of bed ¹²Leave the bed at once.
- 13. AVERSION to mental work ¹³My liking for mental work (study of Ramayana) has also vanished.
- 14. INDOLENCE ¹⁴A general state of disinterest in any type of work has developed.
- 15. WEARY of life ¹⁵Fed up with life.
- 16. LOATHING of life ¹⁶I find no interest left in living.
- 17. SUICIDAL ¹⁷Thoughts of ending my life (I think it is better if I end my life) and
- 18. DULLNESS ¹⁸dullness in general overwhelm my mind. (I cannot comprehend as what to do)
- 19. DISCOURAGED ¹⁹Loss of courage and grit ushers
- 20. WEEPING ²⁰me into a weeping mood.
- 21. CONSCIENTIOUS trifles about ²¹"For every little affair she will refer to talk of conscience. (She says "I know these are little things but I say why these people forget to commit the same omission and commission in their own case").

2. n. a leaving out, failure. छोड़ना, गलती, असफलता.
3. n. someone, authority, assistant, emergency authority, Y. of an amount, a committee of enquiry. शिक्षक, अध्यापक.

1. n. abundance in sentiments. 2. n. equal of mind and intellect.

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- 22. EXCITEMENT ²²Will get excited (provoked) and
- 23. OFFENDED easily (takes everything in bad part) ²³offended easily and
- 24. SENTIMENTAL ²⁴being sentimental and
- 25. SENSITIVE to noise ²⁵sensitive specially to noise,
- 26. SUSPICIOUS ²⁶"she becomes suicidal and suspicious," her daughter who is accompanying her adds. Carrying over the heard of conversation, she herself says, "Dr. in sickness and with pains-when.
- 27. DISCONTENTED with everything ²⁷I become hopeless, nothing satisfies me.
- 28. INDIFFERENCE pleasure to ²⁸I am not attracted even by pleasure itself.
- 29. TALK indisposed to ²⁹"No inclination to talk".
- 30. THOUGHT persist. ³⁰"Thoughts of many kinds persist" and all
- 31. THINKING complaints agg. ³¹complaints aggravate when I just think of them.
- 32. ANXIETY must sit ³²"I cannot lie down although when I get tired I like to because as soon as I do so I realize I am getting anxious. I have to sit up".

commit - to entrust, to consign, to perpetrate.
 crime. अधिकार, शिक्षक, अध्यापक, परिचय कराना.

* 33. CENSORI -
OUS with dearest
friend

³³"This my daughter is annoyed with me. She says I criticize her too much. I have told her many times that it is only because I feel concern for her. Do you think I am bothered for everyone in this world. No, you must realize that it is because you are very dear to me and I feel I must make you aware of what I think is wrong for you"

"I am not bothered whether you take it in bad taste but I must tell you where you are wrong". Very straight forward always giving correct advice, because anything wrong with the dearest friend becomes a matter of disturbance for him/her. She/he is the best friend at heart.

ROH Books Series III

Dr. Sehgal's

**REDISCOVERY
OF
HOMOEOPATHY**

HIT THE RIGHT TARGET

(A Group Study of 10 Remedies)

By : Dr. M. L. Sehgal

REDISCOVERY OF HOMOEOPATHY

HIT THE RIGHT TARGET

VOLUME III

(A Group Study of 10 Remedies)

II

II

II

II

Dr. M. L. Sehgal

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Publisher's Note

The present work comprising a group study of 10 homoeopathic remedies, revolving round a common rubric, is the first to be edited for printing. It is the text of a paper presented at a seminar organized by Dr. Sehgal's School of Revolutionized Homoeopathy and presented on 4th March, 1990 at Hotel Maurya Sheraton, New Dhelhi. It is also the latest volume (No. III) in the series. The earlier two presentations comprising similar studies of other remedies together with a treatise presenting the general features of Dr. Sehgal's new concept are in the process of being edited and will be published in due course.

BIOGRAPHICAL NOTE AND A BRIEF UPDATE

Dr. Madan Lal Sehgal now 62 (February, 1990) has been an itinerant (traveling from place to place) most of his life. He was born in Pindigheb near the border of North-West Frontier Province now in Pakistan. His father was a school teacher and an idealist. Because of the illness of his mother soon after his birth, **Madan Lal** was taken to another town to be looked after by his maternal grand parents. For his early education he had to shift to many schools following the frequent service transfer of his father. He matriculated in 1945.

As the family was not affluent (rich), he took up a small job in a Defense set-up in Rawalpindi. Soon came the partition and he migrated to Dehradun in India in a similar set-up. Meanwhile his parents in search of moorings finally settled at Delhi and he had to shift there to be with them, doing odd jobs. Till, in 1953, he got a clerical position in the Govt. Post and Telegraph Department.

Ever fond of knowledge, he decided to resume further studies and duly (properly) did his Bachelor of Arts. In the postal department, he was also drawn into employees trade union activities, but continued getting service promotions. His restless search of other avenues of information, knowledge and activity, led him to Homoeopathy. The attendance of a homoeopathic clinic in Connaught Place, New Delhi for clinical training did not bear much fruit. But he was quite fascinated with its literature, and he carried on, on his own specially reading Kent's works. This initial efforts at practice were a damp squib. Following one of Kent's adages (proverb), he used to spend long time on the bedside of the patients for proper observation of

signs and symptoms. This one good trait proved fortuitous. While attending on two or three cases of malarial fever occurring in a friend's family, he stumbled upon the idea of applying symptoms of the mind alone in lieu of other symptoms, and lo and behold, he got astonishingly gratifying results. This led him on to continue on his one track, and he obtained consistently encouraging success. Meanwhile his elder son had qualified in Homoeopathy from a regular college. He taught him and a band of his few friends his newly discovered technique, to no small benefit.

In 19183, he took voluntary retirement from Government service, and devoted himself wholeheartedly to research into this new methodology. Since then, he has presented a number of studies of homoeopathic remedies and therapeutic approaches as well as formulated a compatible perspective of health, disease and the general line of correct treatment consistent with this technique. These works are being edited for early release.

After having stayed in an older part of Delhi for over three decades, Dr. Sehgal now lives in his own house in a newly developed trans-Yamuna area, with his wife, and two sons, both homoeopathically qualified and practising.

ACKNOWLEDGEMENT

The papers presented in the present volume were gone through and improved in language by Ms Alison Hargreaves, a senior student of Homoeopathy in UK who was in Delhi in pursuance of the prescribed inclinic training recently (December, 1989)

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10. Cantharis
11. Stramonium

THE RUBRIC - SHRIEKING, AID FOR

A GROUP STUDY OF THE DRUGS

**Camphor, Ignatia, Kali Carb,
Levomepromezinum, Laurocerasus, Platina, Hepar Sulph, Rhus Tox, Cantharis, Stramonium.**

This paper is meant for those of our students who have been in touch with us since 1985 or earlier. (New entrants are advised to master our earlier publications first before studying this paper. This will facilitate their understanding of this new concept).

To look into the above subject we will consider the rubric *shrieking, aid for* and, (as a matter of cross reference) of the other two associated rubrics :-

(1) *Delusions, help, calling for* and

(2) *Delirium crying help for* were dealt with in detailed in the papers for 1986 seminar, but only two remedies were covered i.e. *Cantharis* and *Platina*. Now in the **Synthetic Repertory** we find two additional interesting rubrics *shrieking, aid for, sleep in*, and *shrieking, aid for, springing up from bed*; along with eight other remedies as noted above.

According to the principles of our new approach to Homoeopathic therapeutics - Revolutionized Homoeopathy, as distinct from classical Homoeopathy, we endeavor to find the ideal simillimum by taking into consideration only the EXPRESSIONS of the patient (present, predominating, persistent - p.p & p) which come to us spontaneously through his\her speech and actions or, to put it simply whatever he/she says and does, which by inference, can take the shape of interpreted rubrics as listed in the MIND chapter of the repertory. This requires that we should be quite clear about the dictionary definitions of the words and phrases coming up in the present study are:

- | | |
|-------------|-------------------------|
| - shrieking | -crying |
| -aid | -help |
| -delirium | -delusions |
| - sleep in | - springing up from bed |

To recapitulate briefly, *shrieking* means a voice which is unpleasant to the ears, or in other words has a piercing effect on the ear-drum (cutting in them) or, one wants to stick the fingers in the ears to turn away from the source of the discomfort. In a metaphorical sense, the manner and style of speech of the patient may be exactly similar to the definition given above, and one may feel like avoiding listening to it, although the patient himself may think he is behaving quite normally.

Crying means a loud utterance. The word *help* as used in the rubric *crying help for* would mean all-out assistance, when one's own efforts amount to nothing. So the word *aid* denotes assistance which is complimentary to one's own efforts, or which makes up the deficiency being experienced in the resources already in hand. Thus assistance coming in the form of *aid* is welcome but not essential. *Help* is an assistance which is a must. As regards the word *Delirium* we infer its meaning to be "going off the rails", like a person talking under the influence of a drug although he is not necessarily violent or insane.

The word DELUSION (hallucination) is a feeling from within which conveys a need for help, as used in the rubric *DELUSION, help calling for* because one's own capacity to meet the increased demand on it has become short. It is no more in a position to put resistance to the increased strength of the strain on its nerves just by way of self effort which is already deficient and is just running the show without the needed efficiency.

In the rubric *SHRIEKING, aid for sleep in*, the word *sleep* may be taken to have two meanings. The other meaning which we have ascribed to it in our study is a state of *unawareness* (*unconsciousness of his action*, the state, in which to the observer, the patient is pleading for aid) and not necessarily literal *sleep*.

Similarly the rubric *SHRIEKING aid for, springing up from bed*, would mean being compelled to leave a comfortable position and needing aid to keep himself in bed, the place known to afford a person maximum comfort.

We will take up the study of the above remedies one by one, with these inferential meanings in mind, and keeping an eye on why, how and when each asks for aid.

CAMPHOR

Why does **Camphor** shriek for aid? Another rubric DELUSION, hell is in indicates its real cause, which has made her maniacal and prompted her to find a person on /to whom she can depend and open her heart. She seeks aid to get out of hell because her own efforts are not sufficient to complete the job quickly and efficiently.

I had a woman patient, complaining of swelling and pain in the right maxillary area. Pathologically she had history of pyrrhoea and paranasal sinusitis, which led her to have all her teeth extracted and the sinuses punctured. As the surgery gave no relief, she was recommended tranquilizers which also failed, so she came to Homoeopathy.

From the way she talked, we felt that she was in a semiconscious state as if she was not fully aware of what she was talking about. (Trance[a state in which the soul seems to be absent from the body, plays on piano with eyes closed]). She was also repeating the same sentences over and over again. (Delirium, repeats the same sentence). She came from a Hindi speaking region and was quite illiterate, yet she used words and phrases in English like 'problem' and 'trouble', (Speech, foreign tongue in a) and gave the impression that she did not understand the meaning of these words, but had acquired them for use in her conversation.(Trance, plays on piano with eyes closed; writes letters in an acquired language.)

The rubrics indicated above could be **classified as:

Main rubrics - 1. Trance, plays on piano with closed eyes; writes letters in an acquired language.

Sub-rubrics - 1. Delirium, repeats the same sentence.
2. Speech, foreign tongue in a.

** Main rubrics means around which the whole story revolves and the sub-rubrics if inferred deeply will be found already expressed through the main

She said, "Frankly speaking, there were two reasons for my consulting you. One is that you know me well, and secondly I have complete faith in you as a Homoeopath (Clinging to others). Doctor Sahib, I am in hell (Delusions, hell she is in) please help me! (Shrieking, aid for). I want to weep, but the tears do not come, and I can find no one to whom I can open my heart (Weeping, desire to weep but eyes are dry).

In an earlier paper, I have ventured to suggest that tears are like the melting of something solid to liquid -- forebearance giving way to yielding , perseverance to discouragement, strength to weakness, thus humbling oneself in the eyes of others, although helping to relieve the burden of one's mind.

Another relevant rubric of Camphor is 'Naked wants to be, bares her breasts in puerperal mania'.

This rubric also will be found expressed in the discussion above. The rubric indicates the action of baring her breasts during mania after child birth. It may be kept in mind that a woman would bare her breasts only before a person in whom she has confidence. Her outlook while doing so is mostly like a mother. In mania everyone seems to her to be her child. You might have heard a certain woman talking about her relationship with the physician or to whomsoever she wants to divulge what is on her mind. That particular person is like a child to her and she has no hesitation in revealing anything to him.

The Camphor patient is likely to be choosy, looking for a physician who is not only capable but quite trustworthy with whom intimate matters can be discussed without hesitation. Though refined otherwise, (Talking, gentle voice, all night in a), he or she may be simple - minded and crude in thinking (Thoughts, crude) and fanatically trusting (CLINGING, grasps and others). When asked by the physician what help she expects of him, she replies, "You are the doctor and therefore the best judge. "While talking she may be pulling at the neck of her clothes, thus symbolically baring her breast, giving the impression that she does not care to observe the decorum expected of her. She is maniacal.

Classification of the rubrics which I took from this talk is:

Main No.1 - Naked, wants to be, bares her breast in puerperal mania.

Sub-rubric No. 1. Weeping, desire to weep but eyes are dry.
2. Clinging, grasps at others.

Main No. 2. - Thoughts, crude.

Sub-rubric - Talking, gentle voice, all night in a.

A few days after giving the remedy, when I think of progress, the thinking about the disease itself seems to be minimising the complaints which bothered me a minute ago, but sometimes when I have thoughts like "Cancer may be developing somewhere in my body," I become afraid and try to think of something else." This again points to other rubrics such as " Fears, thoughts of her own" and " Thinking, complaints of amel" two apparently contradictory rubrics.

In summary, the Camphor patient wants aid from a person whom he can thoroughly trust and to whom he/she can bare his or her soul.

IGNATIA

After Camphor, we will examine in what way and manner Ignatia needs and asks for aid. To briefly review, Camphor is in hell, wants to be pulled out of it, and is trying to find someone whom she can trust for treatment. Ignatia talks of justice (logic which appeals to mind) rights and duties. In his dictionary, there is no word like gratefulness. If he does a good turn to others, it is out of his sense of moral and social obligation. He will do it with utmost honesty and without expecting any reward or a word of thanks. Actually, if he is thanked he gets annoyed because he feels that whatever he has done was not for the sake of reward. His reaction will be "what thanks! I have just done my duty". By the same token, at times of real need, he will expect others to sense his needs of their own accord, without his having to ask what he needs. He will never want to reveal his requirements by taking the initiative. In his heart of hearts he will be annoyed with others, getting it irritated with them, (Irritable, pains during), and will be in a bad mood. But he would not ask anyone to do him a favor or say he needs their help (Sadness, quiet; GRIEF, silent). The kind of remark he will make is:

(Doesn't he have the sensibility to know what he should do for me, regardless of whether or not ideas of his help. "His fight is for merit. He feels if he deserves and has already earned for himself the goodwill of others; if things come to him as a matter of mutual love and affection without prompting, then only will he accept it, otherwise he will not.

Patient No. 1 : As a practical example, if the same lady as referred to in the Camphor case were to behave as an Ignatia person her tone and style would change. If asked, "Your husband says you are not taking the medicine regularly." She will reply, in a very irritated way, "Sir asks my husband, he will be in a better position to tell you about the reason for this". "But it is your own responsibility to look after yourself". Glancing towards her husband she will say, "But what about his duty towards me? Is it sufficient for him to go to the office and bring home a salary, and forget about everything else? He doesn't care if I live or die."

To conclude the greater part of the Ignatia character is covered by the following rubrics:

1. IRRITABILITY, pain during
2. SENSITIVE, moral impressions, to
3. INJUSTICE, cannot support
4. DISCONCERTED
5. SADNESS, quiet; GRIEF, silent

In the main, there are two supporting symptoms of Ignatia. The first is –

1. IRRITABILITY, pain during – which means one, is annoyed (unhappy) when anything pains him. The pain may be physical because of ailments, or it may be mental as for example when one is sensitive to moral impressions. Anything which according to him is morally wrong annoys him, or in other words causes him pain. Likewise if anything done is not justified, if someone's action or logic is unreasonable, it is not acceptable to him

and he finds it painful.

2. The second is DISCONCERTED. This is a stage where, out of annoyance, one feels like giving up the effort to stress his point because he has the impression that it is useless to pursue further or because of his failing powers (energy), or is left with no hope of success. According to him, the opposition (resistance) is too rigid to accept reason, or the task is too arduous to overcome. Therefore, he adopts an attitude of silence & quietude. He is sad and grief ridden; but he does not forget the event.

KALI CARB

Next comes Kali Carb. Kali Carb does not want to face reality and feels that running away from it will be helpful. This is as per her experience and therefore she acts accordingly. (SHRIEKING, aid for and its supporting symptom CLOSING eyes amel are the two main indications of Kali carb). In her opinion, she can neither retrace her steps from the position nor is she able to adjust to the present state of affairs. She is forsaken by everyone, including both old and new relatives and she has no one on whom she can depend. To her, retracing would be like throwing herself in a sea of darkness. (Delusions, abyss behind her; Forsaken feelings). She is not content with her situation i.e. everything around her and even with herself (Discontented, with herself and everything). She is afraid of over poverty (Fear, poverty of) yet she is indifferent to all pleasures and even to earning money. (INDIFFERENCE, pleasure to and money making). For example, she is always worrying about her future and keeping a watchful eye on her spendings. She has an unfounded apprehension. "If we spend this much today, then where will we find the money for tomorrow." The next moment hope kindles her mind and then she fights with herself. (Antagonism, with herself) thinks everything is going well so "why should I worry so much." But she has no self-confidence. She is always in a state of confusion - she is sick; is not able to work; and therefore cannot make any active contribution; is obviously not liked by people and is therefore a misfit; thus goes her trend of thought. This idea leads her to become indifferent to 'Money -making, to pleasure' etc. If her husband, son or anybody near to her, offers her some money or a chance to enjoy herself she will say, "I do not need it" etc.etc. Likewise we observe that she wants company because while alone, her problems are aggravated and many types of fears surround her. Yet she hates the persons who are in her company and treats them violently beyond all measure. (Company, desire for yet treats them outrageously). She feels she is sick (Delusions, imagines herself sick) and because of this she is not liked by people and therefore imagines that they hurt her. She is always fearful of being hurt (Fear, hurt of being). When she loses an argument and her views are disapproved of, she feels hurt and weeps (Weeping, remonstrated with, when). When she dwells on past disagreeable occurrences, she becomes sad and weeps (Dwells, on past disagreeable occurrences ; WEEPING, sad thoughts at). In her mind she is in conflict with herself because she has moments of hopefulness and sad. These states keep on alternating and struggling with each other within her. In the end, when she finds herself failing to sustain and keep up the hopeful ideas, she tries to take refuge in just one action or thought i.e. closing her eyes. She will keep on weeping while telling her sickness to her doctor, and will ask him to prescribe her a pill which could make her sleep forever, because she thinks she is unable to put up with her present states of affairs i.e. her sickness as well as her surroundings. When asked "Do you mean you want to commit suicide or do you desire death?" She says, "No, I simply want to close my eyes and switch off the power of my perception, because of the things which I cannot tolerate and get away from. There is no better way than to shut the window which opens out to them." (Closing eyes amel).

Strangely enough in the end, after going through the entire history, and getting information from her relatives, you will find that the things she is crying about are the product of her own

imagination (Shrieking, imaginary appearance about). This is more true as far as her complaints about her children are concerned (Impatient, children about, is). She becomes more intolerant when she gets the idea that her own children are neglecting her or that her children are being ignored by anyone else.

This was with reference to a lady with cervical spondylitis, stiffness in the shoulder joints, elbows & fingers. She belonged to a well-to-do family and was properly looked after. But she felt that she was not treated well because of her sickness and supposed dependence upon others.

LAUROCERASUS

The main problem with *Laur.* is that it become depressed and low in spirits when and wherever it comes across obstruction to the breathing process. This is conveyed by the rubric *Sadness, impeded respiration with*, and is further confirmed by the rubrics, *Anxiety, air in open and, Restlessness, amel., open air in; Sadness, house driving out*. This part of the picture is concerned with the physical ailments of the person. It may be because of some abnormality in the heart, lungs or bronchi etc., or because of weather changes or living conditions in which there is not sufficient fresh air.

But more important than this is the other part of the picture which is projected by one's feelings and the power of perception. For example, a lady had palpitation with difficult breathing, and pain in the left shoulder and arm. (It may be noted that women in India often feel aggrieved at the hands of the in-laws)

1. She said she usually gets the blame for everything.
2. She is harshly criticized most of the time.
3. "This has been going on for a long time. I have to listen to the same old stories, and swallow them.
4. I have to see the same distorted faces everybody and I am so bored with it.
5. It is very hard to carry on in this atmosphere of desertion. One can understand and adjust to adverse living conditions.
6. But perhaps it is impossible for anyone to carry on in a bad atmosphere which is full of despair and gloom.
7. I feel so suffocated and I feel so bad about these circumstances that they seem to be driving me out of the house.

8 – 9. I am so disgusted and discouraged about everything around (10) me that I don't want do any work. I become totally inactive (11) because I remain full of apprehension about the future. (*Anxiety, inactivity with; Business, averse to*).

12. This is a sort of continuous headache for me which irritates me (*Irritability, headache during*)

13. I have sudden attacks of unconsciousness and weakness of memory. All of a sudden I forget who I am to and (14) don't remember where I am. (15.) I think that the vitality of my mind is much reduced. (16) When I think about this sort of deterioration in my mental and physical health all sorts of fears overtake me. Who knows, I may become insane tomorrow and, as things are today, if they go on like this, (17) it may result in something worse.

18. Although internally a coward, outwardly (19) I have become so harsh and (20) I don't have any moral feeling so that I do not care about anyone in my house.

21. The only solace I can find is from my husband who is always there to encourage me; he tells me to wait for the good days to come.(22) Perhaps it is because of him that I stay alive in this sort of congestion. Had he not been there to share the moments of my woes I think things might have been different. (*Ecstasy, heat during*)."

In a nutshell Laur's problem is suffocation for which she wants aid in the form of consolation. Rubrics confirming the above expressions are as follows:

01. DELUSIONS, accused she is
02. DELUSIONS, criticized she is
03. DELUSIONS, old men with long beards and distorted faces,
04. ENNUI
05. FORSAKEN, feeling
06. SADNESS, respiration, with impeded*
07. SADNESS, house driving out of
08. DISGUSTED, everything with
09. DISCOURAGED
10. ANXIETY, inactivity with
11. BUSINESS, averse to
12. IRRITABILITY, headache during
13. UNCONSCIOUSNESS
14. MEMORY, weakness of, sudden and periodical
15. PROSTRATION of mind
16. FEAR, insanity
17. FEAR, EVIL OF
18. COWARDICE
19. UNFEELING, hardhearted
20. MORAL FEELING, want of
21. SHRIEKING, aid for
22. ECTASY, heat during.

* It may be noted that the rubric second in command to the key symptom, i.e. Shrieking, aid for, is No. 6

LEVOMEPRMAZINUM

The problem with *Levo* is represented by the rubric “*ANGUISH, room with light and people agg. in a.*”

This rubric has to be divided into two parts.

1. ANGUISH (which means general physical and mental discomfort)
2. The condition of the patient as stated in No. 1) above gets aggravated in a place which is ² bounded by a wall (which is not open) and also³ is brightly lit.

The question arises why her ailment gets aggravated in such a place as described above. Perhaps, it is because of the limitation in space and crowding which make one open to observation, in addition it is well lit so that there is no chance of hiding. This would lead to an inference that the *Levo* patient is in anguish which she will not like to be noticed by others. This rubric supports or is supported by the fact that the patient fears crowded public places and avoids going there ². One can imagine the condition of her mind when she is expected to join a large gathering as on invitation by a close friend. She becomes anxious about how she will manage herself.³ Perhaps first of all she may try to somehow get out of the situation. But when she fails in doing so and is actually face to face with such surroundings as cause her extreme discomfort, she will try to ignore them by remaining aloof⁴ and finding a space which is less crowded. In spite of that if such conditions are thrust upon her and she finds that she is not able to escape and every other effort in this direction fails, she adopts a resentful attitude.^{5,6} With a sharp tongue she tries to hurt the feeling of those who she holds directly or indirectly responsible for her problem. She will deliberately try to hurt their feelings so that they will run away from her.

To sum up, whereas the rubric which forms the crux of her problem is –

1. *ANGUISH, room with light and people agg. in a*; the others that support it are –
2. *FEAR, crowd in a – FEAR, public places of*
3. *AILMENTS, anticipation agg.*
4. *INDIFFERENCE, surroundings to the*
5. *SHRIEKING, aid for*
6. *MALICIOUS, injure someone, desire to.*

A case of general anguish is reproduced below:-

“I am disinterested in whatever goes on around me. I become anxious in crowded places and especially where I am required to participate actively and have to be in the limelight. Such is life that sometimes when I find myself deeply involved and conditions become extremely intolerable for me I decide to rid of people by letting my tongue loose on them. I hurt the feelings and thus put a stop to it all”

PLATINUM

A few cases –

No.1 – A patient, a school teacher says, “Dr., I am feeling weak. I cannot do my work. I keep putting it off for an hour or a day. I need to lie down to regain my strength. Please give me a tonic. I should tell you that I used to have vitamin injections routinely every 6 months.”

Without attaching importance to this symptom, I prescribed for her on the basis of her other symptoms. Every complaint was removed except this.

After about two months she again appeared and said, “I feel weaker. I don’t think I can go on working for another day. The exams are coming up and I can’t even entertain the idea of taking leave. Since I am under your treatment, I have come to ask for your help; if you can do something, it will be alright, otherwise I’ll have to have the vitamin injections because I just can’t cope.”(Delusion, help calling for).

On the basis of her tone and talk, I gave her one dose of Platina 30 and instructed her to report after twenty four hours. The next day she came declaring, “My dear Dr., you have worked a miracle”. I enquired, “Do you still feel the need for vitamins”. She said, “No, not at all. Rather I feel confident that you can cure all my ailments”.

On recollection, I felt, her call was for “aid” from the very start (Shrieking, aid for), but it had escaped my attention. Only when her condition passed from the stage of requiring aid and reached the point of “calling help for” did things become clear in my mind, and then Platina worked wonders.

To recommend specifics is misleading, because it weans the physician away from the proper method of selecting the simillimum. Therefore, I would not like to suggest that you should prescribe Platina to every patient who asks for a tonic. But I would definitely like to stress that in cases like this, before arriving at a final selection, you must consider Platina.

Towards a thorough study of Platina, we should focus our attention on rubrics, other than ‘Shrieking, aid for,’ and ‘Delusions (i.e. hallucinations), help calling for.’ As long as the need of the patient remains limited to ‘AID’ his attitude and way of talking will be found hard but when it reaches the stage of ‘ help, calling for’ it will become milder to the extent of begging and beseeching etc.

There is another more characteristic rubric of Platina, which is *CONTEMPTUOUS, hard for subordinates and agreeable, pleasant to superiors or the people whom he has to fear*. I recollect a very good instance in connection with this rubric.

No.2. A lady had spots on her face and was much perturbed. She said, “Dr., do anything you like but you must help me get rid of these spots because I feel very small when I meet people.” I enquired “what type of people do you hesitate to meet?” She replied, “ It’s not just anyone, but

only people who I feel are superior to me, where I feel my husband's or my own dignity is at stake (SzuwKi gþa") This prompted me to give her Platina 30 which had the desired effect.

No.3. A schizophrenic patient says that he has knowledge of beings belonging to the invisible world. He is in contact with them. His problem is that they do not speak but only give signals which he cannot decipher. He wants help in interpreting such signs.

In his own words, "I do not want anything for myself. I am interested in the public good and the good of my country. In this connection I have met many VIPs. Some of them branded me as a mental patient. At first, I accepted the doctor's opinion about me and took tranquilizers for a while. But I found thereafter that these thoughts of mine did not disappear. I came to the conclusion that it is not a disease – a delusion - but real, factual thinking."

He mentioned the names of certain other prominent men in the field of science etc. and said, "They gave me a patient hearing and promised to call me back and help me."

In conclusion he said, "Actually, I am at a loss to know who I can suitably approach (*GROPING, as if in the dark*). Since my problem concerns the mind and you are doing research in this field, I thought I should consult you as well and you may be able to help. (*SHRIEKING, aid for*)"

"Why did you confide to me that the doctors had diagnosed you as schizophrenic"?

He replied, laughing, "In fact, I was afraid that you would make the same diagnosis and start treating me for the same. (FEAR, betrayed, of being)

His father had already told me that the patient had refused to take his medicine because he thought he was well and did not require medication. Fears harm by unnecessary medication. (FEAR, injured, of being)

He did not trust his wife and father who were the only members in the family staying with him. He thought they had betrayed him by leaking his secrets (DELUSION, wrong suffered has)

Out of these symptoms, I decided on two symptoms which seemed to claim predominance. But one of these had the edge over the other, i.e. the rubric *Fear, betrayed of being* predominating over the rubric, *shrieking, aid for*. Therefore, he was given Hyos 30.

The medicine did a good job. It ended his hostility towards the members of his family. He stopped talking about divorcing his wife. His behaviour with his father changed. He allowed his in-laws into the house again etc.

This case came to me on July 4, 1988. Till September 15, 1998, he remained on only three doses of Hyos 30. Many of more of the peculiarities in his attitude became normal. For example, he had a tendency to stay in bed as long as he was in the house. Now he started going shopping every day for groceries and other necessities.

Also, he passed through other mild phases of acute illnesses like running nose, sore throat, cough and low fever which appeared and disappeared on their own.

What remained to be cured was his DELUSION that he was in communication with the invisible beings.

Hyos removed 'Groping, as if in the dark'. Before taking this medicine, he did not know whom to contact for the purpose of aid. He also could not trust people. Now he could and his fear of being betrayed had gone. At this stage, new and persistent symptoms emerged:

DISCONCERTED: IRRITABILITY, pains during; and SHRIEKING, aid for.

He said reluctantly "I feel I do not have enough energy left to continue my present pursuits. I think somebody should take over from me and relieve me of the burden."

On October 14, 1988, Ignatia 30 was administered. After a few days, he came down with typhoid fever. Years ago, as a school boy, he had suffered from the same fever and his mental problem dated from this event.

In sum, the patient improved in every respect including fever. The stage of high fever (104°F – 100°F) etc. ended after about a month. Now it was between 99°F – 100°F with some weakness etc. But the people around the patient were not understanding, and would not appreciate the positive aspect of the fever. I found that contrary to my instructions, he was being fed rich food like meat etc. I advised them to deal with the fever; error in diet could result in very severe relapses which would prolong his recovery.

Under allopathic treatment, the fever came down; his original mental states began to reappear. I was approached for some medicine to keep his mental condition under control, to be used alongside the allopathic medicine. I told them it would be better if he came back to me after that allopathic treatment was over. They did so but discouraged when they learnt that the fever might return under my renewed treatment.

You may be surprised to find reference to remedies like Hyos & Ignatia etc. in a discussion on Platina. Actually, I have purposely included them for comparison in order to help you to avoid making such mistakes in your own search for the right remedy.

Platina could have been given in this case as a first prescription on the basis of the fact that he came to me with the impression that I was a learned person, and could be of assistance to him, and so his behaviour with me was respectful because he was hoping for some special treatment, whereas, on the other hand he was contemptuous of his family who he thought had no caliber of the appreciation of his lofty ideas.

No.4 The next case is of an old man in his 70s. He had chronic bronchial asthma; He had taught himself homoeopathy in Urdu. He was referred to me by a colleague homoeopath. As he

entered my room, I received him with due regards because of his age, and as a colleague. He sat before me respectfully what without surrendering his ego.

With his neck held high, he complemented me and started talking about his own achievements in the field of homoeopathy. (FLATTERER; AFFECTION, knowledge about his)

He was accompanied by his daughter-in-law who was waiting outside. He called her in. Perhaps she did not hear. He repeated the called and said harshly. "Are you deaf?" and ordered, "Fetch those books which I asked you to bring when we set off, and hand them over to the respected doctor. I do not know what happens to you sometimes. It is very bad on your part". And then quickly, as if he was trying to swallow his words, he said, "My daughter, please don't mind my harsh words. Take it only as coming from an elder. I never meant disrespect to you" (CONTEMPTUOUS, paroxysms against his will in)

Then he turned his attention to me and said "I have hard a lot about you, please help me. I will tell you everything I know about homoeopathy. I know my formulas", and he started to tell me of one. Then he gave his history. (FLATTERER; SHRIEKING, aid for)

In order to be retrieve his breathing, he said he kept by his side a bottle of water and a packet of biscuits. He wanted someone by him all the time to keep him supplied with these and other things. He was a widower, he said, and was being looked after well by his daughter-in-law, "Yet I am not happy with my surroundings" (DISCONTENTED, surroundings, with). Sometimes I am grief stricken, serious and irritable. I try to overcome this sort of mood by joking with people, and indulging in abusive and offensive words in talking to close friends, with whom I feel very free. I keep laughing at the same time. I do it because it gives me mental and physical relief (SHRIEKING, aid for)

You know I earned a lot of money, engaging myself in all kinds of work to realize my ambitions (AMBITION, means employed, every possible). So far as money is concerned I have no problem (DELUSIONS, wealth of)

I can spend, and I have spent a lot not only on necessities but even to satisfy my whims. (SQUANDERS, boasting from). But if it occurs to me that I should not spend money in a particular situation, I will not do it even though it may be necessary (OBSTINATE, simpleton, as a).

Now, a very important point to be kept in mind in the case of Platina is that on the one hand he tries to hold himself in high esteem. He thinks he is short of nothing and instead has a lot in terms of moral as well as material values about which he can boast. He never wants to demean himself before others. On the other hand, if needs be, he can go to the extreme of begging from anyone and everyone, as was the case with this patient. He seemed to be under the impression that he had nothing to learn from others as far as Homoeopathy was concerned, and quoted several instances where he was noble enough to train many homoeopaths. But since he was not successful with his own case and needed someone to help him, and told me that I could be the one who could do something for him, he sat before me with folded hands

although in his mind he could not accept my superior knowledge of Homoeopathy. (DELUSIONS, calling help for and HARD for inferiors and SOFT for superiors).

HEPAR SULPH

Under the heading *IRRITABILITY, pains during* this remedy often competes with Ignatia. Therefore, to serve a double purpose, and for the sake of greater clarity, I shall be explaining the characteristics of both, side by side. Like Ignatia, Hepar Sulph is irritable during the pain (IRRITABILITY, pain during). He also gets annoyed when he receives a painful impression. This pain may be in the body (muscles & bones) or of feeling and sensations. Ignatia, however, is sensitive to moral impressions and talks of justice and merit. She will neither commit an injustice nor will she tolerate it from others.

On the other hand, Hepar Sulph lacks moral feeling, rather he has a criminal disposition. He simply knows that he is poor, (DELUSIONS, poor he is). Maybe, because of poverty of health or wealth, he wants to get rid of this want at all costs. (MOOD, repulsive). This remedy is more marked by violence and threats (THREATENING) and a proclivity to set things on fire (FIRE, set the things on fire).

Ignatia will not be able to resist long. She feels like surrendering (DISCONCERTED). Do not mistake this for an inability to fight but on the contrary, she will do her best to fight injustice even by resorting to violence and going to the extent of putting her own life in danger. She will do this only if she finds that all the doors of justice have been closed to her. She makes her appeal to the sense of morality of others, rather than resorting to physical force.

Two patients of schizophrenia (one needing Ignatia and other Hepar Sulph)

Let us take the cases of two different schizophrenic patients. Both are in need of company and they want whoever visits them to sit by their side as long as they want and not to leave without saying so. (Shrieking, aid for). Both of them cannot tolerate contradiction. But each reacts in a different manner. For example, Ignatia will silently say, 'Alright, you may leave if you so wish, who am I do you. For you other things are more important than me'. Full of irritation and reluctance he will end the conversation with the words " Alright, go". He will stop talking any further although secretly wishing that you won't go. He does this because he is in the habit of surrendering (DISCONCERTED) with annoyance, reluctance and silent grief.

But Hepar Sulph will become furious. He will threaten his visitor with dire consequences. (Threatening) If he leaves without his consent, he will jump at him, catch hold of him and say

(Shrieking, aid for, bed jumping out of) "I will set you on fire" (Fire, wants to set things on) and go on shouting "Do you think I can't get along without you? I can pass the time very well on my own but I will not let you go". When asked, "If you do not need me, then why don't you let me go?", the reply is, "Because I feel like it and it is a sort of help to me somehow but so what? It does not mean I need you." (Shrieking aid for, sleep in).

Cases of two alcoholics

Both of them need alcohol etc. to keep themselves fit (according to their own way of thinking). When you try to persuade them to give up drinking, the Ignatia patient said, "I realise it is a bad thing. It is harming me and will harm me further. I resist a lot but then I finally find myself unable to fight the temptation, and the demand on my nerves makes me unable to sleep. There is no other way in the end but to give in to the urge (DISCONCERTED)".

The Hepar Sulph patient said that he was not well. He would give it up as soon as he got well. He told his doctor, "You cure me and I will give it up. Actually, I am not a slave to it and do not need it, but unless I get well how can I give it up?" (Shrieking, aid for, sleep in). After he was handed over his packet of medicines, he asked if he would be able to take his usual drink along with the medicine. "Please treat me in such a way that I can continue with my usual glass of drink, which I enjoy. Actually, I do not want to give it up altogether. It keeps me fit." (DELUSIONS, poor he is; SHRIEKING, aid for, sleep in). Like Ignatia, he was not being sentimental but imaginative. He would put things in a convincing way (PHILOSOPHY, ability for) to get whatever he wanted out of others. Ignatia is secretive and believes in grieving silently over things. He is a man of few words but Hepar Sulph is talkative to the extent that he will not listen to what others have to say (Loquacity, listen, would not). So the argument that he was under the wrong impression that he could not leave the bad habit of drinking, he said, "You listen to me. I can give you thousands of reasons to support my stance".

Two patients with skin eruptions

Two patients with skin eruptions (say scabies). Ignatia said in irritable voice (IRRITABILITY, pain during), "I am sorry, I cannot bear this sort of aggravation by any more. My capacity to continue with your treatment has totally exhausted. (DISCONCERTED) This is totally unreasonable, the way you want to cure me (injustice, can't support). Why should one have to bear so much agony? I am sorry, I do not want to be treated (MOOD, repulsive). You stop this treatment and stop this aggravation (DEFIANT). (1) What sort of homoeopathic treatment is this? (IRRITABILITY, pain during). (2) Oh! It is too tortuous

HEPAR-SULPH said * 'I become furious during itching (IRRITABILITY, pain during) (1) as I feel handicapped". (DELUSIONS, poor he is) (2) I can't stop my fingers from scratching my skin for even a second (IRRITABILITY, pain during) (3) I am afraid that perhaps I won't recover (FEAR, he will not recover), (4) and hence I will be disfigured (FEAR, disfigured of being)

(5) This makes me think that I should kill you, (Kilt, desire to. Beloved ones) because you are

responsible for this aggravation of my misery (IRRITABILITY, pain during) (6) I should tell you frankly that I may do it. (KILL, threatens to) (7) It's up to you to consider whether you want to help me or not. (SHRIEKING, aid/or sleep in) (8) Do something or bear the consequences- (THREATENING) I do not want to undergo this type of treatment. (IRRITABILITY, pain during) I am sorry for being impolite to you (FEAR, health of loved persons about). I do have due regards for you but if this time; I get no relief. (9) I will stop coming to you (MOOD, repulsive) because (10) I know I will not be able to control my impulse to kill you. (FEAR, health loved persons about).

In brief, the supporting symptom of IGNATIA is 'DISCONCERTED' and of HEPAR-SULPH, it is 'THREATENING'.

RHUS TOX

I will give an account of six rubrics of Rhus Tox, as follows:

(1) FEAR. superstitious (2) DELUSION, injured is being ^DELUSIONS. glass, wood etc. being made of (4) CARRIED, desire to be fast (5) SHRIEKING, aid for. sleep in (6) SHRIEKING, aid for. springing up from bed. However, it will be found that the whole symptomatology of Rhus Tox is dominated by just one rubric, FEAR, superstitious. This means fear without any logical grounds.

Example No. 1 A patient says, "Dr. please do something quickly otherwise I will be in the grip of fever which lasts for a long lime. I want it stopped now and not allowed to prolong (CARRIED, desire to be fast). "How do you know that you will have fever and it will take a long time to subside?"

1 'The rainy season is about to set in and I know that every year in wet weather, the fever comes and remains for a considerably long time. I am afraid of it". (FEAR, superstitious). "But

why should it follow that since you got fever during the wet weather, continuously for many seasons, it will repeat itself this year as well?".

' 'Although I can't offer any logical explanation for my fear, I must tell you that I will have it. (FEAR, superstitious)" The patient who is SHRIEKING, aid for, steep in. will keep stressing his own points so emphatically as to draw your complete attention to him so that he can compel you to hear each and every detail of his sufferings. But he will become undecided if asked whether he actually needs medicine, (aid) even though your decision as a physician will be in favour of medicine. * 'Then do you think that you must have medicine?" he is asked. His reply generally is, "It is for you to decide as a doctor whether I need it or not".

Example No. 2 A patient with Rheumatoid Arthritis says (3) * 'The whole of my body has become so stiff as if it is made of wood or glass (DELUSIONS, wood, glass

etc. being made of) (1) this sensation is a warning that the pains will aggravate. This is frightening for me (FEAR, superstitious).

"Are you sure"?

"Yes, I am sure".

"How"?

"Please do not waste time in asking me any questions. The more you ask the more my fear increases. Please do something quickly to relieve me of this pain if you can because my fear is increasing". (CARRIED, desire to be fast) I am not able to lie down even for a moment and I have to get out of bed straight away (SHRIEKING, aid/or, springing up from bed).

Example No. 3 This is another patient with the same disease and (a cross reference) same condition of mind yet with different indications.

The same question is asked of this patient:

* 'Are you sure that your pains will increase because your whole body is stiff?" (DELUSIONS, wood, glass etc. being made of)

He will say, "No, I can't say"

"Why are you afraid then?"

"This again I can't say".

"Are you actually afraid that your pains are about to increase?"

Again the reply; is, "I don't know about that either."

Now we see that in this patient the rubric 'FEAR, superstitious' is not presenting, but instead, the rubric is 'STUPEFACTION, knows not where he is and because of this. instead of Rhus Tox, the remedy will be Thuja.

Example No. 4 another patient (other things being the same) when (a cross reference) asked the same question "Are you sure that your complaints will increase"? will say,

"Yes, doctor, because that's my experience. I know what will happen whenever this sort of sensation comes on. I take it as a fore-warning:"

Now since you have in your mind the rubric *FEAR, superstitious*, it is obvious that you will be asking your patient questions related to that. Your question is, "Are you afraid"? The patient replies - "It is quite natural. Who wouldn't be afraid? When a person knows the sort of pain he has already experienced is going to repeat itself, nothing can stop him from fearing that pain". Many times this sort of expression from the patient is taken erroneously as Fear, superstitious. Actually it is not- Because if the expression of the patient is carefully studied, it will be noted that the patient is trying to relate facts which he clearly recognises. Therefore, the rubric will be RECOGNIZES the reality and states it plainly; on further questioning, he replied, that the stiffness in elbow joint did not allow him to shave (his beard) properly as he could not lift the arm to the face. This annoys him. In this way the other rubrics will be 'ANGER, interruption from' and 'DISTURBED, averse to being' and in this case the remedy will be Cocculus Indica.

CANTHARIS

The next rubric is 'DELIRIUM, crying help for'. Two remedies **CANTHARIS & STRAMONIUM**, contest in this rubric, both having it as their king-pin symptom. But they are quite opposite to each other in their approach.

To study CANTHARIS, we should know that the supporting symptom of this remedy is 'IRRITABILITY, insults from'. CANTHARIS is 'SENTIMENTAL' but one-sidedly so; it is not bothered about respect for others which virtually amounts to another rubric, 'BLASPHEMY'.

Patient No. 1

(2)(ANGER, pines about)

(3)(BLASPHEMY, CURSING, and)

(4)(BUSINESS, talks of)

(9)(DELUSIONS, seized as if)

He was angry about the pain (ANGER, pains about) and became faithless and disrespectful even towards God (BLASPHEMY. CURSING, and). Why on earth had He chosen him for this agony (ANGER, pains about). He said, "There is no God". (BLASPHEMY.CURSING, and) If God existed, he would not have tortured me like this. (ANGER, pains about) Observing religious ceremonies etc. is useless". He said he had tried all that, it was totally useless (BLASPHEMY. CURSING, and).

When he was told, "But I have gained a lot". He replied, "Alright if he exists (BLASPHEMY. CURSING, and) then tell Him to help me get out of this paroxysm of seizure (4). The pain is so persistent that it docs not seem to be going away" (9). He continued further and said, "If this is not (1.2, BLASPHEMY. CURSING, and, 4) possible, let Him look after my work which is suffering badly. Unless I go to the office I know I shall not get my earnings (4). Will your God provide them without my effort? Show me evidence of the existence of your God", he concluded irritably (BLASPHEMY).

(5) "What nonsense arc you talking?"

(8) "Hold your tongue. I am not in the habit of taking Insults". (IRRITABILITY, insults from) "But I don't mean that."

(8) "But your remark that I am talking nonsense is quite insulting. I can't tolerate that", (IRRITABILITY, insults from).

Patient No. 2 This is another patient with high fever. An important point to be noted in the case of this patient is that under the influence of sickness, an old religious lady, formerly always interested in religious talk and fond of listening to lectures of great saints, takes to blasphemy and cursing. She said, "In bad days Gods also turn their back on their devotees (ANGER, pains about). None turns up to help." (DELIRIUM, crying help for).

Just as she had started talking to me about her ailment, all of a sudden she felt thirsty and gave a hurried call to her son, (DELIRIUM, crying help for) "I am feeling extremely thirsty, fetch me water at once".

For some reason her son forgot to bring the water. She repeated the call and cried at the top of her voice. (ANGER, pains about) "Are you dead?" (DELIRIUM, nonsense with eyes open). After hearing his mother's sharp words, the son appeared before her and reasoned with her, 'Actually I didn't hear you, so I don't think there should be any cause for complaint". She came out with a loud shriek, ' 'Instead of repenting for your fault you are trying to argue. That shows the respect you have in your heart for your mother". (DELIRIUM, nonsense •with eyes open).

Both the son and the mother remained quiet for sometime. After a pause the son addressed me and said, "Please don't attach any importance to anything she says, as she is not aware of

what she is saying". DELIRIUM, Nonsense with eyes open).

STRAMONIUM

Whereas the kingpin (rubric) of this remedy is DELIRIUM, crying help for, its supporting symptom is CLINGING, to persons.

In contrast to Cantharis, Stramonium is highly religious. He likes to read the Bible all the time. (RELIGIOUS, affections, Bible wants to read all day, the) He is narrow-minded in religious affairs. (RELIGIOUS affections narrow minded questions, in). Being superstitious by nature (SUPERSTITIOUS) he may refuse to take the medicine (REFUSES, to take the medicine) and will beg and pray, and believe that he will be cured by prayer. He will not want to even entertain the thought of blasphemy and is afraid of the wrath of God (Fear, injured being). "I will not take any other medicine (REFUSES, to take medicine)". I just fear one thing, that even inadvertently, something may slip from my tongue in disgrace of the Goddess. I fear Her punishment (FEAR, injured being). Goddess Durga Mata cured me earlier whenever I fell sick. Why then would she withhold her grace from me on this occasion? I have complete faith in her (CLINGING, to persons). For me, repeating her name several times a day will work as medicine. (RELIGIOUS affections, Bible wants to read all day, the)

The gentlemen referred to above had a toothache for the last one month. He is clinging to the Goddess 'MATA' because of his faith in the 'DEITY', who has power to heal.

A woman with very large, round, copper colored patches on both of her cheeks says, "When I wear beautiful clothes, I am always reminded of just one thing. Alas! I could have a spotless face as well (DELUSION, poor she is)."

After a pause she began again, "Although internally I am very upset about my problem in society, yet I don't allow others to see it. To cover up my real feelings, I grab the initiative from others and start talking about my face. I tell them that I am under the treatment of a competent doctor and I am better than before, and I also add, please recommend a doctor, if you know of any. (RESTLESSNESS, internal; AFFECTATION)". She stopped for a moment and then resumed speaking.

"Occasionally, I become sad when thinking of my face and start crying (WEEPING, sad thoughts at). Sometimes I laugh at the thought of my own behaviour (LAUGHING, actions at his own), when I realize that there is nothing very serious to cry about, and that I am making a mountain out of a molehill"

After finishing her history she turned to me and asked "Dr., will you tell me whether or not I can

be cured"

"Why do you want to know?"

"It is necessary because one must have some hope to lean on, in order to continue the treatment (LIGHT, desire for)". Shifting her stand she further continued, "Sir. in reality I am depending on you and wouldn't leave you even if you wanted me to". (CLINGING, to persons)"

"Why so?"

"The question is where else to go? You have already understood my case. The new person would have to start from the beginning. It would take time to diagnose it, and who knows whether he will succeed or not. And so I can see no other way but to stay with you". (HELPLESSNESS). "But if you find no relief, why don't you stop the treatment?" she was asked. "I believe that medicine is a must. Nothing is going to happen without medicine. And what's more, if it does not get any better, at least it will stop the disease from spreading. It seems to me that its advance has been checked since coming under your treatment. (SUPERSTITIOUS). To be very frank, let me tell you that the doctor who referred me to you is himself a very able person. I have seen him coming to you for consultation about his own wife. This very fact has deepened my faith-in you so much that I do not want to leave your treatment (SUPERSTITIOUS)."

"Do you think that the clothes you wear do not match you fully?"

She said, "It is not that exactly. I mean, had my face been perfectly alright, then things would have been better. (DELUSION, beautiful she is and wants to be).

While concluding this paper let me clarify the point that the idea of giving kingpin and supporting symptoms of every drug means that the whole picture of a drug revolves around the two 'MAJOR' indicators, and if precisely comprehended all the other symptoms, ultimately, amount the sum total of the two.

Finally, a note of caution is necessary. Although the indications given above are genuine, their application will be fruitful only if they actually predominating and persisting at the lime of prescribing. Many a time, it happens that while reading a drug picture one is reminded of one's own or a patient" s symptoms and one forgets to check up whether the symptoms in question (in the drug under study) are still predominating in the patient or were noticed at an earlier consultation.

REDISCOVERY OF HOMOEOPATHY

Rubrics their meanings and Versions of the patient

By: Dr. M.L. Sehgal

ROH Books Series IV

Dr. Sehgal's

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PREFACE

I have feel that every work from me had to be in demand first and authored latter. As for example the work in hand this the product of the demand for a seminar with me arranged by Homoeopathic

convention committee of Bombay. They requested for a seminar which I was advised to agree to and I did.

Now the question before me was ' the period' of two days and How much of the new concept to cover. From where to start and where to end. I was faced with a difficult situation to foresee the real expectation from me because I was to address the audience which was quite new to the subject.

My anxiety was how to be useful to them to the best of my capacity and understanding.

I decided to work out the basic briefs needed to learn the art of prescribing as is named by us in every of our seminars ' Hit the right target'.

But the brief exceeded its limits and took the shape of something more than that. It is presumed that even after decades of practice on this method one will feel the need of it not lessened in any way. As the average human memory is short lived it will serve as a ready reckoner for all the time to come.

Although after taking into account its volume it does not look to be a big work but it is believed that one who will master it, will feel fully equipped with the materia medica as a whole because it covers most of the frequently and generally expressed versions of the patients.

However nothing could be claimed as perfect in all respect and author will feel obliged if short comings are pointed out to him.

After going through it the patrons and the administration of the school found in it something of copyright value and the work which was intended to be presented to the host committee just as a paper had to be given the shape of a book.

ACKNOWLEDGEMENT

I am inclined to place on record the co-operation extended to me at various stages of processing this work. First in order is the writing of manuscript. The credit goes to my most beloved daughter-in-law, Dr. Preeti Sehgal, who devotedly and affectionately took the burden of the boredom of taking dictation and rewriting it to make its reading fair for two months and getting it typed thereafter.

Next to it comes, step by step reading before it goes to press. Dr. R. K. Manchanda, Assistant Research Officer, C.C.R.H. New Delhi Dr. Ramesh Adib, a Senior homoeopath of Ghaziabad both the staunch devotees and Dr. Sanjay Sehgal Secretary of the school and Member Board of Homoeopathic System Of Medicine, New Delhi, deserve to be credited for it.

Editing, the most important and responsible job which had slipped my memory in the past for acknowledgement. Was always shouldered by Dr. H.L. Chitkara; perhaps for reason that he comes in the category of those humans who care only to work and serve and never for reward. I feel highly

obliged to acknowledge his devotion to the causes and not men.

Finally the arduous job of proof reading was jointly done by Dr. Yoges Sehgal and Dr. R.K. Manchand with utmost care, ignoring their personal convenience by working on it continuously for days and night without much break.

Author

" Seminar" with Dr. M.L. Sehgal arranged by Homoeopathic Convention Committee of Bombay on 29th & 30th Sep. 1990

Introductory Remarks

My dear Colleagues,

I am thankful to the Homoeopathic Convention Committee, Bombay for having invited me to explain the concept of Revolutionized Homoeopathy.

The new approach has given me more satisfaction, in clinical work, I am glad to share its benefits with others.

But a mission is fulfilled only if it is given an atmosphere appropriate to the occasion. That will be easier if you adopt an attitude of grasping the thoughts. The grasping will be possible only when your mind is free from all old prejudices. This will allow you to understand as much as possible in this short period of two days, so that when you are back to your workshops, you will be able to find answers to your own queries.

I believe that real learning takes place only when the teacher is in a mood to teach and the taught it is in a mood to learn and both assume an equal level of communication (one relaying and the other receiving) at the same level.

Let me tell you very plainly that whatever I know about Homoeopathy is not my own creation but I have learnt it from the Homoeopathic literature. The difference is that my attention was focussed on those principles which are scientifically true and fundamental to the very concept of Homoeopathic system of medicine. They were lying in the literature as scattered and neglected clues. I have simply linked them up in my own way and given them due importance after being guided by my own experience.

Those clues are:

- (1) That for greater accuracy in the selection of medicine the mental symptoms are supreme and can be depended upon for the selection of a true similar, without bothering for the physicals, if they are available (as the Classical Homoeopaths opined).
- (2) Symptoms alone and nothing else (miasm etc) is the ultimate deciding factor in the selection of a medicine.

After putting into practice the above clues I found that the test of the correct similar (remedy) lies in the law of physics i.e. likes repel each other and unlikes attract each other (i.e. by pushing out of the body something through all or any of its natural five outlets in the form of excretions which may be called toxin, the real cause of diseases) resulting in corresponding cure of the patient.

My contribution is that I tried to conceive things in a different way. I understand that no human mind is without any mental state at any given time whether a person is sick or in health. This implies that whatever mental symptoms a person carries at a given time constitute his present mental state and is

the true representative of whatever order or disorder is going on in his body. And can safely be depended upon as an accurate dial to find out a real similitum. Let us examine what is mind? By going deep into the subject one infers that it is not separate from the body but is part of its nervous system. It manifests itself through various *moods, emotions* and *gestures* in the form of speech and actions. Nerves collectively act as musical instrument and produce vibrations as played upon by the conditions prevailing in and around the body (disease).

This relationship between the mind and the disease has been proved by experience. Because when a true similitum is struck as a proof of it, it balances the present state of mind and the mind correspondingly balances the body. Starts regulating all the imbalance found in its anatomy and physiology by excreting something out of it.

Since I believe in laying more emphasis on knowing and learning things of practical importance, I shall not go further into details of theory.

Coming to our real topic of today. Our first job will be to learn how to select a remedy according to the new concept. Since we have to prescribe for the patient and not for his disease let us treat our patient as a computer in the human frame. Which is already fed with the data by *whatever order or disorder* is going on within it. This is being exhibited to us through expressions. These expressions have two forms i.e.: speech and *actions*.

Every patient when he comes to you for his treatment, he does two things. He speaks to you about something and does something in the form of gestures. You have to note down how and what he talks about, and to observe as to what he does? (With his limbs and facial expressions).

After you have recorded his expressions as stated above, you have to underline those which are *predominant and persisting*. There after you have to open the mind section of the Repertory of homoeopathic materia medica. You will find that the repertories contain symptoms in the form of *rubrics*. Now our job will be to give a rubric's shape to the expressions of the patient noted by us and

for this it is necessary to learn three things about the rubrics:

(1) Their existence as rubrics i.e. as a matter of formal introduction (as we know people around us by their names) and stock them in our memory.

(2) Their dictionary meanings with proper evaluation as to what can be their field of actual applicability.

(3) The fine expressions they convey & the inferences which can be deduced.

"How to gain a rubric and board it in your memory."

In order to know the rubrics well, it is necessary to go through the repertory in one way or the other very frequently, **with an attitude**, as given below.

(a) As if you are on a pleasure trip and on the way you happen to meet a person (rubric) which attracts your attention and you are reminded of a patient's expression which seems to be exactly fitting its frame.

(b) With a purpose to find out each equivalent to a particular expression in your mind.

(c) To know the maximum number of rubrics from a close angle to enhance your intimacy with them as a member of a club.

(d) Most important is to keep regular contact with all the rubrics which you have come to know (learnt), and in this way change the mere intimacy into a close & warm friendship.

Apart from the repertory in the form of the book, there is a visual one in the shape of vast humanity, open to all of us. It passes before our eyes as long as they remain open and presents different shades of behavior when we come across it on bus stops, railway stations, rail-journey, marriage parties, offices, factories, on roads and street corners, in home and where not. We have to treat the Rubrics of the book as men and women and locate them amongst the humans moving about us.

How to Master the Rubrics

It is by knowing them precisely my dissection or separating them into parts. Every rubric is the formulation of a word or words of English language communicating some meanings.

No language can be properly understood without reference to its grammar. Grammar helps in evaluating a speech & understanding the exact meaning of a communication.

In this paper and attempt has been made to know the accurate worth of every rubric to be able to find the right questions between them and the versions of the patients. As in mathematics one must know the real value of any figure or word intended to be traced out of its equational value in terms of other figures and words.

For example if it is required to know the equation of the figure 10. It will be necessary to know before hand the real value of the figure. The rubrics which are composed of more than one word have been split into parts as single words. And their meanings explained separately keeping in view their position in grammar to arrive at the proper communication that the rubric as a whole is supposed to be making.

These rubrics are from Kent's Repertory. They are not all but a few selected. Except those at serial 1 to 10, which have been included as a matter of academic interest for others are only those which will be found frequently indicated.

Rubrics & The Versions of Patient

It will be advisable for the readers to keep in view the following points before going through the text about versions.

No.1 - That a rubric has many and various types of versions but to collect them all in this paper is beyond its scope. The purpose of this work is to provide clues and examples which can be used as guides to find out true equivalents.

No.2 - Each individual has this own outlook which depends on his personal intelligence and experience. It is natural that he may differ in perception with the versions given here. He should act according to his own judgment but if he fails he should try these also.

The versions mentioned here should be taken seriously as they are supported by the author's experience as being real statements of his patients. They are in the same simple and crude language as spoken by the patients.

No.3 - The version closed between the inverted comas have not been preceded by the identity of the speakers which may be taken as of patient and other concerned persons.

No.4 - The first sentence of every version reminds you of the meaning of the rubric so that you should be (clear in mind as to what is to be) found in the version.

No.5 - Abbreviation: Meanings -> Mean,

Interpretation --> Inter, Versions --> Vers;

No.6 - The rubrics have been marked AA, A, B, & C, showing their importance in order of frequency of their indication, in day to day practice.

AA - Most frequently indicated.

A - Frequently indicated.

B - For lesser than that.

C - For rare.

It is to be advised that for learning first importance should be given to AA, then A & similarly to B & C.

Beginners are advised not to get disappointed if they are not able to follow everything all at once or enrich their knowledge gradually & steadily.

The author will be satisfied even if you will be able to learn practical applicability of just one or a few rubrics in this short spell of two days.

Author.

1. ABRUPT:- C

Meanings - *Abrupt (adj)*:- Sudden, unexpected or without any pre-warning.

Interpretation - Here we have to interpret it as an *abrupt* -person. If someone is in the habit of doing everything all of a sudden he will be called an abrupt or an unpredictable person.

As abruptness causes inconvenience to others, he is treated as a person having no regards for other's convenience or sentiments and is therefore labelled as a rude person. Which in reality he is not and does not intend to be.

Abrupt (case) e.g. A lady had persistent cough for many months. She was asked what was her problem. She kept quiet for a long time. There was no reply. The question was repeated at least five to six times at short intervals. There was no response. I was about to conclude that the lady did not want to reply. And *all of a sudden* as if a shot from the gun she said that she was suffering from cough. She was further questioned, "since how long"? Again there was no reply. It was revealed by the person accompanying her that in her daily routine also she changes her mood *all of a sudden*. As for example, "*one day we were all prepared for an outing with full enthusiasm and just add the time departure, she started changing her dress abruptly and said that she was not accompanying us*". She also revealed that she was in the *habit of asking someone's assistance* to carry out her jobs. On the basis of two rubrics i.e. "**Abrupt**" & "**Shrieking, aid for**"; Platinum - 30 was prescribed and her problems were solved.

Versions - The attendants of a patient say, "we can not predict anything about him. He takes no displeasures all of a sudden. What causes him to do so is impossible to detect before hand. We are caught unawares and are unable to make anything about his behavior as to why & and when he changes his attitude towards the members of his family. We simply keep on thinking over the matter as to how to avoid something that provokes him but he has never allowed us to form any accurate judgment about his likes and dislikes".

2. Impulsive (cross reference) c

Meanings - *Impulse (n)*: Impelled to do anything without pre-meditation or consideration whether it is worth doing it that moment.

Impulsive (adj): One who acts under the influence of an impulse which rises like a tidal wave in the ocean and carries him away.

Versions - the patient's wife is telling about him that, "on seeing a notice of SALE, displayed outside a shop. He will enter it all at once and purchase things without taking a pause to think over whether the goods purchased will be of immediate use. He will repent later on when he will find that he has been responsible to disturb the whole month's budget & the things needed today have to be postponed for want of money."

3. Absent-minded c

(cross reference) *Absorbed*.

Meanings: - *absent-minded*(adj): *absent-minded* is the person whose mind is not present where it should be.

Interpretation: - Generally one is bound to remark about such a person ' *where are you*' or ' *where were you*'.

Versions: - a patient tells, " please repeat what you asked? I am sorry, my mind was away (was not present) while listening to you."

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4. Absorbed c

Meanings: - *Absorbed* (adj) Deeply engrossed.

Interpretation: - *Absorbed* : person is present but is so deeply involved that he is not available on the surface

as if sucked in as water in the sand. Such persons may invite remarks -- "you seem to be so deeply buried in your work that you did not notice us. We are sitting here before you for the last one hour."

Versions: -- *absorbed*: person is present but is so deeply involved that he is not available on the surface as if sucked in as water in the sand. Such persons may invite remarks -- "*You seem to be so deeply buried in your work that you did not notice us. We are sitting here before you for the last one hour*"

5. Absorbed , alternating with frivolity B

Meanings: -- *alternating* (v) *with* (p): Two states are interchanging between one another.

Frivolity (n): unseriousness.

Interpretation: - About his problem sometime becomes serious & the other un-serious.

Versions: - "With me the problem is that two types of ideas keep on interchanging in my mind. One moment I will become serious about my problems and go deep into the matter and at the other I will tell myself there is nothing to be serious about anything, why are you bothering so much".

6. Absorbed, as to what would become of him B

Meanings: -- *What* (pron): Used interrogatively asking for information.

Would become of him: would be his fate.

Interpretation: -- Remains askane about his fate.

Versions: -- "I remain buried in thoughts if the same state of my health continues what will happen to me in the remaining period of my life. I have yet to live many more years.

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7. Abstraction, of mind: C

Meanings: -- *Abstraction (n)*: Act of considering something as a general quality not leading to any practical result.

Mind (n): the part in a human or other conscious being that reasons, understands, wills, perceives, experiences, emotions, etc.

Interpretation: -- Getting away from the real subject. It is like the one who is busy in studying a particular subject and trying to understand it deeply and in between, his thoughts stray away and dwell on some other subject *having no concern with the subject under study*. Like what he is going to get to eat at lunch or dinner or recalls a song and its tune how sweet it was or that if he becomes an industrialist he will be very kind to the poor etc etc. After sometime he realizes that he was led away from the real subject and reproaches himself for this lapse on his part.

Versions: -- "While talking to you (about my ailment) you might have noticed that I stopped in between. Actually I left the subject under discussion and strayed away to another of no importance. After sometime I realized with amazement and questioned myself as to what I was doing." This is the part of my mental state.

8. Abusive C

Meanings: -- *Abusive (adj)*: One who puts to misuse anything.

Interpretation: -- it may be one's tongue by using filthy languages, one's authority or position by taking undue advantage of it.

Versions: -- "The truth about our child is that he being our only child knows that we will yield to every wish of his and that is why he tries to misuse his position without realizing that he is overstraining our resources."

9. Activity desires, fruitless: C

Meanings: -- *Activity (n)*: To be in a state of doing something.

Desires (v): Wishes to do something although it is not necessary that one should actually undertake to do something. A wish may remain only a wish and not take a practical shape.

Fruitless (adj): bearing no fruit.

Interpretation: -- To remain doing something without any purpose or aim, bearing no fruit.

Versions: -- "He wants to do something but having no eye on the usefulness of his efforts. He is not concerned with the result of his activity. It seems as if he is simply interested in keeping his limbs moving and if you try to divert his attention towards some useful work which is pending he will pay no attention to it".

10. Admonition B

Meanings: -- *Admonition* (n): Act of cautioning advising or encouraging.
Aggravates (v): to make worse or more severe.

Interpretation: -- Admonition should ordinarily be accepted by every one as a gesture of concern shown by one's well-wishers and should not be taken as ill. But certain people do not like it and will rather act against the advise with increased vigour. Actually admonition in the other words is disapproval of a person's action which is not to his state.

Versions: -- "Any word uttered to caution or advice or even encourage him in his efforts is going to have adverse effect in his mind. Instead of taking to correctives, he will try to stick to his ways with greater vigour."

11. Affectation B

Meanings: *Affectation* (n): a false appearance or assumption of a state, quality or manner or showing off one's abilities accomplishments, position, status or possession etc.

Interpretation :- because there is a desire to remain in the limelight. This is done by way of projecting one's prominence in appearance, quality or manner which in reality are not original and are artificially acquired. This in other words is *self projection* to satisfy one's ego without harming or cheating others but with a tinge of exaggeration of one's qualities, etc.

Versions :- 1. "It is apparent from his face and actions that the patients is in great distress, and a is not able to bear the pains. Yet he is trying to show that he is not much bothered about it. That he is a man of perseverance."

2. "He is having high fever. He has called for you for the medicine. He is looking at your face. If he finds that you are taking his case with all seriousness he will try to behave as if he is not much worried and will try to take credit that how lightly he can take the matter which is otherwise very grave. But from your appearance if he finds that you are not taking things we all seriousness he will become serious and will try to behave in such a manner as to impress upon you that his case requires serious attention. Although he is strong enough to bear it."

12. Hypocrisy cross reference C

Meanings :- *Hypocrisy* (n): Outward show of having desirable or publically approved, attitudes, beliefs, principles etc, that one does not actually possess.

Interpretation: -- In other words ability to befool others like a wolf in sheep's skin by hiding the cruel realities about himself, and showing of having all the virtues appreciated publically.

Versions: -- A patient, a social worker came and complained about the after effects of alcohol on his

digestive system. When he was asked that he is the member of de-addiction association, why then he consumed it. He said "the sermons are for others and not for myself."

13. Affectionate B

Meanings: -- *Affectionate (adj)*: One who shows affection or characterized by affection. Lovable.

Interpretation: -- One who attracts everyone by manners and behaviour in such a way that they feel attached to him. One who love and is loved by every one.

Versions :- "He is really a very lovely child. He behaves so attractively that no one can restrain himself from doing him a favour. When I entered his room just to examine him he sprung up from his bed within no time to fetch a glass of water for me. I was so impressed by his gesture that I could not restrain myself from kissing him. I was definitely inclined to examine him more closely."

14. Amusement, averse to C

Meanings :- *Amusement (n)*: something that pleases or hold attention.
Averse (adj) to: disliking for.

Interpretation: -Has lost interest in things which please the mind or hold attention.

Versions :- "These days nothing retains my attention even the music which I used to like."

15. Amusement , desire for A

Interpretation :- Wishing to have some sort of amusement. May not insist on it but will like if he gets it.

Versions :- "Today I am not feeling well, and I just do not want to do anything except that I should have something to hold my mind pleasantly. It may be music, a song, a pleasant company full of interest or just a stroll in some park to have a look at beautiful flowers etc.

16. Anger, absent persons at C

Meanings :- *Anger (n)*: A strong emotion excited by an injury involving a desire for retaliation.
Absent (adj): One who is not present.
Persons (n): Human beings.

Interpretation :- Desire for retaliation is excited only after the person against whom one is provoked leaves the place or is not present.

Versions :- "I am angry with certain people and internally I do not like even to see their face but I have no courage to show my anger in their presence. I don't know as to what happens to me when I am face to face with them. Then my behaviour becomes so nice as if there is nothing between us."

17. Anger, interruptions from: AA

Meanings :- *Interruptions (n)*: Cessation of activity many times in between before its completion.

Interpretation: - Strong displeasure felt at the breaks experienced to in smooth functioning of anything.

Versions :- "My ailments are a source of obstruction in every type of my activity. I cannot shave properly because I can't raise my hands up to my face. I can not eat properly as I can't move my jaws. I can't walk properly as my knees don't bend. Definitely all this annoys me."

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18. Anger, touched when AA

meanings :- touched (adj): Coming into contact with the fingers or hands or any part of someone's body.

Interpretation: -- Sometimes touch is pleasant and sometimes unpleasant, may convey friendly feelings or evil designs and invite reaction accordingly. This is about physical touch. There is another more important in this context where words and thoughts touch the mind and provoke strong displeasure and a desire for retaliation.

Versions: -- "Because of my ailments, ideas come to mind that if I die what will happen to my children. There is none to look after them. They are so small and innocent that they will require love and affection of someone. These sentiments move my mind violently to argue that I have never thought of doing any wrong to others then why all this suffering for me and my children."

19. Answers, repeats the question first C

Meanings: -- answers (n): Replies.
Repeat (v): utter again.

Interpretation: -Before answering repeats the question himself for getting confirmation from the questioner or in his own mind to memorize as to what has actually been heard by him.

Versions :- Dr. please if you don't mind I think your question is that since how long I have been suffering from this disease?

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20. Dullness, understands the question only after repetition.
(Cross reference)

Meanings :- Dullness (n): Slow or weak performance in perceiving and creating.

Interpretation: -- as the understanding is slow, requires repetition of the question, by the questioner to understand it properly.

Versions :- "Will you please repeat as to what is your question. I am sorry I couldn't follow it."

21. Anticipation, complaints from AA

Meanings :- Anticipation (n): Trying to foresee or realize before hand.

Interpretation :- Troubles arising when trying to foresee problems. Becoming tense when thinking, if such and such problems comes how to solve it.

Versions :- " I am going out station. There if my trouble aggravates and I am not confident that I shall be able to manage it so I suggest that you must be me some medicine as stand by so that I can meet the emergency."

22. Anxiety C

Meanings: -Anxiety (n): Discomfort about something doubtful.

Interpretation :- (What will happen, what is about to me, are the questions disturbing one's mind)

23. Anxiety, alternating with indifference B

Meanings :- Alternating (n): Two states interchange between one another.

Indifference (n): Lack of interest is the

Interpretation :- Feeling uncomfortable as to what will happen and not bothering for whatever may come, these two states of mind frequently interchange between one & another.

Versions: -"Sometimes the thought worries me who knows what is in store for me. Whatever or not I shall be lucky enough to get cured and sometimes the same thought comes but does not bother me as if I feel no concerned about my health. This is how these thoughts in my mind interchange between one another, continuously."

24. Anxiety, business about. B

Meanings: -Business (n): occupation or profession.

Interpretation: -- discomfort about something unknown in connection with business.

Versions :- "Nothing else is worrying me except that if I do not get relief speedily then who knows what will happen to my job. There are chances of loosing it also."

25. Business, talks of (cross reference) A

Meanings :- *Talks*: exchanges information through speech.

Interpretation :- Exchanges information etc. about business through speech with others. It shows

business being the main concern in one's mind.

Versions: -- "My people have wrong impression about me. Actually nothing worries me I simply try to know and exchange information, with others about my work. As to the progress made in the projects left by me unfinished etc.

26. Anxiety, expected of him when anything C

Meanings :- Expected (v): hoped.

Interpretation :- To be doubtful of coming up to the expectations or hopes of others and therefore the anxiety.

Versions :- "The other day an old patron of mine brought to my clinic a case of cancer which was at terminal stage. Now the anxiety in my mind was not the seriousness of the case but the expectation of the party. They were quite illiterate and couldn't be convinced that it was a hopeless case. Instead of appreciating my straight forwardness and sincerity they would have taken it in other sense that perhaps for some reason I was not trying to be helpful to them. So the anxiety in my mind was that in case of failure it will be difficult to make them believe that it was really a hopeless case."

27. Anxiety, others for AA

Meanings :- Other (adj): Different from self.

Interpretation :- Feeling concerned about others mostly ignoring self.

Versions :- " I am never bothered much about my own difficulties. I just can't see others in trouble. Although I may not be able to help them."

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28. Anxiety, pains from the C

Meanings :- Pains (n): Result of strain received by nerves.

Interpretation :- Feeling of uncomfortableness about the impact of pains lest they be damaging or remain permanent.

Versions:- "I am worried because of these pains. I do not know where they will land me. Who knows whether they will leave me or not. If it happens so, will it be without any harm or damage?"

29. Avarice B

Meanings:- Avarice (n): An excessive desire to gain and hoard wealth.

Versions: -" once a patient told me about his behaviour while spending. He related that he was a man

of lakhs yet he would not like to part with the money which once entered his safe, or the purse. For instance, he added that for making payment for my medicine he would wait for certain fresh receipts and would not touch collections already received and revealed further that this tendency was generally the cause of dispute between him and the members of his family."

30. Bed, aversion to C

Meanings:- Bed (n): A place for resting.

Interpretation:- It can be of any shape differing with personal taste from individual to individual. Disliking to remain in bed.

Versions:- "Internally I feel that I need rest and I must lie down but actually it is not possible for me because lying in bed is not to my taste."

31. Bed, desire to remain in A

Interpretation :- liking to remain in bed, most of the time even when it is not the time to be in bed.

Versions: -- "If I am told to remain in bed for all the twenty-four hours. I shall be happy. I can do anything but only by lying in bed. The jobs which require standing or sitting position are uncomfortable to me."

32. Begging C

Meanings :- Begging (v): Asking for, as a gift, charity or favour from any-one.

Versions :- Who-so-ever comes to me I ask for his favor of getting me poison, or cure.

33. Praying (cross reference)

Meanings: -Praying (v): Asks earnestly for a favor of a person who is competent to grant it.

Versions: - "Dr. I request you with folded hands for favor of taking more interest in my case and getting me rid of my pains as I am in a great trouble. It is only you who can cure me being a doctor. Rather it will be useless to pray to God because he will not come himself but getting it done through you."

34. Business, averse to A

Meanings: -Business: To lose interest in business or business does not interest him.

Versions: --- "I do attend my work but without much interest. I simply go and come back without doing anything."

35. Business, incapacity for A

Meanings: -- Incapacity (n): lack of power in performance.

Interpretation: -- Feeling of incapability for business or lack of power of performance for business.

Versions :- " My work do interest me but I do not feel, I have the required energy to accomplish it. Therefore I cannot do it."

36. Capriciousness A

Meanings :- capriciousness (n): Wanting something but knowing not what.

Interpretation: -that this why rejects those very things desired by him a moment before.

Versions:-

(1) this much I am sure that there is some relief after taking your medicine. But I can't tell exactly in what respect of in what proportion.

(1) "Doctor I can tell you only this much that I require medicine and I am not well and nothing more than this because I myself do not know in detail as to what is exactly my problem. So is try to prescribe without asking anything more about my sickness."

37. Carefulness A

Meanings:- Carefulness (n): watchfulness.

Interpretation :- being careful while doing things, lest something goes wrong. To compare the meaning of cautious with carefulness: one can be cautious (watchful) before anything happens and careful while doing something .

Versions:- There was a patient who would always bring in writing the minutest details about his sickness and even while reading them to me he will try to recollect and add if he found that something was left. When he was told that those details were not needed by me, he replied, " You may take it as my carefulness I feel you must get complete information about my sickness, to give the right medicine . In case you do not give full attention to what I say, I would not be able to trust your medicine."

38. Cares, full of

Meanings:- Cares(n): Worries, concerns.

Full (adj): Filled to utmost capacity.

Interpretation:- To remain concerned all the time about one or the other thing. To be never free from worry.

Versions:- I think as if all the worries of the world are meant for me . All the time my mind is occupied by one or the other worry."

39. Cares, full of ailments from C

Meanings:- Ailments(n): Physical Disorders.
From (prep): Because of .

Interpretation:- To develop the habit of worrying oneself as a result of ailments; might be because of loss of general efficiency.

Versions :- It is since the day I fell sick that I have become a person full of worries. All the time some or the other problem remains occupying my mind."

40. Cares, full of domestic affairs about B

Meanings:-Domestic (adj): Pertaining to household.
Affairs (n): things requiring action or to be done.

Interpretation:- To remain full of worries concerning household affairs.

Versions:- "Except matters concerning home, nothing else enters my mind. I cannot help that. I know it is too much, but I also know that it is unavoidable."

" Are you really fed up with it ?" "No, No, who else will look after it . After all home is home . I have to worry about it."

41. Cares, full of trifles about A

Meanings :- Trifles (n): things of little importance.

Interpretation :- To worry even for matters of very little importance.

Versions :- "It is only the minor things that worry her more. I am surprised why it should be like that. To her all it looks necessary.

42. Carried, desires to be. A

Meanings :- carried, (n): In the state of being transported.

Interpretation :- An urge to be carried physically and be in a comfortable state. (As if not in a position to carry one's own weight).

In other awards wants to be in a state of diverted attention by some other person as if not in a position to lead one's own mind himself.

In straight terms: wants to be in a state of health, by a knee method whosoever can make it possible.

Versions :- my present condition is so bad that I feel, to live in it anymore is not possible for me. If trying to find someone who can pull me out of it. It may be a doctor, a system of medicine.

43. Carried, desires to be slowly C

Meanings :- Slowly (adj): lower than the normal speed.

Interpretation :- Wants to be carried slowly to avoid jerks and jolts. Wants to be treated without a troubled or inconvenience.

Versions :- "I am not in a hurry. Take even more than due time. I am not happy when things moved fast. I believe in things moving quite comfortably without jerks and in a slow and smooth manner. I simply would like to be sure that if on the road to cure, and getting your sympathies and blessings."

44. Carried, desires to be fast. A

Meanings: -- Fast (adj): More than the normal speed.

Interpretation :- Wants to be in a state of relief with speed without having to wait a longer.

Versions :- (1) " please do something quickly. Otherwise do not blame me if I do not come to you anymore. You will like to know the reason which is very simple that I want relief of pain as quickly as possible." " Why are you in such a great hurry?" "You are very strange. Who will not like the quick relief."

(2) " Doctor do you have any medicine which can give quick relief one of the reasons for not coming to homoeopathy is that it is slow in healing."

45. Cautious A

Meanings :- Cautious (adj): Watchful.

Interpretation :- Watchful before anything unwanted happens. This is as a matter of prevention.

Versions :- "These days seasonal disease are quite common. I wanted to know whether it is possible to prevent them by homoeopathy."

46. Cautious, anxiously A

Meanings :- anxious (v): With concern.

Interpretation :- watchful with concern and wants to be educated fully about the nature of his disease, etc. so as to be able to take preventive measures with certainty and well in advance.

Versions :- " sir, many times I have requested you to tell me the name of the disease I am suffering from, but you have been avoiding it. I must tell you that unless I am sure that my treatment is on the right lines I shall not feel comfortable."

47. Clinging, to persons or furniture AA

Meanings :- Clinging (v): sticking or coming closer by embracing.

Interpretation :- sticking or coming closer to persons or furniture by embracing.

Sticking or fastening oneself to anything tightly or closely with no idea of leaving it as long as one's faith allows it.

Versions :- (1) Generally mothers complain about their children that they cling to them so badly that they will not leave them even for a moment. There are instances also that if the child once selects anyone in the family as a preference he will not like to go to another and that's why everybody hesitates to offer him a lift.

(2)" If you could cure a case of cancer you will definitely be able to cure me because my case is not that serious. It is this idea which has been convincing me to stick to you."

(3) " It is after a lot of consideration, enquiries and assurances from others that I decide upon a doctor and that is why once I start treatment do not leave him easily."

48. Clinging, child awakens, terrified, know no one , screams, clings to those near. B

Meanings :- Child (n): Infant, immature.

Awakens (v): Becomes aware.

Terrified (adj): Subjected to intense fear.

Knows (v): Recognizes.

Screams(v): Cries with shrill sound.

Interpretation:- While asleep child awakens. Full of terror and in that condition does not recognize anyone but simply catches hold of the people who are near and will stick to them.

Versions:- (1) This rubric has generally been found application in the cases of children. A mother may come to you one day and report, that her child awakens in a terrified state and recognises no one but simply screams and tries to cling to any person who is near by.

(2) Elders may also behave in this manner . For example a person was reminded of a tragedy which he met previously . The idea overtook his mind that it was about to repeat itself and terrified him to the extent that he started behaving in senseless manner and tried to cling to those near him, crying 'save', 'save'.

49. Company averse to, avoids the sight of people and lies with eyes closed. B

Meanings :- company (n): championship.

Eyes (n) closed: not allowing oneself to see.

Interpretation:- Wanting not to be seen by the people lies in a corner with eyes closed away from company.

Versions:- "I don't like company and try to get aside to remain unnoticed and to see others by lying with eyes closed."

50. Company, averse to, desires solitude lies with eyes closed(cross reference)

Meanings:- Solitude (n): Loneliness.

Lies (v): Remain in a state of inactivity.

Interpretation:- For achieving loneliness, wants to be left alone and lies eyes closed. This is another condition of mind just near to the previous one. But with a little difference. Here the wish is just to be lonely and without company by lying with eyes closed .

Versions :- some time when I get tired after work, I want to the remain alone, leaving all activity & lying down with eyes closed.

51. Deeds, feels as if he could do great A

Meanings :- deeds (n): achievement.

Interpretation :- thinks that he could do many great deeds in the past, even in the present and also tomorrow if given the requisite conditions.

Versions :- "it is because of my sickness that I could not do anything of much value. Otherwise, I would have shown my worth. I had many great things in mind to do but destiny had its own course."

52. Defiant A

Meanings :- Defiant (adj): One who is in a mood to boldly resist (defy) an authority or any opposing force which has started dominating it, in intolerant of domination.

Interpretation :- challenges the present state of health and declares will not live with it.

Versions :- when he realizes after making a lot of efforts that his condition is not improving and the disease seems to be overpowering him he becomes defiant and says, "I am not going to accept this condition of my health. Neither I shall like to live as a sick person. I want to live as a healthy man. I will see that I must get well, whatever may be the cost and whatever may be the effort or I will commit suicide."

53. Delirium, blames himself for his folly AA

Meanings :- Delirium (n): Going out of the her furrow or going off the rails.

Blame (v): To hold responsible for a fault.

Interpretation :- In a state of imbalanced mind the person holds himself responsible for a fault and treats

his action as foolish.

Versions :- " I am suffering because of my own folly. Yesterday I was on an invitation. Food was very tasty. I knew that I was eating beyond my capacity. Even then I did not listen to my inner voice and the result is before you, I am having a severe pain in my stomach."

54. Delirium, crying for help AA

Meanings :- Crying (adj): to utter or pronounce loudly in that sounds of lamentation, grief or suffering, usually with tears.

Help (n): To call for assistance very effectively.

Interpretation :- in a state of delirium man is uttering loudly 'save', ' save'.

Versions :- " My condition is alarming. Take it serious. Doctor! please do something. Otherwise I shall be no more."

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55. Delusions, help calling for, AA
(cross reference) shrieking, aid for (sec. no. 129)

Meanings:- Delusions (n): Sensation.

Help(v) : Effective assistance.

Calling for (n): A feeling of need for.

Interpretation:- A sensation, a feeling from within (through sensory nerves) is conveying that the system has started asking for help. Earlier to this it was thought that a little aid in the form of tea, milk or some home made stimulants will suffice to tide over the crisis. But the trouble could not be stopped or checked and ultimately the need for help , 'save', 'save', has reached.

Versions:- " I am not feeling well, since many days. But I did not take it seriously in the beginning. I thought that with the help of some aid in the form of tea or hot drinks things will be okay. But now after so many days I feel that the situation is going out of my hand and I must get the proper medicine otherwise the disease will pull me down."

56. Delusions, injury: is about to receive A

Meanings :- Injury (n): Damage or harm.

To receive (v): To have.

About (prep) to: any moment without notice, as if something is ahead.

Interpretation:- It is being conveyed through senses that one is going to have some harm any moment.

Versions:-"something from within is giving me to feel that a sever attack of fever or something else is around the corner and is about to plunge me into a great suffering."

57. Delusions, is being injured AA

Meanings:- Injured (adj) : Being harmed.

Interpretation:- Sensation as if the person is continuously being harmed.

Versions:- "I am in trouble. The whole body is aching. Pains, feeling of nausea and severe headache ,etc are as if injuring me."

58. Delusions, is being injured by his surroundings B

Meanings :- surrounding (n): things, persons and atmosphere, which encircle a person from all sides.

Interpretation :- Feels that his surroundings are harming him.

Versions :- "People around me are not co-operating and are rather selfish. This hurts me a lot."

59. Delusions, poor thinks he is AA

Meanings:-Poor (adj): Short of something.

Interpretation:- One who is short of as much of something as is required to remove poverty.

This term varies from man to man. A person may not feel poor even after having lost a lakh of rupees but another may even after losing just one rupee. So in this case since a person feels short of one rupee he is to be treated as poor by one rupee. In this way it is a relevant term.

Versions:-" I am not quiet fit . It is as if I am lacking in general efficiency. This may be due to age also. I accept that age has its own bearing."

60. Delusions, sick imagines himself C

Meanings :- sick (adj) who has some disease.

Interpretation :- one condition is being actually sick and the other is imagining that one is sick. In this case it is also possible that one is actually having ill-health but in addition his mind is deeply under strain that he is sick.

Versions:- " I feel I am a sick person. This feeling is all the time griping my mind. For my short-comings I always offer the excuse of my having ill-health. I generally tell people that I do not keep good health and that's why cannot attend to their calls."

61. Delusions, thin is getting AA

62. Delusions, thin body is AA

Meanings:- Thin(adj): Diluted in real substance.

Interpretation:- Rubric no. 61 to 62 convey two different sensations. One is that the person is getting thin. The process seems to be continuous, the sensation is that he is getting thin day by day. The other is that the body is already thin. So getting thin means that his energies are gradually getting diluted which are heading him towards grave and the other is he is already thin. So getting thin and may break anytime. This is a sensation about the structure of the body. About the mental set up he feels that he is losing or has lost grit, guts or self-confidence.

Versions 61. (1) "I feel I am losing fat day by day. I am not worried, but quite conscious about it"
(2) "I don't know the reason but I feel that day by day I have been losing the grit, the force the confidence which once used to be reflected in the way of my talking on my face."

Versions 62. (1) "I feel that I am thin and not up to the mark. Can you do anything? I want to gain some fat."
(2) "in spite of being fat and without the sign of thinness she feels she is half of her old size."

63. Delusions, wretched, thinks she looks, when looking in a mirror. A

Meanings:- Wretched (adj): One who is in a very unfortunate condition or circumstances, attended with misery and sorrow.

Interpretation :- while looking at her face in the mirror she thinks that she looks the one who is surrounded by misery and unfortunate conditions.

Versions :- what is mirror? Which presents the picture of the object placed before it so vividly that nothing remains hidden.

There are two aspects of this rubric :

(1) "in the mirror when I look at my face and the whole structure of my body I am reminded of the reality that I look ugly amongst the people who are in my contact. Although all of them are decent, and never point out my shortcoming I feel that how fortunate I would have felt had I been gifted with a good looking personality along with the present surroundings."

(2) "when I see people belonging to well off classes enjoying life and compare it with that of mine, like a mirror my reality passes before my inner eyes. That I was born a low class with a very mean Job and will die with the same status. Feeling of being unfortunate and miserable comes up in my mind."

64. Delusions, wrong, fancies has done B

Meanings :- Wrong (adj): Not in accordance with what is morally right or good.
Fancies (n): inclinations exercised in capricious manner.

Interpretation :- He seems to be imagining that a particular action taken by him was wrong and not based on proper judgment.

(1) "I know I should not have taken your medicine without your instructions."
(2) "After I had eaten it. Perhaps I had forgotten that it had never suited me."

(3) "it so happens that after a long time of overall relief I am tempted to test whether my system is still allergic to certain items of food with otherwise I relish very much. But after eating I realize that I should not have done this experiment with myself once again".

65. Delusions, wrong as suffered AA

Meanings :- suffered (v): subjected to.

Interpretation :- has been subjected to injustice or made to undergo injustice. May be because of his own mistakes or by the deeds of others.

Versions :- (1) "people around me have not been fair to me."

(2) "Dr. let me tell you frankly that your medicine seems to have harmed me instead of giving some relief."

(3) "I expected some relief and you say you medicine has aggravated. I never wanted it. I have been deceived

66. Discouraged, alternating with haughtiness. B
(cross reference) timidity, alternating with assurance.

Meanings: - discouraged (v): deprived of courage; disheartened.

Haughtiness (n): tendency to suppress one's weakness by giving himself false assurance.

Interpretation :- here two feelings are interchanging with one another. On the one hand it is one of courage or a sense of impotence and on the other is an effort to suppress this reality. Where within him the feeling of impotency persists, outwardly by false assurances he tells himself that he is not discouraged and will be in a position to manage whatever problem he is going to face or is faced with. Actually he is adamant not to yield although internally he realizes if something actually happens he may not stand it.

Versions :- "two states interchange between one another in my mind. When I apparently find no chance of recovery. All sorts of discouraging thoughts surround me. But when I find myself totally demoralized I try to suppress my thoughts and force myself to accept what internally I feel is not true. "Why do you worry, nothing is going to happen." These are the words that I shall try to repeat to myself again and again."

67. Disconcerted AA

Meanings :- Disconcerted (adj): defeated, deprived of harmony, frustrated.

Interpretation :- Accepts the defeat and ceases further efforts.

Versions :- "My hands are up. I cannot bear anymore which you mean aggravations,etc. of medicine. I am sorry I am abandoning your treatment."

68. Disgust A

Meanings :- disgust (v): a strong disliking, a strong aversion.

Interpretation :- this is a state of disliking for anything where one feels that in him no further room is left for even a little liking further for the thing, in question. Rather it has crossed the limits of acceptancy where he is nauseating and is on the verge of vomiting.

Versions :- (1) "I am fed up of taking medicine daily. I feel like stopping it for some time. Please tell me for how long more. I shall have to take it."

(2) "when shall I can get rid of this disease? I am so fed up the Doctor, I cannot tell you."

69. Disturbed , averse to being AA

Meanings :- disturbed (adj) unsettled, uncomposed.

Interpretation :- It is both ways. If already disturbed wants to remove disturbance, if settled will not like to be unsettled.

What can be disturbed? Something that is at peace or rest or stationary. Suppose there is a tank full of water, and in a state of complete tranquility if a stone is thrown into it the water will be said to have been disturbed or unsettled. Also displaced from its seat or from its original position.

This may be otherwise also. Something is already disturbed and is trying to regain its original position i.e. the state of peace and in that process of restoration if he gets interference of any kind, he will not like it and resent it. That state of mind will also be called ' Disturbed' 'averse to being'

Versions :- (1) "Once I take a position, I do not like to change it. As it takes away from me, the comfort which I somehow or the other try to manage."

(2) "I get internally unsettled, I want to regain my original state of mind and body."

(3) "if I get rid of of this pain, I shall be alright."

(4) "I want to his sit or lie down, I feel for it but I am unable to, act as I wish."

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70. Dullness, understands questions only after repetition. B

Interpretation :- This has already been explained, see rubric no. 20.

71. Embarrassed, ailments, after AA

Meanings :- Embarrassed (v): To be uncomfortably self conscious.

Interpretation :- Getting over conscious about oneself after the ailment has passed away and realizing the gravity of the problem concerning health and trying to think seriously about it.

Versions :- your patient says, "in the night to attack was very severe." "What about now?" "It is better" he replies and hurriedly tries to draw your attention towards the intensity of the ailment he suffered from in the previous night.

This he does with greater stress so that you should give more importance to what he thinks you should.

"But why don't you like to give due importance to your present condition which is definitely better than before?"

"What do you talk" he tresses with an embarrassed tone, "I am so terrified that when I imagine about the severity of the attack which I had last night, I fail to understand, how could I bear it and pass it without harm? And further when I think of it that if it happens again I do not think I shall be able to stand it."

72. Ennui B

Meanings :- ennui (n): boredom, feeling of having enough of a thing or reaching a point of satiety.

Interpretation :- it is mostly attributed to ones present living conditions or state of affairs.

Versions :- (1) "I seem to be so used to the present atmosphere that I don't feel like living in it anymore. The four walls of my house seem to be eating me. I am waiting for the day when I shall have some relief to be able to move to some new place."

(2) "in the beginning I had a lot of interest in taking that treatment regularly but of late I feel I have reached the point of satiety with it. I am looking for the day when it will end although I am much better than before."

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73. Ennui, entertainment, amel B

Meanings :- *entertainment* (n): something that diverts the mind or holds the attention agreeably. It may be in the form of hospitality by anyone, or musical performance, etc.

ameliorates : (v): makes better or improves.

Versions :- "to remain sick even for a day is a matter of great boredom for me, of course if I have something to divert my mind and hold my attention agreeably then I may not mind."

"Either someone may engage me in some sort of interesting conversation or try to entertain me as a guest or did some sort of performance like music, etc., etc."

74. Envy A

Meanings :- Envy (v): desire for an advantage possessed by another.

Interpretation :- The object of envious feeling is grudging or grief at the sight of other's success. But not in the sense of hatred towards them. It is in the sense that if others can possess something why can't he? It is in a spirit of competitiveness, or a race for gain, to excel other without entertaining the idea of harming or destroying other's possessions.

Versions :- "when I see people enjoying around me, it comes to my mind that will there be a day in my life also when I shall have a smile on my face and will be able to eat, drink and be merry as they are doing."

75. Jealousy B

Meanings :- Jealousy (n): uneasiness at the success or position of others or suspiciousness or rivalry or

faithlessness in love or business affairs.

Interpretation :- jealousy is just opposite to envy. It is double edged. Neither he can tolerate others possessing something which he does not possess nor he can tolerate others having the same thing which he possesses. He will remain busy busy in suspecting otherers of robbing him of his possessions. He may take to offense in protecting his possessions.

Versions:- "When I see people laughing it comes to my mind that I should snatch from them their joy. If cannot enjoy why should they."

76. Excitement, amel A

meanings :- excitement (n): an excited state.

Interpretation :- something that which excites or agitates emotions by arousing feelings, ameliorates sufferings.

Versions :- "something which warms the mind and give it life, acts as a soother to me. I do not like dullness. It is the company of live people which I feel can keep me happy ."

77. Exhilaration can recall things long forgotten. A

Meanings:- Exhilaration (n): exhilaration is a state of joyousness or inner feeling of pleasantness.

Interpretation:- "Many times I sit and recall the memories of good old days and enjoy at the thought of them but become unhappy when I think that perhaps those days will never come again. While comparing the present with the past it comes to my mind that I was not like this as I am today but used to be a happy and jolly person."

78. Fear, betrayed of being AA

Meanings:- Fear (n): A sort of discomfort aroused by an impending pain, danger or evil which is specific in nature . A person can identify the subject of his fear.

Betrayed (v): Deceived.

Interpretation:- Fear of being deceived by persoms, situations and or events.

Versions:- "Doctor, if you do not mind , I shall like to know, whether you have treated an identical case (to that of mine) in the past."

" Frankly speaking as you suggest that for every type of ailment as for example , sleeping , I shall have to abandon allopathic medicine and depend on yours. I am worried , if in case your medicine do not work, what will be my lot. Because the disease is somewhat under control now. Lest I be deprived of what I already have."

79. Fear extravagance of AA

Meanings:- Extravagance (n): Excess in any matter.

Interpretation:- That part of the spendings which an individual feels in excess of what in his estimation is the right limit. Each individual has his own measurement of the excess. One person may like to pay not more than Rupees ten for a thing and a paisa more may be treated by him as exceeding his limit but another may not mind paying Rs. 15/- even for the same. But both of them will be scared to cross the limits they have in their minds.

Versions:- " Doctor, previously you were never taking so much time. So much so that very serious ailments were treated by you within a short time. Now for this minor trouble you are taking too much time."

80. Fear, injured, of being A

Interpretation:- We have already studied the rubric Delusions injured is being. In delusion it is the sensation about the injury being received (in present) and in fear it is about the injury one may get in the future.

Versions:- "I can bear pains , remain without treatment but not the prick of the needle. I am so afraid of infections, surgical, of the possibility of irreparable damage."

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81. Fear, self - control losing B

meaning :- self control (n): hold over ones physical and mental functions.

Losing (v): Of being deprived of.

Interpretation :- fears that in a particular situation in may be deprived of control over his physical and mental functions and thus the situation may go out of his hands.

Versions :- (1) "before going out, I am reminded of urinating because of the fear if in case I feel the urge somewhere at such a place during my journey as do not provide the facility for it. It is possible that I may not be able to keep control over myself and the urine passes involuntarily in the trousers."

(2) "I know, that I am fully equipped with the knowledge about my profession and subject but what I fear is whether during the interview I shall be able to keep control over my memory and intelligence and perform properly as I feel I can and I should."

82. Fear, society of his position in C

Meanings :- society (n): an organized group of persons coming together for a particular purpose.

Position (n) place of a person at a given moment.

Interpretation :- it is one's own good image for place already earned or to be earned in future in the society which keeps him scared of doing something which may affect his fame.

Versions :- "What actually I fear is that if a female child is borne to us, the people will treat us "as poor unfortunate persons". It is this impression about us which frightens me and I want to avoid it. Therefore please do something if it is possible that we have a male child."

83. Fear, sufferings of A

Meanings :- suffering (n): state of taking stain or tolerating stain.

Interpretation :- it is the state of undergoing the strain or nerves that one fears.

Versions :- "I do not mind how lengthy may the treatment be but it should be without any trouble and inconvenience."

"Do you mean pains?" sir, "don't talk of pains that is too heavy a term to be used for my fear. I will say that just coming to your clinic frequently to collect medicine too seems to be troublesome to me. I do not think that I shall able to accommodate to that extent even."

84. Fear, superstitious A

Meanings :- Superstitious (adj): any belief having no logical background.

Interpretation :- For example, a person has been getting an attack of a particular disease for the last few years, in a particular month of the year that's why he is fearing that certainly he will get the attack this year also. No argument, no reasoning is sufficient to rid him of this idea which is troubling him.

Versions :- "I have noticed that regularly on two three occasions in the past my pains come on Monday. Therefore a day or two before the coming of every Monday I start fearing that the pains will come. And it so happens that actually they come." Although he laughed but with a concern and tried to stress " sir do not take me lightly. I shall request you to do something for me."

85. Fear, troubles of imaginary. C

Meanings :- Imaginary (adj): Existing in imagination, not real.
 Troubles (n): difficulties.

Interpretation :- can not be convinced that his problems are not real because according to him they are just before his naked eyes.

Versions :- (1) "I imagine in that for this disease people will start hating me." For this reason "I fear to disclose it to anyone".

(2) " there is a hole in the sole of my left foot but nobody believes me. They say they do not see it. I am afraid, in such a situation as this, nobody will be convinced to treat me Medically."

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86. Fear, unaccountable A

Meanings :- unaccountable (adj): having no reasonable explanation or accounts.

Interpretation :- which is without any meaning. He knows that his fear is meaningless yet is not able to overcome it.

Versions :- "What to tell you sir, about my fear. I know it is called unnecessary and without any head and tail."

"If I get a news about someone's death I start feeling about myself that perhaps my death is also near and that I shall die soon. I shall feel scared to join a funeral party. Although I try to tell myself that

nothing like that is going to happen, but I do not succeed in overcoming my fear."

87. Feigning, sick AA

Meanings :- Feigning (v): Assuming an appearance of sickness. To represent fictitiously one's own condition of health.

Interpretation :- this is the literal meaning of Feigning sick. But actually in practice it is not necessary that the person may put on totally a false appearance of sickness. It is possible that he is really sick but wants to make it appear in an exaggerated way so that those around him must know that he is really sick and give him their due attention. And part that purpose he will employ such behaviour as is necessary to serve his aim because in reality he wants attention.

Versions :- "you know, that these days the near ones have no time to pay attention to a sick person in the house. So sometimes through different types of gesture I have to make it known that I am not well. At occasions I have to represent my sickness in an exaggerated way in order to get their assistance and attention to that extent I need."

88. Frivolous AA

Meanings :- Frivolous (adj): not worth to serious notice.
Characterized by lack of seriousness. Unserious.

Interpretation: -taking things easily. Do not become that serious as usually people do in similar situation as he is in.

Versions :- "I am not much bothered about my sickness. Because I do not feel that it is of any significance. It is my husband who has generally been admonishing me for this. Because in his view I am a careless person so for my health is concerned. It is at his insistence that I have come to you for the treatment. I think it will heal by itself."

89. Groping, as if in the dark A

Meanings :-Groping (adj): searching something as if blind.

Interpretation :- trying to find a way out of the present crisis but is not successful and is looking for the direction.

Versions :- "apparently I do not find any relief. I am at a loss to understand as to what to do in this condition. Neither I am able to assess whether or not I am recovering in any way nor I am able to decide to whom else to approach for a fresh opinion."

90. Helplessness, feeling A

Meanings :- helplessness (n): state of inability to help oneself in the given circumstances.
Feeling (n): perceiving by touch.

Interpretation :- arriving at the conclusion after coming into contact with the circumstances that no

other way out is left but to accept just the one which is available. There is no choice.

Versions :- "because of my sickness I have to neglect most of the house-hold. I know everything is in disorder. The maid servent does not work according to my satisfaction. Had I been in good health I would have terminated her services."

91. Honour, effects of wounded.

Versions :- honour (n): honesty and integrity in one's beliefs & actions; high public esteem, fame, glory ; a source of credit or distinction; high respect as for worth merit or rank.

Effects (n): results, consequences.

Wounded (adj): damaged.

Interpretation :- in the state of undergoing the impact of results of damaged reputation, fame, glory, high respect.

Versions :- "because of bad deeds of my son, I cannot show my face to the people and remain indoors to avoid meeting anyone. "

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92. Hide, desires C

Meanings :- hide (v): to prevent from being seen.

Desires (v): wants to.

Versions :- "I feel I am going to have fever. I want to avoid it if possible."

93. Escape, attempts to . A

Meanings :- escape (v): to slip away

attempts (v): make an effort.

Interpretation :- for the sake of comparative study it will be found that one will try to escape from a situation or a person which is just before him face-to-face. And tries to find out ways how to save himself from it. But one can hide himself from something which has not yet appeared before him and he remains unnoticed, because the scope of hiding vanishes when one comes to the notice.

Versions :- "I tried to avoid onset of the fever but could not. Now since it has come I am finding ways to get rid of it."

94. Hides, things AA

(cross reference): naked wants to be

Meanings :- hides (v): prevents from being seen

things (n): objects without life.

Interpretation :- hides things, facts, deeds, affairs, actions, intentions etc. not always but on isolated occasions when found necessary that too not with all seriousness but in a joking mood or out of shyness. Uncovers things as soon as the shyness is over and seriousness returns.

Versions :- "I generally do not try to hide things from anyone. I am a very open book." "But sometimes a situation may demand that you have to put a cover on a particular issue. Yet I will not be able to do it for too long a period. Because if I find that to prolong hiding will mean telling a lie I will uncover the hidden fact promptly. For example, let me tell you about these black spots on the left side of my face. . whenever I will meet a stranger I shall cover them with my hand but if the same person meets me frequently I shall stop covering them."

95. Secretive (cross reference) B

Meanings :- Secretive (adj): one who does, makes or conducts without the knowledge of others, as a matter of his nature or habit.

Versions :- "please don't disclose it to anyone that I am under your treatment. I shall like to keep it to myself."

96. Hopeful B

Meanings :- hopeful (adj): full of hope.

Interpretation :- who feels that the events may turn out for the best. Assured in the mind at the happening will be favourable. Fully confident of getting desired results.

Versions :- "mind mind assures me that I self recovery. It is my internal feeling."

97. Impatience, pain from A

Meanings :- Impatience (n): state of inability to endure or wait because of pain or eager desire, for relief.

From (prep) : indicates the source, agent or instrument of impatience.

Interpretation :- Not in a state to bear pains and therefore is not possible for him to wait any longer.

Versions: (1) "I cannot bear pains. This is my weakness and therefore cannot wait even for moment. If I find that medicine is taking time to overcome the pain, I shall change the treatment at once."

(2) tosses his head & produces sound oh! & says, " I am not able to bear the pain. Please do something quickly."

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98. Inciting, others. B

Meanings :- Inciting (v): prompting to action.

Interpretation :- prompting others to action and keeping himself behind and quiet.

Versions :- "you might have treated many people successful but I will accept your skill only after you cure me."

99. Indifference, desire has no, no action of the will. A

Meanings :- indifference (n): lack of interest or concern.

Desire (n): craving.

Action (n): state of being action.

Will (v): the power of his choosing actions.

Interpretation :- a state of complete lack of interest in desiring anything and exerting the power of control over one's own actions. Lack of initiative.

Versions :-

(1) "On my own, I am never reminded of any work. If somebody tells me to do something I will do it. Otherwise I will sit idle and do nothing. Seldom when I feel like doing anything I have to seek someone's advice whether or not to carry it out."

(2) A mother tells about her child that he bothers her very much. He will not do anything on his own initiative so much so that he will come to her and ask "should I go to obey the call of nature" or should I eat this or should I take that etc, etc.

100. Indifference, important, things to B

Meanings :- important (adj): Of significance.

Interpretation :- lack of concern for things of much significance which ordinarily one is not expected to lose interest in.

Versions :- "It is a strange contrast in my nature that I remain quite disinterested about important matters of my business and other affairs and because of this I have to suffer and miss many good opportunities for further progress."

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101. Indifference, lies with eyes closed B

Meanings:- Eyes (n) closed: Disallowing oneself to see.

Lies (v): remaining in a state of inactivity.

Interpretation :- remains in a state of no concern as if eyes are closed to whatever goes on around and have become inactive .

Versions :- "I know that I am suffering from a serious disease which if neglected may prove fatal, yet my attention is never drawn towards it and I never think of going to a doctor. As if not aware of it and inclined to take any action."

102. Indifference, personal appearance, to B

Meanings :- personal (adj): one's own.

Interpretation :- lack of interest in one's own, outward show, in dressing, maintaining public impression of decorum, prosperity, etc.

Versions :- "I do not feel any interest in dressing myself properly and keep my personal appearance in order. Because I am never convinced that my appearance which in the view of others is bad is really not good."

103. Indifference, recovery about his B

Meanings :- recovery (n): regaining of something lost.
 About (prep): concerning.

Interpretation :- not bothering about regaining the health lost but is interested only in mitigating his sufferings.

Versions :- "I am not much interested in the eradication of my disease. What I am bothered most is about the suffering and pain. I want to get rid of them first. About recovery I will think later."

104. Indifference, sufferings to A

Interpretation :- feeling of no concern so far one's sufferings are concerned as if nothing is happening to him.

Versions :- "ailments may be of any dimension (strength), we have never seen him showing any concern about that. "He keeps himself normal.

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105. Indignation, A

Meanings :- indignation (n): feeling caused by what is considered as unworthy of one's dignity.

Interpretation :- the respect, position, status one holds in office or being elderly in the house, etc. etc.

Versions: -- "let me tell you doctor that here at your clinic my position is of as patient. But at my own place I command respect being the proprietor of my business. I take myself to be a man of dignity and if it is denied to me in any way I feel disrespected."

"The same is the case with me when I am in the family. Being the head, if any of the members tries to show disregard to me, I take it ill."

106. Indignation, discomfort, from a general AA

Meanings :- discomfort (n) from general: state of uncomfortable feeling because of having been disrespected, although in a general, way.

Interpretation :- one has not been provided due reception or the comfortable place of sitting etc. worthy of his dignity of which others or not aware.

Versions :- "with me there is a problem. For example I have come to your clinic. Here if I find that there is no one to attend to me properly and offer me a seat but at least receive me with respect and requests me to wait till the doctor is free, I will take it as a disrespect to me and will not wait even for a moment and leave the place."

107. Inquistive A

Meanings :- Inquistive (adj): one who searches into or makes efforts to satisfy one's curiosity (having desire to learn or know about anything).

Versions :-

1) "Just for information, doctor, if you do not mind I shall ask you one question. I am sure that you must have treated so many cases like that of mine. I wanted to confirm it from you."

2) "Another question is that which of the other diseases you treat successfully. It is my habit to be up-to-date with every type of information."

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108. Irritability, pain during A A

Meanings :-Irritability (n): state of excitability to impatience or anger or annoyance .
pains (n): bodily sufferings or distress due to injury or illness.

Interpretation :- in other words, it is the degree of strain the nerves have to bear. After a limit the stress of strain is felt and it starts taking the shape of sufferings. This stress when aggravated further takes the shape of pain.

It is in the state of excessive strain on nerves which plunges a person into a state of annoyance.

Versions :- "So long as the pain there I remain irritated. I shall not like to talk to anyone. As if I am annoyed with everyone and everything around me. It is not necessary that the pain should be in the body, it may be in the mind. Because if I find something unjustified it also annoys me and brings the same changes in my attitude as above."

109. Lamenting, bemoaning, wailing C

Meanings :- lamenting (n): expressing bodily pain (affliction) disappointments, grief, sadness or regret.etc.

Interpretation :- the way of expression may be a prolonged low inarticulate sound uttered as from physical or mental suffering or bemoanful high pitched clear sounding as in grief or suffering which clearly indicates that the lamenter is trying to convey how deep and strong is the suffering, by uttering loudly words like 'dying' 'killed', oh! God' etc.

Versions :- She talks in a mourning tone and expresses caused by her sickness. She says, "my sickness is badly after me and does not seem to leave may easily. It has let me down. I am cut off from society and everything is except this nasty disease which keeps me busy with itself all the time."

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110. Lamenting, sickness about his C

Interpretation :- while lamenting one tries to point out how distressing his sickness is. His remarks may be "*this disease is not going to leave me.*" In certain cases producing of peculiar sounds of lamenting may be missing but a bit abusive language may be substituting it.

Versions :- "this nasty disease is with me since very long. I know it is not going to leave me. That's why doctor please give me something just to mitigate my pains or sufferings. Do not think of curing my disease."

111. Laughing, actions, at his own C

Meanings :- laughing (n): the state of expressing emotions (as mirth), pleasure, derision or nervousness with an audible, vocal expulsion of air from the lungs which can range from loud burst of sound to chunkles.

Actions (n): doings.

Interpretation :- to express a causal joy at one's own doings.

Versions :- as she started reporting about her sickness, she was plunged into laughter and said "I am laughing at myself because I am reminded that every time I come to you, it is with a fresh complaint and obviously I feel you will think what a strange type of women I am."

112. Laughing, speaking when B

Meanings :- speaking (n): communicating orally.

Interpretation :- laughing while communicating orally, which shows a happy mood.

Versions :- it has been observed that while communicating she laughs spontaneously without being aware of it. It looks as if this is the part of her nature.

113. Light, desire for AA

Meanings :- light (n): something that makes things visible or affords illumination.

Interpretation: -- desire for something with the help of which one achieve knowledge or remove darkness about anything. Here as a patient one should be inclined to know about the nature of his disease, whether it is curable or not etc.

Versions :- "Doctor please tell me if there is any hope of recovery. If you give me some assurance I will start treatment with you. Because I am not a doctor and not supposed to know whether or not my disease is curable. So, if you think you can cure me. I shall accept your version because whatever use a

will be based on your experience in similar cases."

114. Light, shuns B

Meanings :- shuns (v): to keep away from the knowledge about anything (one is scared of).

Interpretation :- He thinks, it is safe to remain in dark.

Versions :- "I am avoiding all types of diagnostic investigations in my case because I know if something is detected. It in itself will be a cause of great embarrassment to me."

115. Longing, good opinion of others for C

Meanings:- *longing* (n): prolonged, unceasing and earnest (serious in all respect) desire.

Opinion (n): the expression of personal judgment or estimate of a person or thing with respect to character or merit etc.

good (adj): morally excellent, virtuous and righteous.

Interpretation :- A long standing serious desire to listen words of praise about ones qualities and merits by others.

Versions :- (1) "My gaze went up and came down. Again went up but never came down. In this verse a beautiful damsel talks about her experience.

That once all of a sudden her looks went up to find that someone was looking at her. In the next moment they came down in a spontaneous response to something which she longed. (Perhaps, there she saw a promise full of praises for her for which she was waiting as if from centuries. She wanted this dream to become true. For which she thought it was necessary to give free chance to her gazer so that he may not hesitate to take full stock of her beauty)."

After doing this she raised her eyes again never to cast them down but to search for an answer to her question into the eyes which were raised at her.

(2) "outside home I remain happy, why? There is none even occasionally to glance at me and know about my qualities in the house. I am fond of good diseases and lavish make up. I am good at writing poetry and singing songs. I will definitely like to meet people who encourage me."

116. Longing, repose for tranquility AA

Meanings :-Repose (n):a state in which no emotion can disturb.

Interpretation :- Longstanding desire for rest to achieve that state of calmness of mind which prohibits the disturbing emotion to effect it is any way.

Versions :- "Many times I think of going away to some holiday resort to take rest from this daily routine and to achieve peace of mind but I am not finding time."

117. Longing, sunshine, light and society for A

Meanings :- *sunshine* (n): The shining of the sun, the direct light of the sun which contains both, the

light and the heat. Also if inferred as a matter of comparison (metaphor) a cheerful face too shines which is the sign of happiness i.e. internal warmth & hope.

Light (n): something that removes the darkness. To infer gives awareness about self & surroundings.

Society (n): an organized group of persons coming together for a particular purpose.

Interpretation :- Long outstanding desire for happiness and pleasures of life (sunshine) with the full knowledge and awareness about self while fully enjoying and giving herself to feel that she is there deep into the state of joyousness (light) in the company of persons of her own liking organized for the particular purpose of enjoying life to the full (society), without any hitch and hindrance.

In a nutshell longing for pomp and show with full pleasures of life enjoying to one's heart content in the company of like minded people, without hitch and hindrance.

Versions :- (1) "I want to enjoy life fully in the society of like-minded people without any type of check on me."

(2) "A marriage party was passing through our street, when I heard the sound of Band and music, I was charmed with the idea of enjoying its look from the roof of my house and requested my son to take me out of the room up to the railings."

118. Love, sick

B

Meanings :- *love (n)*: A feeling of warm personal attachment or deep affection for a parent, child, friend or a person of opposite sex.

Sick (adj): deeply affected with some unhealthy feeling as from a disease.

Interpretation: -- Feeling of a warm personal attachment for someone which has taken over the mind so deeply that it has started affecting him like a disease and is not free from it at any time of the day.

Versions :- " When in distress, I am tormented with the fond memory of my mother and want to be by her side all the time."

119. Moral, feeling one of

B

Meanings :- *moral (adj)*: pertaining to or concerned with right conduct and its principles and conforming (complying with) to them.

Feeling (n): capacity for emotions or sentiments etc.

want of (n): lack of.

Interpretation :- moral feeling want of : without having any place for sentiments concerning the right conduct, in one's mind.

Versions :- " I become so restless that when I find something not in order I will burst at the person who is responsible for it with rudeness and even abusive language. Keeping aside all moral constrains I will not spare even my father or who so ever been may be whom I am obliged to revere."

120. Naked, wants to be

B

Meanings :- Naked (adj): without covering.

Interpretation :- Wishes to uncover himself physically or (to infer) to divulge the bare facts he knows about himself.

Versions :- see rubric no. - 94

121. Narrating, her symptoms agg. B

Meanings: Narrating (v): giving account of her: her problems

Interpretation :- Her symptoms agg. while giving an account of them.

Versions:- "It will be found that certain patients remain quiet and calm till you do not pay any attention to them. But sooner you start listening to them they will become excited as if while narrating, their symptoms are aggravating."

122. Playful A

Meanings :- playful (adj): disposed to engage oneself in some amusing exercise.

Versions :- "these days I am in a mood to indulge in talking to anyone very freely. But I am finding none. My husband has no time for all these things. I am badly after finding some society."

123. Praying A

Meanings :- praying (v): requesting for favour.

Interpretation :- requesting those in authority for a favour.

Versions :- "Do you ask everyone to favour you?", a patient was asked. "The question does not arise. What is the use of asking does who do not know the job. You are a doctor. You can properly understand my problem. I request only you to rid me of this nasty disease earlier as possible because I am much in trouble."

124. Quarrelsome, anger without C

Meanings :- quarrelsome (adj): argumentive, one who disputes.

Interpretation :- inclined to argue or to disagree without anger or any sort of agitation.

Versions :- without showing any type of agitation at her face a patient said, "today I have come to quarrel with you. "Why?." "Because you are not paying proper attention to my case." "How do you know?" "Since, I observe that others are getting well where as I am not." "So you have come to quarrel with me." No, no, I am simply joking but what I actually want to say is

that please see why I am not improving?

125. Rest, can not, when things are not in proper place. A

Meanings :- rest. (n): Relief or freedom from troubles or exertion.

Proper (adj) place (n): A space meant for a particular purpose.

When (adj): point of time or period.

Interpretation :- cannot be at peace as long as things are brought back to the order required. This rubric may be converted into these words. "Things do not appear in order" but is not necessary that peace of mind is lost in every case. In the broader context the disorder may be of any type concerning anything in life or society (even one's own action or of others) etc. etc.

Versions :- "I feel that the medicine you gave was not correct because it has not given the desired results."

126. Repulsive, mood A

Meanings :- repulsive (adj): that drives off. Not accepting to be pushed back from the present position.

Mood (n): disposition of mind.

Interpretation :- wants to hold his foot fast, does not allow himself to be pushed back.

Versions :- "I want to remain perfectly alright. Why one should be sick?" replied when he was advised that he should not bother for minor ailments".

127. Sadness, insult, as if from B

Meanings :- sadness (n): state of unhappiness.

Insult (v): affront, an offense on one's dignity or self respect.

Interpretation :- state of unhappiness with the feeling as if self respect or dignity has been offended.

Versions :- "I am unhappy because today my son did not wish me properly. I feel I have been insulted. Although I know there was nothing wrong so far his intention was concerned, yet I am not able to reconcile with the fact and feel sad."

128. Sadness, quiet B

Meanings :- quiet (adj): state of unhappiness without making any noise or show of it. Sadness demonstrated by assuming quietness by way of withdrawal from activity.

Versions :- when sad, I withdraw from almost every activity and do not respond calls for active participation in anything with the normal enthusiasm.

129. Sadness, slight, an undeserved from C

Meanings :- slight (n): having been treated with indifference pointedly and contemptuously.

undeserved (adj): unjustified.

Interpretation :- state of unhappiness because of contemptuous discourtesy received for no fault on one's part or state of unhappiness because of an unjustified insult.

Versions :- "what actually makes me sad is that I am punished without any fault on my part." For example as you have rebuked me of my being irregular in getting treatment from you but I am unhappy with you as you have not tried to know the reason for it."

-----53-----

130. Recognises, everything but cannot move AA

Meanings:- Recognises (v): Identifies as something as previously known or from knowledge of appearance or existing truth.

Interpretation:-This rubric may be changed to 'Recognises the reality and accepts it.' Identifies the truth which cannot be changed and reconciles with it without complaint.

Versions:- In very plain words & without emotions she tells that she knows that her disease is not curable then why should she worry about it? Adds further, "My job is to make efforts and not think beyond that."

131. Sensitive, mental, impressions to

Meanings:- Sensitive (adj): That which is affected badly.

Mental (adj): concerning mind.

Impressions(n)to: Images left or stamped by one object on another.

Interpretation:- One whose intellect , feelings or conscience is badly affected by certain ideas, objects or remembrances,etc.

Versions:- " Actually I tell my people not to talk to me about any bad news. It is not to say only of people telling me anything . Ideas will come up even in my own mind also to capture it all of a sudden and start tormenting me un-necessarily."

" For example, my son has a motor-cycle. If he is out , the thought; of his meeting with an accident will capture my mind. I am filled with all types of anxieties about him and my heart starts sinking."

132. Sensitive, external, impressions to all C

Meanings:- External (adj) : Something which has no concern with the ideas, remembrances or objects originating from one's mind but coming from outside it.

Interpretation:- Badly affected (in mind) when comes into contact with the objects, events or happenings (outside) in one's surroundings.

Versions:- " Visions of external objects remain impressed on my mind for several days. If I see a dead

body. Its picture persists before my eyes for several days. If I hear some sensational song its sound will remain singing in my ear for many days . If I hear a bad news, it will remain fresh in my mind for days together." "My son is accepting everything whatever is given to him from outside. If he sees someone doing anything , he will say he will also do the same thing.If he will see anyone eating anything he will say he will eat the same thing in the same manner etc. etc."

133. Sensitive, moral, impressions to B

Meanings :- Moral (adj) : Concerned with right conduct and its principles.

Interpretation:- Feels badly when principles concerning right conduct are not adhered to.

Versions:- "When I find that at her old age, my mother is to nurse me , my wife and little children have to earn to support me, I feel ashamed and think of committing suicide. In my view a person like me has no moral standing to live."

134. Shrieking , aid for A

Meaning:- Shrieking(v): Uttering a sharp cry.

aid(v): Subsidy; not full help just a part of it.It is that proportion of assistance which one needs to fulfill the deficiency beingexperienced in one's own efforts.

Interpretation:- Asking for a helping hand in an unpleasant tone.

Versions:- (1) " I have to look-after all the house-hold all alone. No body tries to help me. Even in sickness none bothers to see that I need assistance."

(2) " I was just passing through this way and thought of meeting you. There is not much problem with me. I can do without medicine. But if I get a dose of it I think it will better."

135. Stupefaction. knows not where he is C

Meanings :- Stupefaction (n) : State of numbness of senses of perception as if smoke screened.

Knows not: does not perceive or understand clearly and with certainty.

Interpretation:- Being in a state of cloudy or smoke screened sense of perception is not able to understand at what place he is.

Versions:- (1)" During pain I remain lying where, I am. Quite unaware of my surroundings. And come to my senses; only after the pain is a bit relieved"

(2) " If you ask me about my present condition I can say I am not clear as to where I stand. It is better that you repeat the medicine."

(3) "sometimes I becomes so dull that I have to ask someone to tell me as to where I am."

136. Superstitious B

Meanings:- superstitious (adj): one having a belief in an idea with no logical background. Blind faith.

Versions :- "My friend was cured by you. It came to my mind that I should also undergo your treatment. If you could cured him you will definitely be able to cure me. With this faith in mind I have come to you for treatment."

137. Talk, desires to someone C

Meanings :- talk (v): to speak familiarly.

Desires (v): craves to.

Someone (pron): some person.

Interpretation :- to speak familiarly with someone.

Versions :- "I feel like talking out to someone, those of my ideas which seem to be burdening mind mind. Generally they are about my sickness, with the hope that I might get some good advice in that connection." "Sometimes I talk about something other than my sickness just to forget it. At occasions I find that just talking it entertains me which ameliorates my ailment."

138. Thoughts, two trains of thoughts C

Meanings :- thoughts (n): ideas or notions produced one's thinking.

Trains (n): lines

Interpretation :- two lines of thinking or reasoning which run parallel to one another and suggesting two lines of action as if both are correct and it is difficult to choose one out of the two.

Versions :- it is a great problem with me, "I am in a fix. Out of the two alternative which one was the best. I got operated and to be free from the trouble once for all now I think that if the organ could be saved and healed in a natural way that too was good and worth consideration."

139. Threatening B

Meanings :- threatening (n): indicating an intention to inflict punishment or an evil upon the other. This is done either to prevent a person from doing wrong or compel him to toe a particular line.

Versions :- "be attentive while prescribing for me, if I feel no relief, I shall not come to you again."

"Are you threatening?"

"Definitely, because I have noticed that you are not paying proper attention to my case."

140. Timidity, alternating with assurance c

Meanings: -- timidity (n): want of courage.

Alternating (v) with: interchanging repeatedly and regularly with one another.

Assurance (n): A positive declaration intended to give confidence.

Interpretation: -two states of mind, one discouraging and the other encouraging remain interchanging

repeatedly and regularly with one another.

Versions: -- "Since the moment cancer was declared I have become a broken person.

For a moment I succeed in assuring myself that it is not necessary that every cancer patient is incurable since I am under the treatment of a reputed doctor in you. I tell myself that there is a greater possibility of my getting cured and therefore there is no need to worry. But this assurance remains for a short time."

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141. Torments, everyone with his complaints c

Meanings :- torments (n): worries and annoys excessively.

Complaints (n): expressions of pain or troubles or the like in order to get redressal of them.

Excessively (n): causing worry and annoyance to everyone, with the expressions of pains and troubles repeatedly.

Versions :- (1) "My mind is always occupied with one of the other complaint. You will appreciate that one who is in trouble will definitely be talking to everyone about his sufferings in the hope that someone may suggest a good solution. But my family people think that I am in the habit of bothering everyone."

(2) "People will go on telling me to change the topic and talk about something else but I will not listen to them. As a result they leave me."

142. Travel, desire to B

Meanings :- travel (v): to go from one place to another or from place to place by any means of transport with a fixed destination and purpose in mind.

Interpretation :- inclined to go from place to place, as it pleases one's mind.

Versions :- "I am fond of visiting places of interest like hill stations and places with natural surroundings and sceneries."

143. Unconsciousness, interrupted by screaming A

Meanings :- unconsciousness (n): state of complete loss of the power of perception and awareness of the surroundings. Is not able to respond to sensory stimulations.

Interrupted (adj): broken in between by trying with a shrill sound.

Interpretation :- the state of unconsciousness is broken for some time or moments in between by shrieking (as a sign of awareness of pains or dangers, etc.)

Versions :- (1) "A person remains forgetful in a state of unawareness that an important work is suffering which requires his attention without delay and this state is broken in between with a remainder of ruin."

(2) "The patient remains quiet for most of the time but produces sounds of distress occasionally."

144. Wander, desire to c

Meanings :- wander (v): To go from place to place without any object and fixed destination.
Desires (v): Wishes to.

Interpretation :- inclined to go from place to place without any purpose and without knowing the destination, as it pleases one's mind.

Versions :- "Something impels me to go out somewhere. When I start and go out a house, I stop and ponder where and in which direction to go. In this way after thinking for a longtime I move on in the direction facing me and stop again after it few steps. Like this I repeat the same exercise many times and come back home."

145. Weeping, refused anything, when A

Meanings :- weeping (n): shedding tears to express grief, sorrow or any overpowering emotion.
Refused (v): A request rejected.

Interpretation :- weeps when he feels his request for anything is rejected.

Versions :- "when I come here I do everything to impress upon you that I require your full attention to get rid of my disease. You also do not spare any effort or your part to prescribe a correct medicine and even after that if I do not get relief I feel as if my request has been turned down by an unknown force which is followed by tears from my eyes."

146. Weeping, touched when A

Meanings :- touched (adj): coming into contact with the fingers or hands or any part of someone's body.

Interpretation :- while coming into contact physically with finger, hand or any part of the another's body or mentally in the thought or word heard move the mind and stir it to react in the form of shedding tears.

Versions :- "feels that she never hurts her men, why then all those sufferings for her. With tears in her eyes she asks the ALL MIGHTY."

147. Well, says, he is, when very sick B

Meanings :- Well (adj): In a satisfactory position.
Says (v): States as an opinion.
Very (adj): in a high degree.

Interpretation :- there seems to be no communication between the body and mind. While seriously sick feels is in satisfactory state of health.

Versions :- (1) If you ask you patient, how he is, he will reply that he is well.

"Do you know that you have fever."

"Yes."

"Still you feel you are well."

"Yes."

(2) "please wait and do not change the medicine. I feel I am getting some relief. After sometime he gets the opposite feeling and says perhaps he was wrong."

148. Will, contradiction of C

Meanings :- will (n): The power of control the mind has over its own actions or the power of choosing one's options.

Contradiction (n) of: Assertion of the opposite.

Interpretation :- Assertion of the opposite between the options to the exercised. Rejecting its own decisions and sticking to none.

Versions :- "I take a decision now and rejected it the next moment. Say for example about medicine. I decide that I should go in for allopathic treatment that cures quickly and soon after sometime it will come to my mind that homoeopathy will be better as it gives a permanent. This keeps me undercided."

149. Will, muscles refuse to obey the will when attention is turned away. AA

Interpretation :- This rubric may be changed in this fashion. 'WILL, Muscles obey the will so long as the will is strong.' This rubric indicates the relationship between the mind and the functions of the body. All depends upon the firmness of mind. If the mind it becomes weak and accepts excuses the body has to offer for its malfunctioning then body assumes control over the mind and vice versa.

Versions :- This rubric may be changed as Muscles obey the will so long as the will is strong.

(1) "I am carrying on just on the strength of my will, otherwise I do not think that anyone in my position could pull on."

(2) "I try my best to keep control over myself. The pain disturbs me too much and ultimately a stage is reached when I am unable to hold myself and try to cling to someone for medicine or whatever he made do."

(3) the child has a very strong will. He will try to bear pain as long as possible and will not disturb us. But when the pain goes out of his control he tries to cling to anyone who is near.

(4) "when the pain becomes unbearable and my will gives way I start talking to someone."

(5) "I try to bear the pain as long as possible. When I find that I am not able to keep control over myself I have to take the allopathic medicine against my wishes."

150. Will, two, feels, as if he had two wills C

Meanings :- feels (v): Knows by the sense of touch.

Interpretation :- the situation seems to be providing two parallel options having merits of their own keeping the mind wavering to come to a final one. Double minded.

Versions :- "My mind is in two wills. Since I have already started your treatment and I feel some relief,

I wish I should continue the treatment. On the other hand, in this season all ways I go to Haridwar and spend two or three months there in good humor. Now this is an attraction in itself, because in that atmosphere most of my ailments disappear."

Now I have come to you for advice as to which course I should take.

Dr. Sehgal's
REDISCOVERY OF HOMOEOPATHY
(A Different Concept)

By
Dr. M.L. Sehgal
Founder – Dr. Sehgal's School of
Revolutionized Homoeopathy

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INTRODUCTION

'Light, desire for' is one of the many rubrics which have been found frequently indicated, as far as prescribing within the frame work of Revolutionised Homoeopathy is concerned.

Seventeen (17) drugs (Synthetic repertory) belong to the family of this rubric. Whereas it is necessary to know their individual way of fulfilling their desire for light, there it will be important to know first of all, the various interpretations, in their wider sense of the term LIGHT. Therefore in the beginning of this study, I have tried to put down as many as I could recollect and imagine, yet they may not be inclusive of all. The main purpose is to give to the reader the idea as to how to expand the meaning of the rubrics.

In the presentation of every study I have always endeavored to simplify the description more than the earlier ones. Therefore while dealing with the subject although I had a preplan to adhere to my earlier ways of identifying the drugs through their king-pin symptoms, I have allowed my thoughts to have a freeflow according to my perception. Still I hope those interested will not find it difficult to locate the king-pin symptoms which will either be found in the beginning or the end of the drug pictures presented here.

In the end it may not be out of place to mention that it took me three years to complete the writing of this work which fact may account for the reason if the uniformity of the style could not be maintained.

THE MEANING OF THE RUBRIC, 'LIGHT, desire for'

Before knowing the drugs covered by the rubric 'LIGHT, desire for', it will be important to know the meaning of this rubric and its broader inferential implications. To start with let it be its dictionary definition word by word.

light (n): something that makes things visible or affords illuminations.

desire (n): a wish, a prayer or request.

for (prep): directed to .

The broader inferential implications of the word light which can be many are given below to the maximum as far as possible.

Inference - Something which is not heavy in weight, is easy to lift and digest, i.e., to desire for something light which does not burden the body, the stomach and mind.

Version - "I like light work or I like something soft to eat or talk something light which lightens the (already burdened) mind."

Inference - Something which should have neutralizing (cooling) effect.

Version - A person is agitated, wants something which should cool him down.

Inference - Light which neutralizes the effects of darkness and brings the things to visibility or the facts to surface.

- Version** - "Dr. what is it that I am suffering from?"
- "Why are you asking this question?"
- "It is just by the way." (I am more concerned with the cure, than to know the cause of disease.)
- or
- "What is the harm in knowing a thing?"
- or
- Inference** - Wants positive results.
- Version** - As it was asked of a patient why he was trying to know whether his disease was curable or not and how much time it will take. He replied "Simply because I want to be alright".
- or
- As another patient says, "One must have some knowledge about one's disease."
- Inference** - Wants some hope to be given.
- Version** - "I am asking as the other school totally rules out cure. I don't want assurance but simply want to know of the possibility."
- or
- "Dr. if you simply say I will be alright, I shall feel satisfied and continue the treatment."
- Inference** - Wants only to see the bright side of the things and does not like to entertain any adverse ideas.

- Version** "Dr. are you sure I shall be cured."
or
"Have you cured cases of my kind"
or
"I don't want to die. I want to live.
Will you be able to help me."
or
"I don't want to believe a Dr. who
says I cannot be cured."
or
"Dr. I have not enjoyed life to the
ful. I want to do it before I die."
- Inference** - Searching for light or is in search of
light, i.e. is in the habit of knowing
about everything in general.
- Version** - "I am in the habit of collecting
information about everything
possible. For example, I would like
to know in what type of research, you
are engaged in to keep it in record
with me. So that I may pass it to the
needy."
- Inference** - Only wants to know the cause of the
disease.
- Version** - "Dr. why this sort of ailment occurs
? Takes a pause and states if I come
to know of it I shall try to prevent it
by taking due precautions."
- Inference** - Wants a hope to sustain himself on
or, in other words, wants to live with
a hope.

Version 1 - "You want me to leave my Dr. but I don't want because I am happy that at least he talks of some hope."

- The light seeker will withdraw from the atmosphere which carries bad taste in any form.

Version 2 - "I can't entertain ideas, talks, conversations which carry bad taste in any form. I shall like to leave the place at once rather than staying in it for long."

I

ACONITUM NAPELLUS

DELUSIONS, body deformed, some part is
DEATH, presentiment of, predicts the time
DELUSIONS, die, he was about to

COMMUNICATIVE, expansive
REFLECTING, unable to reflect
CHAOTIC, confused behaviour
FEAR, imaginary things, of
WEEPING, anxiety, after
FEAR, suffocation, of.

LIGHT, desire for.

WILL, contradiction of

Aconite feels that some part of its body is deformed and has lost its original shape and size. Imagines that this is going to be the cause of his death, which is near; that he is virtually dying and foresees (even) the time of (his) death.

He is inclined to pass on "information" of his sickness to others, but is unable to explain it properly. His fears are about unreal things. For example, a patient said "the material used in the walls of my flat is poor. It will fall one day and crush all of us". When argued that it was not true, he would skip over to another thing and weep. "Why then I am not responding to any treatment? After I ponder over this, tears flow out of my eyes. I wonder what is the cause of this? I am worried because the medicine is not working and obviously (since) the disease is not being checked the result will be death at an early date for which I am not ready."

She is unable to decide the course of her action because of the conflicting state of her mind.

INDUSTRIOUS, mania
for work;

PERSEVERANCE

UNDERTAKES, many
things, perseveres in
nothing.

Being industrious starts many jobs
but is not able to complete anyone of
them.

CONTRADICTORY to
speech, intentions are.

Mind is so confused that the
coordination between the intentions
and the speech is missing.

Version

- If asked, "Are you angry" "No not at
all". "But your tone and style during
conversation indicates". "Might be,
but actually I have no feeling like
that".

Version

- "If I am not well, after taking the
medicine this time also I shall not
turn up again".

"Are you threatening" ?

"No, Sir, how can I threaten you ?
You are my very respected Dr. I said
it just to convey that I am finding no
relief".

SELF-TORTURE

The words used by her in her speech
transmit contradictory sense. For this
weakness she simply tries to punish
herself, by keeping things in her
mind, avoiding disputes with others.

COWARDICE
INTROSPECTION
CAUTIOUS

Because she is cowardly, considerate
and cautious and does not want to
invite more problems.

DELUSIONS, sleeping, while awake, insists that he was

She denies of having knowledge of something which she feels she must conceal. This is like pleading innocence in most of the matters. On the other hand this may be her actual feeling that she does not see anything although her eyes are open - she feels as if she is sleeping.

Version

"You should not have applied ointment on the skin eruptions". "I never knew it". "But I have always been instructing you against any interference from outside". "I am sorry, I did not know particularly about this. I shall be careful in future".

FEAR, imaginary things, of
SENSITIVE, light, to

Her fears are the creation of her own mind. When she tells it to others, they do not take her seriously. Rather than laugh at her. Therefore, she does not allow others to know about her fear and anxiety, as she knows she will not be taken on her words (They will not believe her).

JESTING, joke, cannot take a
JESTING aversion to

Her behaviour invites jokes which she does not like. People laugh at her utterances, this she cannot tolerate. She bursts "Does it behove you to joke, while I am dying".

RAGE, alternating with consciousness

This is the occasion when she gets annoyed and remarks, "the wearer knows where the shoe pinches". But realizes the next moment that she should not have burst up like that.

INDIGNATION

She cools down for a moment as if she has come back to her (senses) consciousness and resumes speaking, to overcome her sense of indignation.

MOCKING, ridicule
passion to

MIRTH foolish:, heat,
during (KR)

WILDNESS

Wildness (n) acting in
uncivilized manner.

COURAGEOUS

Courageous :(adj)
One who keeps the
quality of meeting
dangers without fear.

AUDACITY

Audacity :(n) daring
with confident dis-
regard for personal
safety and conventional
beliefs.

DEFIANT

Defiant :(adj) one who
boldly resists an
authority which is
trying to dominate it.

"She says, laughingly with a mocking tone, Don't try to be smart, I know how wise you are?" By these remarks she tries to snub others and ends this sentence in strong defence of her convictions and shuts down all the talk about it with great courage and utter disregard of the consequences.

MILDNESS**MEDITATION**

MOOD, repulsive

In general she is of a cool nature, does not like to trouble others, takes every problem on herself. She is considerate and self-conscious but does not entertain jokes or likes to be taken lightly.

FEAR, death of

LIGHT, desire for

FEAR suffocation of

FEAR company of

Fear of death is very strong and desire to live is also very strong. Avoids company and crowds for fear of suffocation. While she talks there

FEAR crowds in
LAUGHING, spasmodic

DELUSIONS, sleeping
while awake, insists
that he was.

DELUSIONS, body
deformed, some part is
DELUSIONS, sheep,
driving.

CHEERFUL, heat
during
Heat: is to be symboli-
cally taken as providing
warmth to the mind.

MIRTH, heat during
(KR)
ECSTASY
EXHILARATION
HOPEFUL

HOPEFUL alternating
with despair
DESPAIR, chill during
SHRIEKING,
convulsion during

is a spasmodic laugh. The laugh seems to be removing the contractures being felt in the mind.

As if mind twists into knots and unfolds with a laugh. She says it is the expression of her grief. When asked what is the cause of her laughing, she says, "Who is laughing?" "I" "No, no, you are mistaken. I am not so lucky as to have a laugh. How can I laugh when I am seriously sick?"

Two thoughts prevail over his mind which are indicated by the two rubrics DELUSIONS, body deformed some part is, DELUSIONS, sheep driving

Sheep (n): a meek unimaginative or easily led person.

It means when she imagines that her disease is like a sheep i.e. an ordinary one, the idea heats her mind and she becomes mirthful, cheerful and hopeful because the idea provides her with the necessary feeling of warmth that gives her strength. A feeling of no danger to her life.

Becomes hopeless and unhappy when she imagines, she has some fatal disease, say cancer. The warmth vanishes. She is as if chilled and a loud shrill sound comes out of her

SHRIEKING, touched
when
SHRIEKING, pain with

mouth. While getting contractures in the muscles of her body or when things go deep into her mind. When with pain (i.e. when the strain on nerves surpasses the limit of tolerance).

CARRIED, desires to
be
CARRIED, caressed
and, desires to be

She wishes to be lifted mentally and physically which means transported from the present state to that of the one she desires (i.e. unpleasant to pleasant). As she says, "Dr. please do something. I know you can do it. You are competent to cure me", and also wants (to be caressed) to be treated with kindness and to be assured. "Dr. be kind to me. I will follow all your instructions".

Rocking (n) means a state of being carried to and fro with measured swings which has a rhythm of its own, and utilized to soothe to sleep or rest. It is to be taken as implied that the sense of security is a pre-requisite to attain the state of peaceful rest. Since in rocking the soothing is so great that it overwhelms the sense of insecurity and subdues its intensity to a state of forgetfulness about it. But how far

What she wants is just the hope. She will manage to live on it, even if it is false. She requires it to suspend herself on. "Dr. if you will just say I shall be alright, that will be sufficient to keep me alive. I don't want anything else but just a word of hope from you".

perfect, it may be since the mechanism of rocking cannot be depended upon, the sense of security is not complete. Yet the faith, in the hands that rock is so great, that the fear of falling diminishes, and gets forgotten almost.

FEAR, suffocation of
Suffocation (n) the condition which can kill by preventing the access of air to blood through the lungs.

CONFUSION air in
 open amel.

Confusion (n) the state of mixed up feelings and inability to distinguish between them.

Air (n) a life sustaining fluid without which breathing comes to a halt.

Open (adj) free of restrictions

An atmosphere free from compulsions and obligations brings clarity to mind and clearness in comprehending and thinking.

Version :-

“Please don’t press me for quick response to your questions. Rather leave me alone for sometime and then see my performance”.

ANXIETY, cold drinks
amel.

Drinks(n)liquids swallowed to quench thirst or for nourishment etc.

Cold (adj) something without heat

Amel. : gives relief

UNCONSCIOUSNESS, vomiting amel.

DELUSIONS, sleeping, while awake insists that he was

ROCKING, amel.
CARRIED, caressed and, desires to be

In other words mind accepts only those thoughts which are agreeable and satisfying having (cooling) calming effect on it. Here the cooling effect is something which carries (light) ray of hope of recovery, a promise from any one who can assure of some hope for cure (cold drink).

Returns to consciousness only after the contents of stomach are ejected. In other words vomits whatever she has in mind to tell her physician or the man concerned. To be more refined, giving expression to her inner feelings and thoughts brings clarity of his ideas to her mind leading to self awareness in the real sense.

As after rage she realized that to be angry to the extreme is an act of indignation.

Opposite to the above state of mind is to conceal and deny of having any knowledge of something she was prohibited from doing. To support herself she will 'vow' by God or even anyone.

To conclude, four things have soothing affect on her mind.

Living on some hope, may be it is false, (rocking). "Dr. can you keep me in your company all the time. I am ready to serve you as a domestic

servant. Because as long as I remain in your contact I feel secure”.

CONFUSION air open
amel.

An atmosphere full of freedom and free from restrictions of any kind (air open). “I am convinced, you can cure me (Hopeful). Therefore I want to spend some days with you but at a place free from worries (i.e. outside, somewhere, away from home).

ANXIETY cold drinks
amel.

Anything which is not solid but is melted into a fluid to be easily taken into mouth and swallowed to push it into the stomach. (Accepted in the mind easily) if it is without heat, without any irritant or disagreeable element (cold).

“I want somebody should talk to me mildly, of purely mild things without bothering me about my work and responsibility. But my wife and other members of the family do not understand my problem”.

UNCONSCIOUSNESS
vomiting amel.

By relieving the burden of mind through revealing (vomiting) what is really stocked in it (mind). Says, “Previously, I was not bold enough to talk out what actually I felt like. Specially to my father. This used to keep me unaware of my role. Now, after, coming under your treatment I have started speaking out whatever occupies my mind. This gives me relief”.

A case :-

Dr. I am not improving. You say your medicine is correcting the mind first and there after will relieve my heart. Dr. 15th of this month is the birth day of my son. I want to celebrate it but I don't think I shall survive till then. I am short of time. I want some medicine which should treat the damaged organ first so that I can be saved and there after you should take up the remaining part of the treatment.

Than he would start, "many times I feel I am well. I have no disease. I start reasoning with myself, perhaps the increase in heart beat was for some ordinary reason. That my worry is imaginary" (sheep driving). But this thought remains for a short period. Most of the time I have the sensation that my heart is totally damaged and cannot be repaired (DELS. body deformed, some part is). Yet I have faith (only in you) that you can cure me (Hopeful). Provided the deformed part (of my body) is treated first on priority basis because the chances of its failure seem to be greater before the aid through mind as planned by you reaches it. (Fear death of) But I am scared to request you for that. Because I am not sure whether my thinking is correct. You are the Dr. and your opinion should prevail. Moreover I am not certain which organ of my body is really

deformed. Sometimes I feel It is heart, kidney, liver etc. etc. Here I realize that I am confused and I cannot express myself properly (CHAOTIC, confused behaviour). When I reach this point, I find myself back to a square one. I feel how can a person like me, who is not able to explain properly his ailment, expect a cure. This thought pains me and makes me hopeless (DESPAIR, pains with the, DESPAIR, recovery of) and obviously the fear of death comes into my mind. His talk takes another turn.

“Dr. don't you think, outwardly I look well ?” In this state of affairs, it is obvious that I have become a laughing stock for others. Persons who used to salute me now laugh at me. (JLSTING, joke, cannot take a). I know I can deal with them firmly even in this condition of my health. I am not dead as yet (COURAGEOUS, AUDACITY, DEFIANT) It is to avoid fresh problems that I prefer to keep quiet as I am afraid I should not take more burden on my mind (CAUTIOUS, COWARDICE).

At times I do retaliate to avenge indignation but realize there after that, I should not have done that. It could flare up to any length

(RAGE, alternating with consciousness)

I have good friends also. I like their company. They try to take care of me. They tell me there is nothing the matter with me but I insist it is not so. They are mistaken. I tell them, "to you I look awake (alive) but actually I am sleeping (dead, internally finished).

The version of patient
(i)

"I am not worried about the pain in the throat. I will bear it. What I want to be sure about is that it is not cancer". (As if he wants to say if it is sheep he is not worried but if it is a snake he is afraid).

patient :-
(ii)

In a very serious mood says, (touching the upper part of the left breast) "This nodule is old. I never bother about it (sheep driving). But when it pains, I start feeling that there is something serious (damaged some part of body is). I must get myself checked up without delay. If possible on the day of pain itself and find out the reality. (LIGHT, desire for). But again I forget when the pain is over."

patient :-
(iii)

"These days I crave a lot of cold drinks and food. I am quite comfortable with that. My sleep, power of concentration, general efficiency for work has increased unexpectedly. (sheep driving) But when my attention is drawn towards

the frequency of urination, I get scared and think of check up for diabetes.”

patient :-
(iv)

“I feel quite active, have no problem but when I stand before the mirror and look at my abdomen, I try to measure it in my mind, it gives me the impression of abnormal bulging out, worrying me a lot. There is something wrong. I should be cautious about it.”

II AMMONIUM MURIATICUM

DELUSIONS,
murdered, he will be

DELUSIONS, fire,
head is surrounded by.

DELUSIONS, enemy,
under the bed, is

DELUSIONS sword
hanging over head.

ANXIETY paralyzed,
as if

ANXIETY weeping fol-
lowed by

(WEEPING, anxiety,
after)

TIMIDITY,

SLOWNESS,

INDIFFERENCE,
exter- nal things to :

SIT, inclination to :

ABSENT MINDED

spoken to, when :

LAUGHING never :

GRIEF cry cannot.

ABUSIVE, children
insulting parents :

BLASPHEMY, cursing,
and :

AVERSION certain
persons to :

This is the kingpin symptom of the drug remedy. Murdered means he imagines that he would be put to death in a planned way and intentionally. There are other rubrics which support this conclusion. They are; DELUSIONS, fire, head surrounded by, DELUSIONS, enemy, under the bed, is DELUSIONS, sword hanging over head. This thought has depressed her to the extent that she has started feeling as if she is paralyzed and she is not in a position to fight the murderer (the disease). She is anxious as to what to do in the present difficult situation and ultimately, finding no answer, she starts weeping. There are several rubrics which contribute to this state of her mind TIMIDITY, SLOWNESS, INDIFFERENCE, external things to; SIT, inclination, ABSENT MINDED, spoken to when, LAUGHING, never; GRIEF cry, cannot.

For this, she holds her parents responsible. For instance, a lady had a feeling that both her parents were suffering from many diseases. They should not have married and produced sickly children like her

SENSITIVE, certain persons, to
ANGER, talk indisposed to.

DISOBEDIENCE

EXCITEMENT talking, while
GRIEF cry, cannot.
WEEPING desire to weep

FEAR dark, of
FEAR killing, of

LIGHT, desires for.

ANGER, eating amel. after
IRRITABILITY, eating after amel.
SADNESS, eating after amel.

RESTLESSNESS, eating after
TRAVEL, desire to

Therefore she does not like their presence, talk to them and obey them.

And while she talks of all this she gets excited and full of hatred for her parents. But this excitement is momentary when she talks her heart to someone. Otherwise she remains sad and grief ridden as if she has lost the capability to speak loudly. She weeps and desires to weep.

She fears dark and killing. The rubrics are **FEAR** dark, of-**FEAR** killing, of, which means she is uncomfortable at the thought of a person killing anyone and having no clear vision of things to happen. She wants to know whether still there is a chance to be pulled out of the present difficult situation.

The next comes the rubric '**ANGER**', eating amel. after; **IRRITABILITY**, eating after amel. and **SADNESS**, eating after amel. So, the fear which is mixed with emotions like anger, irritability, and sadness is reduced, when she is fed (eating after) with the clear cut information about her disease as to what can be done for her in the present situation. But she becomes restless there after, (**RESTLESSNESS**, eating after) because this

knowledge does not keep her satisfied. It gives birth to a desire to travel (Travel means moving about from one destination to another with an aim. Here the aim is how to save life (LIGHT desire for). Light, desire for which drives her to find out ways to fulfill her ambition. Desires to travel also means, wants to leave the present place, for another destination which should be full of pleasant sounds. Music amel. means pleasing sounds which give relief from suffering.

MUSIC amel.

DELUSIONS boiling
sensation in the head
(BOR.)

DELUSIONS fire head
is surrounded by

See for example a patient who is suffering from cancer which is painful. Here consider the rubrics DELUSIONS boiling sensation and DELUSIONS fire head is surrounded by. Let us examine what is meant by boiling. Boiling means heated to the point from where a liquid starts converting into steam and taking the form of gases. Fire means a state in which ignited matter starts converting into ash. Head means the chief organ of the body on which depends its whole administration. It means the original matter is converting into another and resulting into its, destruction or death. The head is threatened with similar consequences. The sense conveyed by these rubrics matches with the feeling of this patient whose trail of thought is that she is suffering

DELUSIONS murdered he will be	from cancer which is a fatal disease and has started eating up her body and has gripped her so strongly that it will not leave her without annihilation (murdering). Her version is , "this sickness will take me away. It is not going to leave me.
ANXIETY paralyzed, as if	It has eaten me up to the extent that I feel almost paralyzed. This worries me a lot because I feel I shall not be able to fight it with the same strength as I have been doing till today. There is no energy left in me and all the functions have slowed down. I have no interest in the things around me.
WILL, loss of WILL, weak	There is always a desire to sit and do nothing.
INDIFFERENCE external things to SIT, inclination to	For all this I hold responsible to my parents who were themselves sickly persons. Atleast they had no right to beget me, secondly if at all they have given me birth they should have taken care to bring me up properly.
ABUSIVE children insulting parents	I am left with no respect for them. (BLASPHEMY cursing and). Many times I use insulting language for them.
BLASPHEMY, cursing ind.	I have no strength left even to talk loudly except that I get excited only while talking about them.
EXCITEMENT talking while	The disease has snatched everything from me. All refinement, grace, in taste, habits and literally styles have gone. That I never laugh now.
LEGANCE, want of	
LAUGHS never	

IRRITABILITY,
 eating, after amel.
RESTLESSNESS,
 eating after
LIGHT, desire for

MUSIC amel.

I feel, relieved if someone feeds me with the hope of recovery. But it makes me restless because it kindles a desire to achieve it. I am anxious to know whether it will be possible to overcome the present situation expecting the reply to be positive. I would like to listen to only that person who will speak pleasant words of hope into my ears.

III ASARUM EUROPAEUM

Asarum lives in the world of make believe. Variety of shades appear on the screen of his imagination.

DELUSIONS light, incorporeal, he is

Sometimes he imagines that he is a flicker without candle. A light without physical body and free from all the worldly bonds. He is born only to spread a (divine) mission.

He wants that he should not be compelled to accept worldly ties, like living as a worldly person.

DELUSIONS air he is hovering in, like a spirit

Next comes the sensation that he is hovering (hanging by flapping wings) in the air. That he is labouring to keep himself waiting in suspension till the clearance to land is received. It is like a spirit of a dead person which is waiting for the day of salvation, from the present misery.

In the words of a patient, he is waiting for the day his daughter will be married. Thereafter he will be free to fulfill his own mission of life.

DELUSIONS, body lighter than air, is

The other sensation is that of light feeling. Which he enjoys. But at the same time he is awakened to sense that his feeling is abnormal. One must feel one's normal weight. It means there is something wrong with his mind or body.

DELUSIONS, floating
in air, walking, while.

The word floating is used to denote drifting on the surface of water (not bottom). Here the sensation is that of floating on the surface of air while walking. When he takes the steps he feels they are not fixed or settled uniformly but lack firmness. Instead of touching the ground under the feet they seem to be moving above it. Embarrassed as he is, he says, "I feel as if I am drifting on the surface of the water like a boat".

DELUSIONS, flying,
sensation of.

Last of all comes the sensation of flying. That is the feeling of extreme happiness and of well-being. But on the other hand he realizes that it is false and not real.

EUPHORIA

EUPHORIA, alternat-
ing with quiet, desire
for

EUPHORIA, alternat-
ing with sadness

EUPHORIA, feeling of
lightness as after an
anesthesia by
chloroethylene, with

It is the feeling of exaggerated well-being which sometimes alternate with the desire to stop thinking in that term. And sometimes it alternates with the spirit of displeasure because it is not real. But ultimately, he likes to live in the world of his imagination and pleasing himself like the persons under the influence of an intoxicant.

All the above rubrics convey a similar sense that the person feels that he has no foothold of his own and no foundation to stand firmly on. His assertions carry no weight, because of absence of any background. She says, "I am from a poor family as such have no support

of the kind needed for the exposure of my qualities and abilities as a leader, priest or an educationist (hovering in the air etc.).” She wishes that she overcomes this shortcoming. The other feeling is the realization of reality about herself.

At times she thinks that she is living in falsehood. That all the air of well-being and of light (hope) that she gets out of her surrounding is exaggerated and without any basis.

Version :-

“My overall feeling is that of the things (disease) are brewing within for a major attack. That I am on a wrong track. And the occasional sensation of well-being and all well is false and elusive.

IDEAS, deficiency of, vomiting amel.
DULLNESS, vomiting amel.
MOROSE air, in open amel.

The next set of rubrics is IDEAS, deficiency of, vomiting amel. - DULLNESS, vomiting amel. - MOROSE, air, in open amel. In contradistinction to the above rubrics are INDOLENCE eating, after and EXCITEMENT, pregnancy during. The first set of above rubrics indicates that her power of perception of her surroundings or the reality around her becomes very clear to her when she vomits the contents of her stomach or in other words, when she exposes herself to her own mind or to others and discusses the reality and feels to have reached some useful conclusion.

Version :-

"Many times I build castles in the air. But when I talk of my plans to others, I realize thereafter that I am wrong somewhere, that something that is in my mind is beyond my capacity and resources to match with".

INDOLENCE eating,
after
EXCITEMENT
pregnancy during
Excitement : means, the
state in which one feels
emotionally aroused
because of feeling of
having achieved some-
thing.
Pregnancy : means, a
state in which one feels
full of promise.

And the second set of the above rubrics conveys that she becomes slow and averse to her duties (which means away from the reality) when she attempts (instead of exposing herself) to consume things within and does not talk them out. The more she talks about herself and thinks over her condition seriously she becomes bright and the more she remains silent about her affairs and away from the reality, she loses the concentration of her mind.

CONCENTRATION,
difficult, on attempting
to has a vacant feeling
CONFUSION of mind,
concentrate the mind, on
attempting to

The faculty of perceiving the reality around remains dull as long as she does not attempt to bring out of her head the facts of life with a free mind to place them before herself. Because the dullness persists when she attempts to concentrate under compulsion.

SENSES vanishing of

Version :-

MILDNESS
QUIET disposition
SLOWNESS
RESERVED
TRANQUILLITY
SUCCEEDS, never

"So long as I remain quiet and reserved (do not speak out things) and work under congested condition, confusion of mind and difficulty in concentration of thoughts continues (no clear cut idea and firm line of action results). All attempts to do so end in failure."

WORK, aversion to
mental

LIGHT, desire for

IMPATIENCE, house
in

LIGHT, desire for

EUPHORIA.
EUPHORIA alternating
with sadness
EUPHORIA alternating
with quiet desire for
EUPHORIA, feeling of
lightness as after an
anesthesia by chlorethy-
lene, with

Version :-

Here the rubric 'LIGHT, desire for', comes in. It means there is an urge to find out the way to get rid of the falsehood. She is realising that she is in the dark (on the wrong path) and is serious enough to be guided to safety. But without vomiting it out (telling) to the members of her family. Because instead of receiving a sympathetic attitude from her people she gets rebukes and condemnation for her bad performance. So she is trying to find out a source outside without divulging anything to the persons belonging to her house to overcome her problem.

But ultimately when she finds no way out she tries to live with the situation in the spirit of feeling of well-being without bothering for the reality.

"When I find that it is impossible to come out of the vicious circle I feel like continuing with it. After all it gives me some satisfaction and soothing at heart for the time being. Why worry about the future. Let the falsehood be my refuge".

A case :-

There was a young boy with a master's degree from a reputed University in India who by the stroke of luck was elected president of the students association in his university days. His attention was diverted from studies towards the false air of leadership. This air kept him haunting even after he left the University and he started taking active interest in politics. He never realised that his financial background was very poor without which the type of leadership he wanted (i.e. without contributing any thing constructive) was impossible. His parents were worried about his future. Somehow they arranged his marriage with a girl who was employed and opened a grocer's shop to settle him but even after that he could not emancipate himself from the influence of falsehood.

DELUSIONS, light,
incorporeal, he is
DELUSIONS, flying,
sensation of
DELUSIONS, floating
in air walking while
DELUSIONS, air he is
hovering in like a spirit.

The air in his mind of the leadership kept him away from the reality of his real circumstances. He made his wife to resign from her service because he thought that in future when he would be a great leader. It would be below his dignity to have his wife engaged in a low profession. He also thought for himself that it was below his dignity to work as a grocer.

It was a chance that he happened to come into my contact. I was on a visit to his (parents) house. Whereas the

parents had a different reality to tell about their ward. This boy requested me to prevail over his parents. He wanted that he should be left free from his domestic responsibilities so that he should be able to achieve what he felt was sublime by exhibiting his capabilities. He requested me to accompany him to roam about in the city. He clad himself in khadi and dressed as a leader. After sometime of roaming about in the market he invited me for a cup of tea and led me into a tea shop. After we had finished with the tea he came out of the tea shop without making any payment. When I enquired about his conduct he replied, "this is what I wanted to show you. If I have to make payments then what is the use of this dress and my leadership". He thought as if this was the real achievement as no body dared to ask for the payments from him.

This was the falsehood which was gripping the mind of the youngman. He was suffering from many severe diseases. His attitude for them was also the same. He will not go in for the proper diagnosis and will always satisfy himself with the thought that to a great person like him nothing can happen. When I placed a mirror of reality before him to show him his real face, he admitted that he knew

SUCCEEDS, never
 IMPATIENCE, house
 in

SENSITIVE, noise
 scratching on linen, silk
 or strings, to

the factual position of his mind and many times he tried to withdraw from it. But he never succeeded. He said "I cannot talk to my own people because instead of properly trying to understand my problem and helping me to solve it they try to mishandle me. They treat me with scorn and contempt. This sort of harsh behaviour gives me the feeling of being scratched as if my skin and ear drums are being rubbed with something rough. Therefore I prefer to keep alone in the world of make-believe with a feeling of well-being as after anesthesia. Here the rubrics EUPHORIA which means feeling of well-being without any real basis and the other rubric is EUPHORIA, feeling of lightness as after an anesthesia by chlorethylene with is to be referred to.

Version :-

"But the state of feeling of lightness is not permanent. Sometimes it alternates with the desire to remain quiet or sad because I am reminded of the reality side by side inside me.

IV BELLADONNA

FEAR, dark, of.

LIGHT, desire for.

Belladonna is one of the drug which fears dark and that is why desires light. The impact of this fear is short lived and temporary on the mind of Belladonna which is expressed by small enquiries comprising of a few words. Like he may say, "What is this"? "Why it happens"? Interpretation :- (Wants to know the name and cause of disease, when sometimes even no diagnostic sign is found). "Is it curable"? (**LIGHT, desire for**) These are the questions asked by the patient.

FEAR, dark, of.

CARRIED, desires to be fast.

LIGHT, desire for

While discussing his case, he will stop his Dr. again and again, as if he is not interested in the details he is being asked but in the promise for cure. Why is he not interested in long enquiries about his disease? Because he doesn't want to think more about the dark side of things. He is interested to know about the chances of cure but for that he will like a very short and quick answer "Yes" or "No". Because he will be happy if you say 'Yes' and will be pleased to hear this word repeatedly. But if you say 'No' he will stop you to comment further by the word, "Thank you sir" and leave you at once.

FRIVOLOUS
ESCAPE, attempts to

He tries to take the negative answer lightly as he feels any serious thought about it will leave a deep impact on his mind which he wants to avoid. Therefore he is ready to accept the idea of incurability (of his disease) with ease because (there is a desire for light and) he wants to remain in the light mood.

LIGHT, desire for
FEAR, dark, of

To be short two rubrics predominate the picture of Belladonna :- **LIGHT** desire for and **FEAR**, dark, of, If he is under the influence of the rubric **FEAR** dark, of the other rubrics contributing to his fear will be **WEEPING**, refused,(v) (a request or a demand rejected) when anything, **WEEPING**, anxiety, after. (After the feeling of concern for something undecided is over). Why one should weep after the hours of anxiety are over?

WEEPING, refused,
 when anything.
WEEPING, anxiety,
 after

WEEPING, anxiety,
 after
WEEPING refused,
 when anything

Actually the person does not like to involve one self in any sort of problem which does not end in the shortest time. Because he wants to remain in a light mood, and does not want to take life seriously. When a situation like this is thrust on him, he feels as if something which he desired has been refused.

Version :-

Weeps and tells her mother "I told you not to send me to (my) uncle's house. They are difficult people. It is not possible for me to handle them

but you insisted for which I had to suffer and unnecessarily tax my mind.

“But what is there now to weep over?” replies the mother, “The matter is over”.

The daughter laughs and washes her displeasure with the same tears by changing her mood.

FRIVOLOUS

UNCONSCIOUSNESS,
interrupted by screaming

In general, the person is in a state of innocence, unaware of anything even if something is going on silently in the system. This unawareness is broken, occasionally and suddenly by short-spells of suffering of any kind which serves as reminders of (there being) something wrong. (FEAR dark, of) This is like a person in a pleasant dream awakened by a sudden shock.

The version is, “Most of the time I have a feeling of well-being. My ailments which appear occasionally and suddenly send shock waves and compel me to think seriously about them. But this feeling remains only as long as the ailment is there.”

DELUSIONS floating
in air,
DELUSIONS floating
in air bed, swimming in

Feels that the sensation of relief is unreal. It is like pleasing oneself on falsehood. The version is “Dr. no doubt I feel some relief. There is some pleasant feeling.

DELUSIONS sensa-
tions misrepresents his

CALCULATING,
inability to.

DELUSIONS, poor, he
is
DELUSIONS business
ordinary, they were
pursuing

DELUSIONS engaged,
ordinary occupation, in
DELUSIONS
possessed, being.

But actually I understand this relief is (superficial) and the disease is progressing silently. But with a pause says he is not in a position to calculate properly the exact progress in his case. The version is, "I cannot say for certain where actually I stand. Therefore I fear I may misguide you. Who knows, I may be getting better with the medicine you have already prescribed, on my (present) reporting you may change it and the case get spoiled.

There is a feeling of poverty in all respects qualitatively and quantitatively. It may be concerning health, wealth or status. The feeling of poverty goes still deeper when it comes into one's mind that one is possessed in the ownership of something else. That like a property one has a value only for others but not for self. He is being used without any reciprocal reward and is maintained as wished and styled by the owner.

The version is (Hindi) *HAMARA KIYA HAI, KHANA KHA LIYA, KAM KAR DIYA*. I live in a fixed condition, just eat to exist and work in return. (The interpretation is that the person's value in exchange is just to accept what is given by the master and work at his behest).

DELUSIONS sick
being

FRIGHTENED easily
ESCAPE, attempts to,
CARRIED desires to
be fast.

REST, desire for,
QUIET, wants to be,
repose & tranquillity,
desires.

SENSITIVE, noise to
QUIET wants to be,
repose and tranquillity
desires.

LIGHT, desire for.
LAUGHING, speaking
when

DELUSIONS poor he
is

DELUSIONS wealth
imagination of
DELUSIONS, surroun-
ded by friends, is

POMPOUS
Pompous :(adj)
pretensions show of
dignity and importance

EXUBERANCE
Exuberance : in a state
of extreme joy and
vigour

The feeling of well-being is missing.
There is something wrong in the
condition of body with reference to
its soundness, vigour and strength.

All these thoughts terrorise him and
he tries to search out quick means to
escape from their influence. The
version is, "I want some miracle to
take place, which would give me
instant relief".

If he finds no quick alternative he
tries to break away from the present
situation and finds out a resort where
he can take rest. Ultimately decides
to remain quiet to achieve peace of
mind. The version is, "When I find
no method succeeding to overcome
my headache, I choose a noiseless
place to relax and sleep".

We have discussed Belladonna when
it is predominated by the FEAR of,
dark. Now to study it under the
influence of the 'LIGHT, desire for'.
It is found laughing while speaking
and imagining as if he is poor in
nothing and does not give weight to
shortage if any. Because for him it is
minor and not worth giving any
importance. Everything around
seems to be friendly. Displays
dignity and a sense of joy and vigour.
Exaggerates his achievements and
tries to be kind to others, taking life
easy.

BENEVOLENCE
FRIVOLOUS
LIGHT, desire for.
CARRIED, desires to
be fast.

To sum up it will be found from the above description that 'Bell.' desires to remain in the light mood and free of any worry all the time. Therefore he will try to dispose of those issues speedily which are culminating as burdens on his mind.

Versions :- "I don't like to take things deeply into my mind, and try to keep myself always cool". He says in a casual and jolly manner.

There is another side of Belladonna.

NAIVE

Naive means worldly unwise and being simpton is unable to understand the expectations of others from him.

CREDULOUS

Credulous means one who trusts everyone easily without proper and adequate evidence to do so and therefore gets heated at the hands of others.

MAGNETIZED,
desires to be mes-
merism amel.
POMPOUS
EXUBERANCE
BENEVOLENCE

Mesmerism means the act of controlling the actions and thoughts of others by way of charming them with one's ability to allure, to arouse interest or curiosity with a compelling (magnetic) attraction. By way of projection of one's importance as being a person of extremely jolly nature and very kind at heart, always helping others etc. etc. when he succeeds in impressing others about his qualities it gives him relief.

- HIDES** things But all that he does is with a cover because he is skilled in hiding things. He knows how best to conceal his real intentions.
- NAKED**, wants to be, But being a simple minded person when it comes to speaking of reality he divulges the truth. But with a cover, explaining that by doing so his intention was not bad.
- FIEGNING** sick Pretends to be having bad health – physical or mental. Why? So that he has an excuse for his faults (which he commits) to be overlooked. He says the situations so demanded.
- COMPANY**, avoids friends, of intimate He has something to hide which he knows he will not be able to do when looked at from a close angle. Intimate friends cannot be stopped from watching a person from close quarters. That is why he has to avoid them.
- COQUETISH**, not enough, **COQUETISH**, too much Mixes sexually with other of the opposite sex without being serious about marriage etc. Such people will be found drawing their chair very near to the persons of opposite sex and be intimate to them. Derives enjoyment only from lustful ideas. This he does either in his mind or friend's circle by way of thinking or talking about imaginatively to arouse sensual feelings.
- PLEASURE** lascivious ideas, only in
- UNRELIABLE** promises, in his He is not even sure of himself whether he will be able to keep his

- words. He decides today that he will not eat in future a particular thing which he finds harmful to his health. But breaks the promise as if he has no control over his cravings.
- WEEPING**, refused, when anything.
- WEEPING** remonstrated, when
- ANGUISH**, weeping, with
- He weeps when something is denied to him. Also when he finds himself defeated in arguments and unable to reply properly. There is a general mental and physical discomfort with weeping.
- CALCULATING** inability
- When asked why is he weeping he replies he does not know.
- ANGER** himself, with
- ANGER** mistakes about his
- CALCULATING** inability for.
- Becomes angry with himself when he realizes that he is incapable of assessing his position as to where exactly he stands, whether he has started improving or not.
- ANSWER** refuses to answer
- He does not like to respond to requests or commands to resume his normal gestures as a happy going person.
- SITS** and breaks pins
- He rather takes the sitting position which neither represents a state of total rest (lying) nor complete motion (unrest) which compels him to take to hardened attitude, reflecting through the act of breaking pins and things requiring a strong effort to destroy them. The entire energy is as if diverted towards damaging things beyond repair. Over-excited to the acts of biting and
- BREAK** things, desire to
- DESTRUCTIVE**
- MANIA** spit and bite at those around him, would

spitting at those near him. Indicative of having lost all respect for those intimate to him and is in a mood to retaliate and take revenge.

SELF -TORTURE

And if he finds resistance (to his actions) he tries to inflict pain on himself.

MANIA, scratching themselves

And will rub himself on something rough and harsh to harm himself to the maximum. Will get excessively annoyed when compelled to accept a healing touch.

RAGE, medicine from forcible administration of

ANXIETY, company, when in QUIET wants to be, desires repose and tranquillity

Why there is discomfort in company because he wants to remain in a peaceful atmosphere full of tranquillity (free from noise)

LIGHT, desire for FRIVOLOUS CARRIED, desires to be, fast

At this juncture either there is an effort to make things lighter and take them easily without delay or to resign himself to a peaceful atmosphere to cool down.

NOISE, inclined to make a

On top of all, he is found speaking so loudly that you have to request him to lower his tone because it sounds as if he is purposely trying to make noise and is passing slanderous remarks (defamatory).

SLANDER, disposition to

SUPERSTITIOUS CARRIED, desire to be, fast. HIDES, things

He baffles you while reporting as far as the symptoms allied to the ailment for the treatment of which he has come to you, are concerned. When you ask him, how is he after taking your medicine, he replies, "No

relief". He tries to stick to these words till the last unless he feels a substantial benefit. He is in a hurry, wants quick relief and therefore tries to hide whatever progress he has made in order to induce you to hasten his recovery. He is making you change the medicine at every visit getting his case spoiled. First thing to observe in such cases as this is that inspite of telling you all the time that he has not been benefited by your medicine, he does not leave you. When you put this question directly to him, he admits in an indirect way that he has already told you that in certain allied ailments he has been benefited. The version is very peculiar, "Yes, yes, no doubt such and such ailment is no more there to trouble me. Definitely, I will speak the truth. But actually I mean to say is that I feel no relief in my real ailment for which I have come". "But I think, it is not that intense now". He replies, "may be so just slightly". "No, No, how can you say like that." "You were weeping with pain when you visited me last". "Yes, a bit," reluctantly and evasively he admits he is better. But will soon try to draw your attention towards the ailments for which he has come and for which he is in a hurry.

He is improving and requires no change of medicine or potency.

V

CALCAREA CARBONICA.

DELUSIONS, wealth,
of
FEAR poverty, of
IRRITABILITY idle,
while
INDIFFERENCE,
recovery, about his
FEAR, dark, of
DELUSIONS wealth
of
FEAR suffering, of.
IRRITABILITY, idle,
while

Calcarea carbonica also fears darkness if that darkness (the evil) is directed towards the sensation of feeling rich in any way. It is because she wants to remain imagining herself wealthy in all respects and poor in nothing. Her other problem is that she fears sufferings (inconveniences). But at the same time gets annoyed if she feels she is without any useful work. Domestic work etc are for her no work. According to her that is not a productive job. Yet to keep up her prestige, she tries to do what is maximum as a house wife whether or not she is able to do. On the day she has to remain without work for reason of health or any other cause, she feels she has passed the day uselessly and therefore the loaf that she has eaten she does not deserve. This gives her the feeling of poverty which compells her to argue why can't she work, and further she is like a handicapped person. Which she never wants. It is not that she cares what others will say about her but does not want to believe that she is incapable of doing anything properly. Actually the fear of suffering is not the fear of the pain or the agony but because of being rendered unable to work, and to feel

FEAR, poverty, of

Version :-
SADNESS idleness
 while
ANXIETY work, a
 with inclination to
CONCENTRATION,
 active
EXERCISE, mental
 symptoms amel. by
 physical.

FEAR observed, of her
 condition being.

DELUSIONS sick
 being work, and for this
 reason will not.
DELUSIONS ruined,
 he is.

COMPANY,
AVERSION country
 away from people,
 wants to get into the

herself more wanting than others in
 any way.

“God knows how people afford to sit
 idle. If I have to sit without work like
 them I become uncomfortable.
 Rather while I am at discomfort for
 any reason, I feel like doing
 something more”. “I can think and
 understand better after having a stroll
 or a little exercise”.

There is another reason also which
 keeps her working “**FEAR** observed
 of, her condition being”. The version
 is “I do not want that anybody should
 observe me in this condition of
 sickness and form a poor impression
 of me.” I don’t want to be looked at
 as a sick person all the time and be
 treated as such”.

On the other hand sick as she is she
 says, “I will not work because I am
 not well. But this does not mean that
 I cannot work. I do not fear work.
 The fact is that I am physically unfit
 to work. I feel that my sickness has
 ruined me and damaged my health
 beyond repair”.

But soon the idea that she is being
 observed overtakes her mind and
 drives her to be up at work inspite of
 being sick. Therefore she either likes
 to give this impression that she has
 worked and contributed something
 or she will like to be away from her

SENSITIVE, noise, to sleep, on going to.

people in the country-side (supposed to be less inhabited, and obviously a lonely place with a remote chance of being observed and having any noise) which helps her to sleep well and be at rest.

DUTY, no sense of d.

Here the point to be noted is that the sense of duty is absolutely missing.

DISHONEST.

Moral seem to have no business. If her attention is drawn towards something more important than what she has been doing, her rude answer is, "I have done what pleased me. I am not responsible or answerable to any one. Nobody need question me about that". The thinking is mechanical rather than earnest.

ADULTEROUS

The main concern is avoiding inconvenience (suffering). What ever way it is possible. If someone offers her a helping hand full of comforts she can barter it for something which for others means chastity.

FEAR, observed, of her condition being
INDIFFERENCE, recovery, about his.

So her main concern is that her condition should not be observed by others and that is why she is indifferent to recovery. The version is, "I am not concerned whether I get cured permanently or not. What I am mainly concerned with is the removal of suffering (because of which I cannot work). And giving the impression that I am not a person

LIGHT, desire for

HOPEFUL
DELUSIONS, wealth of

who has no interest to work and earn but live as a parasite". So here the rubric **LIGHT**, desire for. **HOPEFUL**, and **DELUSIONS**, wealth, imagination of, are to be seen contributing to each other and conveying just one thing that the wish of the person is to remain always in an atmosphere of joy, and no suffering, for which he is always hopeful.

MAGNETIZED desires
 to be

To fulfill her ambition she tries to improve her qualities. There is an other rubric **MAGNETIZED** desires, to be.

EXCLUSIVE, too
CALCULATING
 inability for.

The sense is when anything gets magnetized it attains the quality of the magnet. The quality of the magnet is to attract. So this person remains interested in adopting the qualities which charm or attract others and will try to display them in a manner too exclusive which distinguishes him from others. But the main fault lies in his inability to assess properly as to whether he really has been successful to project himself to the extent he has been trying.

LIGHT, desire for
HOPEFUL

Similar is the case with him in other fields also. For example if he is asked, about his progress after he has taken your medicine his reply is, "The pains are still there. Unless they totally disappear how can I say there

is a relief” and when asked further, “Why are you continuing the treatment if you find no relief?”, the reply is, “Just because I want to be alright for which I am hopeful.”

IRRITABILITY idle,
while

Therefore I realize unless I make efforts and take some remedial measures how should I expect that I shall be okay The rubric ‘IRRITABILITY idle, while’ means that the belief is that something can be achieved only by making some efforts and not by sitting idle and expecting results. Therefore if the circumstances are such that are compelling him not to work he gets annoyed. Similar will be his feeling about others if he finds them sitting idle and doing nothing.

NARRATING his
symptoms aggravates.

Narrating his symptoms aggravates. So long as he has not started speaking about his sickness he does not give the impression that his condition is unbearable. But as soon as he starts expressing his symptoms one observes that his ailments increase when he starts concentrating his mind on his sufferings. Perhaps it gives him an exaggerated feeling of the pain etc.

VI CANNABIS SATIVA

LUDICROUS, (adj)
things seem
LAUGHING, loudly

DELIRIUM, gay, cheer-
ful

VIVACIOUS (adj)
WHISTLING

GESTURES, (N)
spinning around on the
foot.

DELUSIONS, distan-
ces, are

DELUSIONS, time
exaggeration of, passes
too slowly

MISTAKES, time in

DELUSIONS, unreal,
everything seems

DELUSIONS, talking
someone else is, when
he speaks

DELUSIONS, insane,
she will become.

The first thing about which **CANN.SAT.** is bothered is that to him everything seems ludicrous. (Ludicrous means something that serves for sport (game) and is adopted to excite laughter) and therefore feels like laughing loudly at the sight of them. Behaves like a delirious person in a gayfull mood. Exhibiting lively sportiveness expressing through whistling and gestures like spinning around on (spinning means turning around rapidly as on an axis) the foot because the things around him have assumed enlarged proportions which provoke laughter. The distances between the objects seem increased. For example he says the gutter passing through the street looks like a big river. The distance between its banks is so wide that if he tries to cross over it he will fall into it. Like-wise regarding time, if it is 3'O clock, it appears it is 5'O clock.

But at next moment he realizes whatever he is seeing is not real. This goes to the extent that he starts feeling he is someone else and not the (his) real self. Becoming self conscious, he imagines perhaps he is becoming insane.

TIME, passes too slowly, appears longer

DREAM, as if in a
ANXIETY, voice, on
raising the.

FEAR, noise, from

SENSITIVE, noise to

GESTURES, convulsive

FEAR, dark, of

FEAR, stomach, arising
from

FEAR, bed, of the
BED, aversion to,
shuns.

He finds that his time passes too slowly. His eye is always on the watch and feels as if the arms of the clock are moving too slowly. And the time, being indicated by it, is behind the real time. He feels like a person in a dream. Slowly his consciousness about self increases. He feels uncomfortable when he happens to raise his voice. Also the loud sound produced by others makes him anxious. Noises affect him badly.

The joy which he was taking previously by laughing loudly with sudden and brief spells of energetic expression through the movements of the body, head, arms & face, seems to be vanishing. Now he feels he is in the dark about his condition which is fearful. This sensation of fear, he feels, arises from stomach. He puts his hand on his stomach and tells you "it is from here that the fear arises".

Fear goes so deep into his mind that he starts fearing his bed and develops a sort of dislike for it. Bed is a place which according to the individual's liking afford maximum peace and rest. Maximum peace and rest can't be achieved unless the place is secured and fully at the disposal of the person, (to use it at any time at his will.) And to be fearful of such a place and dislike for it means that while lying in the bed he is reminded

of something originating from the stomach which causes fear about the abnormality being noticed by him in his own behaviour and functioning of the body

LIGHT, desire for.

Therefore he wants to know its reason and remove it.

VII CARBO ANIMALIS

FEAR, dark, of

In Carb-An. desire for light is related to fear of darkness. Dark means which closes the doors for visibility (through it) and hinders the access to reality. About which nothing is known. Dark in other words means unpleasantness. Something which is indicative of harm. It has been seen that carbo animalis weeps while eating

WEEPING eating,
while

Now the question arises why should a person weep while he eats. Is it that he is reminded of something, when he starts eating? There is a rubric **HOMESICKNESS**. Let us define home. It is the place in which one's domestic attachments are centered. Domestic attachment means love concerning one's family. Family means a group of persons who form a house-hold under one head, including parents, children and servants etc, whether dwelling together or not. Homesickness means unceasing desire to be in home. In other words it is the feeling of being devoid of home because he feels separated from the other members of his family, in the company of whom he grew and learnt how to eat and enjoy eating. It is the memory of the comfort which

HOMESICKNESS

AFFECTIONATE

HOMESICKNESS
morning

he experienced at home during his early days which haunts him. By nature he is affectionate, loves home & his people. Therefore the sweet memories of the sweet home torture him. (Hindi Version) "*GHAR KI YAAD SATATI HAI*". And perhaps that is why tears come out of his eyes when he sits to eat. This happens especially in the morning when the sun is rising (means) when the person is in his good days and is in a position to enjoy life.

FORSAKEN feeling

ANGER, past events,
about
ANGER, former
'vexations' about
DELUSION Everything
is changed
DELUSIONS, strange
familiar things seem.
DELUSIONS, strange,
everything is
DISCOURAGED
DISCONTENTED
everything, with
DESPAIR
MEDITATION
THOUGHTS,
thoughtful

But there is another harsh side of the picture. That is, **FORSAKEN** feeling, means being neglected by his people.

He becomes angry when he is reminded of his home and recalls his past days when he was insulted by the members of his family and turned out. He feels that everything around him seems to have changed; giving a stranger's look as if he has never seen them before.

Nothing seems to be belonging to him. The circumstances above give him the sense of insecurity and makes him fear from all sort of things. He tries to meditate over his circumstances and understand them to remove darkness which is surrounding him, keeping in view pros and cons of everything.

FEAR, closing eyes,
on.
FEAR, suffocation, of
FEAR, suffocation
lying, while
FEAR, suffocation,
mucous in throat, from
WRITING, difficulty in
expressing ideas when

SENSES vanishing of
SENSITIVE,
oversensitive
FEAR, insanity, losing
his reason of
FEAR, fainting, of
FEAR, fit, of having a
FEAR, evil, of
FEAR, dark, of

RESTLESSNESS

internal
LIGHT, desire for.
WHISTLING involun-
tary,
WHISTLING jolly.

FANCIES, vivid, lively
FANCIES, exaltation
of, night
FANCIES, exaltation
of, evening bed, in
AFFECTIONATE
MILDNESS

There is fear when he closes his eyes. Closing eyes means when he is not seeing anything and is in the dark about everything all around. Lying down means when he is not active and alert. In such a condition he feels he may cease to breathe. Feels he is finding difficulty in writing and expressing his ideas.

Giving rise to the feeling that perhaps he is losing his senses and is heading towards insanity and will surely have fits of unconsciousness. And that something evil (Harmful) will happen.

This keeps him internally restless and fearful of darkness. He wants to know why all this is happening to him. And to overcome these fears a sound of whistling comes out of his mouth without wanting to do so.

In spite of all the above fears he has a very clear and tall image of everything. Being affectionate in nature he tries to lie low in dealing with his people. Speaks in a low voice. Tries to analyse his own conduct and that of others to find out ways to bridge the gap.

INTROSPECTION**LIGHT**, desire for**RESTLESSNESS**,

anxious

RESTLESSNESS bed,

in

RESTLESSNESS bed

drawing out

RESTLESSNESS bed

tossing about in'

RESTLESSNESS

waking, on

ANXIETY, morning,

rising, on and after

amel.

WEEPING, alternating

with cheerfulness

MIRTH, alternating

with weakness

IRRITABILITY,

alternating with

indifference

CHEERFUL, alternat-

ing with sadness

As long as he remains in bed he does not have rest, tosses about and is compelled to come out of it. When the thoughts which snatch his rest from him get clouded because of the overpowering sleep he is peaceful. Again when the influence of sleep is over and while lying he opens his eyes he is again the same. It is only in the morning on getting out of bed (rising) that the anxious about the outcome of his efforts gets better.

This is the state of mind which is always tossing between hope and despair.

VIII GELSEMIUM SEMPERVIRENS

LIGHT, desire for positively *(s)

FEAR, dark, of
CLINGING, to persons
or furniture etc

CLINGING held,
wants to be,
CLINGING, held
amel., being

FEAR, falling, of child
holds on to mother.

The actual effect of the rubric 'LIGHT, desire for' on Gelsemium is that it desires light *in the positive term*. Positive means it is a must for him. Because he fears (dark) the negative results. He is interested, only in that physician, who gives him hope of recovery. He will avoid to listen to and believe the one, who declares him incurable and doesn't give any hope. And once if he meets a physician who gives him hope he tries to cling to him and even his words which he has used, to give him hope. He likes to listen again and again those words of hope. It is not only in the beginning of case taking or in the end of it but in between the conversation also. When his case-taking is going on he will try again and again to confirm from you "Doctor are you sure that I shall be well?". (Your confirmation ameliorates him.)

At this juncture the rubric 'FEAR, falling, of child holds on to mother, takes over the mentals of Gelsemium. The term 'mother' hints towards specialized attitudes of the

* Addition by Dr. Sengal

parties towards each other. There are two parties to this relationship the mother and the child. (To be called mother a woman must have a child and to be called a child he must have a person who gives him birth). The functions of the mother are, to give origin (birth) care and protection. To discharge these functions properly *she must have the right to exercise full control on the person whom she is offering motherhood.* The duties and the rights of the mother are instinctive and natural. Like-wise the functions of the child are also instinctive. *Child recognises the position of the mother and bows before her in gratitude and reverence.* (MOST important of all is its availability which is certain, sure and without fail. Also it is exclusive which no one else can render and is therefore with out substitute). When 'Gelsemium' patient is assured that his physician can help him, he starts treating him as a mother he tries to cling to him. He will give himself to him exactly as a child to its mother, (by lying in her lap) and looks upon him with the same respect and reverence. He surrenders himself to his authority and strictly follows his instructions. He expresses his gratitude through gestures of respectful eyes, folded hands, and bowing head. His repeated queries will be exactly like a child praying to his mother to be true and definite

about the promise of toffee. He will ask him again and again "Dr. are you sure that I will be cured?"

But one must remember here that there is a lot of difference between the real mother and the mother adopted (for a particular purpose). So here the physician is being looked upon as an adopted mother because he holds a promise, a ray of hope for the child of adoption (the patient) for a particular purpose. Naturally the interaction between both the parties (of adoption) will be limited. Here the child (the patient) has no freedom to assert his right as he will on, his real mother, because if the child according to his own level of understanding feels neglected by his mother, he will try to enforce his right by might. For him the functions of motherhood as already illustrated above are a must for his existence and he cannot afford to forego them. These days it is common with the children of working mothers (who do not have much time to devote to their children's welfare) behaving harshly with their mummies as if with revenge. The psychology is to cling to the source of security at all cost, by hook or crook, by love or war. Mostly in grown up people it will be observed that this tendency is revealed through love. Because, a grown up person is intelligent en-

RIEKING, pain,
, the

FEAR falling, of.
 FEAR self-control, of
 losing
 FEAR, shivering from
 fear

AILMENTS, from
 IRRITABILITY chill,
 during
 IRRITABILITY
 spoken to, when
 ANGER easily
 AILMENTS FROM
 anger anxiety, with
 fright, with silent grief,
 with
 (Three distinct causes
 separately or jointly)
 SHRIEKING, waking,
 on.
 LIGHT, desire for
 positively

ough to handle the situation in a graceful way. But a child as he has no experience of life finds himself involved in a situation, where his mother, the only source of protection and maintenance for him is not giving him due attention. The fear of falling down and of losing self control, dominates his mind. He gets disturbed at this idea. The more he anticipates about losing self control, the more terrorised he feels, shivers and shrieks. He becomes violent with his mother in order to enlist her assistance, to avoid falling (losing ground) It is to be remembered that adults are not expected to come to their physician with their mothers, because they are matured enough to look after themselves; still they have an attitude of respect and regard for the physician as for a mother. instead of violence.

But the child who is accompanied by his mother may not speak for himself or misbehave with the physician, and simply keep quiet. He knows that the physician will not remove the restrictions on his diet enforced by his mother. But when he is told that he is free to eat anything, he becomes free with him and replies all of his questions. His mother tells you a lot about his misbehaviour with her. She says, the child is quite obstinate asks for strange things and cannot be silenced unless his wish is carried.

FEAR, dark of

WILL, muscles refuse to obey the will (when attention is turned away) unless the mind is strong

FEAR, shivering from fear

QUIET disposition
DISTURBED, averse to being
IRRITABILITY spoken to, when.
SPOKEN To, averse to being
UNCONSCIOUSNESS, eyes cannot open
CONFUSION concentrate the mind, on attempting to.
TORPOR

He is obedient to his father, because he is strict. He rejects everything suggested by her because she is lenient with him, and therefore his anger and quarrelsomeness with her. Here the rubric "WILL muscles refuse to obey the will (when attention is turned away) unless the mind is strong" seems to be working in conjunction with the rubric FEAR, shivering from fear. Because the leniency of the mother gives him freedom to let him lose his will to an extent, which always goes to the negative side.

He shivers with fear if he gets an inkling that he is going to be refused something, as his mother seems to be finding a pretext to do so. The expression that comes up on his face is demonstrative of extreme terror as if he is being refused a substance without which he finds himself unable to sustain life and gets the equilibrium of his mind totally disturbed. In general he likes to remain quiet and undisturbed by anyone. That is why he gets irritated when he is addressed. He feels he is struggling within and is hardly able to maintain his balance. From his appearance he gives a look as if he is not properly conscious and is trying hard to open his eyes (to regain consciousness). He is in a confused state

DISTURBED, averse
to being

of mind and is not able to concentrate and understand as to what is happening to him. The more he attempts to do so the more confused he gets. Drowsiness is so marked that he will like to remain undisturbed and will say "Let me lie down and sleep".

FEAR, falling, of

He may suppress the urge for urine for hours, and not like to get up to go to the bathroom for two reasons. One is that he does not like to be disturbed, and wants to remain where he is because he feels comparatively more comfortable in that position. Secondly he knows that while walking he staggers and therefore fears that he may fall down.

AILMENTS
embarrasement

Another peculiarity of Gels. is that he becomes overconscious about himself when he recalls the severity of the attack he had suffered from previously. He fails to understand how could he bear it and pass it without being harmed.

ANTICIPATION,
Complaints from (K)

He gets perturbed when he anticipates that if the same type of attack comes again, he will not be able to stand it. He is doubtful of his capacity to keep himself in balance and pass the ordeal with perseverance.

ANXIETY, time is set,
if a

The same is the problem with him when he anticipates (thinks before hand) that he is to give a performance

at a particular time regarding a specific subject. He says that he understands that he is well-versed with the job; possesses adequate knowledge about it. Yet he is not confident that at that time of actual performance he will be in a position to keep his senses under his control.

IX GRINDELIA ROBUSTA

LONGING sunshine,
light and society, for.

FEAR, dark of

LIGHT, desire for posi-
tively (s)
FEAR dark, of

Every drug has its own problem and seeks light accordingly. The problem of Grindelia is that she has a very strong desire to enjoy life, which she is not able to because of her sickness. When she finds that she is not getting relief, she fears that she will die without having her desire fulfilled. She says, "Doctor once I was a free bird flying from place to place. I never sat at home. Always on the move, meeting people and enjoying their company. You can imagine the mental state of a person like me whose movements are now restricted".

In a depressed and gloomy mood she asks, "Doctor are you sure I shall recover?" Here the stance is as if expecting a positive reply (FEAR, dark, of) and continues further, "my children and the other members of the family discourage me to come to you, because all of them feel that there is no improvement. But I try to impress upon them that my doctor has given me hope which no one else did. I would like to stick to him. When questioned, "are you hopeful" she says, "Yes".

"Why?"

"Because of your confidence to cure

me.” “Which many times encourages me to trouble you on the phone to get reassured, as and when I get depressing thoughts.”

(LIGHT, desire for, FEAR dark, of) “Sometimes I hesitate, to do so because I fear you and none else”. “Why ?” “You may get angry and refuse to treat (me) a person who proves to be trouble- some so often. (FEAR dark, of) Starting means getting jerks, shocks all of a sudden. Sleep means state of rest in which a person is free from worry and is in a complete state of peace, feeling fully secured.

STARTING
sleep, during

During means in the course of.

Getting shocks when a person is in a deep sleep (state of rest no worry) means a rude interruption in the state of comfortable position.

Also means when the mind is free from worry, certain shocking thoughts disturb the mind. When she happens to compare her present with past

FEAR, suffocation, of
SMOTHERING (n)
after falling asleep (Bor)

The state of suffocating by withdrawal of air supply when one is sleeping;

STOPS breathing when
falling asleep (Bor)

Breathing comes to a halt, when one falls asleep

CANNOT, breathe
when lying down (Bor).

Cannot breathe :- is not able to breathe (live)

MUST sit up to breathe
(Bor)

FEAR, dark, of

FEAR, suffocation of
LONGING, sunshine
light and society for.
STARTING, wakes up
with a start and gasps
for breathe (Bor)

LIGHT, desire for
STARTING, sleep
during

when lying down :- in the position of
complete rest

must = A compelling condition.
Obliged physically

sit = Neither lying (in the position of
complete rest and relaxation) nor
standing (fit to walk freely at will)

up = Straight-upright.

I must sit up (made to sit) compelled
to accept the middle position which
is neither complete rest nor freedom
for movement. Like a slave bonded
to a particular course of life.

In this condition I feel so suffocated
that the thought of it sometimes
touches me at a sensitive spot and
fear overtakes me (FEAR dark of,
FEAR suffocation of). "Have I to die
like this without having any glimpse
of good days". (STARTING wakes
up with a start and gasps for breathe).
Tears start coming out of my eyes
and prayers on the lips. Oh, God, take
mercy on me, let me have relief
atleast to be free to look after myself,
my belongings, my house. "At times
when I can breath a little (i.e. free
from pains), I like to take interest in
tidying my clothes, bed,
surroundings and keeping the house,
like to come out of my room to see
people and the world outside. You
are also the representative of God.
The same is my prayer to you. I know

you can do it (Desire for light, in the positive sense)". Here she seems to extract a promise of cure from me, says further, "In the end I try to console myself also. If it is a must, I should submit to HIS wish. If this is destined I should quietly accept it (must sit up). But the desire for good days remains overwhelming in my mind."

**MUST, sit up to
breathe (Bor)**

X LAC CANINUM

MORAL, feeling, want
of

MOROSE

ANTAGONISM, with
himself

DELUSIONS, dirty, he
is

DELUSIONS, heart
disease, is going to
have, and die

FEAR heart, disease of
FEAR, consumption of,
FEAR, duties, she will
become unable to per-
form her

LIGHT, desire for

ANXIETY, success,
from doubt about

DELUSIONS lie, all
she said is a

DELUSIONS, unreal,
everything seems

A patient an executive in business as per his report he has been busy in all sorts of immoral acts enjoying life at the cost of the family interest by suppressing his conscience which was opposing him very strongly, all the time.

Now he has gone down in his own eyes. Feels he is not a good person, that he is full of filthy and undesirable intentions.

He apprehends heart disease and fears that he will die. He says, he is fearful of tuberculosis and the heart disease as both of them are fatal. It means death. To him death means denial of performing his duties towards his family. This he does not want.

He wants to live.

But he is doubtful of his efforts for recovery ending in success. He knows that he is still not sincere in his duties towards his dependents. He says all that he speaks about his duties is not true. In reality he wants to be fit to resume his immoral acts. That is why he feels doubtful whether a sinner like him can be pardoned. He says, "People tell me to go to holy men to seek their

ANTAGONISM, with
herself

DESPAIR recovery, of

DELUSIONS
diminished, all is
DELUSIONS,
diminished, short, he is
DELUSIONS despised,
is
DELUSIONS looked
down upon, she is.

DELUSIONS sick,
being
DELUSIONS dying,
he is
WRITING, meannesses
to her friends.
FEAR, downward
motion of
FEAR, duties, she will
become unable to per-
form her
FEAR, falling of,
ANTAGONISM with
herself

their blessings, to pay visits to
temples, to perform rituals and pray
for pardon and relief. Sometimes I do
so. But that is useless, because my
mind works in the other direction. I
feel like stealing from the offerings
others have made to the deity which
are scattered at HIS feet and are
unguarded. With this mean attitude
how can a person expect cure?"

This trail of thoughts ends in hope-
lessness of his recovery.

He feels he has lost everything so far
as his dignity is concerned. He has
gone down in the eyes of others. He
is lowered in size and stature which
he once had built with his abilities
and work.

Whatever is left is unhealthy and
gradually finishing. To all his
friends he has been writing about his
own mean intentions. Therefore
when he looks inward at his deeds,
he feels he is on the wane and is
definitely going to fall. Again he
tries to consol himself with the idea
that there are many others who are
indulging in immoral activities, even
worse than him and nothing is
happening to them. Then why
should he worry about it. Perhaps
the reality is too hard for him and
that's why he is trying to escape

SENSITIVE light, to
MORAL, feeling want
of

MOROSE

DELUSIONS, vision,
beautiful

DELUSIONS, vision,
horrible

DELUSIONS, voices,
hears

DELUSIONS floating
in air.

DELUSIONS air, he is
hovering in, like a
spirit.

DELUSIONS light,
incorporeal he is

LIGHT, desire for

from his thoughts about his bad
deeds.

But in the end he realizes, that it is
like consoling himself with a false
belief and like closing his eyes on
reality. This way the few moments of
twinkling hope vanish. He is hoping
against hope, and tries to search out
a source of solace which he feels he
will get only when he tries to be
honest.

XI NATRUM MURIATICUM

DELUSIONS,
wretched, she looks
(when looking in a mirror).

The peculiarity of Nat-Mur is that its fears, anxieties, and light desire for are not constant but occasional in character. DELUSIONS, wretched, she looks (when looking in a mirror). Wretched :- Means, that she is in an unfortunate condition with full of pain (distress) because of want and poverty (misery) and because of disappointments, grief, sadness and regrets for various reasons.

ABSORBED, as to
what would become of
him/
her

These thoughts come to her, when she looks in the mirror, means when she looks at her condition. She thinks she is ugly and not attractive and obviously does not expect to be liked by others. She boasts to be in possession of exclusiveness in many fields but is without any recognised status. Says, "I have good grasp over many works of art like knitting, tailoring cooking etc. In academic field also I could make a mark but because of loss of determination on my part, I could not bring out my qualities".

BOASTER
EXCLUSIVE, too.

WILL, loss of
WILL, weak of

WEEPING, looked at,
when
DELUSIONS sick
being (and Del.
wretched she looks.)

WEEPING, looked at when. Why she should weep when somebody looks at her? It is because to her, looking of other means confirmation of her feeling that she is sick, and definitely unfortunate ! which makes

ABSORBED, as to
what would become of
him (her)
ANXIETY alternating
with indifference

INDIGNATION,
pregnant while

UNGRATEFUL

her weep. Absorbed as to what would become of her, means when she gets the reminder she starts thinking over the idea if the same state of affairs continues what will happen to her. What will become of her means anything worse can happen. ANXIETY, alternating with indifference. Sometimes it so happens that these reminders affect her mind deeply and compel her to feel concerned (anxious). But sometime they don't have any, even if she is looking at them. The 'FEAR of, dark' (absence of knowledge about the cause of disease) and the 'LIGHT, desire for' (an urge to know the cause of disease and remove it) come into the picture only when she is reminded of her sickness. INDIGNATION, pregnant, while. The state of pregnancy is again a reminder of additional sickness and the miserable conditions tagged on to it.

Pregnant has two meanings. One is child bearing i.e. motherhood. Why is there the feeling of indignation? Because of exposure of one's sexual relationship which is taken by certain persons as an act of immorality etc. or wretched look, which is obvious as the stage of pregnancy advances. The other meaning is while one is loaded (stuffed up or full of) with

something. What is there to feel indignant while one is full or is gifted with something. Because she does not want to be grateful even to God and that is why feels humiliated when she feels she has to accept things without deserving them like living on others charity. To accept obligation is against her temperament.

WEEPING, pitied, if he (she) believes he(she) is **IRRITABILITY** takes everything in bad part **CONFUSION**, calculating when **CONFUSION** concentrate the mind, on attempting to

WEEPING, pitied, if she believes she is, If somebody sympathises with her she interprets it in the negative sense and says, "It is the confirmation of my pitiable condition that I am being looked upon with mercy. The very thought makes her miserable and weep. When she tries to assess her position she gets confused. The more she attempts to come to some conclusion, the more confused she gets.

ABSORBED
ANSWERS, averse to answer
ANGER, answer, when obliged to
IRRITABILITY, questioned, when

And while she is busy in giving a thought to her present condition, she is not in a mood to answer any question. Gets angry if she is forced to do so. Becomes annoyed when her capability is questioned (doubted or) someone disputes (questions) her authority.

IRRITABILITY waking, on
IRRITABILITY spoken, to when

Is annoyed when addressed to by someone.

IRRITABILITY, takes everything in bad part
IRRITABILITY
 sadness, with
GRIEF

GRIEF, silent
 Grief (n) = a state after the mind accepts feeling of suffering and keeps it within constantly.
 Silent (adj) without making it known.
GRIEF, cry, cannot (cry cannot = unable to speak loudly)
SADNESS, weep cannot

HOPEFUL

LIGHT, desire for
TALK indisposed slow learning to.

Takes even good gestures in the negative sense.

In that condition she remains grief ridden.

GRIEF, silent: means, keeping to oneself ones feeling of suffering. 'GRIEF, cry cannot', 'SADNESS, weep cannot', means she has her own reasons for not being able to express her grief because she does not want to invite sympathy or pity. She wants to cry. Wants to weep (to express) but something from within stops her from doing so. Therefore it has become part of her nature to take everything in the negative sense.

But the overall feeling is hopeful. Somewhere an assurance comes into her mind that nothing serious is going to happen and she will be well one day.

This encourages her to make efforts. To find out ways to overcome her sickness. But this process is slow, she takes longer to learn (realize) that she must give vent to her feelings (to contact a Dr.)

ANOTHER SIDE OF NAT-MUR

CASE : NO 1.

SPEECH slow
 MANNISH habits of
 girls
 AFFECTIONATE
 LAUGHING, serious
 matters, over
 TIMIDITY awkward,
 and
 IMBECILITY
 Imbecility:- far below
 ones age in intelligence
 IMPERTINENCE
 IMPETUOUS
 IMPETUOUS
 perspiration, with

JESTING aversion to
 JESTING joke cannot
 take a

DUTY, no sense of duty

LOVE with one of the
 own sex, homo-
 sexuality, tribadism.
 AVERSION, sex, to
 opposite

A girl about 18, dressed like boys speaks very slowly (whispers) into my ears. "Do you have medicine to change my sex?" (MANNISH habits of girls) she has done it in an affectionate way looking serious but laughingly with timidity and awkwardness (without skill), shaking her body to and fro like an imbecile. In other words the gesture was not as it should have been from a mature person properly asserting one's views.

"I tried to dispose her of lightly at which she became annoyed".

Her mother, who is accompanying her says, "We are worried about this girl". She takes no interest in anything. Feels no concern for house hold, studies, present, past, future, etc etc.

"How does she pass her day" I enquired.

"She has a girl friend. Most of the time she likes to remain in her company. Embraces, kisses and tries to share her bed with her. (Love with one of her own sex)" Or, "she stands

ENVY, hate, and.
 AVERSION, sex, to opposite

on the roof of the house and looks at the passers by. If a boy, a bit smart comes into her sight she spits or throws stone at him. (ENVY, hate, and). If she finds someone of the boys talking to her girl friend she quarrels and fights with him."

ABUSIVE children insulting parents.
 BLASPHEMY
 HATRED, persons who had offended him(her), of

"She is not on good terms with her father. She insults him and dislikes him". When asked, "Is your mother correct?" She said, "No" LIAR, BLASPHEMY 'AVERSION, opposite sex to,' 'AVERSION, persons to certain'.

ELEGANCE, want of
 LIGHT, desire for.
 MANNISH, habits of girls.

I asked the girl further "Why do you want to change your sex?" Keeping her left elbow on my shoulders she replied, "I like Hema Malini (a top Indian, actress) very much - I want to marry her". (MANNISH, habits of girls Love, with one of her sex)

IMBECILITY
 ELEGANCE, want of

The statement above conveys that the person's mental level is far below her age and accordingly is her sense of decency.

TASTELESSNESS in dressing

Except that she wears a jean and the top, she does not seem to have proper taste for dressing and maintaining herself well. But strangely enough she is respectful to everyone who-so-ever comes into her contact.

REVERENCE for those around him

CASE NO 2 :-

DELUSIONS, sick
being
TALK, slow learning to
AFFECTIONATE

REVERENCE for
those around him.

TALK, indisposed slow
learning to
LIGHT, desire for

SADNESS, weep, can
not
BOASTER
AVERSION, women to
LAUGHING,
immoderately

GRIEF, cry cannot
SADNESS, weep can-
not
DELUSIONS, sick
being
SYMPATHY,
compassion
BLASPHEMY

A lady-35, accompanies her husband who is under my treatment for anxiety neurosis. After many months on a day she sits before me and says "I also require your treatment". The manner in speech, the smile on face and the flicker in eyes conveys affectionate regards. (AFFECTIONATE, REVERENCE for those around him). "I have pain in the lower abdomen".

"Since when?"

"From a long time".

"But you are thinking of treatment only now?"

"It takes me a long time to stimulate my feeling to find expression. The urge to express develops slowly (TALK, indisposed slow learning to).

"I don't believe in talking much, and weep over my complains like other women. I don't sit in their company. When free, I prefer to sleep. I feel I sleep too much". She ends the sentence with an immoderate laugh.

Apparently she is boasting but the tone of her speech communicates agony in the mind.

Continues, "I have no specific taste for anything. I am not demanding in any way. My husband sometimes complains of inattention on my part.

Blasphemy:- having no
devotional regard
AVERSION husband,
to

LAUGHING serious
matters, over
LIAR (N)
CHARLATAN
Charlatan :- (n) a per-
son who pretends to
have knowledge or skill
LAUGHING serious
matters, over

STRANGER, sensation
as if one were a
TALKING, pleasure in
his(her) own
ABRUPT
LAUGHING, serious
matters, over

ANXIETY, alternating
with indifference

SADNESS, weep,
cannot

Frankly speaking, I have full sympathy for him. I try to accommodate to his needs. But he should not mind if sleep overtakes me."

Stops abruptly with a short sentence and laughs. Her husband who is around overhears her. He joins and says, "She is telling a lie, she treats me as nothing more than a burden". She did not react to her husband's accusation and disposed the incident quietly with a laugh.

With a pause and unmindful of the episode she continues, "Sir, many times I have strange sensations. I feel as if I am unknown to myself". From her talk above, it is to be observed that through out she has not allowed me to speak. But continued taking pleasure in her own talking whatever abruptly came into her mind. As if she has nothing special and systematic to relate. The points in her mind are serious, yet she expresses in few words and laughs over them.

Either she does not take them deeply into her mind (i.e. seriously) or does not like to reflect the real reaction of her mind outward. In the case of the former the rubric is. ANXIETY alternating with indifference' and in latter 'SADNESS, weep cannot', GRIEF, cry cannot, and TALK, indisposed slow learning to.

**COMPANY
AVERSION TO**
presence of strangers/
people intolerable to her
during urination

The rubric 'COMPANY
AVERSION to, presence of
strangers/people intolerable during
urination, can also be considered
because before stating anything
about herself she stares around to be
sure that no body is listening,
observing or coming in.

LAUGHING, serious
matters, over
LAUGHING,
immoderately
LAUGHING,
involuntarily
ABSORBED, as to
what would become of
him(her)

ABRUPT, SPEECH, slow, **TALK**
indisposed slow learning to, are also
covered as the talk is brief, abrupt
and delayed. Everything she states is
without seriousness. I have to ask as
to what has made her to decide for
the treatment now after a long gap.

She replied laughingly, "It is just
because the ailment seems to be
serious, I think if the condition of my
health continues to be the same one
cannot imagine as to what shape it
may take in the long run."

ANXIETY alternating
with indifference

However sometimes this thought
does not have any bearing but at
others it affects my mind deeply and
makes me anxious. The two states
alternate with each other.

XII PHOSPHORUS

DELUSIONS seized,
as if

The feeling of being seized is more prominent than other rubrics covering **Phosphorus**. Seized means captured or taken hold of suddenly or forcibly. She feels whatever she is doing is under compulsion of the circumstances and therefore internally not happy. She wants to get rid of this situation but the present conditions do not permit. The feeling of helplessness is injuring her.

HELPLESSNESS

DELUSIONS, injured is
being.

Phosphorus, comes under the class of those people whose understanding is slow and it takes them longer time than others to reach the depth of the things. But since in reality they are very intelligent people, they cannot accept things blindly. Therefore it is impossible for them to act upon the proposals for the remedial measures immediately. They will ask time for it as long as the things are not clear to them.

DULLNESS, under-
stands questions only
after repetition

UNCONSCIOUSNESS,
answers correctly when
spoken to, but delirium
and U. returns at once.

It is a state of general unawareness, about the surroundings and self as if they don't know as to what is going on in the atmosphere of which they are also a part. If asked what exactly is their problem and also after they have taken your medicine what about the progress. The reply is they don't know. And in reply to the question

that before coming here what had he in mind to tell him, the reply is 'Nothing, except that he will answer the questions asked of him. The point to be noted is (answers correctly when spoken to) that their level of understanding is revealed only when the information needed is extracted through questions. The impression one gathers is that otherwise their intelligence remains locked. It reflects properly and correctly only when it is probed by provocations through master keys in the form of specific questions. The reflections are so clear and to the point that one wonders over the stock of knowledge divulged by the persons who apparently look unconscious and dull. There is another condition. There is a limit to the quality of answering questions. She will be able to answer correctly only for a short time and to a few questions. Because there after the dullness starts returning and she feels unable to bear any more pressure on her mind.

DULLNESS, think long, unable to

UNDERTAKES, lacks will power to undertake anything.

UNDERTAKES things opposed to his intentions

Undertakes (v) = takes on oneself the task of

It is the absence of the control the mind has on its own actions. (Says, she has no control over her mind) therefore lacks initiative for new adventures and for fresh encounters. For this reason the mind remains inactive and in a state of lying low, without offering oneself for front

performance-promises, agrees, or obligates one self to perform a task
UNDERTAKES things opposed to his intentions

Opposed (v) = contradictory

Intentions (n) = act of determining in one's mind about something to be done or brought about purpose

HELPLESSNESS

Helplessness (n) = feeling of a state of, inability to help oneself in the given circumstances.

INDIFFERENCE, children to her
INDIFFERENCE dearest friends, even towards
INDIFFERENCE surroundings, to the
INDIFFERENCE everything, to

ANXIETY, friends at home about
ANXIETY others, for
DELUSIONS obscene, action of which she had not been guilty, accuses herself
DELUSIONS, noble, being

posts. She is sure that she will not be able to hold things with determination and says, "I can't guarantee that I will stick to my promise". Obviously if at all one agrees to do something is just opposite to what she actually decides in her mind. This she has to do because the circumstances are compelling and she has no other choice but to accept. Says, "I knew I was incapable of giving what was being expected from me. I told them then and there but no body listened to me".

The remark continues, "It is all nonsense to have children, family friends etc. It is all a strain, I have no interest in these things. One does not feel free."

Phosphorus is full of contradictions. On the one side, is her indifference and on the other the nobleness of the mind. She tries to prove by her actions that she is a noble person. Says, "Dr. please hurry up. It is sunday today. I must reach home at the earliest. Who knows, when someone knocks at your door? It is bad not to be available". Continues

DELUSIONS,
distinguished, is
DELUSIONS, great
person, is a
HYPOCRISY

“I am already accused of being absent from home. They say, God knows where I go”.

DESIRES
numerous, various
things

The other side is that she is full of desires for variety of things. She wants to be up to date in the possession of things in keeping with the latest fashions.

MAGNETIZED,
desires to be
BORROWING of
everyone
NAKED wants to be

MAGNETIZED, desire to be is that she wants to acquire all those qualities which can attract others. The quality of magnet is to attract iron and for this at times when she feels like doing so she can go to the extent of borrowing things from everyone.

RESERVED

Fixed in her nature is to remain reserved. Means the habit of keeping things to herself and giving minimum exposure to her inner feelings. (opposed to, NAKED, desire for). And over and above it is her secretiveness which means the habit of keeping certain things sealed in the mind which she will not divulge to anyone under any circumstances and at no cost. And here she invites the charge or accusation of being a hypocrite. Because the people are at a loss to understand what exactly the person is because of the sharp contrast found

DELIRIUM, quiet

SECRETIVE

HYPOCRISY

in her nature so far as sympathies and apathies are concerned.

HOMESICKNESS
DELUSIONS, island is
 on a distant
INDIFFERENCE
 everything, to.

Likewise on the one side she is home-sick. Feels as if she is far away from home. And on the other side is total unattachment (Indifference), love of nothing. Generally these people remain misunderstood, except by a few intimate friends.

DICTATORIAL
 Dictatorial:- command
 talking with the air of

One of the biggest contrast is to be found in the style of her talking which is permanent, and unalterable. Whatever may be the circumstances, the tone will be with the air of command although (undertakes things opposed to her intentions, **HELPLESSNESS**, **FEAR**, men dread f. of) in her actions, an air of submission is prevailing. When objected to, she says, either of the two things, "Perhaps my tone is like this, actually I have no intention of doing so." (i.e. I did not mean so) Or, "It is only you people who think about me in these terms as all of you are opposed to me." Here she is trying to make secret of her intention as she is helpless. In fact, she will like to command everything.

FEAR, men, dread, f.
 of

MILDNESS

DELIRIUM, business,
 talks of
BUSINESS, talks of
DESIRES exercises, for
FEAR, exertion, of

There is another contrast. On the one side, she shows concern for business. (Business - means main occupation of a person) and a desire to keep her limbs moving where as on the other

hand, she feels the strain of exertion, if asked to do anything.

PATIENT

Patient (adj) : bearing pain without complaint or anger

PASSIONATE, trifle, at every

Passionate (adj) : liable to or filled with anger, at even insignificant cause without fail

(trifle at every)

WILL loss of

PERSEVERANCE

DELIRIUM, quiet

DELIRIUM, crying,

with

WEEPING, anxiety,

after

SADNESS, weeping

amel.

DELUSIONS wealth of

DELUSIONS, floating

in air.

CONFUSION, cold

bath amel.

CONFUSION washing

the face amel.

CONFUSION, eating,

after amel.

CONFUSION, air, in

open amel.

CONFUSION, bed,

while in.

We will find this sort of contradiction in her character through many other rubrics. Like **PATIENT**, **PASSIONATE**, trifle, at every, 'WILL loss of ' **PERSEVERANCE**, 'DELIRIUM, quiet' 'DELIRIUM, crying' 'WEEPING, anxiety, after, **SADNESS**, weeping am. 'DELUSIONS, wealth of and 'DELUSIONS, floating in air'.

She thinks on the one hand that she is not poor in anything and that to fulfil her every desire is within her reach. But again when she thinks that she is not free to exercise her will and is working under compulsive circumstances she concludes that to imagine that a person is not deficient in anything is like floating in the air. It is deceiving one-self. In the end she realizes that the best thing for her is to have a broad mind and keep cool in all circumstances.

XIII PLUMBUM METALLICUM

DELUSIONS machine,
he is working a.

DELUSIONS, busi-
ness, ordinary, they are
pursuing.

DELUSIONS, disease
incurable has

DELUSIONS, danger,
life, to his

ENNUI, afternoon

ENNUI, silent

TIME passes too slow-
ly, appears longer

BROODING forbidden
things, over

GESTURES strange at-
titudes and positions

EXCITEMENT alter-
nating with sadness.

CHEERFUL, mirthful
alternating with
lachrymose mood.

COMPANY DESIRE
for, friend of a.

Plumbum is not happy with his job.

To him it seems that he is not engaged in a respectable profession. It has no charm, and any attraction for his involvement. He works as a machine without any emotional attachment and experiences monotony. Like an incurable disease, he feels it is impossible for him to change his occupation at this stage. Therefore the job is bound to finish him prematurely. The feelings of boredom comes in the afternoon.

Perhaps unknowingly he hopes, the day will be happier today. But after half the day is over and nothing comes up he longs for a change. Many times he decides that it is useless to think over all these matters for which others too advice. But he fails, to stop himself from doing so.

Sometimes he assumes strange attitudes which are not expected of him. No body and even himself could expect that, he can behave in that manner. All feel astonished. Ultimately a moment comes when he decides that he will go out for a change to a friend's house.

LIGHT desire for

(Friend :- is a person who is so intimate, that in the company of whom one can behave with full freedom and express himself without any hitch. Feels so relieved as if he got everything denied to him otherwise.) He decides and dresses himself accordingly and comes out of his home and stops himself at the gate. Tries to focus his vision all around to find out who he considers a friend in the real sense.

GROPING as if in the dark

CONFUSION, loses his way in well known streets.

FEIGNING sick

He desires attention and will like to confide to someone about his sickness. But because he is secretive, he does not open his mind about his condition. That is why while talking even to a friend he restrains himself from divulging everything. If somebody asks him where he intend to go he says "I am not sure myself but definitely it is for a change".

'SECRETIVE,

MOOD, repulsive

GROPING as if in the dark

LIGHT, desire for

Many times he fails to decide, and his enthusiasm is dampened. Thus discouraged he decides to decline the idea of visit. But if he decides on a particular person even then, his original enthusiasm wanes. He tries to cover his intentions, and shows as if his visit was to oblige the friend. He will say, "For many days I was remembering you. Since you have not tried to meet me I thought let me take the initiative," That's how without opening his mind he leaves the friend's home after a few hours of stay with him.

SECRETIVE

XIV RUTA GRVEOLENS

DELUSIONS, feeling of lassitude, weakness and despair, intense (Bor)

Lassitude is weariness of body and mind from strain, (cares, worries). Weakness is lack of energy required to perform efficiently.

AVERSION, everything, to

Despair is loss of hope in general as if nothing will happen as expected. Intense is extreme in degree. The feeling of the person is that he has completely lost the necessary strength and energy and is hopeless to be useful any more. She has developed dislike for everything and is discouraged.

COWARDICE

Being coward is unable to assert herself.

HEEDLESS

Has become careless to do things properly.

SLOWNESS

Her normal speed in movements is no more to be seen now. And for short intervals she experiences lack of control over her memory.

FORGETFUL

SIT, inclination to

She can neither stand and walk nor lie down but is hanging in between and passing time (in a sitting position).

WEEPING, waking on Waking on :- means, (weeps at) the time when one's sleep breaks. Here it has been

Today the person feels broken. Exactly as one is woken up to one's miserable condition, which makes him/her weep. How has it happened?

interpreted that person concerned has been woken up by the condition of her health.

DELIRIUM, abortion , (miscarriage) after Miscarriage:- means loss of the products of conception from the uterus before the foetus is viable. This can be interpreted to mean denial of motherhood or motherhood snatched.

CONFUSION abortion, after.

SUSPICIOUS, mistrustful
Suspicious :- means, doubtful of other's intentions (about her)

DELUSIONS, people behind him, someone is Someone is behind her:- means, she is being followed closely by someone.

SADNESS, anxious

It has been observed that after losing the chance to become a mother, her mind had been affected in two ways i.e. delirium and confusion. In the state of delirium, the mind is much perturbed and is not able to express itself properly. Talks as if mad.

In confusion one is unable to clearly understand as to what exactly is the problem with the person. It is a sort of mixed up feeling, mind is not able to distinguish as to what to tell and how to tell or to pin-point one's ailments.

She became suspicious also. She felt they had evil designs and were out to harm her children.

The overall feeling was that her loss of motherhood was because of the mischief of the same person.

She became full of depressing thoughts as the situation was not clear and did not know as to what was going to happen next.

ANXIETY sudden
Sudden means without
prior notice.

ANXIETY, chest, from
stitching in
Stitching:- means,
sharp, sudden and in-
tense pain occurring in
any part of the body.

ANXIETY, stitching,
in spine, from
Spine means that part
of the body which acts
as a support to keep the
body in the right posi-
tion and properly
suspended.

STARTING, sleep
from, touch, from
slightest.
Starting:- means, com-
ing into action all at
once or experiencing
jerks with no prior in-
formation.
Sleep:- means a state of
rest in which one is un-

These thoughts overtook her
unexpectedly. Something that comes
all of a sudden is always more
shocking.

Chest represents heart known to be
the source of emotions which
oppresses one's mind and
conscience. To infer further it is the
desire to express to someone one's
grief which is depressing one's mind.
Chest has another meaning i.e a box
usually a large, strong one with a lid,
for storage and safe keeping of
valuables.

In this sense, the feeling of stitch
(intense pain) pertains to that part of
the body which contains valuable
organs, vital for existence.

Experiencing stitches in both the
parts chest and spine means
something very serious causing
concern about what is in store (going
to happen). She seems to be
recognising the fault and is anxious
to consult someone about it.

aware of one's surroundings.

From:- means because of.

Slightest:- means lowest in intensity, and degree.

Touch:- means, coming into contact of one's body with that of another's.

It is to be interpreted as mind coming into contact with any thought which leaves its impact on it.

In the literal sense the rubric (STARTING, sleep from, touch, from slightest) as a whole means that one gets jerks because of sleep. If she does not sleep there are no jerks (shocks). Like-wise if she sleeps and gets slightest touch, she is started (reminded).

To infer, she realizes that she did not take due care and remained sleepy over the issue of her health. This (inaction on her own part) in itself is serving as a shocking reminder for her in the sense that she herself has been responsible for delay in starting her treatment and is getting touchy about this neglect.

ANXIETY, conscience, as if guilty of a crime

Conscience:- is the (faculty of mind) sense which helps a person to identify what is right and wrong in one's conduct or motive impelling one

ANXIETY conscience means to be worried about one's moral duty which one has been neglecting in the passed and is doing so even now because of her miscalculations and the job requirement. She feels that the time has come to set the things right and save them from further loss.

towards right conduct
or actions.

SHRIEKING, touched,
when
Shrieking:- expression
of extreme pain or joy
at the top of one's voice.

In the present case the thought in touch with (having bearing on) her mind at which she shrieks is about her own health (because of the danger signal which the stitches in the chest and spine are giving). She thinks she requires to remain fit to prevent the constant threat to her motherhood, like the one she had already experienced. (The idea being that the same person who is after her may play mischief again).

But she is not totally free from the thoughts about her self.

FEAR, death of heat,
during
Heat, during:- when
one is excited and has
lost the balance of mind
and body.

FEAR, water, of
FEAR evil of

FEAR, water of :-
When should one fear water? When its depth is not known and if one falls into it whether he is going to drown or not ?

SHRIEKING, touched,
when

She is so touchy about it that even the slightest idea about the loss of self makes her feel nervous and desperate. This compels her to shriek and leads her to a state of delirium and confusion.

STARTING

SHRIEKING, touched
when

FEAR, death, of heat
during

FEAR, water of

FEAR evil of.

She fears that the stress caused on her nerves by the jerks (startings i.e. sudden shocks) and the exertion as a result of crying at the top of her voice (when she becomes touchy) and the excitement (heat) which has unknown depth (water) seems to be illdirected may end in her death.

DEFIANT (s)

Ruta is not found in reperorty under the head Defiant but has been noticed in practice.

Defiant:-one who is in a mood to resist boldly an authority which has started dominating it.

And takes up an attitude of non-submission and rises to resist the forces which are trying to overpower her.

CONTRADICT,

disposition to

Contradict:-inclination to stand in opposition to everything indiscriminately.

CONTRARY

Contrary:- acting in a way without knowing that she is opposing her own intentions and beliefs.

QUARRELSOME

Quarrelsome:- one who engages himself in disputes.

RAGE

Rage:- means extreme anger or excitement.

To overcome her nervousness she tries to become bold and quarrel with the concerned people as if rising in revolt against those who in her view are (innocently) proving to be fatal for her. This she does by contradicting them in every way, to ward them off. She opposes even those of their actions which as a matter of affection were suggestive of her. When politely told, "You always wanted us to, wait outside the kitchen while you are cooking refusing to accept any type of help etc. You never allowed us to cook for ourselves." Interrupting the dialogue abruptly she quips, "I never said anything to anyone."

DEFIANT

This revolt is a sign of her touchiness. She feels it is her extra care for others that has resulted in this sorry state of affairs (so far her health is concerned).

SHRIEKING, touched, when

Addressing the persons to whom she gives service as mother (not necessarily her own children,) she says, "You people are so demanding and selfish that you never care to consider my limitations, and therefore I feel you will kill me one day".

DELIRIUM, abortion (miscarriage), after

Here it will be important to know the general attitude of this person. She derives a sort of satisfaction from being called, looked at, and to serve as a mother, and it applies to

everyone, old or young, father or husband around her. All are her children and she has a responsibility towards them. Here the defiance is coming not in the sense of snapping the relations but just as a complaint against unreasonableness. That is why the remark follows, "You will realise my value only when I die."

Now about the motherhood. We have already defined the term mother which means the one who originates, brings up and effords protection. Here the defiance is with regard to any threat to her children from any quarter and in any shape. She is so sensitive that she cannot tolerate even the slightest criticism, or slightest ailment, attacking them. The sense of protection in her rises to the extent that she withdraws all her attention from everything else and devotes it towards the protection of her children. In this effort she exhausts herself even to the last drop of her energy. This effort is so desperate that she loses her balance of mind and acts as if totally confused.

CONTRADICTIONARY,
actions are, to intention.

She is not aware of her actions and words whether they are conveying the same sense which she wants to. Instead of getting sympathy and redressal of her grievances, she gets accusations of being unreasonable and crazy. From her behaviour, it

looks as if she wants to keep command and domination over everything around, leaving nothing to others to administer. But she says that this is not her intention. Hence the action contradictory to her intentions means that her actions convey something quite opposite to what she intends. A sense of remorse follows, "Perhaps I require medicine. I shall have to take care of myself." Remorse means, disapproval of one's actions and realizing one's own fault and an inclination for amends.

REMORSE

LIGHT, desire for

XV SANICULA AQUA

TRAVEL desire to.

Travel:- to be on the move.

Desire to:- to express a wish to have something by way of asking or requesting.

It is not mere walking or wandering physically. It involves the mind also, which derives pleasure while in motion. It is the motion (of both the body and mind) from one place to another, or from one point to the another. The apparent purpose of the journey may be business, or any job. Its distance may be short or long.

Its means of transportation may be any including foot, depending upon the individual's taste. But the inherent aim is of taking pleasure resulting in job satisfaction.

CARRIED, desire to be

Carried:- to be in the state of lifting (transportation) from one place to another, from present to the next (future) because the present is miserable not fit for staying.

It is for something new and refreshing. Here the difference between ennui and the CARRIED desire to be must be noted. ENNUI means just a change for the time being to break the boredom. "CARRIED, desires to be" means a permanent transportation from the present unwanted state to the next which is comfortable. Like-wise mostly the desire to travel also means to wish to explore the unbeaten tracks (new ground). To go in for something new which one has not seen or tasted before. "To be carried" has another implication. In it self-effort is minimal. Wants someone else to do, the job. As if self is not in a position to carry one's own

FEAR, work, dread of

Work:- any productive effort.

Dread:- excessive fear.

weight. Hence the desire to travel is with the help of someone else (e.g. at employer's expense).

A person who dreads work will definitely try to run away from it. It shows (he has) no interest to earn his livelihood but to live as a parasite. Give him no work and he is happy.

**WORK, aversion to
MENTAL**

She does not want to apply the mind to anything serious, to do something constructive.

Her mind is working towards only one direction. That is to have something new positively every day, and every moment without self-effort.

**FEAR, downward
motion, of**

Downward:- from the higher to the lower direction. i.e. from hope to despair (Hopeless ness).

Fear:- to feel uncomfortable at the thought of it.

**FEAR, robbers, of
Robbers:-** a person who snatches something from others by force.

It means any suggestion or even a hint which can rob one of one's hope to be able to fulfil one's desire (to have one's free will (travel) with the help and support of others (carried) makes him feel uneasy).

FEAR dark of
Fears any negative signal which can darken the chances of his will to be carried.

DARKNESS aversion to
LIGHT, desire for
OBSTINATE
Obstinate:- means, unyielding.

The psychology is only to derive something which can help him to carry out his wish. (to travel and be carried)

SUSPICIOUS,
mistrustful
Suspicious:- means,
doubtful of others intentions.

Avoids any chance of his wish being denied at any cost. That is why he is always on guard to watch the intentions of others.

MOROSE, cross, fretful, ill - humor, peevish
Morose:- means, dimly lighted.

In other words one with a heavy mind, having a sour temper. Sour means fermented. The temper is in a state of excitement giving disagreeable and unpleasant taste, as after fermentation.

IRRITABILITY
alternating with cheerfulness
Irritability:- (n) the state of mind which can readily be provoked to impatience or annoyance.

The states of irritability and cheerfulness, laughing and vexation are alternating. The person is happy when he feels the hope is secured and unhappy when it is in danger of being robbed.

LAUGHING
alternating with vexation, ill-humor
Vexation (n) the state of mind which is out to provoke others to annoyance, by entering into dispute.

OBSTINATE

Obstinate as the person he is, employs every means to obtain what he has determined (to get). He may show annoyance, or displeasure as the first weapon. When it fails he takes to moroseness which means changing his temper to sourness (something which gives bad taste by way of fermenting the mind with resentful thoughts.) Remaining in a bad mood all the time. And last comes vexation, he is out to annoy others to compel them to submit to his wishes.

TOUCHED, aversion to being

As we know touch means coming into contact with others. Why should one have aversion to touch? Because it is painful. It is like touching a painfull nerve.

ANGER, waking, on

When a person is awakened by the external impressions and the impressions created by his own mind about the danger (forseen) to one's wishes it touches one's thought process and makes one angry. So the essence conveyed by all these rubrics is the horror in the mind of the person of being denied the wish to live one's life in an easy way without having to do anything.

**FEAR dark of
TRAVEL, desire to
CARRIED, desires to
be**

To end, Sanicula's delight lies only in one thing i.e. 'LIGHT, desire for' that is to be helped and allowed without the least objection to move in the way and in the direction of her

LIGHT, desire, for

choice and to be given no responsibility or work to shoulder.

TRAVEL, desire to

If at all he is to work it is to be at his discretion, convenience and liking.

CARRIED, desires to be

Others must also act and participate but only as transporters, of her / his will in the direction he wants (to go).

CARRIED, desires to be

Their actions are to be limited to as supporters (of his performance telling him to 'buck up', buck up) and as helpers to boost his morale when he is about to come down, giving him a helping hand to save him from falling.

FEAR downward motion, of

FEAR, dark, of

This shows the high sense of immaturity and delicacy of the person's mental set up, and inability to shoulder any responsibility.

LIGHT, desire, for

XVI STRAMONIUM

DELUSIONS poor he is
DELUSIONS, wife is
faithless

The feeling is that he lacks many things, e.g. a person feels that his or her spouse is faithless.

To define wife - or in other words also husband denotes a co-relation between man and woman. This is not that mechanical as defined in the dictionary. By nature it is expected. When two persons belonging to opposite sex come into contact they attract each other. For that it is necessary that they should like each other which in the due course takes the form of love or faith (trust).

Faith means mental commitment which is the out-come of one's inner and honest feeling of linking for the other party. It depends how much deep the faith is. *Stramonium* feels poor in this respect also as he or she feels that the love or affection which she expect naturally is not available to him or her.

DELUSIONS position
she is not fitted for her.
Position (n) - the seat
one occupies in society,
office or in the family.
Not fitted for (adj) - un-
suited to.

It is the sense of incompetency to justify the position one occupies. For example a mother feels she doesn't deserve to be a mother because she doesn't have those qualities or capabilities which a mother should have. A wife feels that she is not fit to be a wife as she is not able discharge the duties of a wife.

DELUSIONS, business, ordinary, they were pursuing

Business:-- the main occupation of a person.

Ordinary:-- small not treated as respectable or remunerative.

DELUSIONS, engaged, ordinary occupation, in

So here the feeling is lack of status or lack of respectability in the society. The overall feeling of *Stramonium* is that she is poor in level in almost every respect. This poverty gives her the feeling of injury.

DELUSIONS injury, is about to receive
Injury damage or harm.
DELUSIONS injury injured, is being

For example, a person meets with an accident. He falls down and the check-up reveals a fracture (a damage to flesh or bone or both). Therefore one can understand when it is said that some one has received the injury. But one has to scratch one's head, when it is said 'injured is being' which is a continuous process. Here the difference between 'injury' 'suffering' and 'pain' will be worth mentioning. All the three terms can be represented by one word receiving strain. Strain, which is a continuous process. Each one of us is receiving it all the time. Strain in other words means the load and the stress from stimuli.

DELUSIONS, injured

is being

FEAR, injured, of

being

DELUSIONS injury is

about to receive

DELUSIONS, danger,

impression of

CLINGING to persons
or future etc.

CLINGING child
awakens terrified,
knows no one, screams,
clings to those near

The degree of strain distinguishes all the three. There is a limit upto which strain is not felt rather is absorbed (assimilated) and up to that it gives a tolerable feeling which may be pleasant even. But when the strain crosses this limit, its impact gives negative feeling and the stage is reached at which we will name it suffering. When one becomes increasingly conscious of this feeling it becomes pain. The limit of unbearableness increases to a feeling of being broken in a variety of sensation i.e., Injury is about to receive or is being injured etc. To understand the sensitivity of *Stramonium* towards the term injury in various forms we see that he has no money even for the medicine. That he himself is doing very ordinary job which does not fulfil the minimum needs. This feeling of real poverty gives him the feeling of injury in every form. At times this sensitivity to injury takes the shape of extreme fright. Either a person is suddenly reminded of something terrible or wakes up after seeing a horrible dream and the shock throws him into confusion, and he is not able to identify anyone. He hangs on to the persons who are near him.

From this state of mind many types of reactions come up.

AFFECTATION
IMITATION

One of the reactions may be to put up a brave posture, although he is fearful.

DELUSIONS injured is being

DELUSIONS, injury, is about to receive

DELIRIUM, crying, help for

BEGGING

PRAYING

RAGE, insults, after

RAGE Kill people,

tries to

RAGE Laughing, with

RAGE, touch, renewed

by

RAGE, Violent

Another reaction can be a feeling of injury or the danger of receiving injury which derails her mind and compels her to cry, beg or pray for help. A third reaction could be in the form of extreme anger. Rage means anger crossing the bounds and devastating its own banks and every thing around. Insult means receiving of injury to one's honor.

REFUSES to take the medicine

INTROSPECTION

Laughing actions, at his (her) own

Laughing alternating with groaning

Laughing alternating with rage, frenzy

Laughing alternating with vexations, ill humour

Laughing alternating with violence

DELUSIONS poor, he is

He becomes extremely angry. He even refuses to take the medicine, in other words, the help which she was crying for. Or, she starts examining her mental state and feels like laughing at her own actions. To her the event seems to be quite minor. She feels that she could have easily tolerated it. And also feels that she is not mature enough to justify her position as an elder.

She belittles herself in her own eyes and feels that others will also see her in the same light.

DELUSIONS position,
she is not fitted for her

That's why, while addressing the persons whomsoever she goes for help or is continuing to get it, she says "How will you feel about me?" "A person who is clinging to you and never thinks of leaving you. Perhaps you may laugh at me."

SHAMELESSNESS
NAKED, wants to be
NAKED, constantly,
wants to be
NAKED delirium, in
DEATH desires

Every time I come to you with a fresh problem." Here she seems to be opening her mind to the maximum. In the same breath she continues, "I am a worthless person, just a burden on earth. Even death does not like to take me away."

LAUGHING, actions,
at her own.

She says, all this in a laughing tone. As if the thoughts being expressed are not coming deep from the mind.

LIGHT desire, for
LONGING sunshine,
light and society, for
SHINING objects agg.
SHINING objects amel.

Rather it seems that she is enjoying her commentary about herself and laughing at it. Her mind reflects admixture of (light desire for) wanting to remain in a light mood. And to fulfil momentarily some of her long standing, and subdued wish for pure and over-whelming joy in the company of like-minded people (at present the person to whom she is opening her mind.)

Pure means spotless, with full freedom to adopt any type of medium of enjoyment.)

Question :-

"Why are you laughing?"

Answer :-

"Its my own concern. Is there any ban on laughing? No body can stop me as to what I do." Like this she laughs away your simple and innocent enquiry.

TALKING, pleasure in his own

TALKING, sleep, in

TALK, others agg., t.of

TALKS when alone

TALKS, ones subject,

of nothing but

Taking pleasure in her own talking means she does not allow others to enter into the talk because she does not seem to be interested in others and dislikes any type of interference likely to spoil her present mood.

LIGHT, aversion to,

SADNESS, sunshine in

Rage shining objects, from.

SHINING objects agg.

DELIRIUM, talks in a

foreign language,

DELIRIUM frightful

DELIRIUM, gay.

DELIRIUM, alternating with laughing, singing, whistling crying.

That is why she tries to avoid any type of focus on her shortcomings. Her remarks are sharp and discouraging to others. (*Is there any ban on laughing?*) This is like talking in a foreign language. (Foreign means unfamiliar, denying intimacy, closeness changed attitude and stance. Language means the medium of communication.)

DELUSIONS, divine being

DELUSIONS, God

communication with,

he is in

DELUSIONS, religions

DELUSION, pleasing

DELUSIONS proud

DELUSIONS, pure,

she is,

The ultimate impression she projects is that inspite of her short comings she is not a bad person. That at heart, she has divine and pure intentions.

XVII VALERIANA OFFICINALIS

EMOTIONS,
predominated by the in-
tellect.

Valeriana is a personality which does not lose the balance of mind in any circumstances, although internally he is not free from emotions and the problems which keep him under stress almost all the time.

DELUSIONS poor, he
is.

His domestic life is not in harmony and here, he feels he is poor. He never thinks of poverty in any other sense.

DELUSIONS home,
away from is

Whenever he talks, he would talk of home because he feels he is separated from home and is at a distance from it.

FORSAKEN feeling
DELUSIONS, strange,
familiar things seem
STRANGE, everything
seems
DESOLATE, room,
appears.
HOME-SICKNESS

Feels no body likes him and is not loved by his own people. He thinks he has lost intimacy with everything. Nothing seems to belong or known to him. His impression is that he is in a lonely room. Nobody visits it. Yet he loves home and cannot keep himself away from its memory.

WANDER house,
desires to wander about
ANXIETY house in

He is so much attached to his family that he keeps on moving aimlessly around the house and doesn't leave it. One of the reasons for his wandering around his house may be his isolated feeling, which frightens him.

FEAR room, on
entering.

FEAR dark, of.

FEAR misfortune, of.

When his imagination extends further deep he apprehends mishap, a bad day. The general mental state is, now he is laughing and the next moment he is weeping.

ECCENTRICITY

Actually for all this state of affairs there is one strong weakness in his conduct which is responsible, i.e his inability to keep in time with the customary practices. If in his view certain practices and customs are being followed blindly and are also harmful to the society, he refuses to follow them and rather preaches opposition to them.

SERIOUS, earnest
RECOGNIZE
relatives, does not
recognize his

He is so serious about his convictions that while implementing them, he does not even like to spare persons related to him.

SELFISHNESS

His convictions are so strong, that many times he hurts the sentiments of others. His thoughts are singular that he is right and must adhere to what he thinks is right. But before coming to this conclusion, he may waver for a long time and is unable to decide as to what to do.

CAPRICIOUSNESS

DISCOMFORT
ANGER, easily
EMBITTERED
BESIDES ONESELF
being
DELIRIUM, wild
THREATENING

Here the problem is so acute that even the slightest opposition to his way of thinking makes him uneasy. And provokes him to extreme, to behave as if he is out of his senses. Forgetting the norms of civility, he threatens to leave the house, if, he is

SENSES, acute

CLAIRVOYANCE

COMPREHENSION,

easy

not obeyed.

But it takes him no time to realize and recognise *the* reality of the situation.

He tries to cool himself down, which may not be easy for him.

DELIRIUM quiet

QUIET disposition

DELIRIUM mild

SADNESS, alone, when

The immediate step he takes is to keep quiet, and become mild. And if possible, he joins some one to overcome his sadness.

DULLNESS

DREAMS, as if in a

DELUSIONS floating

in air

DELUSION, light,

incorporeal, he is a

After he achieves complete tranquility, he feels as if he in the world of his own making.

That in reality the world moves in its own traditional way whether it is harmful or beneficial to *them*. Nobody can change it. Therefore it is folly to make any effort.

EXCITEMENT, wine,
as from

EXCITEMENT,

nervous

EXCITEMENT,

trembling, with

Gradually the temper cools down. From anger and embitterment down to quietitude and from there to excitement and ultimate predominance of the intellect over the emotions.

EMOTIONS

predominated by
intellect

LIGHT desire, for

CHEERFULNESS

He tries to take things lightly and decides not to bother much about what others do.

ECSTASY

EXHILARATION

VIVACIOUS

LOQUACITY

The mood takes happy directions with the variety of its adjectives like cheerful, mirthful, ecstatic, exhilarated and vivacious.

TWILIGHT agg. men-
tal symptoms
DARKNESS agg.

SENSITIVE heat,
during

ANXIETY air, in open
amel

FEAR air, in open
amel,

RESTLESSNESS air
in, open amel

RESTLESSNESS

driving air in open

RESTLESSNESS night
agg.

He knows that dim-light, or no light
(dark) and even heat (anger) etc
makes him unhappy

That is why he tries to keep himself
fully enlightened of the elements
which make things unpleasant and
avoid them.

Also knows, that to keep away from
involvements is the best way of
keeping oneself away from the
anxieties, fears and to achieve peace
of mind.

ROH Book Series V

Dr. Sehgal's

**REDISCOVERY
OF
HOMOEOPATHY**

**A group study of 17 drugs and
their common rubrics
LIGHT, desire for**

By : Dr. M.L. Sehgal

Dr. Sehgal's
REDISCOVERY OF HOMOEOPATHY
(A Different Concept)

By
Dr. M.L. Sehgal
Founder – Dr. Sehgal's School of
Revolutionized Homoeopathy

ROH Book Series VI

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Foreword

The present work, ROH Series VI, is an elaboration of study in extension of the rubrics of all the drugs studied in ROH Series V and in addition others where needed as a cross-reference. This long awaited and most welcome original contribution by the author to make indepth study of rubrics and their mutual relationship in forming a drug picture is unique. In this study whereas each and every word of the rubrics has been defined according to the dictionary explaining their analogical inference on the mental and emotional plane and the possible talk and words of the patients which generally under-lie the rubrics and their meanings. There the most important of it is the difference in the value of a rubric if it stands alone or it is, together with another as a pair and working as a member of a team of many.

Dr. Sehgal has taken great pains to elucidate how to manage and link the whole symptomatology of a drug to have full grasp at its innermost. This particular work is therefore, of special significance, and is a mine of information regarding definite meanings of the words used in the rubrics, of which most of us generally have vague ideas. I hope that the serious students of Dr. Sehgal's method will get excited to have this work in their hands who are always looking forward to him for guidance to enhance their skill in Revolutionized Homoeopathy.

Dr. H.L. CHITKARA
Ex-Resident Editor
Homoeopathic Heritage

Preface

This work contains about 500 rubrics used as bricks to construct the 17 buildings (drug pictures) of the remedies listed under the rubric LIGHT, desire for, which has already been published under the title ROH series V. The writing of this book was started keeping in view the need for the explanation of their meaning and value by the profession exactly on the line of *ROH series IV*: That style continued upto the rubric No. 88, thereafter a slight change has been introduced to enhance the vision of the reader. Whereas the original scheme of splitting the rubrics into the words followed by their dictionary meanings and broader interpretations remains the same, there, in certain cases the allotment of the version has been made common to a group of rubrics; e.g. the rubrics from serial 89-96, (a) 'CONCENTRATION, difficult on attempting to C., has a vacant feeling', (b) 'CONFUSION, of mind, concentrate the mind on attempting to'. (c) 'SENSES, vanishing of'. (d) 'QUIET, disposition.' (e) 'RESERVED' (f) 'TRANQUILLITY'. (g) 'SUCCEEDS, never.' (h) 'WORK, aversion to MENTAL' has been covered by a single version i.e. "I feel I am totally losing sharpness of mind day by day". This conveys their cumulative sense centering around the essence of one rubric i.e. 'SENSES, vanishing of'.

The next in order comes clubbing together two rubrics. For example, serial 97 and 98, i.e. 'INDOLENCE, aversion to work, eating after', and 'EXCITEMENT, pregnancy during'. They connote contradictory meanings, but are correlated in such a way as to form two sides of the same coin. Through these rubrics, it is being reflected that a person who suppresses his feelings in his mind becomes inactive, and if he nurses them and allows them to develop, he loses his peace of mind.

Thus this work elaborates three things-meaning and evaluation of a rubric in isolation as a separate entity; working as a member of a

group busy contributing to the common aim of a team as a whole; and two rubrics joined together (without compromising their original way of functioning) to work for a combined effect. As for example, in a cricket team, a player may be found exhibiting his individual skill adding more and more to his individual score; his working in a team spirit adds to the score of the team as whole; or as in a duet with another player, working as complementary to each other to bring out their best and pool it with the common score to get a combined optimum result.

Keeping in view the above aim of this effort, it is obvious that the rubrics could not be arranged in alphabetical order. Therefore the need for a separate index which is placed at the beginning of the book. The index indicates four items, namely, serial number, the rubric in detail, the drug(s) in paranthesis and finally the page No. where it appears in this book.

Since this work is the offshoot of ROH V, drugs indicated before each rubric are confined to the 17 drugs listed under the rubric 'LIGHT, desire for'.

I shall be grateful to my critics, well-wishers, and the followers to point out short-comings to help me to make it a more useful and meaningful endeavour.

AUTHOR

Abbreviations

<i>BOR.</i>	- <i>WILLIAM BOERICKE</i>
<i>C.R.</i>	- <i>CROSS REFERENCES</i>
<i>DR. SEHGAL'S</i>	- <i>ADDITION BY DR. SEHGAL</i>
<i>K.R.</i>	- <i>KENT'S REPERTORY</i>
<i>R.</i>	- <i>REPEATED</i>

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ACONITUM NAPELLUS
(1) DELUSIONS, body, deformed, some part is

Body (n)	=	The physical structure of man (excluding head and limbs) which contains in its cavity every other organ of human economy.
Deformed (adj)	=	Having lost the original form and shape
Some (adj)	=	Unspecified, undetermined, any.
Part (n)	=	A portion of a whole
Is	=	Showing the present condition of a (third person) noun or a pronoun.
<i>Infer.</i>		The feeling is that some unknown portion of the body has lost its original form.
<i>Vers.</i>		I feel that some of the organs of my body is not in their proper form. Sometimes it is about the heart, the liver and the yet kidneys.

(2) DEATH, presentiment of, predicts the time.

Death (n)	=	The end of life
Presentiment (n)	=	Feeling or impression of something about to happen; something is ahead.
Of (prop)	=	Used to indicate identity of something.
Predicts (v)	=	Tells in advance
Time (n)	=	The point at which an event takes place.
<i>Infer.</i>		Death (the end of life) is casting its shadows before hand which is near and one is able to tell in advance when really it will take place.
<i>Vers.</i>		The time of my death is near and I am going to die on such and such time and date. Please be careful.

(3) DEATH, dying, feels as if. (C.R.)

dying (adj)	=	Ceasing to live (Gradually heading towards the end)
Feels (v)	=	Perceives through senses.
As if	=	Exactly as it could be.

Infer. The person is sensing from within that something is happening to him which can be taken as equivalent to the process of ceasing to exist.

Vers. There is a feeling in me which is identical to that of a person who is in the course of dying. Actually I don't feel that I am really dying but simply the sensation is like that.

(4) DELUSION, dying he is. (C.R.)

Dying (adj) = Ceasing to live; destined for death; mortal declining.

He (pronoun) = The person concerned.

Infer. First interpretation can be that the person is gradually heading towards the end of life. Second is that the person concerned feels that he is not living life, life like.

Vers. When asked, "How are you"?

He replies, "just dying".

On further questioning "What do you mean by this?" He may say, "Looking at the condition of my health etc. would you call it living." "Is not it worse than death itself which comes once and there the matter ends. Here it is a continuous process, gradual and slow without knowing the end.

"Neither dead nor alive."

(5) DEATH, conviction of. (C.R.)

Conviction (n) = The state of being convinced.

Of (prop) = by

Infer. There can be three inferences. First is that death is a reality and should be faced boldly. Second is that death is the only answer to his problems. Third is death is certain.

**MERA MAN KEHTA HAI, KI HUM AUB
BACHENGE NAHI.**

- Vers.*
1. "Why should one have fear of death? When it is to come it comes. One may like it or not.
 2. Death alone can bring to an end my miseries.
 3. My inner self tells me that I shall die without fail.

(6) DEATH, sensation of. (C.R.)

Sensation (n) = The state of going through the process of death.

Infer. The state of experiencing death as if the death is taking place and the person knows it through feeling.

Vers. I am feeling that death has spread its net on me and is consuming me gradually.

(7) COMMUNICATIVE expansive.

Communicative (adj) = Inclined to give information unreserved.

Expansive = Talkative; marked by excessive feeling of well-being, delusions of self importance.

Infer. Does not conceal any type of information.

Vers. "Are you secretive?" will you like to talk about your health to any one? Of course, if someone asks for any formation about my health I openly (freely) tell him everything about it.

(8) REFLECTING, unable to reflect.

Reflecting (adj) = Throwing back, light or heat:

= Given to reflection:

= Thoughtful:

Reflect (v) = To send back, to react.

= To throw back after striking upon any surface, like light.

Unable to (adj) = Not able to.

- = Weak in skill, or capacity or courage to do something.
- Infer.* Unable to react (befittingly)
- Vers.* "I take it very seriously when someone hits at me with sarcasm. But I am too weak to hit back or to reflect as I feel or as I should.

(9) *CHAOTIC, confused behaviour.*

- Chaotic (adj) = Confused.
- = One who is not clear in his mind as to how to behave in an orderly manner.
- = One who is out to create disorder.
- Infer.* These persons are semi-conscious of their actions. Because while they do something they seem to be unaware of the manner they are performing. If objected they will become furious because they don't feel they are in the wrong. That is why they are incorrigible. They act under the influence of an impulse to create disorder.
- Vers.*
1. A lady reports that her husband is in the habit of disordering things which she tried to arrange in a proper way. Suppose he enters the kitchen and finds the utensils arranged on the parapet. He spreads his arms to extend his hands to both the ends of the terrace to push the utensils towards the centre and mix the things up. When asked why does he do that, he replies, simply that he does not like the order.
 2. A child keeps watching his playmates playing for sometime. All of a sudden, he throws a stone or something into the pitch to confuse the smooth running of the game and runs away to escape thrashing.

(10) WEEPING, anxiety after.

- = When the moments of anxiety (feeling discomfort for something unknown) are over, the person becomes weepy.
- = After one has passed the moments of anxiety one starts weeping as to why one has to face such anxiety.

Infer. Weeping denotes utter helplessness, and despair of being unable to overcome the habit of worrying over the things which have not yet taken a shape as yet.

Vers. I weep because, I am at a loss to understand why I get worried over the things about which it is not clear at the moment as to what direction they are going to take next.

For example, If my son or husband goes out I shall remain worried about them as long as they are away. On their return when the anxiety is over tears will fill my eyes as to why I cannot stop torturing myself in this manner and creating problems for others.

(11) FEAR, suffocation of.

Suffocation (n) = The condition which can kill by preventing the access of air to the blood through lungs.

Infer. Fears compulsions and obligations which hinder the freedom of movement and action and makes ones living uncomfortable and un-pleasant.

Vers. I feel comfortable in a condition which does not put restrictions on my conveniences. Because I am habitual to a particular way of living which if obstructed causes a lot of harrassment to me.

(12) INDUSTRIOUS *mania for work.*

(adj) laborious, hard working, undaunted by labour.

Mania (n) = an abnormal and obsessive desire or inclination: an extreme enthusiasm, for a specified thing.

Infer. One who takes due interest & pleasure in his job and works tirelessly.

Vers. Whatever be the condition of my health I never lose interest in my work. I wish I should die while at work.

(13) PERSEVERANCE.

Perseverance (n) = A going on, till success is met. Continued application to anything which one has begun.

Infer. Not to lose confidence till the end of the purpose.

Vers. Once I undertake a job, I leave it only when it is finished.

(14) UNDERTAKES, many things, perseveres in nothing.

Undertakes (v) = Takes under one's own management

Infer. Starts doing more than one job at a time but will accomplish none.

Vers. I am always in a hurry. Will take in hand various jobs simultaneously but will not be able to finish any of them.

(15) CONTRADICTION to speech, intentions are.

Contradictory (adj) = Inconsistent, asserting the opposite with confidence.

To speech (n) = Thoughts expressed by speaking.

Intentions (n) = Purpose, aim.

Infer. The sense conveyed by the speech of the person is opposite to what actually he wants to express.

Vers. Please don't mind my words actually I did not mean so.

(16) SELF-TORTURE.

Self (n) = One's own person.

= A person in self.

Torture (v) = To put to extreme pain.

= To annoy

Infer. To punish oneself.

Vers. It is better to take difficult tasks on oneself than inconvenience others.

: I don't believe putting others in difficulty to save myself any hardship.

: To avenge anger on others I starve myself for many days.

(17) COWARDICE.

Cowardice (n) = Want of courage to face dangers or difficulties.

= Lack of resolution in the face of hostile sentiments.

Infer. Cannot stand opposition and yields readily.

Vers. One must have the courage to face the consequence and not to yield to undue and wrong pressure, but I can't do that.

(18) TIMIDITY. (C.R.)

Timidity (n) = Lacking in self assurance to take initiatives or adventures.

= Tendency to cling to the safe and accustomed ways.

Infer. Does not have the courage to take initiatives in any field.

Vers. "People are adventurous these days, God knows how? I don't think that I can do that.

Perhaps we were trained to live with subdued courage and never to think of initiatives.”

(19) DISCOURAGED.

- Discouraged (v) = Deprived of courage, hope and confidence.
 = Disheartened, dispirited.
- Infer.* The person had the courage to take initiatives which he has lost now.
- Vers.* Repeated failures have discouraged me to take any more initiative in life.

(20) INTROSPECTION.

- Introspection (n) = Self analysis, the act of directly observing the processes of one's own mind.
- Infer.* Studying systematically the working of one's own mind-the negative and positive points of ones character-in order to choose the right path by making amends.
- Vers.* Many times I think about myself and find many faults-that I am a lazy person and do not care much about my health. That I am irregular in eating and all other activities about self. I think I should be careful about my health.

(21) DELUSIONS, *sleeping while awake, insists that he was.*

- Sleeping (n) = The state of resting in sleep.
 = The state of being at rest by relaxation of consciousness.
 = The state of inaction.
- Infer.* The state of suspended awareness about oneself and surroundings
- While (adj) = During the time that.
- Awake (adj) = Not asleep; fully aware of everything
- Infer.* Cautious; in full senses.

- Insists (v)** = Persist in pressing one's point.
- Infer.** Does not agree, contrary to what he thinks, he felt.
- That (adj)** = Points out a person or thing.
- He (pron)** = A male person
- = Was (p.t)** = To remain (in a particular position).
- Infer.** It can be inferred in two ways
1. Although apparently the person looks as if he was waking, because his eyes are open but when he does not respond to provocation, his conduct is doubted. One feels he is pretending to be ignorant. In other words the person looks to be quite intelligent, alert and vigilant but tries to be naive.
 2. The reality is that the person gives an intelligent look but actually he is not. He feels that this impression about him is misconceived. People seemed to be having wrong impression about him.
- Vers.**
1. The person is:
 - (a) Sitting, looking at you "but when talked to, he says "how can I answer, when I am sleeping."
 - (b) When asked, "you did not care to wish me. You were quite conscious of my arrival". He says, "you may say so, but I was not aware of that."
 2. "Actually I am not the type of person as people seem to be thinking about me. They simply seem to be considering my outward get up in manners and dress, etc. but in fact they don't know my real background, which if they come to know, will impel them to hate me.

(22) SENSITIVE, light to.

Sensitive (adj)	=	Affected badly.
Light (n)	=	Something that makes things visible.
To (prop)	=	Denoting the cause.
<i>Infer.</i>		Does not like to be exposed to.
<i>Vers.</i>		I feel very bad if my weakness comes to the light or if I have to face exposure to my short comings.

(23) JESTING. (C.R.)

Jesting (n)	=	The utterance or action of pleasantry, trifling and ridicule.
Pleasantry (n)	=	Anything that promotes pleasure.
	=	Merriment
	=	Lively or humorous talk.
	=	A trick.
Trifling (n)	=	The act of indulging in light (cheap) or silly amusement.
	=	The act of talking or acting in a nonserious manner.
Ridicule (n)	=	A witty remark exposing someone to laughter or mockery.
	=	Laughing at others, conveying taunts, sarcasm etc.
<i>Infer.</i>	1.	Apparently the intention is to excite laughter. But it depends upon the tone and style of the gesture (laughter) what actually he means. It may be intended to inject a feeling of pleasantness around oneself, making others happy. Aim is to create happiness, which is enjoyed by every one.
	2.	It may be for the sake of deriving amusement by talking laughingly and taking every gesture of other nonseriously. Aim is to joke whether it is being liked or not.

3. It may be to humiliate and subject others to contempt, taunt, or sarcasm. The aim is to convey dissent and seek amends without creating unpleasantness.
- Vers.*
1. He is a very funny person. In his company no body can remain serious. He makes people laugh and happy.
 - I cannot restrain myself to talk or act in a manner which creates pleasantness. It gives me pleasure to do so.
 2. Referring to someone "No use talking to him who is always in a joking mood. He never tries to realize the gravity of the situation and change accordingly. Keeps on making fun of everything.
 3. Through laugh and talk, in decent words he conveys the message of discontent and succeeds in correction without inviting unpleasantness.

(24) JESTING, aversion to:.

Aversion to(n) = Disliking for.

Infer. It depends upon the individual as to which of the three types of jesting is not liked by him. It is possible that he dislikes all the three or any one or two of them.

- Vers.*
1. I don't like joking of any type.
 2. I like only pleasant jokes.
 3. I don't like taunting remarks.

(25) JESTING, joke cannot take.

- Joke (n)** = Anything said or done to excite a laugh:
- Cannot (v)** = Unable to.
- Take.(v)** = Receive.
- Inference:** Cannot absorb, digest, or tolerate jokes.

Vers. It is not a question of liking or disliking; but it is the capacity to assimilate, which, I don't have.

(26) *RAGE alternating with consciousness.*

Rage (n) = Violent excitement; enthusiasm; furious anger; intensity; any object much sought after; the fashion.

Infer. any emotional activity which crosses the limit of normal behaviour.

Alternative (v) = Causing to follow by turn: one after the other: happening by turn: the waking state of mind.

Infer. The state of mind which keeps a person fully aware of his own actions as to how far normal they are.

Consciousness (n) = Two states are alternating.

EMOTIONAL AND INTELLECTUAL.
One predominated by emotions and the other by intellect. When emotions prevail and if the emotion is charged with anger, (which means he desires to retaliate) it is rather extreme. If it is influenced by the zeal to do something, it too is extreme. But when the intellect assumes the upper hand, it tries to keep in check the emotional tides which spring up on slight injury or a little temptation.

Vers. "I get excited to the extreme without much ground. For example, if someone has been unreasonable with me even slightly, I get enraged beyond limits and realize after some time that my reaction was disproportionate to the offence.

Likewise if something enthralls me, I get interested in it so intensely as is not required. But I discover that only after some-

time. These two states of my mind keep interchanging.

(27) MOCKING. (C.R.)

Mocking (n) = Derision; ridiculous; subject of laughter or sport; fruitless labour; an imitation; false show.

Infer. Mocking is an act which is aimed at making fun or ushering humiliations on others. This is induced by wrong or unwanted actions of others. This can be done by laughing in varying tones, imitation of voices or gaits or playing tricks. In other words to enjoy at the cost of others or to take revenge or to exhibit hatred or jealousy etc.

Vers. A lady came and asked for my permission to pluck flowers from my garden. I refused apologetically, telling her that today's quota for plucking is already over, as there were many requests for it prior to her arrival. She laughed, by passed me, entered the garden, and started doing the job saying, "Well I have come from not a little distance and I don't think that I should go back without having the privilege of having flowers from your reputed garden."

"Recovering from a moment's jolt I said, "You have a very long braid of your hair behind your head. I hope you will not mind if I have a pull at it. Embarrassed as she looked she said, "no, no! how can you do it. I do not think you mean so? Holding her braid in my hand and showing her the way out. I said, "Please realize you have come from a little distance and for that reason you are not going to visit this place again. Don't you think it will be injustice on your part to

deny me the joy which I am deriving by pulling your hair.

The passers by cast a feasting look and enjoyed the scene.

(28) MOCKING, ridicule passion to.

Passion (n) = Eager desire.

To (prep) = Expressing the purpose of an action

Ridicule (v) = To humiliate.

Infer. The desire to offend (taunt) is so great that it cannot be suppressed. Perhaps it is because of the provocation caused by the mean action of one's victim.

Vers. When caused by someone trying to be over-smart, I cannot resist to cut him to his size. For example, someone from the audience in a seminar tried to over ride the speaker by asking irrelevant questions, I could not restrain myself from intervening.

The person was short sized. Hitting hard at him I enquired from him, "Gentleman, may I know your exact size (hieght)?

He replied, promptly, "4' (feet) only".

"Then it is none of your fault, you can continue doing what you are (wasting time of your own and that of others)"

(29) MIRTH, foolish, heat during. (K.R.)

Mirth (n) = Merriment, pleasure, delight, Noisy gaiety, jollity, laughter.

Foolish (adj) = Weak in intellect, wanting discretion, deserving ridicules.

Heat (n) = That excites the sensation of warmth.

During (prep) = In the course of.

= For the time a thing lasts.

Infer. In excitement the person becomes extremely joyful and behaves foolishly inviting (ridicule) a laugh because of his immature behaviour.

Vers. 1. Often we have seen him happy during excitement without any cause.
2. Some times I feel I get excited and have a senseless laugh.

(30) AUDACITY.

Audacity (n) = Boldness or daring in matters of conventional beliefs with confidence or arrangement; disregard for personal safety.

Boldness (n) = Not hesitating to break the rules of propriety.

= Forward.

Daring (adj) = Fearless.

Infer. Can risk his life if the matter involved is faith. For example if, she has the faith that her doctor is sincere and it will not be the doctor's fault if she does not recover. She will try to defend him to the best.

Vers. Dr. ! whenever there is a reference about you in my family, I don't allow your prestige to go down. Neither any body can dare say anything against you in my presence.

(31) WILDNESS.

Wildness (n) = The state of ignorance of the rules of civilized society.

Infer. Crude.

Not refined.

Vers. She was seen sitting on the bench meant for the patients with crossed and folded legs, cleaning her nose with the corner of her shirt and using uncouth words in her speech. When told, "You don't know manners, she

replied, "Yes sir, I am an illiterate, village woman,"

(32) *MEDITATION.*

Meditation (n) = The act of repeatedly revolving any subject in ones mind.

Infer. To concentrate on something exclusively without diverting one's attention towards any other subject.

Vers. It is my well considered view that according to the circumstances, as they are today, I don't think I am going to survive any longer.

(33) *BROODING*

Brooding = The act of finding solution of a problem

Infer. The effort is to understand the problem to find out as to how to solve it.

Suppose in the room, where one lives ONE feels quite suffocated and unhealthy. He starts pondering over the cause and finds out that it is because of lack of proper ventilation and decides to go in for alterations accordingly.

He decides to have a window through the wall of his house. He has specifically formed an opinion about the real purpose of the opening.

(34) *THEORIZING.* (C.R.)

(to find out requirement, of the job)

The aim is not only having ventilation but also sunshine and site seeing. What else can be added to derive some more advantage etc. This part of the job is to be called theorizing.

(35) PLANS making many. (C.R.)

Plans (n)	=	Schemes for accomplishing a purpose.
Making (n)	=	The act of forming.
Many (adj)	=	Numerous, great in number, not few.
<i>Infer.</i>	=	The act of forming opinion as to what is required.

(How to achieve the target keeping in view various alternatives)

Keeping real purpose in view the actual site (on the wall) is to be selected and according to the budget, height, length and breadth of the wall, the size of the window and the material to be used is to be planned.

Since the rubric is 'PLANS, making many', it means the person's mind works in different directions and can give practical shape to idea in many ways. He places before himself various alternatives and comes out with a final plan looking at things from different angles carefully and, cautiously to hatch out a healthy outcome.

Vers.
(brooding)

I was feeling uncomfortable for the last many months. I tried to find out what could be the cause of it and ultimately decided to go in for check up and get myself treated.

(theorizing)

I thought I can't afford to go on postponing it because the disease is progressing. But it must be economical and best.

(plans making many)

I rang up a friend who is in medical profession to seek his advice. He suggested a govt. hospital under his supervision.

Then I consulted my neighbour, a wise person. He suggested a private doctor who he said was honest and reasonable. Then came the question for treatment, which system, of medicine is to be adopted.

After taking into consideration every aspect of the problem carefully, I have finally come

to the conclusion that I should go in for homoeopathy which is eradivative and without any side effects.

(36) MILDNESS.

- Mildness (n) = Gentleness in temper, and disposition (not sharp or bitter)
 = Politeness.
- Infer.* The person is well mannered and non aggressive in nature.
- Vers.* "Dr. I am not finding any relief inspite of your best effort." Are you blaming me?
 "Not at all, how can it be, you have been doing your best. It is just my bad luck".

(37) CHEERFUL, heat during. (K.R.)

- Cheerful (adj) = Contented, satisfied (having the desires limited by present enjoyment).
- Heat (n) = Warmth.
- Infer.* Warmth of joy after some achievements or benefit.
- During (prep) = For the time a thing lasts.
- Infer.* The person remains satisfied as long as the feeling of being in gainful position remains.

(38) DESPAIR, chill during.

- Infer* Hopeless, while the atmosphere is chilly.
 Loses joy and enthusiasm when he finds the situation to be unpromising.
- Vers.* A shopkeeper tells, "I remain satisfied on the day (the market is warm) I get some income but quite unhappy when (it is dull) no customer turns up.

(39) ECSTASY.

- Ecstasy (n) = A state of mind marked by temporary mental alienation under the influence of exces-

sive joy from the sight of external object or things.

Infer. – Happiness derived from surroundings.

– Joy through the sense of sight.

Vers. I forget every thing else when I am in the company of mother nature. It fills me with so much of joy that I like to remain with her as long as possible.

(40) EXHILARATION.

Exhilaration (n) = The state of joyousness derived from internal feeling of being in the state of happiness.

Infer. It is to enjoy at the thought of present or past happy experiences or like under the influence of an intoxicant or joy through the feeling of fulfillment.

Vers. Whenever I am alone or free from other thoughts I am reminded of the good old days, and keep enjoying the memories for hours.

(41) MIRTH heat during. (K. R)

Mirth = Merrines pleasure, delight, noisy gaiety jollity, laughter.

Heat during = As long as one is in good mood.

Infer. The state of feeling of natural happiness, without any reason to do so.

– Just feel like being happy.

Vers. Warmth in any form suits me well. I remain quite happy during it.

(42) DELUSIONS, sheep, driving.

Sheep (n) = A meak unimaginitive and easily lead person.

Driving (v) = Forcing along; riding. pushing briskly.

- = Sending away with force; tending towards a point.
- Infer.* The person feels that the job in hand is like a sheep which can easily be taken care of.
- Vers.* I thought the problem will be like a lion (Cancer or some other dreaded disease) but actually after diagnosis it turned up to be a sheep. (Benign tumour which can easily be managed) Therefore I am feeling relaxed

(43) HOPEFUL, alternating with despair, and alternating with sadness, (C. R)
(Repeated see S. No. 96 of ROH Series IV)

- Hopeful (adj) – Full of hope; fully confident of getting desired results.
- Alternating = Interchanging of two states between each other.
- Despair (n) = Utter hopelessness; want of hope.
- Sadness (n) = Unhappiness.
- Infer.* Sometimes the person feels that the events are going to take a favourable turn and the other of losing hope. Likewise the hopefulness is overtaken by the feeling of unhappiness.
- Vers.* A person becomes hopeful when it comes to his mind that the disease is simple and curable. And sad and hopeless when it seems to be serious.
- These two states of his mind keep on taking over from each other successively many times through out the day.

(44) LAUGHING spasmodic.

- Laughing (n) = The state of expressing emotions with an audible vocal expulsion of air from lungs.
- Spasmodic (adj) = Produced by the contraction of muscles of the vocal chord.

Inference: Here the act of laughing is not natural neither is it with a motive but under a compulsion which is driven by the need to unfold the contractions being felt by the muscles. (in the mind).

Vers. Apparently it looks that the person is laughing while talking but actually it is under compulsion.

Since the mind is intensely under strain and the burden so caused unbearable (by it).

A sensation of something twisting into knots is being experienced in it thus an effort from within to lighten the burden and unfold the knots in the mind is automatically taking the shape of laughter. When asked what is the cause of his laughing, he says, it is actually not laughing but just a struggle to comfort his mind.

(45) SHRIEKING, convulsion during, touched, when, pain, with the

Shrieking (n) = The act of producing a loud sound which is unpleasant to the ears.

Convulsion (n) = Any violent disturbance any involuntary contraction of muscles of the body.

During = As long as it lasts.

Infer.
(convulsion during) While the person is experiencing contractions in the muscles of the body or getting feeling of contraction in the working of the thousand processes.

Touched (adj) = That which is in contact with the fingers or hands or any part of someone's body.

When (prep) - At the time of.

Inference:
(touched when) At the time of the mind getting in touch with the words and thoughts which affect it deeply.

Pain (n) = Bodily sufferings or distress due to injury or illness.

With (prop)	=	Accompanied by.
<i>Infer.</i>		It is accompanied by or because of the feeling of bodily or mental distress due to injury or illness (in body or mind).
<i>Vers.</i>		While I get the muscle of my body contracted or at the time my mind gets hurt or because of pain, my voice gets louder producing piercing sound hurting the ears of listeners. That is why many times I find them avoiding me.

(46) CARRIED, desires to be, caressed and.

Carried desires to be, =		Explanation of this portion of rubric may be found in part-I.
Caressed (adv)	=	To be treated with affection, kindness by way of embracing and fondling etc.
<i>Infer.</i>		Whereas the person wants others to remove the burden on his mind there also he wants to be loved by them.
<i>Vers.</i>		When I come back home I wish somebody to keep waiting for me to receive me at the gate and take due interest in knowing my welfare and treat me with affection by kissing, fondling and embracing etc.

(47) ROCKING am.

Rocking (n)	=	A swaying backward and forward: to be in motion to and fro alternately to be lulled and soothed to sleep.
Amel. (v)	=	Makes better.
<i>Infer.</i>		To be soothed by others, makes feel better.
<i>Vers.</i>		Whenever I am in trouble I ask my wife to do or talk something which should sway my mind away from the present thinking and soothe me to rest.

(48) *CONFUSION of mind, air, in open am.*

(49) *ANXIETY, cold drinks am.*

(50) *UNCONSCIOUSNESS, vomiting am.*

Confusion (n) = The state of mixed together (feeling) so that things cannot be distinguished.

Air open (n) = An atmosphere free from congestion.

Infer. The mind is mixed up with different types of feelings which cannot be distinguished from one other.

Anxiety (n) = The state of feeling of discomfort about something to come.

Infer. To be worried about happenings the outcome of which is not known.

Cold (adj) = Something without heat and having cooling affect.

Drinks (n) = Liquids swallowed to quench thirst or for nourishment.

Infer. Anything or (word) which has the power to remove heat (worry from the mind)

Unconsciousness (n) = (for explanation *please see* part ROH IV)

Vomiting (n) = The act of ejecting the contents of stomach.

Infer. 1. Clarity of mind is improved by leaving it free from bonds of time and limitations of many kinds. Let no one fix the time limit for replying or burden one's mind with questions. When left free it improves in clarity.

2. The burden of mind (about something unknown) is reduced when it is offered to accept (drinks), the ideas and suggestions which have the cooling effect (consoling).

3. The state of ignorance about one's role in a particular situation is reduced when one gives expression to his inner feelings.

Vers. 1. At present I am confused. Please don't press me for quick response to your questions.

Rather leave me alone for sometime and then see the results.

2. Mind accepts only those thoughts which are agreeable and satisfying having (cooling) calming affect on it. The anxiety is over when a promise from any one comes who can assure of some hope for recovery.
3. Many times it happens that a person does not know that he can answer a particular question. He comes to realize this thing about himself only after he starts expressing himself and succeeds. The same is the case with me. So, long as I was taking that, I could not answer the questions of the physician properly I remained ignorant about my quality. But when I started expressing my self without hitch I felt, that, I could do it. Likewise I was under the impression that I will never be able to raise objections against my father's unreasonableness with me. But one day when I tried, I found that it was not difficult for me.

AMMONIUM MURIATICUM

(51) *DELUSIONS, murdered, he will be.*

Murdered – (adverb) = To get destroyed: to get put to an end intentionally: getting into extreme difficulty or situation hard to get out of it.

Will be (adj) = Hoping that something will take place.
Infer. Feels that he will be put to an end in a planned way, systematically.

Vers.

1. Feels that he will be killed by someone.
2. That his disease is fatal and is not going to spare him.
3. That some bad days are ahead and it will be difficult to manage during that period.

(52) DELUSIONS, Boiling sensation (BOR).

Boiling (v) = Heated to point from where liquid starts converting into steam taking the form of gases.

Infer. Death of the liquid i.e. the original (substance) the body (in other words being murdered gradually).

(53) DELUSIONS, fire, head is surrounded by.

Fire (n) = It is a state in which the ignited matter starts converting into ash.

Head (n) = The chief organ of the body on which depends the administration and management of the whole economy.

Surrounded (adv) = To be in the grip of something.

Infer. Being murdered gradually.

(54) DELUSIONS, enemy, under the bed is.

Enemy (n) = A person with harmful designs

Bcd (n) = A place where one expects to get relaxed peacefully without any hindrance or fear.

Infer. when a person is constantly under the fear of death peace of mind is impossible and is therefore gradually head towards death.

(55) DELUSIONS sword hanging over head.

Sword (n) = A weapon of destruction.

Hanging (v) = Something which can fall any time.

Over (adv) = Above.

Infer. One is constantly under the threat of death.

Vers. The person is suffering from a fatal disease and is expecting that he may die anytime.

(56) ANXIETY paralyzed, as if.

Paralyzed (adj) = Made useless. Having lost the power of motion, and sensation in any part of the body.

Infer. The disease has progressed to the extent that the person feels unable to fight it and weeps at the thought of difficult time ahead.

(57) TIMIDITY. (R. Page No. 26 above)

Timidity (n) = Want of courage.

Infer. (paralyzed, as if)

(58) SLOWNESS.

Slowness (n) = The state of diminished speed of the body's reflexes.

Infer. (paralyzed, as if)

(59) INDIFFERENCE, external things to.

Indifference (n) = Lack of interest in the things which have no direct concern with the person and are outside of him.

Infer. (Paralyzed, as if)

(60) SIT, inclination to.

Sit (v) = To rest with, body supported by buttocks or thighs.

Inclination to (n) = Preference for.

Infer. (Paralyzed, as if)

(61) ABSENT-MINDED, spoken to, when.

Absent minded (adj) = Absence of presence of mind.

Spoken to when While being addressed.

Infer. (Paralyzed, as if)

(62) LAUGHING, never.

Laughing (n) = Expressing happiness.

Never (adv) = At not time.
Infer. (Paralyzed, as if)

(63) GRIEF, cry, cannot.

Grief (n) = Feeling of intense mental suffering due to anything.

Cry (v) = Unable to produce loud sound to express grief and reduce the agony.
 Cannot (adv)

All the above rubrics (57 to 63) can be inferred as conveying the same sense as by the rubric "ANXIETY, paralyzed, as if"

(Therefore the common)
Vers.

I have lost the power of sustaining myself, and the normal speed in working. I am left with no interest in anything other than myself. I prefer to sit and do nothing. If someone speaks to me, my mind remains somewhere else and cannot attend to him properly. I don't think I will ever laugh. Even if I want to express my grief at the top of my voice. I have no capacity to do so.

(64) EXCITEMENT talking while.

Excitement (n) = A state of aroused or stirred up emotions.

Talking while (v) = While expressing oneself familiarly.

Infer. Although she has no energy to talk and even raise her voice but when a situation compels her to do so she gets stirred up without knowing from where the energy to react comes.

Vers. "I don't want to speak but I am compelled to speak", she says with an agitated voice.

(65) ELEGANCE, want of.

Elegance (n) = Refinement and sophistication in taste, habits or literary styles.

Want of (v) = To be without

Infer. Lacks refinement and dignity.

Vers. "See my condition I was not like this! I used to live in a dignified way"

(66) DISOBEDIENCE.

Disobedience = Refusal to obey.

Inference = Why one refuses to obey? It is to register one's protest.

(67) ENVY, hate, and.

Envy (n) = Desire for an advantage possessed by another.

Hate (n) = Extreme aversion, dislike.

Infer. Wishes alas! she also had the advantages her friends are having. But hates the idea because she feels that there is no use having them now, when she is not in, a position to enjoy them.

(68) ABUSIVE, children insulting parents.

Abusive (adj) = One who misuses, one's position or tongue.

Children (n) = Off springs, products.

Insulting (v) = Mistreating.

Parents (n) = Ones originators, protectors, appointers.

Infer. 1. Losing respect for those who one feels are equally responsible for one's fall, although otherwise deserve to be revered.

2. Being the only child, certain children, abuse this weakness of their parents and compel them to bow before their wishes even if necessary by insulting them.

(69) BLASPHEMY, cursing, and.

Blasphemy (n) = Impious or irreverent utterance or action concerning sacred things.

Cursing (n) = The expression of a wish that misfortune will be fall on others.

Infer. Losing respect for respectables.

AVERSION, (n) = A strong desire to avoid because of dislike.
persons, to
certain. (C.R.)

(70) SENSITIVE, certain persons, to

Sensitive, (adj) = Having ones senses or feelings readily affected by:

Certain (adj) = Sure: undoubtedly.

Persons (n) to = Individuals.

Infer. Loss of regard or liking for particular persons and badly affected by their presence.

(71) ANGER, talk, indisposed to

Anger (n) A strong emotion excited by an injury and involving desire for retaliation:

Talk (v) = To speak familiarly: with intimacy

Indisposed (adj) = Averse to; not in a mood to.

Infer. There is a feeling of injury and that is why he does not like to enter into any type of communication with any one with closeness.

Vers. This group of rubrics (66 to 71) conveys the person's strong resentment against those who she feels are equal contributors to her bad health. Mostly she feels about her parents, whether they were themselves i.e. the victims of dreaded diseases and were unjustified in having children or they were responsible for neglecting their duty of properly rearing her up.

(72) FEAR, dark, of

Fear (n) = A sort of discomfort aroused by an impending pain, danger or evil which is specific in nature. The person can identify the subject of his fear.

Dark (adj)	=	Having no knowledge about the contents of anything.
	=	Bad results.
	=	No hope.
	=	No promise.
Of (prop)	=	Proceeding form: out of.
<i>Infer.</i>		The person remains uncomfortable when no ray of hope seems to be near.
<i>Vers.</i>		I want to live. I don't want to die. When I find no promise for cure from any corner I get perplexed.

(73) FEAR, Killing, of.

Killing (n)	=	The act of a person or a thing that kills.
Of (prop)	=	Pertaining to:
<i>Infer.</i>		Fears the persons and weapons that kill. Will not like to see them even. Also will not like to know whom they have killed or that somebody has been done to death.
<i>Vers.</i>		Whereas I am keen to know the real dimension of my disease to remove the fear of dark, there I avoid to go in for proper check up for fear of unfavourable diagnosis.

(74) ANGER, eating, amel. after.

(75) IRRITABILITY eating, amel.

(76) SADNESS, eating, amel.

Eating (n)	=	The act of taking food.
<i>Infer.</i>		Which food one will like to take? For which there is a natural craving and taste and will satisfy the appetite in the real sense. Here the food is the hope for recovery. Which cools down her emotions like anger, irritability and sadness.

Vers. Nothing satisfies me unless I am assured that the crisis ahead is going to be remedied and there is no danger of my being killed.

(77) RESTLESSNESS, eating, after.

Restlessness, (n) = The state of without rest. Having no peace of mind.

Infer. There is loss of peace after eating? Because the act of eating something which she has been given to understand in the form of hope has kindled the desire for its achievement and that is why restlessness.

(78) TRAVEL, desire to

Travel (v) = To go from one place to another with a fixed aim.

Infer. Here the aim is to avoid the crisis he had or to get out of the present crisis.

Vers. If there is a hope I will start taxing the sources to induce it towards practical action in this direction. If there is no hope I will still try to find the way out of the threatening situations.

(79) MUSIC, am.

Music (n) = Any sweet sound which pleases the ears.

Infer. Here only one sound is going to please the ears of the person is hope to be free of present involvements.

Vers. If someone tells me don't worry there is an answer to every question. These words work to soothe my mind and please the ears.

ASARUM EUROPÆUM

(80) *DELUSIONS light, incorporeal, he is.*

Light (n) = Light house, that which shows the way, that which can provide leadership.

Incorporeal (adj) = Without body, spiritual, free from any bond or restriction of movement etc.

He (pron) = The person concerned.

Infer. That he has a free mind, accepting no restrictions on himself to spread his mission.

Vers. I don't feel I am born to live an ordinary life full of wordly restriction. I have a higher responsibility of spreading the divine light. My people are trying to bind me in marital tie which is not acceptable to me

(81) *DELUSIONS, air, he is hovering in, like a spirit.*

Hovering (v) = Hanging by flapping wings. Waiting in suspension (to land till clearance is signalled)

Spirit (n) = An existence without body. The soul of some dead person.

In the air (n) = Atmosphere.

Infer. Waiting, for salvation or to get rid of the present situation.

Vers. (a) I am waiting for the day when my parents will relieve me from the wordly responsibilities and I shall be free to live as I wish.

(b) I shall heave a sigh of relief only after my children get settled

(82) *Delusions, body lighter than air, is*

Body (n) = The physical structure and material substance of an animal or plant.

Lighter-than. air (adj) = Weighing less than the air it displaces hence obtaining lift from aerostatic buoyancy.

- Infer.* The cheerfulness experienced due to the feeling of lightness in one's weight.
Feeling of well being.
- Vers.* I feel so light in my body, that it gives me such pleasure as if I am in heaven.

(83) *DELUSIONS floating in air, walking, while.*

- Floating (adj) = Having little or no attachment.
= Not fixed or settled in definite place or state.
= A drifting to and fro with the flow of water, wind or circumstances.
= Giving oneself away to the passing winds.
- While (prop) = A period or interval of time.
- Walking (n) = Taking steps forward alternatively, and successively.
- Infer.* While taking steps he feels he is pushing the surface backward and is being pushed forward by the surface of the air.
- Vers.* While I walk I feel my steps are not touching the ground but are moving on a surface above it which gives the sensation of drifting smoothly. This sensation may have a positive feeling of enjoying aerostatic pleasure or the negative one of strangeness, abnormal and false.

(84) *DELUSIONS, flying, sensation of*

- Flying (adj) Moving freely in the air. Passing through the air; moving swiftly. Hasty, brief.
- Infer.* There can be different inferences—one is that a person is passing through the air (which means by his own efforts). If he feels he has wings or the wind is taking him away where the sensations are common to both i.e. of being above the level of the ground touching the peaks at the utmost heights or the feeling of pleasure. And the second inference is

whatever pleasure and joy the person feels to be taking out of the present sensation of well being is false, is shortlived and not real. It is like being in a fool's paradise.

Vers.

Sometimes I feel I am much relieved and there is nothing the matter with me; which gives me a very pleasant feeling. But after I get the relapse I tell myself that I have been pleasing myself for nothing.

The point to be noted is that the same person is having different types of feeling at different times. When he feels that he has no duty towards anything else but his own mission, then the sensation is but he is like a lighthouse just to spread light (LIGHT, incorporeal) but when he realizes that he is not free from duties that he should not feel free and relieved of the responsibilities unless they are over, he feels like keep waiting for the day the responsibilities will end. (Hovering in the air like a spirit)

Another feeling is the feeling of weightlessness as if having no weight on the mind or body and the feeling exhilaration out of this sensation. But it is double edged.

The other side of it is the feeling of abnormality. He argues that one should definitely have the feeling of having a normal weight. Therefore this is not a good sign. (FLYING, sensation of)

Let us examine another set of rubrics giving the sensations almost similar to the foregoing set of rubrics.

(85) EUPHORIA

Euphoria (n) = Feeling of exaggerated well being without any real basis.

EUPHORIA alternating with, quiet desire for.

EUPHORIA alternating with, sadness.

EUPHORIA feeling of lightness as after an anaesthesia by chlorethyl-line.

The common feeling is of exaggerated well being for which there is no real basis. It is alternating with the desire to remain quiet (to stop-feeling of well being or any other allied activity)

Sometimes it is alternating with the feeling of sadness (displeasure)

Feeling of (v) = Experiencing.

Lightness (v) = Cheerfulness or no pressure or burdensomeness on mind which is like the one who is under the influence of an intoxicant.

Infer. This sensation also has two sides i.e enjoying the excessive inner feeling of happiness, and getting scared of its excessiveness (because the person is aware that the feeling is like the one who is under the influence of an intoxicant.

Vers. I don't know why. I am so happy today. There is apparently no reason for it. I feel as if I have been injected with some intoxicant.

(86) IDEAS, deficiency of.

Idea (n) = Any product of intellectual action of memory and imagination. An image of an external object formed by the mind.

Deficiency (n) of = The state of being incomplete or insufficient.

Infer. The perception of external objects becomes proper when one tries to explain one's ideas to others.

Vers. I am unable to form any opinion about what is happening around me. These days my intelligence is not working properly.

But when I start explaining my opinion about anything (to others) it becomes normal.

(87) *DULLNESS, vomiting am.*

Dullness (n) = Slow or weak performance in perceiving and reflecting.

Vomiting (n) = The act of ejecting the contents of stomach.

Am. (v) = Improves.

Infer. The intellectual faculties are sharpened by expressing oneself to others, like an unused machinery which is jammed, regains efficiency after it is put to use again.

Vers. I came to know only after trying to express myself that I can think properly and that my intelligence is intact.

(88) *MOROSE, air in open am.*

Morose (adj) = Clouded happiness, heaviness of mind, dimly light.

Air, open = An atmosphere free from restrictions.

Amel. = Improves.

Infer. The emotional faculties improve to attain normalcy after they are given freedom to express the cause of their provocation.

Vers. If I am not allowed to express my feeling properly, free from the fear of being objected my sourness remains as it. It is only after I have the chance to openly say what I feel that I regain the normal state of mind.

- (89) *CONCENTRATION, difficult ;on attempting to C. has a vacant feeling.*
- (90) *CONFUSION of mind. concentrate the mind, on attempting to.*
- (91) *SENSES, vanishing of.*
- (92) *QUIET disposition.*
- (93) *RESERVED.*
- (94) *TRANQUILLITY.*
- (95) *SUCCEEDS, never.*
- (96) *WORK, aversion to MENTAL .*

Concentration (n) = The act of keep of the mind fixed, on something.

Difficult (adj) = Not easy; hard to be done, requiring labour and pain.

Has (v) = To posses.

Vacant (adj) = Empty, free, thoughtless.

Feeling (n) = Act of perceiving.

On attempting to (v) = By making an effort.

Infer. 'Attempting to' means to try to do something with some motive. The motive has its own limitations of time and purpose as to why he is trying to concentrate and how much time, is at his disposal to accomplish the job. Whether it is to be finished with speed or at leisure. This makes his job uneasy. The result is that the more he tries, the more he gets the feeling of emptiness of mind (thoughtlessness). It means the person's mind works just at random when it is at leisure and is without restrictions of any type.

Confusion = The state of disorder.

Senses (n)	=	Faculties by which objects are perceived, understanding; reason, power or soundness of judgment.
Vanishing (v)	=	Passing out of the mind, leaving it vacant.
Quiet disposition (adj)	=	Intends to stop motion, to remain still-without any activity.
Reserved (v)	=	Keeping to oneself.
Tranquillity (n)	=	The state of peace unalterable by external forces.
Succeeds (v)	=	To achieve what is attempted.
Never (adj)	=	At no time.
Work mental (adj)	=	Any effort involving mental labour.

(97) *INDOLENCE, aversion to work, eating, after.*

Infer. That the faculties of mind, in all respects are common to (91-96) on the decline. That they are losing efficiency in gradation (degree by degree)

Vers. I feel I am totally losing sharpness of mind (common 91-97) day by day.

(98) *EXCITEMENT, pregnancy during.*

Indolence (n) = Laziness. The act of avoiding exertion; disliking to do anything.

Eating (v) = The act of taking food.

After (prep) = Later than.

Excitement (n) = A state of aroused or stirred up emotions or feeling.

Pregnancy (n) = The state of having an offspring

Developing = developing in the body.

Infer. When a person takes things to heart and tries to confine them within him, it has a bad effect on his mind causing aversion to work (not to do anything).

Like wise, if some idea takes seat in his mind and starts developing into a full fledged thought, it agitates his mind and irritates him.

Vers. If I suppress my feeling, it makes me inactive; similarly, if an idea sets into my mind it starts taking a full fledged shape and doesn't allow me to remain at peace as long as it is not ejected.

(99) *IMPATIENCE, house, in.*

(100) *DELUSIONS, scratching on linen or similar substance, someone was (C.R.)*

(101) *SENSITIVE noise to, scratching of linen, or silk*

(102) *IRRITABILITY noise, from, crackling of newspapers, even from (C.R.)*

Impatience (n) = The state of inability to endure (or wait because of) pain (or eager desire for relief).

House (n) = Is a place where one lives with full freedom and accommodation (adjustment) and enjoys the privilege of unhindered intimacy and affection of the other members and seek their assistance in time of need.

In (adj) = Within.

Scratching (v) = Rubbing the surface of anything with some thing sharp or rough producing scratching (hard) sound, which is painful to ears.

Sensitive (adj) = Easily and adversely affected.

Irritability (n) = The state of being easily annoyed.

Infer. The person is unable to stay in the house because of the scratching (pinching words) that he has to entertain from the other members of his family. Instead of assistance or sympathy he gets rebukes for his poor performance in life.

Vers. Sometimes I realize that perhaps I am not on the right path for which I require guidance. But I cannot bear the rebukes of my people and that is why I try continue as it is.

(common to 100 to 102)

BELLADONNA**(103) DELUSIONS, sensations, misrepresents his.**

- Sensations (n) = Experiences, feelings.
 Misrepresents (v) = To represent incorrectly.
Infer. Unable to communicate one's feelings correctly.
Vers. 1. While telling of my sickness. I feel I am unable to explain what exactly I feel like telling.
 2. From the way the patient was talking I gathered that he was not in a position to correctly say what he felt.

(104) DELUSIONS, business ordinary they are persuing.

- Business (n) = An occupation or profession.
 Thought (v) = Opined, considered.
 They (pron) = Persons concerned.
 Were (v) = In the past.
 Perusing (v) = Carrying on.
 Ordinary (adj) = Some what inferior or below average.
Infer. 1. That the person is engaged in an occupation which is inferior in status, quality, and quantity i.e position and income.
 2. The earning is good but is below standard.
Vers. Sir, no doubt I am earning a lot but I am not happy. Because I am a coal merchant and the people do not treat me as a respectable person. I am looked upon just as an ordinary person.

(105) DELUSIONS, possessed, being.

- Possessed (adj) = Is under the control of some other power.
 = Is owned by something or someone else and has forfeited the right for independent existence.

Being	=	Is.
<i>Infer:</i>	=	Feels that the person is under the occupation of some other power and has to live and act according to its wishes.
<i>Vers.</i>		I feel as if my disease is occupying my mind and controlling every movement of mine all the day. I am not able to think or divert my attention towards anything else except my health. I am occupied with the thoughts of disease all the time and do nothing else than serving myself.

(106) QUIET, wants to be, repose and tranquillity, desires.

Quiet (adj)	=	Making no disturbance or trouble; peaceful; free from disturbing thoughts or emotions; free from activity, to attain a state of stillness; by stopping every activity, no movement.
Repose (n)	=	The state of being at rest; sleep.
Tranquillity (u)	=	The state of being free from or unaffected by any sort of disturbing emotions.
Desires (v)	=	Craves; expresses a wish to obtain?
<i>Infer.</i>		A person needs rest and is preferably craving for sleep which he feels he can achieve by suspending all activities and work.
<i>Vers.</i>		Whenever I get tired, I feel like taking rest. To recoup lost energy which I can achieve only in a peaceful atmosphere without any sort of noise.

(107) DELUSIONS, surrounded by friends, is.

Surrounded	=	Encircled, enclosed on all sides.
Friends (n)	=	Persons attached to one another by feeling of affection or personal regard; a person who is on good terms with another; not hostile.
Is (v)	=	At the present.

Infer. Every one around him seems to be friendly and without any bad design.

Vers. I don't see anything bad in any person. All are respectful and affectionate to me. They seem very near me without discrimination.

(108) *POMPOUS, important.*

Pompous (adj) = Pretentious show of dignity; importance.

Infer. Person tries to pretend that he is dignified and important.

Vers. From the gestures of the patient I noticed that he was trying to pose that he deserves and desires to be treated as a man of dignity and importance.

(109) *EXUBERANCE.*

Exuberance (n) = A state of extreme joy and vigour.

Infer. The person remains over joyous which also exhibits his stamina to live withit.

Vers. I never find him tired of his sense of humour and joy. Whenever he meets you, you will find him full of fun and frolic.

(110) *NAIVE, intelligent but very.*

Naive (adj) = Having or showing natural simplicity of nature.

= Unsophisticated.

= Having or showing lack of experience.

But (conj) = On the contrary.

Intelligent (adj) = Sharp in understanding and comprehending.

Infer. Wordly unwise but good in understanding.

Vers. He has topped in the university so far his studies are concerned but is so simple in practical dealing that even a child can cheat him.

(111) CREDULOUS.

Credulous (adj) = Unduly willing to believe or trust without proper or adequate evidence.

Infer. Unsuspicious.

Vers. I never disbelieve anyone. I trust even a passer by. Many times people try to take advantage of my weakness in this sense. But I cannot change.

(112) MAGNETIZED, *desires to be; mesmerism am.*

Magnetized (adj) = Wants to acquire the quality of a magnet i.e. the power of attraction.

Mesmerism (n) = The act of inducing an extra-ordinary state of the nervous system in which the operator is supposed to control the action and thoughts of the subject.

Infer. Both the rubrics are opposite in sense.

Wants to be magnetized, (to be attractive) so as to be able to attract (charm) others (mesmerism amel.) because it gives satisfaction. The desire is to be the centre of attraction.

Vers. The person is fond of adopting such characteristics as are dignified, mannerly, pleasant and impressive. This gives him mental satisfaction and happiness.

(113) BOASTER, *braggart*

Boaster (n) = A person who speaks about himself with excessive pride and vanity.

= Who speaks with exaggeration and pride specially about oneself or something connected with oneself.

Infer. 1. One who is excessively proud of one's personal achievements and possessions and

speaks about them with excessive air of self praise.

Vers. I can boastfully say that the intensity of pain which I could bear, no body else could do.

(114) COMPANYY, aversion to, friends, of intimate.

Company (n) = Companionship. Association.

Aversion (v) = Keeps away from.

Intimate (adj) = Associated in close personal relation.
= A personally close or familiar association or feeling.

Friend of = A person attached to another by feeling of affection.

Infer. Why one should avoid the company of closely related person? It seems he has to hide something which he feels he will not be able to, if he comes closer to anyone.

Vers. I don't visit people who are closely known to me because they ask probing questions about my sickness, which I don't like.

(115) ANXIETY, company, when in.

Anxiety (n) = Discomfort.

Company (n) = Association.

When in (adj) = During period of.

Infer. (same as of 114)

Vers. As long as I remain in the company of others, I am uncomfortable for fear of being asked unpredictable questions especially regarding my sickness.

(116) COQUETISH, not enough.

(117) COQUETISH too much.

Coquetish (adj) = A male or female who mixes up with the opposite sex freely without any feeling of

		guilt or shame or serious intentions for marriage etc.
Not (adj)	=	Used to express negation.
Enough (adj)	=	Sufficient for the purpose.
Too (adj)	=	To an excessive extent.
Much (adj)	=	Being of great quantity, amount, measure, or degree.
<i>Infer.</i>		To indulge with the opposite sex innocently without knowing its consequences, but to a negligible extent.
	-	Is or much (in measure) than needed.
<i>Vers.</i>		The inclination of my elder child towards the opposite sex is not sufficient as it should be and that of the younger is more than the normal.

(118) PLEASURE, lascivious ideas, only in.

Pleasure (n)	=	The enjoyment or satisfaction derived from what is to one's liking.
Lascivious (adj)	=	Arousing or inciting sexual desires.
Ideas (n)	=	Conceptions existing in the mind as a result of mental understanding.
Only (adj)	=	With no other one.
In (prep)	=	Out of denoting source.
<i>Infer.</i>		There is no other source of enjoyment except concentrating ones mind on the perceptions exciting sexual desire.
<i>Vers.</i>		Whenever I come across a beautiful girl I start viewing the attractive organs of her body which ultimately leads me to visualize her sexual organs which arouse my desire for sex. This is the only thing which gives me happiness.

(119) UNRELIABLE, promises, in his.

Unreliable (adj)	=	One who cannot be depended upon.
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Promises (n)	=	The act of honoring one's words.
In (prep)	=	Concerning.
<i>Infer.</i>		Cannot stick to words once said.
<i>Vers.</i>		I cannot keep my words, not to take any other medicine because I cannot bear pain and delay in relief.

(120) *WEEPING, remonstrated, when.*

Weeping (n)	=	The act of shedding tears to express grief.
Remonstrated (adj)	=	One who gets pleadings, protests, objections or disapprovals of his argument. Defeated in arguments.
When (prep)	=	At the time of
<i>Infer.</i>		When one fails in arguments starts weeping to assert or defend himself.
<i>Vers.</i>		He cannot stand opposition to his conception of things. When he fails to impress his point he starts weeping to stop others from pressing their views.

(121) *CALCULATING, inability to.*

Calculating (v)	=	Assessing the extent of anything.
Inability (n)	=	Lack of ability, power or capacity.
for (prep)	=	Purpose of.
<i>Infer.</i>		Unable to assess things properly and accurately like mathematical calculations.
<i>Vers.</i>		I have to educate you about my problem in details so that you should be able to find out a correct remedy for me. Because if you will depend on me for any specific information about my progress shall not be able to give.

(122) *WEEPING, refused, when anything.*

(123) *BREAK, things desire to.*

(124) *DESTRUCTIVENESS.*

(125) *MANIA, spit and bite at those around him, would.*

(126) *MANIA, scratching themselves.*

(127) *RAGE, medicine, from forcible administration of.*

(128) *SELF-TORTURE.*

(129) *NOISE, inclined to make a.*

Break (v) = To injure so as to crack or divide.

Destructiveness (n) = The tendency to destroy, having faith in the principle of destruction.

Mania (n) = Excessive excitement in action like an insane person.

Scratching (v) = Rubbing harshly something rough over a surface of anything producing scratching sound.

Rage (n) = Excessive anger beyond limits.

Self (n) = By oneself.

Torture (n) = The act of inflicting sever pain.

Noise (n) = A disagreeable loud sound.

Infer. All these rubrics (122 to 129) convey, the person's sense of resentment for something which went against one's wishes. It can be the rejection of one's request or the events taking shape as not desired. The tendency to destroy things may be as a matter of habit under the influence of an impulse or faith.

Vers. My child will do anything or everything like breaking things; spitting and biting at those around him, refusing to take the medicine, (any other mode of consolation adopted to pacify him) scratching his own body, giving pain to self, making noise etc, if he is refused anything and his wish is with-held.

CALCAREA CARBONICA

(130) **FEAR**, *suffering, of.*

Suffering (n) = Slightest inconvenience.

(131) **FEAR**, *poverty, of*

Poverty (n) = Shortage in possessions of one's basic needs differing from person to person which one assume essential for one's existence.

(132) **FEAR**, *infection, of.*

(133) **FEAR**, *consumption of.*

(134) **FEAR** *bed of the.*

(135) **FEAR**, *observed of her condition being.*

(136) **STARTING**, *prick of a needle, at the.*

(137) **ANXIETY** *business, about.*

(138) **ANGER**, *cold after taking.*

(139) **CRUELTY**, *see C. in the cinema, children cannot bear to.*

(140) **SENSITIVE** *noise to, sleep on going to.
(adversely affected)*

(141) **INDIFFERENCE**, *recovery, about his.*

(142) **INDIFFERENCE**, *important things to.*

Fear (n) = Discomfort at the thought of something specific.

Infection (n) = Any agent which has the power to damage the tissues and cells.
= Any thing or act which can lower a person morally.

Consumption (n) = The act of altering things for the worse.
= The act of consuming as by use, decay or destruction.
= progressive, wasting of the body.

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- = The act of being consumed (eaten up).
Bed (n) = A place of rest.
Observed (v) = Noticed.
Condition (n) = State of health: To be in grave condition.
Starting (n) = The act of giving a sudden involuntary jerk, jump or twitch, as from a shock of surprise or pain.

Prick (n) = A mark of puncture made by something small and sharp.

Needle (n) = A small slender, rod like instrument, usually of polished steels with a sharp point at one end, an eye or hole for thread at the other.
 = Any sharp pointed instrument which can make a mark of puncture.
 = Slightest injury.
Anxiety (n) = Distress or uneasiness caused by danger or misfortune (to come).
Business (n) = An occupation, profession or trade to earn one's livelihood.
About (prep) = Concerning.
Cold (n) = The sensation produced by loss of heat from the body.
After (prep) = Later in time than.
Taking (n) = Act of catching.
Cruelty (n) = The act of will-fully or knowingly causing pain or distress to others.
Sensitive (adj) = Adversely affected.
Noise (n) = loud disturbing sound or voice
Sleep (v) = Assuming a state of complete rest (afforded by a suspension of the voluntary exercise of the bodily functions.)

On (prep) = At the time of.
Infer. All these rubrics (130 to 142) convey only one meaning (sense) that the person fears even the slightest inconvenience. He can

forego the idea of complete recovery but cannot bear discomfort. The cause may be physical suffering, material loss or psychological as of being watched. Because all these causes give him the feeling of poverty which he cannot endure. This may be judged further from the person's way of thinking that if it involves uneasiness he will not take up even a very important job and will abandon to pursue it anymore if need be.

Vers.

She is industrious; will like to keep working all the time but will not touch any job which involves hardship. If she knows the lifting of heavy loads will have bad affect on her physique she will ask someone else to accomplish the job.

(143) *PITIES, herself.*

(144) *EFFEMINATE.*

(145) *SPINELESS.*

(146) *WILL, loss of.*

(147) *WILL, weak of.*

(148) *WHISTLING.*

Pities = To feel sympathetic grief or sorrow excited by the suffering or misfortune of another, often leading one to give aid or to show mercy.

Herself (pron) = The self of a female person concerned.

Effeminate (adj) = A man soft or delicate to an unmanly degree in traits, tastes, habits etc.

Spineless (adj) = Having no spine or back bone. Without strength of character.

= Weak, irresolute, indecisive.

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- Will (n)** = The faculty of conscious and (particularly of) deliberate action. The power, the control the mind has over its own actions.
- Loss (n)** = The state of being deprived of or being without something that one has had.
- Weak (adj) of** = Liable to yield, break or collapse under moderate pressure or strain.
- Whistling (n)** = The sound of a person produced by the forcible expulsion of the breath through the pursed lips. When one whistles? It is only under the influence of a pleasant impulse or sadness.

Infer. These rubrics (143 to 148) speak of the person's sense of delicacy.

- Vers.*
1. "Sir, I feel like weeping and feeling pity for myself. Such is the miserable condition of my mind. What a torture I have to undergo", touching her limbs one after the other she continued, "sometimes I feel pain here, sometimes there. I don't understand what is all this. (while she talked, one could feel that the problem is not that much as is being projected). Why I am getting pains again and again."
 2. Sir, I am irregular in attending your clinic because of the distance. Twenty kilometers of long run both ways from my residence to your clinic is fatiguing.
 3. I take a lot of precaution while selecting items of food for myself and in general self keep up. Still I fail to understand why I remain so sick so often.

(149) READING, passion to read medical books.

- Reading (n)** = The action or practice of a person who reads.
- Passion (n)** = Any powerful or compelling emotion or feeling strong affection, love.

To read (v)	=	To look at carefully so as to understand the meaning of something written printed etc.
Medical (adj)	=	Pertaining to the science or practice of medicine.
Books (n)	=	Written or printed literary compositions especially on consecutive sheets of paper bound together in a volume.
<i>Infer.</i>		Keen to enhance one's knowledge of medical science, so as to be able to treat oneself at least as a first aid.
<i>Vers.</i>		I am fond of reading articles about health and practice of medicine appearing in the magazines, so as to take care of my health by taking prescribed precautions.

(150) *SADNESS, idleness while.*

(151) *IRRITABILITY idle, while.*

(152) *ANXIETY, work a., with inclination to.*

(153) *DELUSIONS, sick being, work and for that reason will not.*

(154) *DELUSION, ruined, he is.*

(155) *DELUSIONS, murdered, he will be.*

(156) *FORSAKEN feeling, beloved by his parents, wife, friends, feels of not being.*

Sadness (n)	=	The state of unhappiness.
Idleness (n)	=	The state of not working, inactive.
From (prep)	=	Because of.
Irritability (n)	=	The ability to be excited to a characteristic action or function by the application of some stimulus.
	=	Easily annoyed.
Sick (adj) being	=	Not in a proper condition mentally or physically. Having ill health.
Work for that reason will not.	=	Because of that will sit idle.

Ruined (adj)	=	One fallen, wrecked or decayed.
	=	One with complete loss of health means, position, hope or the like.
Thinks (v)	=	To believe to be true of something.
She (pron)	=	The female in question, the person concerned
Forsaken (adj)	=	Abandoned, not looked after.
Feeling (n)	=	An emotional perception.
Beloved (adj)	=	Greatly loved.
By (prep)	=	Denoting agency or source.
His parents, wife, friends (n)	=	By all his nearers and dearers.
fulls (v)	=	understands.
Not (adj)	=	Used to denote negative.
Being (n)	=	In existence. Act of giving.

In the rubrics (150 to 156):

Infer.

There is a strange contrast in the line of thinking. Is not happy when without work. Perhaps this gives the sense of poverty with regard to inefficiency in work which is frightening. At times when there is a feeling of discomfort for any reason, the desire to work increases. But if there is work, is not ready to do it because of ill health thinks to have already incurred an irreparable loss of health and if he continues to take further strain will lose all that is left.

No body at home looks after her because of ill health which is also a loss.

Vers.

I don't like to remain without anything to do. Rather when I am at discomfort for any reason my desire to work increases. But now I cannot afford to do so because of ill health, I have already suffered a lot of damage on this account and if I continue to burden myself any more I will lose the rest.

I know because of this no body likes me at home which is an additional loss for me.

- (157) *DELUSIONS, wealth, of.*
 (158) *DELUSIONS, money talks of.*
 (159) *PLAY, passion for gambling.*
 (160) *PLAY, passion for making money.*
 (161) *BORROWING of everyone.*
 (162) *LIAR, charlatan and.*
 (163) *DECEITFUL, sly.*
 (164) *KLEPTOMANIA, money steals.*
 (165) *DECEITFUL, fraudulent.*
 (166) *DISHONEST.*
 (167) *CHARLATAN.*
 (168) *PRESUMPTUOUS.*
 (169) *GOURMAND.*
 (170) *GREED, cupidity.*
 (171) *GLUTTONY.*
 (172) *DUTY no sense of duty.*
 (173) *INDIFFERENCE, duties, to.*
 (174) *ADULTEROUS.*
 (175) *LIBERTINISM.*
 (176) *JESTING, erotic.*
 (177) *EXCLUSIVE, too.*

Wealth (n) of = The state of being rich, prosperity, affluence.

Money (n) = Anything which has value in exchange for goods, commodities etc.

Talks (v)	=	To speak familiarly.
Of (Prep)	=	About.
Play (n)	=	Exercise or action by way of amusement or recreation.
Gambling (n)	=	A venture in a game of chance for high stakes.
Making money (n)	=	Winning.
Borrowing (n)	=	The act of taking or obtaining something with the promise to return it or its equivalent.
Everyone (pron)	=	Every person.
Liar (n)	=	A person who makes false statement with deliberate intent to deceive.
Deceitful (adj)	=	One who misleads by a false appearance or statement. Deluding.
Sly (adj)	=	Cunning, stealthy, secretive, playfully artful, mischievous.
Fraudulent (adj)	=	Using trickery or breach of confidence, to gain some unfair or dishonest advantage.
Kleptomania (n)	=	An irresistible impulse to steal, stemming from emotional disturbance.
Dishonest (adj)	=	Untrustworthy. = Not honorable in principles, intentions and actions.
Charlatan (n)	=	A person who pretends to knowledge or skill. = Quack.
Presumptuous (adj)	=	One who undertakes or ventures to do something as by taking a liberty, unwarrantly showing undue boldness.
Gourmand (n)	=	A person who is fond of good eating.
Greed (n)	=	Excessive, inordinate or rapacious desire esp. for wealth.
Gluttony (n)	=	Excessive eating or drinking.

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- = The state of remarkably great desire or capacity for something.
- Duty (n)** = Something that one is expected or required to do by moral or legal obligation.
- No (adj)** = Not at all.
- Sense (n)** = The recognition of something as suitable
of (prep) = or becoming due.
- Adulterous (adj)** = Given to voluntary sexual intercourse with someone other than his or her lawful spouse.
- Libertinism (n)** = Libertine, practices or habits of life.
 = Disregard of authority or convention esp. in sexual matters.
- Erotic (adj)** = Arousing or satisfying sexual desire subject to or marked by strong sexual desire.
- Exclusive (adj)** = Not admitting of something else.
 = Single or sole of his kind.
- Too (adv)** = To an excessive extent or degree.
In the rubrics (157 to 177):
- Infer.* The person has the dominant feeling (obsession) that he is deficient in nothing and possesses the necessary resources and means to obtain anything (wine, wealth and women) he needs. Any cut (poverty) in his present wealth is awful to him. The tendency to maintain the present state of living in abundances is so great that he can adopt any means to execute it irrespective of any moral or ethical considerations. While doing that he displays qualities identifying his exclusiveness to such an extent that gives the impression of his being singular of his kind.
- Vers.* "Sir I have the blessings of the Goddess of my faith. I possess everything on earth. My business runs smoothly. Nothing stops. The other days I had a little problem concerning a property. I sent a crate of beer to the officer

concerned's house and the job was done the next day". Repeats, "its all her blessing" And continues further, "I cannot bear if something is withheld. It takes away my sleep and all rest as long as it is managed".

(178) *AVARICE, alternating with squandering.*

(179) *AVARICE, squandering on oneself, but.*

(180) *BOASTER, braggart, squander through ostentation.*

(181) *CHEERFUL followed by sleepiness.*

(182) *IRRITABILITY sleeplessness, with.*

Avarice (n) = Insatiable greed for riches, inordinate (limitless) desire to gain and hoard wealth.

Squandering (n) = The act of spending lavishly or wastefully.

Ostentation (n) = Pretentious display.

In the rubrics (178 to 182):

Infer. The person's greed for wealth is never satisfied and believes in gaining and hoarding it as much as he can. But at times this tendency is relaxed when the question of spending on oneself is concerned or when the occasion is to feel rich by showing that he is rich enough to spend lavishly.

The overall character is that if the person is cheerful (contented with the present state of affairs) he gets good sleep and passes comfortable nights. But if there is something wrong he loses his balance and remains full of annoyance and disturbance of mind.

(183) *UNGRATEFUL.*

(184) *TESTAMENT, refuses to make a.*

(185) *TORMENTS, those around him, day & night.*

(186) *PRECOCITY.*

Ungrateful (adj)	=	Not displaying gratitude.
	=	Not giving due return or recompense.
Testament (n)	=	A will especially one that relates to the disposition of one's personal property.
	=	Will to bear witness to.
Refuses (v)	=	Rejects the request for.
To make (v)	=	To give shape to.
Torments (v)	=	Worries or annoys excessively.
Those (pron)	=	Persons.
Around him (adj)	=	Connected to him closely.
Day and night	=	All the twenty four hours.
Precocity (n)	=	The state of premature development.

In the rebrics (183 to 186):

Infer.

These people are overactive and advanced so far as the question of maturity of intellect and mind is concerned. They are ahead of their age. They feel that all their achievements are the result of their own efforts. Therefore they do not feel grateful to anyone. As such will not like to bear witness to anyone especially in the matters of transactions (of business or otherwise). And will leave their property without expressing their wish as to how to dispose it off after their death. By their sense of avarice (extending no concessions in any form) they keep their near one's excessively unhappy and worried all the time.

Vers.

I don't feel any duty towards anyone neither as I feel obliged in any sense to help anyone. It is entirely my will and wish, and on the occasions when it pleases me to do any good to anyone that I do something in that direction.

- (187) *CONCENTRATION, difficult, studying, learns with difficulty.*
- (188) *CALCULATING, inability to (repeated).*
- (189) *MATHEMATICS, inapt for.*
- (190) *SLOWNESS, calculation in.*
- (191) *CONFUSION, dream, as if in.*
- (192) *CONFUSION, mixes subjects with objects.*
- (193) *CONFUSION, scratching behind the ear.*
- (194) *FORGOTTEN, something, feels constantly as if he had.*

Mathematics (n)	=	The systematic treatment of magnitude, relationships between figures and forms and relations between quantities expressed symbolically.
Inapt (adj)	=	Unfit for: unqualified.
Concentration (n)	=	Exclusive attention to one object.
Difficult (adj)	=	Close mental application not easy.
Learns (v)	=	To acquire knowledge of or skill in by study, instruction or experience.
With difficulty	=	Without ease
	=	Something that is hard to do, understand or surmount.
	=	An impediment or obstacle.
Slowness (n)	=	The state of speed which is lesser than normal.
Calculation (n)	=	The act or process of ascertaining by mathematical methods, computation.
Confusion (n)	=	The state of disorder upheaval chaos mixed up feeling.
	=	Not able to distinguish as to what is to be done and what is happening to him.
Dream (n)	=	The sleeping state in which dream occurs.
As if (adv) in a	=	As one is in.

- Mixes (v) = Puts together indiscriminately or confusedly.
 = To combine, unite, or join.
- Subject (n) = A matter or topic that forms the basis of a conversation; train of thought, or investigation etc.
- With (prop) = Accompanied by.
 = Among.
- Objects (n) = Things perceived or set before the mind
 = That which or after that towards which an action is directed.
 = Ends-motives-aims-targets.
- Behind (prep) = At the back of.
- The Ear (n) = The organ of hearing or the external part merely.
 = The faculty of distinguishing sounds.
 = Attention; anything like an ear.
- Scratching (v) = The act of marking the surface (skin) with something pointed as nails.
- Forgotten (v) = Lost from the memory.
- Something (n) = An indefinite thing or event.
- Feels (v) = Imagines.
- Constantly (adv) = Without break.
- As if (adv) = As one has.
- (he) had (v) = To have committed the act of forgetting.

In the rubric (187 to 194):

Infer.

The power of perception is confused. Is unable to assess exactly the state of one's health and affairs in general. Cannot answer specific questions. Unfit for mathematics and unable to calculate. Cannot concentrate properly while learning things. The confusion is so great that he mixes the subjects with the objects he will ask you many times whether Ram ate Mango or Mango ate Ram.

You will always see him scratching behind the ears when he is obliged to reflect as if to put pressure on the brain to produce something. Is always in a state of recollecting something under the impression as if he has forgotten something. Is slow in calculating or in others words, perceiving things.

The report from the school indicates zero marks in every subject. Is ultimately expelled from the school for want of proper grasp over the things.

Vers.

When asked what is his problem he says "Doctors have diagnosed aspergillosis and keeps silent after that. He was asked "when it started". He started scratching on his head (say behind the ear) and replied after some-time "may be some two or three years back; I cannot say anything about the exact time". "How it troubles you (your disease)?" Putting pressure on his head, he repeated the word trouble, trouble, many times and said, "well I can say that, there is accumulation of mucous in the chest with fever which causes difficult breathing." "Mine is a different question. I want to know how do you try to manage yourself and feel emotionally during the attack".

"He laughs" (as if finding it difficult to answer the question) and says, "you can take it that I feel that I should be cured and be able to breathe easily."

It is to be observed that the person is not sure about himself whether the statement he is making is correct or not. Rather he is trying to compose his answer by gathering some material from here and there just for the sake of doing so, (answering).

CANNABIS SATIVA

(195) *LUDICROUS, things seem.*

(196) *LAUGHING, loudly.*

(197) *DELIRIUM, gay, cheerful.*

(198) *VIVACIOUS.*

(199) *WHISTLING (R).*

(200) *GESTURES, spinning, around on the foot.*

Ludicrous (adj) = Something that serves for sport (game) and adopted to excite laughter.

Things (n) = Material objects without life-thing that is or may become an object of thought.

Seem (v) = To appear to be.

Laughing (n) = The expression of joy by producing an audible vocal expulsion of air from the lungs.

Loudly (adv) = Which strikes strongly upon the organs of hearing.

Delirium (n) = A state of violent excitement or emotions.

Gay (adj) = Having or showing a joyous mood.

Vivacious (adj) = Lively or animated, full of life, active participation in joyful activities.

Whistling (n) = The act of making a clear musical sound, by the forcible expulsion of the breath through the pursed lips (expressing joy or sadness).

Gestures (n) = Movements of the body, head, arms, or face that is expressive of an idea emotion, opinion etc.

Makes (v) = Producing.

Spinning (n) = Turning around rapidly as on an axis.

In the rubrics (195 to 200):

- Infer.* The person is in a happy mood which is finding an outlet through many ways of emotional outburst. There should be a cause. The cause is that anything and everything that he sees or thinks about appears to him to be exciting laughter and amusement which keeps him in a joyous mood.
- Vers.* "You will ask why I am whistling and laughing and doing everything that may be surprising you. But let me tell you that everything around me, including you, your dress and way of talking etc. and all that is to be found in your clinic stimulates my sense of humour.

(201) *DELUSIONS, time exaggeration of, passes too slowly.*

- Delusions (n) Sensations, imaginations.
- Exaggeration (n) = Overstatement.
- Time (n) = The period or interval as between two events.
- = A period with reference to personal experience.
- = Measurement of the period between the past and present.
- = An interval.

(202) *TIME passes too slowly, appears longer.*

(203) *DELUSIONS, unreal, everything seems.*

(204) *DELUSIONS, identity, someone else she is.*

(205) *DELUSIONS, insane, she will become.*

(206) *DREAM, as if in a (see S.No. 509 of this series).*

(207) *ANXIETY, voice on raising the.*

(208) *FEAR noise, from.*

(209) *SENSITIVE, noise ,to.*

(210) *FEAR, stomach, arising from.*

(211) *FEAR, bed of the.*

(212) *GESTURES, makes convulsive.*

(213) *FEAR, dark of. (R)*

(214) *BED, aversion to shuns b.*

LIGHT, desire for (repeated)

Passes (v)	=	Moves, elapses, slips.
Unreal (adj)	=	Not real, not original, not genuine.
Some (pron)	=	Anyone (not a particular).
Else (adj)	=	Other than (self) persons or the things mentioned or implied.
Insane (adj)	=	Not of sound mind, mentally deranged.
Voice (n)	=	The sound uttered through the mouth of living creatures especially of human beings in speaking, shouting, singing etc.
On (prep)	=	Used to indicate time or occasion.
Raising (v)	=	Increasing in force.
Noise (n)	=	Sound especially of a loud, harsh or confused kind.
Stomach (n)	=	A sac like enlargement of the elementary canal as in man and certain animals, forming an organ for storing, diluting and digesting food.
Arising (v)	=	Coming into being, action or notice.
From (prep)	=	Denoting the source.
Bed (n)	=	A place of rest.
Convulsive (adj)	=	Any sudden brief spell of energy feeling.

In the rubrics (202 to 214):

Infer. The person is experiencing so many abnormalities in her actions like exaggeration of time sense, everything around seems artificial. That she herself is not the real self. The sense of apprehension is coming from the

organ which is meant for digestion not conveying feeling of fear etc. That the place of rest which is deemed to be safe in every respect is also frightening. That all of a sudden she gets spells of, feeling energetic. All these sensation are alarming and are indicative of bad days ahead.

She imagines that if the things continue in the same manner she may lose soundness of mind. She does not want to see bad days and therefore desires to find a way out.

Vers.

“Sir, have you ever come across a patient like me who has a strange type of abnormality in her feelings and actions. For example to me it appears that everything that I see is false, even myself. As if the images before me are like seeing something in dream. I fear my own voice. As all of us know that stomach is a place for storing food for digestion etc. and not for getting the sensations of anxiety etc. All of a sudden I get so energetic that I get scared at the thought of it as to how and why it happens. I feel I shall become insane.

CARBO ANIMALIS

(215) *WEEPING, eating while.*

(216) *HOMESICKNESS.*

(217) *AFFECTIONATE.*

Weeping (n) = Shedding tears to express grief, sorrow or any overpowering emotion.

Eating (n) = The act of taking food.

While (prop) = During the period of.

Homesickness (n) = Longing for home.

Affectionate (adj) = One who shows affecting or is characterised by affection. Full of affections. Loving.

In the rubrics (215 to 217):

Infer.

Home is the place in which ones family affections are centered. Family means a group of persons who form a house hold under a head including parents, children and servants etc. whether dwelling together or not. Homesickness is unceasing desire to be home. In other words it is the feeling of being devoid of home as one feels separated from the members of his family. In the company of whom he grew and learned how to eat and enjoying eating.

He loves home and his people and therefore the sweet memories of the sweet home torture him especially when one is now free from the hard days and is in a position to think about leisure and love.

Vers.

I left my home to make fortunes. There was time when I had not even a moment to spare to think of home and the loved ones. Now when I am in my good days and enjoying life, the memories of home torture me.

(218) **FORSAKEN**, *feeling.*

(219) **ANGER** *past events, about.*

(220) **ANGER**, *former vexations, about.*

(221) **DELUSIONS**, *changed, everything is.*

(222) **DELUSIONS**, *strange, familiar things seem.*

(223) **DISCOURAGED.** (R)

(224) **DISCONTENTED**, *displeased, dissatisfied.*

(225) **DESPAIR.**

(226) **MEDITATION.** (R)

Forsaken (adj)	=	Abandoned, left out, uncared for.
Feeling (n)	=	A general impression, of mind.
Vexations (n)	=	The act of irritating, annoying, provoking and harassing.
Changed (v)	=	Made different, the form, nature, content future course etc. of something.
Strange (adj)	=	Outside of one's previous experience, unknown.
Familiar (adj)	=	Well acquainted, closely intimate.
Discouraged (v)	=	Deprived of courages; disheartened.
Discontented (adj)	=	Not satisfied; restlessly unhappy.
Dispair (n)	=	Hopelessness.
Meditation (n)	=	Repeatedly thinking or consideration over the subject under study.

Infer. All these rubrics (218 to 226) are supporting one rubric i.e. *forsaken feeling*. That nobody loves him. In this connection when he remembers the happenings of the past and thinks over the changed behaviour of everyone around and of those also who were intimate, he gets provoked to retaliate. And ultimately gets hopeless, disheartened, and unsatisfied with the circumstances.

Vers. When I recall that nobody loves me I get irritated but ultimately I realize that there is no use in getting agitated, under the present circumstances, as nothing is going to affect any change.

(227) *FEAR, closing eyes, on.*

(228) *FEAR, suffocation, of. (R)*

(229) *FEAR, suffocation of lying, while.*

(230) *WRITING agg. mind symptoms difficulty in expressing ideas when.*

(231) *SENSES vanishing of. (R)*

(232) *FEAR, insanity, losing his reason, of.*

(233) *FEAR, fainting, of*

(234) *FEAR, evil, of*

(235) *FEAR, dark, of (R)*

(236) *RESTLESSNESS, internal*

(237) *WHISTLING, involuntary*

(238) *LIGHT, desire for*

- Fear (n) = The act of feeling of uneasiness aroused by an impending danger, pain, evil etc.
- Closing (v)
eyes = Shutting, putting something in a position to obstruct an entrance or opening etc. (to knowledge or vision etc).
= Allowing no entry (to the consciousness towards surroundings).
- Eyes (n) = The organs of sight, through which one sees, or perceives. The doors through which the light (knowledge) about the things enters the brain.
- Suffocation (n) = The act of killing by preventing the access of air to the blood through the lungs.
- Lying (adj) = Being in a horizontal position.
- Down (adv) = On or to the ground, floor or bottom.
- Writing (v) = To form characters, letters words on the surface of some material, as with a pen etc.
- Difficulty (n) = Something that is hard to do.
- In (prep) = Pertaining to.
- Expressing (v) = Putting thoughts into words.
- Ideas (n) = An image of an external object formed by the mind.
- When (adj) = At the time of.
- Senses (n) = The faculties of perceiving.
- Vanishing (v) = Passing away from a place, leaving it empty or vacant.

-
- Insanity (n) = The state of mental derangement.
 Fainting (n) = To be in the state of feeling weak, dizzy or exhausted; about to lose consciousness.
 Evil (n) = The wicked or immoral part of someone or something.
 Restlessness (n) = The state of inability to remain at rest.
 Internal (adj) = Being in the interior, taking origin from within.
 Involuntary (adj) = Not having the power of will or choice.
 = Not done willingly.

In the rubrics (227 to 238):

Infer.

When one closes the eyes (becomes in-vigilant) and tries to ignore the facts and remain in the state of darkness, ignorance) fears of many kind overtake his mind. Similar is the case when one is in the lying position, that is, not in a state of alertness or activeness. For this reason the person remains internally without rest. And to achieve some sort of peace ones lips get twisted, without wanting to do so, to produce a sound which perhaps soothes the ear. Sometimes the very fact that he is whistling without wanting to do so also embarrasses him as to why he is doing so.

Vers.

Sometimes it so happens that I start feeling that perhaps I am neglecting my health (or the matters of utmost concern to me (Closing eyes). This feeling further gives rise to various types of fears, especially when I attempt to write something and find that I am not able to put my thoughts into words. And also when I find that internally I am not able to keep myself at rest. And that I start whistling without wanting to do so. I become anxious to know the cause of the

whole affair and try to find out ways to overcome it.

- (239) *FANCIES*, exaltation of.
 (240) *FANCIES*, vivid, lively.
 (241) *MILDNESS*. (R)
 (242) *INTROSPECTION*. (R)
 (243) *ANXIETY*, morning, rising, on and after.
 (244) *WEEPING*, alternating with cheerfulness.
 (245) *MIRTH*, alternating with weeping. (K.R.)
 (246) *IRRITABILITY*, alternating with indifference.
 (247) *CHEERFULNESS*, alternating with sadness.

- Fancies (n) = Imaginations to the extent of liking something or expecting something to happen as one thinks in theory.
 Exaltation (n) = Abnormal intensification of the action of an organ.
 = Elation of mind or feeling.
 Rising (v) = Getting up from bed, especially to begin the day after a night's sleep.
 Vivid (adj) = Strong distinct or clearly perceptible.

In the rubrics (239 to 248):

- Infer.* Anxiety amel., on getting up from bed to begin the day after a night's sleep. It means after a person has taken rest and coolly applied his mind to his problems, he becomes mild and affectionate in approach, which helps him to think in the positive direction and become cheerful. His imagination starts touching heights towards wishful thinking which sometimes is so clear that makes him optimistic and happy. But this state never remains stable; it keeps on alter-

Vers.

nating (interchanging) with weakness (of mind and body), irritability, and sadness.

When after I have taken rest or sleep, I feel relieved of my worries especially in the morning when it is time for work and adventure. A lot of ideas pass through my imagination injecting into my mind the pleasant feeling. Which no doubt alternate sometime with irritability, weeping and weakness.

GELSEMIUM SEMPERVIREIVS

- (248) *CLINGING, grasp the nurse when carried.*
- (249) *CLINGING, promises to. (Dr. Sehgal's)*
- (250) *FEAR, falling, of child holds on to mother.*
- (251) *FEAR, self control, of losing.*
- (252) *FEAR shivering from fear.*
- (253) *ANTICIPATION, complaints from. (K.R.)*
- (254) *IRRITABILITY chill, during.*
- (255) *IRRITABILITY, spoken to, when.*
- (256) *ANGER, easily.*
- (257) *AILMENTS FROM anger, anxiety, with, fright, with and silent grief with.*
- (258) *SHRIEKING, waking on.*
- (259) *WILL, muscles refuse to obey the w. when attention is turned away*
- (260) *QUIET, disposition. (R)*
- (261) *DISTURBED, averse to being.*
- (262) *UNCONSCIOUSNESS, eyes, can't open.*
- (263) *CONFUSION, of mind concentrate the mind, on attempting to. (R)*

(264) *TORPOR.*

(265) *EMBARRASSED, ailments after.*

(266) *ANXIETY, time is set, if a.*

(267) *LIGHT, desire for (positively). (Dr. Sehgal's)*

Clinging (v)	=	Sticking or coming closure by embracing.
Grasps (v)	=	To hold firmly.
Nurse	=	A women who has the general care of a child.
Promises (n)	=	A declaration or assurance, that something specified will or will not happen, be done etc.
Falling (v)	=	To come or drop down suddenly to a lower position.
Child (n)	=	The boy or a girl.
Holds on (v)	=	To keep in the hand constantly.
Mother (n)	=	Something that gives rise to exercise protective care over something else.
	=	Any person looked upon as a mother.
Shivering (v)	=	Trembling with fear, or cold.
Anticipation (n)	=	The act of foreseeing.
Chill during (n)	=	A depressing influence or sensation.
	=	Coldness moderate but penetrating.
Spoken (v)	=	When addressed to.
to when		
Easily (adv)	=	Without much trouble, or cause.
Fright (n)	=	Sudden and extreme fear.
with		
Silent (adj)	=	Making no sound.
	=	Speechlessness.
Grief (n)	=	Keen mental suffering or distress.
Waking (n)	=	At the time of rousing from sleep.
on	=	Becoming aroused from mental activity.
Quiet (adj)	=	Free from disturbances.

	=	Free from disturbing thoughts, emotions etc.
Disposition (n)	=	Mental out look or mood.
Disturbed (adj)	=	Bothered, deprived of rest, peace.
Averse to (adj)	=	Opposed to being.
Being (n)	=	To become.
Unconsciousness (n)	=	A state of complete loss of the power of perception and awareness of the surroundings.
Eyes (n)	=	The organs of sight, perception, insight.
Cannot (v)	=	Unable to.
Open (v)	=	To move from shut or closed position.
Torpor (n)	=	A state of suspended physical powers and activity.
	=	Lethargic dullness or indifference.
Set (v)	=	Fixed.
Positively (adj)	=	Definitely.

In the rubrics (248 to 267):

Infer.

For fear of losing self control and falling down from a high position and anticipated bad performance for future prospects he sticks (clings) to the positions comfortably held and the persons (sources) who are shouldering responsibility for his general care or are expected to act as a mother.

Two things are marked so far as his conduct is concerned. One is that he does not like to change his present position unless he is sure of the change for the betterment. And the other is that he clings to the sources which afford him stability.

That there is a desire for light (stable happy and luxurious living) asking for things other than the routine food articles and visiting shops and restaurants serving a variety of food.

If he is told there is no hope, he will leave you at once) to find another dependable source because he cannot live without that. The absence of light keeps him disturbed. The idea itself is disturbing that is why he wants to cling to the source of light (the physician who assures him of recovery) and worships him as a mother because he expects the same type of protection from him which a mother gives. His ultimate strength lies in his will power, which keeps him wavering and compels him to take refuge in a stabilizing source. The other side is (numbness) the state of suspended physical power and activity and dimmed perception. Tries to open the eyes (to undo the confusion but is unable to).

Vers.

(248 – 267)

Somebody tells him with certainty that there is a physician in you, who can cure him. He comes to you fully assured in mind and touches your feet declaring, "you are my father and all my hopes are tied to you." He is asked, "your eyes seemed to be semiclosed." "Yes, it is with difficulty that I am able to open them to some extent."

"I observed while you entered my room that you were trying to hold the walls while walking and the chair while sitting down on it."

"Yes I can't take steps firmly and fear lest I may fall."

"I think you are trembling. It is Parkinsons or otherwise."

"Actually I am trembling with fear. What to do, if you also decline to give some hope?" Continuing further he says, "Excuse me, sir, if you don't mind I want to add something

about my real problem. I used to have boils on my tongue, periodically for the last many years. Now it has been diagnosed as carcinoma. Since that I am restless. I don't want to die. I have small children. I love them and I don't want that I should die before they, properly settled.

When I anticipate what may happen to my family and children I become extremely sad and grief 'ridden'. I try to weep but do not succeed. That is why, sir, I want to know, "shall I be alright."

He was told, "yes". Confused and disturbed he repeats, sir, I did not follow as to what you said.

He was reassured, "you will definitely get cured."

With cheers, his face brightened and he said, "Are you sure, sir?"

"yes".

He goes away up to the door and comes back, "Sir your assurance works a lot. Please repeat it once more".

GRINDELIA ROBUSTA

(268) *LONGING, sunshine, light and society, for.*

(269) *LIGHT, desire for positively. (R)*

(270) *FEAR, dark, of. (R)*

(271) *STARTING, sleep during.*

(272) *SMOTHERING, after falling sleep. (Bor)*

(273) *CANNOT BREATHE, when, tying down. (Bor)*

(274) *MUST, sit up to breathe.* (BOR)

- Longing (n) = Prolonged, unceasing and earnest (serious in all respect) desire.
- Sunshine (n) = The shining of the sun, the direct light of the sun which contains both the light and the heat. Also if inferred as a matter of comparison (metaphor) a cheerful face too shines which is the sign of happiness i.e. internal warmth and hope.
- Light (n) = Something that removes the darkness. To infer gives awareness about self and surroundings.
- Society (n) = An organised group of persons coming together for a particular purpose.
- Dark (adj) = Having very little or no light, not pale or fair, gloomy cheerless dismal, evil, unenlightend, hard to understand, hidden secret, silent (the absence of light).
- Must (v) = To be obliged physically or morally.
- Sit up = Raising from lying to a sitting position; to keep watch during the night.
- Starting (n) = A sudden movement of the body; state of the body when it gets jerks and jolts all of a sudden.
- Sleep (n) = A state of complete rest (from the wordly affairs or worries).
- During (prep) = Throughout the duration; continuance or existence of.
- Smothering (n) = The state of feeling of suffocation by the withdrawal of air supply.
- After (prep) = Later than.
- Falling (v) = Coming by chance into a particular position.
- Asleep (adv) = Into a state of sleep; into a dormant or inactive state.

Infer.

In the rubrics (268 – 274):

The person is compelled to sit up in an erect position without resting his back i.e. a fixed condition without freedom for change. The condition has been imposed either by the sickness and circumstances created by it.

Before this, she was like a free bird moving about in the society at her will and wish for the simple aim of keeping herself happy. That state has been snatched from her. She feels as if imprisoned. She has an unceasing desire to bring back her good old days and doesn't want to die in the present condition of misery but only after she has had her good share of wordly joys.

Vers. (268 – 274)
Weeps and utters.

“Dr. Sometimes, I feel I shall die, without having enjoyed life. You can imagine how difficult it is to accept the present condition for a person who used to be out of the house most of the time. Now neither can I walk nor can I lie down, except sitting straight. How long one can afford to be in this condition. I am sticking to you because of your confidence that you will definitely give me cure.

LAC CANINUM

(275) *ANTAGONISM with herself.*

Antagonism (n) = An opposing force, principle or tendency.

With (prep) = Against.

Herself (pron) = Oneself.

Infer. An act of opposing oneself.

(276) *DELUSIONS, dirty, he is.*

Dirty (adj) = A bad person at heart full of filthy and undesirable intentions.

- (277) *DELUSIONS* disease, incurable, has. (R)
- (278) *DELUSIONS* heart disease, is going to have, and die.
- (279) *FEAR*, disease, incurable, of being.
- Incurable (adj) = Not curable.
- (280) *FEAR* duties, she will become unable to perform her.
- (281) *ANXIETY*, success, from doubt about.
- (282) *DESPAIR*, recovery of.
- (283) *DELUSIONS*, lie, all she said is a.
- (284) *DELUSIONS*, diminished, short he is.
- (285) *DELUSIONS*, insulted, he is.
- (286) *DELUSIONS*, looked down upon, she is.
- (287) *DELUSIONS*, sick being.
- (288) *WRITING*, meanness to her friend.
- (289) *DELUSIONS*, UNREAL, everything seems.
- (290) *DELUSIONS* floating in air.
- (291) *MORAL*, feeling, want of.
- (292) *LIGHT*, desire for. (R)

In the rubrics (275 – 292):

Infer.

A person seems to be self-conscious. He knows that his actions are unprincipled and not right. That he is a bad person with undesirable intentions. He is under the impression that he is suffering from an incurable disease which will prove fatal. He tells others that he fears that in that event he will not be able to discharge his obligations.

But internally he feels that all that he is saying is not true, that he is deceiving others. He fights with himself when he finds him-

self not performing his duties honestly; also instead of that, he indulges in pleasures in-ethically, and by immorally wrong means, at the cost of his duties. He also knows that he is not looked upon with respect. He has already lost a lot on this account and he will lose all that is left. That he is living in the world of self-deception for which there is no pardon. And therefore he is interested to get out of it.

Vers.
(275-292)

Sir, do you have treatment for all diseases. I am interested to know it, because I am going to have it and die. The speech of the person provokes laughter and an obvious question, "why do you think so"? The reply is, "I feel so" "why are you so worried about it"? "Because I have small children and before I die I want to fulfil my duties towards them". Takes a pause, and restarts, "Let me tell you, sir, that I have already neglected them. He pauses again and says, "Perhaps I am not telling you the truth, what actually in my mind is that I should be able to resume my bad deeds which I feel is wrong. I tried to struggle with myself to come to the right path because I know that my actions have demeaned me in the eyes of others. I am a sick person. And therefore to continue as it is, is like deceiving oneself and living in an unreal world. I am interested to know whether you have any treatment to change my mind and save me from this fatal disease.

NATRUM MURIATICUM

(293) *DELUSIONS, wretched she looks (when looking in a mirror).*

(294) *ABSORBED, as to what would become of him.*

- (295) *BOASTER* braggart. (R)
- (296) *EXCLUSIVE*, too. (R)
- (297) *WILL* loss of. (R)
- (298) *WILL* weak of. (R)
- (299) *WEEPING*, looked, at, when.
- (300) *DELUSIONS*, sick being. (R)
- (301) *ANXIETY*, alternating with indifference.
- (302) *INDIGNATION*, pregnant, while.
- (303) *UNGRATEFUL*. (R)
- (304) *WEEPING*, pitied if he believes he is.
- (305) *IRRITABILITY*, takes everything in bad part.
- (306) *ANSWERS*, aversion to answer.
- (307) *ANGER*, answer, when obliged to.
- (308) *IRRITABILITY*, questioned, when.
- (309) *GRIEF*, silent
- (310) *GRIEF*, cry, cannot. (R)
- (311) *SADNESS*, weep, cannot.
- (312) *HOPEFUL*.
- (313) *LIGHT*, desire for. (R)
- (314) *TALK*, slow learning to.
- (315) *CONFUSION*, calculating, when.
- (316) *CONFUSION*, concentrate the mind, on attempting to. (R)
- (317) *IMBECILITY*.
- (318) *SPEECH*, slow.
- (319) *MANNISH* habits of girls.

- (320) *AFFECTIONATE. (R)*
(321) *LAUGHING, serious matters, over.*
(322) *DUTY, no sense of. (R)*
(323) *LOVE with one of her own sex, homosexuality, tribadism.*
(324) *AVERSION sex to opposite.*
(325) *ABUSIVE, children insulting parents. (R)*
(326) *BLASPHEMY. (R)*
(327) *HATRED, persons, who had offended her, of.*
(328) *REVERENCE for those around him.*
(329) *LAUGHING, involuntarily.*
(330) *SYMPATHY, compassion.*

- Wretched (adj) = One who is in an unfortunate condition—full of distress and misery.
Looked at (adj) = One who is being seen with fixed eyes or with a critical eye.
Sick (adj) = Physically and mentally unfit.
Pitied (adj) = One who is being taken mercy on.
Takes in (v) = Grasps the meaning.
Everything (pron) = Each one of the total; all.
Bad part = Unfavourably; in bad sense.
Questioned when (v) = Challenged and disputed.
Answer (n) = Response; Obedience.
When obliged to (v) = An action made necessary.
Grief (n) = Keen mental suffering or distress over affliction or loss, sharp sorrow, painful regret.
Silent (adj) = Mute; undeclared; speechless, with a disinclination to speak.
Talking (n) = The act of communicating or exchanging ideas, information etc. by speaking.
Slow (adj) = Requiring or taking a longtime.

Learning (v)	=	Acquiring knowledge of, or skill in by study, instruction or experience.
Pleasure (n)	=	Enjoyment.
Offended (adj)	=	Hurt (one who has been) caused pain.
Speech (n)	=	The act of communicating through.
Slow (adj)	=	Voice uttered through month.
Imbecility (n)	=	Feebleness of mind.
	=	To be behind in one's age; comprehension mostly stagnating as between the age of 4 and 15.
Hatred (n)	=	Intense dislike; aversion or hostility.
Reverence (n)	=	A feeling or attitude of deep respect (tinged with awe).
Sympathy (n)	=	The ability to share the feeling of another esp. in sorrow or trouble.

In the rubrics (293 – 316):

Infer.

The main problem is the feeling of being in unfortunate condition of health or wealth etc. (wretched) when even she looks into her affair (mirror). And keeps dipped into these thoughts (absorbed) thinking seriously and anxiously about the future if the same condition continues (without improvement) it can reach alarming proportions. Then how will she manage the affairs? This thought lands her into a state of deep sorrow which she never expresses. She does not reach any conclusion, except an inner feeling of hopefulness which finally ends the trail of thought. These two states of concern and no concern for future, alternate with each other. In this condition as she herself is not clear about her future, obviously she is not interested to answer the question on this subject, therefore, becomes angry, when compelled to do so.

Infer.

In the rubrics (317 – 330):

Apparently they look to be sharing the sorrows of others and are respectful for those who are in immediate contact with them but are equally averse to the persons who are responsible for hurt to them. They don't like the opposite sex, but are very much in love with their own sex. Many times it could be found girls liking their mothers and boys liking their father and almost hostile with the parent of opposite sex. But most important of all these characteristics is their being mentally retarded. They talk as if between the age of 5 (five) and 15 (fifteen). One most important thing is whatever may be their mental status, they can't tolerated and be treated with mercy, because they can't afford to be grateful to anyone.

For long, they will not think of seeking remedies for their ailments, because internally some assurance keeps them satisfied that nothing serious is going to happen. It is only after the feeling of anxiety about the future that they approach someone for treatment.

Vers. (293 – 330)

P. – “Sir, I feel I am emaciating”.

D. – “Since when?”

Abb:

P. – “Oh It is long time now”.

P. for patient.

D. – “Why have your been delaying it?”

D. for doctor

P. – “Because I thought it will not turn worse, but will disappear by itself. Now since it has increased beyond expectations, I am worried that if it increases at the same speed, God knows, what volume it may assume”.

D. – “Very strange about you. But why didn't your husband not compell you to take care of your health”.

P. – “I don’t talk to anyone. Even now he doesn’t know about it. Actually I don’t like him, because whenever he talks to me, he will show as if all, that he is doing to me and promises to do, is out of mercy. For that reason, I should be grateful to him. At the thought of his behaviour tears come out of my eyes. It is true that my condition is miserable but it doesn’t mean that the others have the right to look at me with charitable eyes.

It is not so serious an affair to invite pity. People fall sick and most of them recover. I expect to be one of them, especially when now I have come under your treatment.

Sir, do you think I can be cured. One thing more sir. Can you tell me why I don’t like men, especially, my husband although I have full regards for him and sympathy when he is in trouble. I simply like young girls sharing bed with me. She laughs at this and asks me why it is so.

PHOSPHORUS

- (331) *DELUSIONS* seized, as if.
- (332) *HELPLESSNESS*, feeling of (repeated see rubric S No. 90, ROH series IV).
- (333) *UNDERTAKES* things opposed to his intentions.
- (334) *UNDERTAKES*, lacks will power to undertake anything.
- (335) *DULLNESS*, think long, unable to.
- (336) *DULLNESS* understands question only after repetition.

**(337) UNCONSCIOUSNESS, answer correctly
when spoken to, but delirium and U. repeated
(see S. No. 2, ROH series IV).**

Seized (adj)	=	Being possessed; captured or taken hold of forcibly or suddenly.
Helplessness (n)	=	State of inability to help oneself in the given circumstances.
Opposed (v)	=	Contradictory.
Intentions (n)	=	Ones attitude toward the effect of one's actions or conduct.
	=	Purpose – what one actually meant.
Undertakes (v)	=	Takes on oneself the task of.
Lacks (v)	=	Don't possess.
Will power (n)	=	The power of control the mind has on it own actions.
Anything (n)	=	Any of the whole.
Unconsciousness (n)	=	The state, of general unawareness of the surroundings.
Answers (v)	=	Responds.
Correctly (adv)	=	In a manner free of fault.
When (prep)	=	At the time of.
Spoken to (v)	=	Addressed to.
But delirium and Unconsciousness		
Return (v)	=	Come back.
At once (n)	=	Immediately.

Infer.

331. Seized The feeling is like a person who wants to get out of a situation but the situation is not leaving him.

332. Helplessness feeling. Here lies one's helplessness: on the one side is the inability to do an work, and on the other is the nobleness of mind. How can she leave the persons who are in trouble and need her help.

333. Undertakes things opposed to lies intentions. She knows that she will not be able to do properly the task being entrusted to (thrust upon) her but cannot refuse, because she is not able to convince others.
334. Undertakes, lacks will power to undertake any thing. She is not sure of herself whether she will be able to hold on to the task (which she is going to accept) till the end. That is why she does not take initiative to offer herself for any service.
335. Dullness think long, unable to. The general condition of her power of perception is weak and is therefore not able to stand thinking over things for a long time.
336. Dullness, understands questions only after repetition. Being an intelligent person, she will not like to accept things without understanding them. Since her understanding is slow, she requires time to act upon the proposals for remedial measures.
337. UNCONSCIOUSNESS, answers correctly when spoken to but delirium and U. return at once. Remains in general in a state of unawareness but can answer specific questions with utmost precision (minute details).

Vers.

I feel I am unable to explain properly as to how I feel internally but let me try if I can tell you. (337)

I have small grand children. I love them. But physically I am not fit to cope up with their demand to be actively playing with them. That exhausts me both, physically as well as mentally and causes breathlessness. (335 & 336)

I feel seized when I compare both the sides of the picture i.e. my affection for the children and my physical inability. Internal-

ly I know it is exhausting for me to give them affection and want to avoid them but my attachment for them compells me to act against my wishes. (331 – 333)

People tell me to be just on one side but I am undeceived in the matter. (336)

Because I am not sure whether I shall be able to be firm on my decision. (334)

When I find that decision making is taking time. (335)

(338) *INDIFFERENCE, children to her.*

(339) *INDIFFERENCE, dearest friends, even towards. (in chronic alcoholism).*

(340) *INDIFFERENCE, surroundings, to the.*

(341) *INDIFFERENCE, everything, to.*

(342) *ANXIETY, friends at home, about.*

(343) *ANXIETY, others, for.*

(344) *DELUSIONS, obscene, actions of which she had not been guilty, accuses herself o.*

(345) *DELUSIONS, noble, being.*

(346) *DELUSIONS, distinguished is.*

(347) *DELUSIONS, great person, is, a.*

Indifference (n) = Lack of concern.

Children (n) = Sons and daughters i.e. the persons making part of one's own blood and flesh.

Friends (n) = Persons who are on good term with others (him).

Surrounding (n) = Things, circumstances, conditions which encircle a person closely.

At home = In one's own house or place of residence.

Others (adj)	=	Leaving aside self or part of self (closely related person).
Obscene action (adj)	=	Offensive to modesty or decency.
Actions (n)	=	Consciously willed acts or activity.
	=	Something performed.
Quality (adj)	=	One who has committed a crime.
Accuses herself (v)	=	To charge herself with a crime.
Noble (n)	=	Of an exalted moral character or excellence.
Thinks he is	=	Considers himself to be.
Distinguished (adj)	=	Recognized as different or distinct.
Great (adj)	=	Big in size or qualities.
Person (n)	=	A living soul.

Infer.

Rubrics Nos. 338 to 341, indicate that one feels no concern for even the dearest thing on earth for any person (parent) but R.Nos. 342 to 343 indicate his/her overconcern for those who are not related to her.

R.No. 344 to 347. Indicate that the person considers himself to be a man of qualities which amounts to self esteem or praise whichever guides his actions. It is not necessary that he is considered as such by the society also. This action can be misinterpreted as an act of hypocrisy, which is not correct. Because the sense of superiority comes into action when others are involved. This may be construed as selflessness or imbecility (immaturity of mind)

Vers.

A person asks his children in a diplomatic tone as if seeking appreciation for his actions, "How will you think if I tell you that I gave about Rs. 500/- to the poor lady who came yesterday for asking help". Arguing further in his own favour, he tries to impress on his children, "Don't you think it is noble to do good to others?" and waits for the

affirmation. The children's reply is "Its true, papa. But we are surprised what happens to you, when we ask money for the purchase of books or for the school fees." Papa remains mum and the children laugh.

(348) *DESIRES, numerous, various things.*

(349) *MAGNETIZED, desired to be. (R)*

(350) *BORROWING of everyone. (R)*

(351) *HOMESICKNESS. (R)*

(352) *DELUSIONS, island, is on a distant.*

(353) *DELUSIONS, body, scattered about bed, tossed about to get the pieces together.*

Numerous (adj) = Consisting of or comprising a great number.

Various (adj) = Presenting or having many different qualities or aspects; being different ones.

Island (n) = An isolated place.

Distant (adj) = Aloof and unfamiliar.

Scattered about (adj) = Thrown loosely about.

Tossed about = To move from place to place with rapid irregular motions.

Infer. This set of rubrics is also in contrast to the feelings conveyed by the one at S.No. 338 - 341.

The behavioural discrimination is further elaborated between self, others and the dearests.

So far others are concerned he has compassion for them.

Also for self happiness, he can go to the extent of borrowing from others if at times budget does not permit. But the only neglected lot is his dearests, for whom he is morally bound to look after.

Vers. Wife of a person reports that he brings a lot of variety of fruits and other eatables. He sits at the dining table and spread various different things before him and swallow them up, all alone. Never bothers even, for courtesy, to invite anyone from the family. But will be seen severing as a skilled butler when someone from outside is on a visit to our house.

- (354) *NAKED, wants to be (S. No. 120 of ROH series IV).*
- (355) *SECRETIVE (S. No. 95 of ROH series IV).*
- (356) *DELIRIUM, quiet.*
- (357) *DELIRIUM, crying, with.*
- (358) *WEEPING anxiety, after. (R)*
- (359) *BUSINESS talks of (See S. No. 25 of ROH series IV).*
- (360) *DESIRE, exercises for.*
- (361) *FEAR, exertion, of.*
- (362) *PATIENT.*
- (363) *PASSIONATE, trifle, at every.*
- (364) *WILL, loss of. (R)*
- (365) *PERSEVERANCE. (R)*
- (366) *DICTATORIAL command, talking with air of.*
- (367) *MILDNESS. (R)*
- (368) *DELUSIONS, floating in air. (R)*
- (369) *CONFUSION, cold bath am.*
- (370) *CONFUSION, washing the face, am.*
- (371) *CONFUSION, eating, after, am.*

(372) *CONFUSION, air, in open, am. (R)*

- Exercise (n) = Bodily or mental exertion for the sake of training or improvement in health.
- Exertion (n) = Vigorous action or effort, exercise as of power or faculties.
- Patient (adj) = Bearing pain without complaint or anger.
- Passionate, (adj) = Liable to or filled with anger at even insignificant cause without fail.
- Cold (adj) = Having the quality of lowering the temperature.
- Bath (n) = A washing or immersion of something in the water for cleansing or reducing heat.
- Washing (v) = The act of freeing of dirt or other matter by application of or immersion in a liquid especially water or solution of soap and water.
- Face (n) = The front part of the head from the forehead to the chin.
- Eating (v) = Taking into the mouth and swallow for nourishment something as food.
- Open air (adj) = The unconfined atmosphere, out of doors.
- Infer.*

This group (354 – 372) contains pairs of rubrics having meanings opposing each other. To begin with where on the one hand it is found that the person wishes to keep nothing secret from others there on the other, hand, it is in his nature to do things without the knowledge of others.

Likewise where on the one hand there is a tendency to remain quiet there on the other he can not stop himself from crying; and whereas on the one hand he wants to do something and talks of business to keep his limbs moving, there on the other he fears straining himself in every sense.

Sometimes he shows that he has the capacity to bear things calmly and on the other

side he becomes angry even on minor things.

Sometimes he is seen losing the power of his mind, but on certain occasion, he is seen doing things with determination till the end.

Whereas on the one hand, there is an overall feeling of no problem, that she is *plus* in everything there, she feels that she is pleasing herself with falsehood, because it is useless to have everything and not be able to make use of it.

And in the end this sort of confusion created by all these contradictory thoughts is removed by keeping oneself, cool and removing from one's face (the mirror of mind) the dust of confusion, and swallowing everything as palatable food and viewing things with an open mind.

Vers.
(354 – 372)

I am so full of contradictions in my conduct that I am not able to make out as to what actually is my problem. And perhaps because of this, people around me misunderstand me. Finally, I stop thinking about myself; go to the bathroom; pour a lot of water on my body and clean the face to bring back its lustre and eat something to beat my worries and sit with an open mind, relaxed and free of tension.

PI UMBUM METALLICUM

(373) *DELUSIONS machine, he is working a.*

(374) *DELUSIONS, business, ordinary, they are pursuing. (R)*

(375) *DELUSIONS, disease, incurable, has.*

(376) *DELUSIONS, danger, life, to his.*

(377) *ENNUI, afternoon.*

- (378) *TIME, passes too slowly, appears longer. (R)*
- (379) *BROODING, forbidden things, over.*
- (380) *ATTITUDES assume strange (Kent). (GESTURES, strange attitudes and position).*
- (381) *GESTURES, violent.*
- (382) *GESTURES, usual vocation of his.*
- (383) *EXCITEMENT alternating with sadness. (R)*
- (384) *CHEERFUL (MIRTH) alternating with lachrymose mood.*
- (385) *COMPANY, desires, for, friend, of a.*
- (386) *LIGHT desire, for. (R)*
- (387) *GROPING as if in the dark. (See serial No. 89 of ROH Series IV)*
- (388) *CONFUSION, loses his way in well-known streets.*
- (389) *FEIGNING sick - (See S.No. 87 of Vol. ROH series IV)*
- (390) *SECRETIVE - (See S. No. 95 of ROH Series IV)*
- (391) *MOOD, repulsive.*

Machine (n)	1. One who can do only what he is told without using his own intelligence.
	2. A device used to move things as desired by the operator.
Working (n)	= Labouring, active and not disordered.
Disease (n)	= A disorder or want of health in mind or body.
Incurable (adj)	= Not admitting of cure or correction.
Danger (n)	= Risk.
Life (n)	= Present state of existence.
Ennui (n)	= Feeling of having enough of a thing or reaching a point of satiety.
After noon (n)	= The time between noon and evening.
	= After the sun has started declining and the day's charm is lowered.

- Times (n) = The point at which or period during which things happen.
- Passes (v)
- Too (adv) = Extremely, more than enough.
- Slowly (adv) = With less than the normal speed.
- Appears (v) = Seems.
- Longer (adj) = Slow in coming, extended.
- Forbidden (adj) = Prohibited, unlawful.
- Things (n) = Matters over.
- over
- Brooding (n) = To mature a thought by constantly thinking over it.
- Attitudes (n) = Posture, position.
- Assumes (v) = Adopts.
- Strange (adj) = Causing surprise or curiosity.
- Excitement (n) = Agitation, that which excites
- Alt., with
- Sadness (n) = Unhappiness.
- Lachrymose (adj) = Shedding tears, mournful.
- Mood (n) = Temporary state of the mind.
- Friend (n) = One on good terms with another.
- Loses (v) = To miss, misses.
- His (pron) = Person concerned.
- Way (n) = Path direction.
- on
- Well (adj) = Fu'y acquainted.
- Known
- Streets (n) = A road lined with houses broader than a lane.
- Repulsive (adj) = That drives off.
= Repelling.

Infer.

The rubrics (373 – 391) denote that the person's liking is for something special. Therefore doing ordinary things don't give him the desired charm. His present job is

quite ordinary and he doesn't take due interest in it and works as he is told and directed by the operator. His condition can't be changed and therefore thinks that the present stress will take his life prematurely. There is a feeling of boredom (monotony) and that is why he feels difficulty in passing time. Sometimes he thinks over the things impossible and having no solution and starts behaving in a manner unexpected of him. Sometimes an idea brings life into his actions, and sometimes the mood is that for shedding tears. And in this condition, in the remote corner of his mind, a desire develops to be at the side of a friend. Makes up his mind to be away for sometime to lighten his mind. But soon finds himself in a state of confusion, failing to recall even the names of well known friends, and finding none whom he could visit. In this condition, he is not able to tell anyone what is in his mind and what he is planning to do. He will just take a pretext that he is not well and is going out for a change.

Vers.
(373 – 391)

I am not married to the person of my choice and the family he belongs to. Many times I keep on thinking and wishing that something should happen to undo the tie. I know which is impossible and socially forbidden even to think of. This leads me to behave in a manner quite strange and different from my general nature. Sometimes I get excited (come to life) and happy when some solution seems to be in sight, but soon become unhappy and go into tears, when I think that I am imagining about something impossible. Then, comes the feeling of boredom in general from the present atmosphere and I

prepare myself to visit some friend. But when I focus my attention on the choice of a friend, I find myself unable to recall even a single name. Out of the few that I recollect, I would like to choose the best, with some extra charm. I ring up all the expected hosts and try to find out who is free, and have some spare time to attend to me the way I like. Sometimes I get disappointed from every corner and in that event I don't submit to the circumstances, but I force my way out. towards the market without telling anyone as to where I am going and why?

RUTA GRAVEOLENS

(392) *FEELING, of lassitude, weakness and despair intense.*
(see *BOERICKS 339*)

(393) *AVERSION, everything, to.*

(394) *COWARDICE.*

(395) *HEEDLESS.*

(396) *FORGETFUL*

(397) *SLOWNESS. (R)*

(398) *SIT, inclination to. (R)*

(399) *WEARY of life.*

(400) *WEEPING, waking, on.*

Lassitude (n)	=	Weariness of body and mind from strain (cares, worries).
Weakness (n)	=	Lack of energy required enough to perform efficiently.
Despair (n)	=	Loss of hope in general as if nothing will happen as expected.
Intense (adj)	=	Extreme in degree.

Cowardice (n)	=	Having no courage.
Heedless (adj)	=	Want of concern to do things properly.
Slowness (n)	=	Want of normal speed in movements.
Forgetful (adj)	=	One who lacks control over the memory for short intervals.
Sit inclination to (n)	=	Feels like taking sitting position.
Weary (adj)	=	Loss of strength to put up with something any more.
Life (n)	=	The condition under which a person is living presently.
Waking (adj)	=	On coming out of ignorance about her own health.

In the rubrics (392 – 400):

Infer. Once a sturdy lady she has extremely worn out by the stress and strain of life. This she has realized only now. Because now she finds herself completely transformed. She used to like everything. Was bold enough to face life. Was active and careful in doing things. Had sharp memory and love for life and work. Never desired to take rest. What is left now is only tears in her eyes.

Vers.
(392 – 400) I don't know what has gone wrong with me, I have lost everything, my courage, activeness, memory etc. Now I want that I should resign from active life and take rest.

(401) *DELIRIUM, miscarriage after. (abortion, after).*

(402) *CONFUSION, abortion, after.*

(403) *SUSPICIOUS, mistrustful.*

(404) *DELUSIONS, people, sees behind him, someone is.*

(405) *SADNESS, anxious.*

(406) *ANXIETY, sudden.*

(407) *ANXIETY, chest, from stitching in.*

- (408) *ANXIETY, stūching in spine, from.*
- (409) *STARTING, sleep, from.*
- (410) *STARTING, sleep from, touch, from slightest.*
- (411) *ANXIETY, conscience, as if guilty of a crime.*
- (412) *SHRIEKING, touched when. (See S. No. 18 and 134 of ROH Series IV) and page No. 40 above.*
- (413) *FEAR, death, of heat, during.*
- (414) *FEAR, water, of.*
- (415) *FEAR, evil of. (R)*
- (416) *DEFIANT.*
- (417) *CONTRADICT, disposition to.*
- (418) *CONTRARY.*
- (419) *QUARRELSOME.*
- (420) *RAGE.*
- (421) *CONTRADICTORY, actions are C. to intention.*
- (422) *REMORSE.*
- (423) *LIGHT, desire for. (R)*

Miscarriage (n) = Loss of the products of conception from uterus before the foetus is viable. Which in other words is denial of motherhood or motherhood snatched.

Delirium (n) = Derailed, of the tract.

Confusion (n) = Unclear in mind.

Suspicious (adj) = Doubtful of others intentions.

Behind = Being followed by someone with evil designs.

Him (pron) = Any of many. Any person.

is

-
- Sadness (n) = Unhappiness with the feeling of apprehension with discomfort about a doubtful position.
Anxious (adj)
- Sudden (adj) = Without prior notice, unexpected.
Chest (n) = A box usually large strong one with a lid for storage and safe keeping of valuables.
= The act of revealing to someone something that is oppressing one's mind and conscience.
- Stitching (n) = To be in the state of painfulness like the one felt by sewing by the needle leaving behind stitches of thread.
= Sharp sudden and intense pain occurring in any part of the body.
- Spine (n) = That part of the body which acts as a support to keep the body in right position.
- Starting (v) = Coming into action all at once or experiencing jerks with no prior sensation.
- Sleep (n)
from = A state in which a person is not awake (conscious of self, surroundings).
- Touch (n) = The sensation of having come into contact with something.
- Conscience (n) = The faculty of mind (sense) which helps a person to identify what is right and wrong in one's conduct or motive impelling one towards right conduct or actions.
- Slightest (adj) = Lowest in degree and intensity.
Death (n) = Meeting one's end or ruin.
Heat (n) = In the state of excitement and extra agitation.
- Water (n) = A fluid, the outcome of the union of oxygen and hydrogen.
- Evil (n) = Anything harmful.
Defiant (adj) = To resist boldly an authority trying to overpower.
Contradict (v) = To oppose by words, to deny.

Disposition (n)	=	In a mood.
to		
Contrary (adj)	=	Opposite, contradictory.
Quarrelsome (adj)	=	one who disagrees or argues.
Rage (n)	=	Extreme anger, furious excitement.
Contradictory (adj)	=	Opposing.
to		
Actions (n)	=	Something done, acts, deeds.
Intentions (n)	=	Purpose, aim design.
are		
Remorse (n)	=	The gnawing pain of anguish or guilt.
	=	Pity, softening.

*Infer.***388 – 395**

The person is confused and not in the normal state of mind since one has lost one's child or the chance to become a parent. For this she holds responsible the person who is behind her and is suspected to have done a mischief for the loss and therefore sadness and apprehension about future are capturing the mind. (401 – 406)

Physical pain occurring in the cavity meant for storing the vital organs of the body (chest) and spine (the part which acts as a support to keep the body properly suspended) which are sharp, sudden and intense are threatening her existence. But it can more refinely, be interpreted as anguish caused by the concern about the offsprings to come in future or those remaining. (407 – 408)

Gets shocks when she sleeps and when even slightly touched in sleep. This can be inferred as getting emotionally moved over the thought of neglecting her health and the care and protection of the child she has lost. The feeling goes so deep that she feels guilty of a crime against one her and the child

which she has lost. Because her could not foresee the danger of the neglect on her part, shrieks at the thought of it. (409 – 412)

That of feeling guilty and touchy in the matters of her health and her sense of motherhood is too straining to survive it for long.

The feeling is that perhaps the strain caused by her concern for the protection of her children and her own health keeps her heated (i.e. in the state of excitement which she fears can result in her death. (413 – 415)

But in the last the fear of extinction has become so strong that she rises in revolt against the forces of death to resist it to the last and comes into fury and quarrels with them. She feels she should now say good bye to everyone, including her children in the service of whom she has been tiring herself and reached the state of no return.

When she is told that she was never compelled by anyone to exert beyond her capacity and was rather not agreeing to the persuasion for taking things easy. She gets infuriated and retorts at the top of her voice, with a resentment that they are all too demanding and none tries to think of her by way of practically reducing the burden of work on her and that her value will be realized only after her death. (416 – 419)

When told that she is misunderstanding them.

She cools down and tries to explain that her real purpose was not to offend any one but defuse the heat from her mind and to seek the real solution of her difficulty. (420 – 423)

Vers.
(401 - 423)

I realize I am myself responsible for this critical condition of my body and mind since the loss of my child I became abnormal in my behaviour and way of thinking which has been keeping me tense all the time and strained me to the extent that now I fear I may die if don't relax, for which I require medicine. I feel it is useless to blame others for my own faults.

SANICULA AQUA

- (424) *TRAVEL, desire to (see Rubric No-142 of ROH Series IV). and 78 above*
- (425) *CARRIED, desires to be. (R)*
- (426) *FEAR, work, dread of.*
- (427) *WORK, aversion to MENTAL. (R)*
- (428) *FEAR, downward motion, of.*
- (429) *FEAR, robbers, of.*
- (430) *FEAR, dark, of. (R)*
- (431) *DARKNESS, aversion to.*
- (432) *LIGHT, desires for. (R)*
- (433) *OBSTINATE head strong.*
- (434) *SUSPICIOUS. (R)*
- (435) *MOROSE. (R)*
- (436) *IRRITABILITY alternating with cheerfulness.*
- (437) *LAUGHING alternating with vexation, ill humour.*
- (438) *SENSITIVE, external impressions to (Rubric No. 132 of ROH-IV).*
- (439) *SENSITIVE, mental impressions, to (R. No. 131 of ROH-IV).*

(440) *TOUCHED, aversion to being.*

(441) *ANGER, waking, on.*

- Work (n) = Labour.
 = Exertion or effort directed to produce or accomplish something.
 = Employment as a means of earning one's livelihood.
- Dread of (v) = To be in a great fear.
- Downwards (adv) = From higher to a lower place.
 = Down from a source or a beginning.
- Motion (n) = The action of changing place or position.
- Robbers (n) = Persons who take something from someone by force or threat of violence.
- Dark (adj) = Having very little or no light.
 = Hard to understand.
 = Absence of light.
 = Reflecting no light.
- Darkness (n) = Absence or deficiency of light.
 = Wickedness or evil.
 = Concealment.
 = Lack of knowledge.
 = Lack of sight.
- Obstinate (adj) = Unyielding.
- Vexation (n) = Annoyance, irritation.
 = Something that causes annoyance.

In Rubric No. (424 – 441)

Infer.

The liking is for visual pleasures with motion (to keep the mind floating over enjoyable scenes from place to place esp. new) with the help of someone else (means without self effort) and not for any work (productive effort) not even wants to think about work. For this set pattern of life, she will strive obstinately to keep it or achieve it if

she doesn't have it. Any suggestions to the contrary, makes her uncomfortable like one fears the robbers and that is why will get sour or irritable at a little suspicion of her wish being denied. At this juncture at first she will try to show annoyance or displeasure and if it fails she will become morose (Means: Adopting an attitude which gives bad taste to the others). The last comes the weapon of vexation (Means: acting in a manner to annoy others by entering into dispute/etc. with them.)

Vers.
(424 – 441)

“Unless I visit two or three people (places) daily I can't rest.” Alone, I can't do it. I shall induce someone to accompany me especially my husband. He is generally unwilling to do so. To, prepare him mentally, first of all I change my mood by giving him responses to his jolly gestures, to convey that there is something wrong. If still he is not agreeable then I become irritable (to exhibit my annoyance with a greater degree) if this also does not work I start quarreling with him. I do it because I feel I must have it. Because where as it gives me pleasure to be out there it relieves me of the work which is fearful to me. I can't bear strain both physical as well as mental. Even happenings with others keep effecting my mind badly. And also the impressions of mind about even the minor offences committed by others against me keep torturing my mind unnecessarily. Therefore I simply want to meet people with whom I can have some moments of joy (LIGHT, desires for).

STRAMONIUM

- (442) *DELUSIONS, poor, he is-* (see S.No. 59 of ROH Series IV).
- (443) *DELUSIONS, wife is faithless.*
- (444) *DELUSIONS, position, she is not fitted for her.*
- (445) *DELUSIONS, business, ordinary, they are pursuing. (R)*
- (446) *DELUSIONS, injury, injured, is being. (S.No. 57. of ROH series IV)*
- (447) *FEAR, injured, of being. (S.No. 80 of ROH series IV)*
- (448) *DELUSIONS, injury is about to receive (S.No. 56 of ROH series IV).*
- (449) *DELUSIONS, danger, impression of.*
- (450) *CLINGING, child awakes terrified, knows no one, screams, clings to those near (See. S.No. 48 of ROH series IV).*

Wife (n)	=	A woman married to a man.
Faithless (adj)	=	Not true (to her husband).
Position (n)	=	Place in society; office or family.
Not fitted (adj)	=	Unsuitable.
Danger (n)	=	Risk, insecurity.
Impression of (n)	=	The effect of any object on the mind.
<i>Infer.</i>		The person is full of shortages of all kinds including material emotional and physical and feels unfit for the duties he is bound for by law or moral. The sense of poverty is so great that he feels injured at every step and always remains under the impression that no moment of his life is secure for him. The series of risk reaches the peak so that it takes the form of extreme fear and personifies itself to terrorise his mind to press it to cry at the top of voice and make it unfit to recognise anyone but to seek anybody near to hang on to. (442 – 450)

- Vers. "Sir, poverty itself is a curse as well as an
(442 – 450) insecurity to one's life which keeps a person
full of terror all the time."
- (451) *HELPLESSNESS, feeling of (S. No. of 90 of ROH series
IV).*
- (452) *AFFECTATION (See S.NO. 11 of ROH series IV).*
- (453) *IMITATION, mimicry.*
- (454) *THREATENING (S. No. 139 of ROH series IV).*
- (455) *DELIRIUM, crying, help, for (S.No. 54 of ROH series IV).*
- (456) *BEGGING, entreating, supplicating (S. No. 32 of ROH
series IV).*
- (457) *PRAYING (S. No. 33 of ROH series IV).*
- (458) *RAGE, insults, after.*
- (459) *RAGE, touch, renewed by.*
- (460) *REFUSES, to take the medicine.*
- (461) *INTROSPECTION. (R)*
- (462) *LAUGHING, actions, at his own (See. No. 111 of ROH
series IV).*
- (463) *NAKED, wants to be (S. No. 120 of ROH series IV).*
- (464) *DEATH, desires.*
- (465) *LIGHT, desire for (S. No. 43 of ROH series IV).*
- (466) *LONGING, sunshine, light and society for (see S.NO. 117
of ROH series IV).*
- (467) *SHINING, objects am.*
- (468) *LIGHT, aversion to.*
- (469) *SADNESS, sunshine in.*
- (470) *RAGE, shining objects, from.*

- (471) *TALKING, pleasure in his own.*
 (472) *DELIRIUM, foreign language, talks in a.*
 (473) *DELUSIONS, divine being.*
 (474) *DELUSIONS, pleasing.*
 (475) *DELUSIONS, proud.*
 (476) *DELUSIONS, pure, she is.*

Imitation	= Act of copying.
	= That which is produced as a copy.
Insults (n)	= An offense on one's dignity or self respect.
From (prep)	= Caused by.
Renewed (v)	= Re-introduced; to apply afresh, to do again.
Introspection (n)	= The observation or examination of one's own mental and emotional state.
Death (n)	= The end of life.
Desires, (v)	= Wishes.
Shining (adj)	= Glittering, bright.
Objects (n)	= Things.
Amel (v)	= Provide relief.
Sun shine (n)	= The light which contains heat also means (hope and warmth)
Talking (n) in	= The act of speaking to communicate.
Pleasure (n)	= Enjoyment.
In (prep)	= Denoting source.
His (pron)	= The person concerned.
Own (pron)	
Talks (v)	= To speak familiarly.
	= To reason.
Foreign (adj)	= Belonging to another country.
	= Unfamiliar – distant, not conveying the sense of familiarity.
Language (n)	= Speech peculiar to a nation.

-
- = Style or expression peculiar to an individual.
- Divine (adj) = Holy, excellent; in the highest degree, superior.
- Pleasing (adj) = Giving pleasure.
- Proud (adj) = Having a proper sense of what is becoming.
= Giving reason for pride or boasting.
- Pure (adj) = Free from guilt or sin.
= Not a sinner.

Infer.

Whereas the person is conscious of his weakness, he tries to misrepresent his real feeling and position and project himself to be the opposite as if he is not much bothered about his poor resources. Rather he tries to copy boldness of others in the same situation and prove that the circumstances have no bearing on his mind. (451 – 455)

But when the sufferings are intense and he feels helpless to expose himself. He comes begging and praying for relief and crying for help. But the tone is of affectation. Says he would not have begged but for his helplessness. (456 – 458)

The sense of self respect is so great that perhaps for that reason he covers his fears with acts of affectation. He exhibits as if in rage and has felt the act of insult very deeply and as a matter of resentment shows that he is not interested to accept the much needed help (by refusing the remedial measures). (459 – 461)

After having acted in an affectations way when he realizes that others have detected him he tries to change his stance by exposing himself very frankly. He laughs at his own actions and unwraps himself to the extreme. By saying that a person like him

should die being useless for himself and others (another from of affectation). (462 – 465)

He says that he is leading life just to pass his time, unmindful of his miseries. By trying to join everyone both in sorrow and happiness. (affectation continues). (466 – 468)

Again if during conversation he finds that his reality is coming to light he changes the stance further. And tries to record his displeasure and extreme anger if out of any derogatory remark passed by him about himself is even confirmed or elaborated by anyone in conversation with him. (469 – 471)

He himself may pass any remark about himself but does not allow others to say even a single word to damage his reputation. He snubs the person then and there by changing eyes and showing distance to the intimacy with him (affectation continues). (472 – 473)

Again to give the conversation an end favourable to himself. He tries to display high qualities and restore intimacy which a moment before he tried to snap. (474 – 476)

Vers.

To show boldness to his companion a child tries to call the dog passing bye. The dog doesn't bother. He picks up a stone and throws at the stray animal. The animal responds with anger and heads towards the child.

Before the dog comes near the child, the little one fills with fear, tries to retrace his steps, with threatening voice, "I will beat you, I will beat you." But when the fake warrior (the child) finds the dog approaching him. He starts crying, "papa papa, come".

After this when the child found his papa laughing at him. He starts beating his father with fists and weeps with rage and shrieks, "Why are you laughing at me". The more the father tries to pacify him the more he gets enraged. (451 - 461)

After sometimes when he calms down he starts laughing and in the prattling tone tells his father, "Papa, I was not serious when I was quarreling with you. I was simply joking." (affectation).

Papa. "are you trying to befool me." In the same joking mood the child grapples with his father telling him "no, no, no." (462 - 468)

When he finds his father not taking him seriously he becomes sad and later on rises to the brims with anger and says, "papa, you are not paying any attention to me. I shall break the T.V. and hand you over to the police. (469 - 473)

Papa gives him a beating and thereafter he tries to display the best of manners he has been observing in elders and tries to prove he is a wise and a good child. (474 - 476)

VALERIANA OFFICINALIS

- (477) *EMOTIONS, predominated by his intellect.*
- (478) *DELUSIONS, poor, he is (see S. No.59 of ROH series IV).*
- (479) *DELUSIONS home, aways from is.*
- (480) *FORSAKEN feeling. (R)*
- (481) *DELUSIONS, strange, familiar things seem. (R)*
- (482) *STRANGE, everything seems.*
- (483) *DESOLATE, room appears.*

- (484) *HOMESICKNESS. (R)*
- (485) *WANDER, house, desires to w. about.*
- (486) *ANXIETY, house in.*
- (487) *FEAR, room, on entering.*
- (488) *FEAR, dark of. (R)*
- (489) *FEAR, misfortune, of.*
- (490) *WEEPING, alternating with laughter.*
- (491) *ECCENTRICITY.*
- (492) *SERIOUS.*
- (493) *RECOGNIZE, relatives, does not his.*
- (494) *SELFISHNESS.*
- (495) *CAPRICIOUSNESS (see S. No.36 of ROH series IV).*
- (496) *DISCOMFORT.*
- (497) *ANGER, easily. (R)*
- (498) *EMBITTERED, exasperated.*
- (499) *BESIDE, Oneself, being.*
- (500) *DELIRIUM, wild.*
- (501) *THREATENING (see S. No.139 of ROH series IV).*
- (502) *SENSES, acute.*
- (503) *CLAIRVOYANCE.*
- (504) *COMPREHENSION, EASY.*
- (505) *DELIRIUM quiet. (R)*
- (506) *QUIET disposition. (R)*
- (507) *DELIRIUM mild. (R)*
- (508) *SADNESS alone, when.*

- (509) *DREAM, as if in a. (R)*
- (510) *DELUSIONS, floating in air. (R)*
- (511) *DELUSIONS light, incorporeal, he is. (R)*
- (512) *EXCITEMENT wine, as from.*
- (513) *EXCITEMENT nervous.*
- (514) *EXCITEMENT trembling, with.*
- (515) *LIGHT, desire for. (R)*
- (516) *CHEERFUL. (R)*
- (517) *MIRTH. (R)*
- (518) *EXHILARATION. (R)*
- (519) *ECSTASY. (R)*
- (520) *VIVACIOUS. (R)*
- (521) *TWILIGHT agg mental symptoms.*
- (522) *DARKNESS agg. (R)*
- (523) *SENSITIVE, heat, during.*
- (524) *ANXIETY, air, in open, amel.*
- (525) *FEAR, air, in open amel.*
- (526) *RESTLESSNESS, driving about air, in open.*

Emotions (n)	=	An effective state of consciousness in which joy, sorrow, hate is experienced. The faculty of mind by which one feels and wills.
Intellect (n)	=	The faculty of mind by which one knows or understands. Capacity for thinking, acquiring knowledge.
Predominated (adj)	=	Ruled over.
by		
Desolate (adj)	=	Isolated as a place, lonely.
Room (n)	=	A walled portion of space within a building.

-
- Appears (v) = Comes into sight; looks.
- Misfortune (n) = An evil, accident; calamity.
- Eccentricity (n) = The act of deviation from the recognised or customary norms or practices.
- = Peculiar.
- Relatives (n) = A person who is connected with another or others, by blood or marriage.
- Selfishness (n) = Devotion to or caring only for self.
- Discomfort (n) = Uneasiness.
- (Anger)
- Easily (adv) = Without much provocation.
- Embittered (adj) = soured; fermented to the extreme in temper.
- Beside (prep) = Out of one's senses from strong emotion.
- oneself being
- Wild (adj) = Not tamed, uncivilized; of great violence, funny intensity.
- Senses (n) = Clear and sound mental judgment.
- Acute (adj) = Sharp at the end, severe in affect, intense, quick, to perceive and react.
- Clairvoyance (n) = Alleged power of seeing objects or actions removed from natural viewing.
- = Quick direct perception of truth, facts etc. independent of any reasoning process.
- = Keen and quick insight.
- Comprehension (n) = Power of understanding.
- Easy = quickly, without much effort.
- Alone (adj) = With nothing else besides-without company.
- Wine (n) = Fermented juice of the grapes made in many varieties, such as red, white, sweet etc. Usually having an alcoholic content of 14 per cent.
- Nervous (adj) = Highly excitable, unnaturally or acutely uneasy or apprehensive; pertaining to nerves.

- Twilight (n) = The faint light after sunset and before sunrise.
- Driving (v) = Pushing a person.
- Dream (n) = A succession of images, thoughts or emotions passing through the mind during sleep.
 = A VISION voluntarily indulged in while awake.
 = An involuntary vision occurring to a person while awake.
- As if (conj) = As it would be.
- in = Exactly as experiencing.
- Infer.* He is poor in one respect only i.e. his adjustment or accommodation with the members of his family. For this reason he does not get the desired affection (which he should ordinarily get out of the force of relationship) inspite of his being badly in love with his home. (477 – 484)
- Thinking over the given atmosphere in the house, all sort of forebodings (things which may happen) dread him and toss him between hope and despair. (485 – 489)
- He is a person of his own type and sticks to what he feels is right even at the cost of breaking the customs without fear or favour. Although he keeps undecided till the end to find out what is right or wrong in the real sense. (490 – 494)
- To press his point he lets loose all the worst/(anger etc.) inert in his emotional faculty and threatens separation. (495 – 500)
- But has the capacity to comprehend (follow) quickly the negative impact of his behaviour on his people. (501 – 503)
- Although he is not able to control his feelings quickly (to change in mood) but tries to

lie low and forgets things by breaking his lone-liness (by seeking someone's company). (504 – 507)

Self realization deepens further and thinks that perhaps in this world of superstition it is foolish to talk of reforms but is not able to control the lurking revolution in his mind which finds its subdued expression through nervousness and trembling. (508 – 512)

Ultimately he succeeds in prevailing over his sentiments and tries to lighten his mind by changing his mood. (513 – 518)

The change to joyousness is not half hearted. Rather it is with a cool and open mind which to him seems to be the only magic to overcome his fears, anxieties and restlessness. (519 – 526)

Vers.

I love home and miss every member of the family when anyone of them is out of sight but I am at a loss to understand why I don't get the return. No body visits my room and I am treated as if I don't belong to them. No body even tells me the reason. To me my room appears as if occupied by ghosts and is full of horror. I am really foreseeing bad days for me and this thought sometimes keeps me in tears. (477 – 489)

One thing I can say is that I don't believe in formalities and expressing love by making show of it. By doing so I don't discriminate between persons. I think everybody should follow this rule to keep mutual relations smooth. (490 – 500)

While he states this he gets agitated and tries to ask, "Sir, tell me where I am wrong? Are they not compelling me to leave home?". (501 – 503)

But soon realizes that he should not have said so. Says, "Dr. I am sorry, perhaps I have disturbed you unnecessarily". from facial expression it is observed that by this time he seems to have partially succeeded in subsiding his temper by keeping quiet. (504 - 506)

While he resumes speaking, he tremors with emotions as if annoyed with himself, "I think myself to be wrong somewhere." (507 - 512)

Now, in the end he seems to be balanced and talks as a normal cheerful person to the heart's full looking as if free from every type of disgusting thoughts.

Says, "Sir, see the working of the human mind; how like tides in the sea it changes, sides and mood." (513 - 526)

ROH Book Series VI

Dr. Sehgal's

**REDISCOVERY
OF
HOMOEOPATHY**

**Rubrics
their meanings and
versions of the patients**

By : Dr. M.L. Sehgal

ROH Books Series VII

Dr. Sehgal's
**REDISCOVERY
OF
HOMOEOPATHY**

By : Dr. M. L. Sehgal

First Edition 1999

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PREFACE

Revolutionized Homoeopathy is an Indian version of Homoeopathy as it blends and conforms the principles of ancient medical science of Vedic era *Ayurveda* and Homoeopathy because both are in agreement with the thought that a persons condition of health depends on the efficiency of two major systems in the body i.e. of assimilation and elimination.

Before I elaborate the matter further I shall like to place on record my sentiments that whereas I feel, elevated and fortunate to have been commanded by my Master to write a preface for his VII th **Series** of ROH books which are already very popular among the truth seekers there I also feel embarrassed like a tiny star asked to throw light on the moon.

I am very fortunate to have been allowed by His kindness, to be in his company and learn as much as I want to, but it is earnestly and humbly submitted to the profession that I have not been able to take full advantage of the easy access to Him, due to my over involvement in my official duties as Assistant Director of Homoeopathy in Government of Delhi and other domestic affairs.

I am associated with him and his school of thoughts for the last 13 years and putting his teachings into practice. I have undertaken various research projects to verify the efficacy of prescribing purely on the present mental states in the treatment of different skin and other diseases in Nehru Homoeopathic Medical College and Hospital run by Government of Delhi with the help a few juniors with unbiased mind. The records are being maintained meticulously which confirm the efficacy of this new concept in clear terms. Some of the results have already been presented/published in various seminars/Journals. I intend to publish the remaining results very shortly. I can say with certainty that whatever little I have learnt from him I am very much satisfied with the results.

The usage of principle of similia in the treatment of humanity has passed through various stage from the time of *Hippocrates* when it was being applied vaguely. *Dr. Hahnemann* and his followers developed it into a regular system and gave it a name called Homoeopathy, deduced from the method of drug proving on healthy human beings and realizing the need for their potentisation matching it with the idea of existence of a spirit like substance in the body i.e. *vital principle* which represent the man in total. Over the last 200 years various stalwarts to name a few like, *Drs. Kent, Boger, Allen, Lippe* contributed in the compilation of different *Materia Medicas* and *Repertories*. All of them emphasized the usefulness of mental symptoms for accurate prescribing but have left a lot for us to understand and practice it properly. Our Master *Dr. M. L. Sehgal* discovered and evolved a new direction and put the concept of

Dr. Hahnemann on a sounder, scientific and logical ground like a true disciple through his Revolutionized way of prescribing. In this serial, he has proved with the help of case reports that the principle of Classical Homoeopathy required a drastic change and culling of its prejudices which makes the selection of medicines uncertain. He has tried to remove to a great extent the stigma of trial and error from the face of this great system.

He has come to the conclusion that each one of us is born with a particular bent of mind say sensitivity which in other words represent our nature or habit, of which we are slave and remain under its influence without any remorse because we find no fault with our own conduct while the people around us have a strong objection on to it. The conflict lies in clash of interest whereas the person himself finds convenience in the way he conducts himself in daily routine, those in his close contact feel inconvenience in what he does.

Out of them who get circumstances enough to keep their mind cool and unprovoked remain safe which is very rare. In most of the cases they meet with adverse atmosphere and over the time develop unforeseen and unexpected maladies with modern dreaded nomenclatures. The reason is that this type of mental stress creates inefficiency in the ability of the system to extract from the normal diet, a person takes a matter of daily routine the desired elements to keep the body fit - the mechanism of assimilation. Naturally the overall malnutrition thus caused results in weakening the elementary process also which leaves in the body the undischarged portion of the unwanted matter which rotten and converts itself into a ready ground for various types of infections and live organisms to breed. The Revolutionized Homoeopathy discovers that prescribing with the help of mental states regulates these two systems and thus restores health. It gives an average Homoeopath a better way of understanding the present mental state comprising of present, predominant and persistent signals of the center finding expressions through speech and actions. For short of space I shall mention a simple case to support my conviction that a person aged 65 years with lobar pneumonia was admitted in my unit. After the failure of specifics like *Bryonia* and *Phosphorus*, patient got cured with *Stramonium* on the indication that he was crying for help in delirious state of mind (Delirium crying for help) who was an hour before telling the people around why you people are unnecessarily worrying about me. I am strong enough to fight with the devil without any support from outside. Although his facial expression they say was conveying a different story (Affection).

Guided by the new concept causes of Psoriasis could be cured with drugs like Belladonna, Bryonia and Ignatia with no recurrence, which are not even mentioned in our literature for the treatment of Psoriasis. Likewise there are many more examples wherein the technique has been put to test and has been found quiet effective.

With gratitude to the master Dr. M. L. Sehgal and humble submission to profession in general.

Dr. R. K. Manchanda, M. D. (Hom)
Assistant Director (Homoeopathy)
Govt. of Delhi

FOREWORD

I think R.H. which has gained so much of popularity all over the world does not require any recommendation from any one of us (The devotees).

The question arises how best to learn it. I have been of the strong conviction that it can be done only by taking to apprenticeship- sitting by the side of the teacher to know as to how he works. But looking to the life as it is I realize that it is not possible for every student to come over to Delhi. There should be some alternative for them. I think the serial in hand perhaps fulfills that need.

We need to be thankful to Dr. M.L. Sehgal for the pains he has taken to make the concept crystal clear by the help of case reports.

I understand that he will never come out with any literature unless he verifies the truth himself and is certain about it. Perhaps he has taken his own time for which he seems to be justified inspite of the pressure from all of us dreaming to have had this serial from him long before.

Here a word of caution will be necessary. To quote the author this serial is of Advanced level. The beginners will be well advised to study the earlier series first to avoid disappointment, otherwise it will be like learning from Z backwards to A, instead of taking the right direction from A towards Z.

Dr. H.L. Chitakara

INTRODUCTION

I can foresee the reaction to this much belated and most awaited ROH series VII. First and foremost is from those who are in line with us and want SOMETHING NEW- SOMETHING EXCITING. They will be contented if I talk of any other medicine then ? (Bell.)They feel they had enough of it. Agreed.

I think this will be like confining things to ourselves amounting to selfishness and forgetting the mission of the school of spreading the truth to a mass of physicians and practitioners of Homoeopathy and through them to reach the vast suffering humanity with speed to heal.

THIS SERIES (with well-selected Lesson bearing case reports) IS MEANT:-

1. To demonstrate practically both sides of the new concept (selection of medicine and as well as management of case)to make home what exactly we mean through Belladonna and not the mere study of Belladonna as a drug.
2. To equip you (our followers) with a most neglected but formidable weapon in Belladonna so that you should be able to convince our fellow professionals about the imaginary biases found in our literature regarding our medicines which hamper the selection of a really indicated medicine.
3. To put down and to weaken the skeptical voices who are perhaps scared of facing the truth and are blocking our way just to hide their own weakness.
4. To counter the misinformation being spread by the lobbyists about our concept being one sided-dangerous and undependable and thus discouraging the seekers (of knowledge) to attend our seminar.

The purpose of our MISSION will be served not just by keeping silent but by voicing the truth verified and tested at its top repeatedly and as loudly as we can in comparison to dissension with intent.

To be true if you will carefully compare the previous lectures on Belladonna they were mere explanations on Kentanian style. This is an advanced version of it - fully developed into a personality having head, body and limbs.

When one has to advance one's knowledge of any subject to a UNIVERSITY LEVEL he has to be in touch with the basics studied in primary middle and high school so as to bring to one's mind crystal clear vividness of it.

That is why a need to give a brief review of the history of Revolutionized Homoeopathy has been felt. It is also necessary to restate things in a different form to retain interest.

Part I (Theory) is meant to keep fresh in your memory the important features of the new concept.

Part II (Case Reports) carefully selected, each bearing a Lesson for the reader.

In the end, this has been the history of my writings on the subject that it flowed from my pen only when a situation was thrust on me to give a seminar or in other words to take a test. This work is also the product of a seminar held in June 1994.

In the scheme of things to come, I feel, I shall be able to come out before the end of this year, with the remaining remedies listed under the head "QUIET wants to be, repose and tranquillity desires - Con. N.V, Sul. to be followed by other series with headings like EXCITEMENT, ENNUI, entertainment amel. (Aur. Lil- t., M-I-F., Piper-M.) etc..

How to study combination of remedies like MIF, merc+iod. Their nature as individuals. **Merc. as Merc. and iod. as iod.** Both are opposite in nature. Their child (mixture) inherits qualities of both yet have a different identity.

Likewise we have arg-m. which is a saint by nature but when combined with nitric-acid. It converts itself to be a deceitful person. (arg.nit).

I have an endless list of remedies in my mind, like my experience with various Nosodes but for want of space I don't think I shall be able to list them here.

In the end I assure you of my belief that in your satisfaction lies my success. Your kind suggestions are invited

M.L. Sehgal

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Case # 7

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Lesson

It is for the reader to find out why this patient could not be cured by the any other method employed in homoeopathy inspite of the fact that the patient is a staunch supporter of homoeopathy.

Case # 8

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Lesson

A patient is a patient. He is to be treated just as a common human being and not as a person holding a status in society. A Miraculous cure - A single dose cures within two-three weeks

Case # 9

107

Lesson

How to convince a patient who does not believe in your method and is not much conversant with homoeopathy, to discipline him to co-operate with you while managing his case.

Case # 10

111

Lesson

A patient is a patient, one should be guided by his present mental state and not the status that he holds in the society. That is why it will be very necessary to advise the patient to present himself in his original form.

Case # 11

115

Lesson

As such no case is acute. Every acute state has a chronic base. No intercurrent medicine is needed to control the so called acute state. The medicine covers both the states. In this case potency had to be changed after 5 months.

Case # 12

122

Lesson

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Case # 13

130

Lesson

This case also shows the benefit of prescribing according to the tenets of Revolutionized Homoeopathy which is free from imaginary biases through the rubric "FEIGNING sick".

Case # 14

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Lesson

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Case # 16

143

Lesson

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REDISCOVERY OF HOMOEOPATHY

SERIES VII

1. A BRIEF REVIEW OF, HISTORY OF REVOLUTIONIZED HOMOEOPATHY.

How I Discovered this idea?

It is the history of many discoveries that they are incidental. No one doubts that '*necessity is the mother*' of invention and it compels man to search out ways and means to overcome its needs. The same is the case with Revolutionized Homoeopathy.

I had certain difficult cases in hand which were progressing very well but time and again Malaria used to creep in, for the treatment of which I consulted various eminent homoeopaths as well as every type of the homoeopathic literature but available on the subject without any success. As Malaria is a dreaded disease it is very difficult to persuade a person to wait longer for the action of the medicine. My mind did not accept that the homoeopathic medicine which is known for doing miracles couldn't cover malaria. It compelled me to conclude that the cures attributed to the system are perhaps lucky hits and not the result of any skill or law in prescribing. The word which is at the lips of even a common man that if and when homoeopathic medicine works it does wonder. This means that it does not work in every case. And there is another feeling that homoeopathy is a hit and trial method. What could be the right method, this question captured my mind. Incidentally a friend came to know about my practice and he approached me to treat him and some other members of his family who were suffering from Malaria. Taking the clue from Dr. Kent's teaching I decided to keep these cases at my house and accordingly persuaded my friend that it will be necessary to

keep a watch on the cases round the clock. His son about 10 years of age was given precedence over the others as the frequency of fever in his case was on alarming increase. This case was typically different from the known symptomatology of Malaria fever. There was no shivering stage, no bone breaking or perspiration etc. , the usual course that malaria fever takes. The boy had only one symptom, that of stupor when the fever crossed 105 F. The fever would go as high as 107F . In Kent's repertory, in the generalities section, there is a rubric "PAINLESSNESS, of complaints". "Hell. Stram., Op. " are enlisted under it. None of them worked. Being a staunch follower of Dr. Kent, strictly adhering to the master's instructions, I used to look for at least one reliable mental symptom, to be certain about the remedy before prescribing. This habit led me to search out the mental state of the patient. It was quiet unusual to find the boy of 10, to remain with me (away from his home and family) without any complaint. Whenever questioned as to how he felt he would reply, "alright" . "But you are suffering from fever do you think about it," he would say, "No". The fever used to come on alternate days. It was noticed that even on the day of recess (of fever) he used to remain in bed. At the most he would like to enjoy songs but he would not take interest in anything else, demand anything and create any problem for anyone around him or for himself. Three rubrics came to my mind :-

1. BED, remain in desire to.
2. INDIFFERENCE, complain, does not.
3. WELL, says he is, when very sick.

"Hyos" appeared as common to the three rubrics and this did wonder. The fever returned thrice thereafter touching a maximum of 105 F in the first instance and 103 F in the second

round and finally it became normal. For the last many years the family was getting distressed as the recurrence of the fever was on the increase. Earlier it used to be once a year, thereafter twice a year and now it was four times i.e. after every three months. Impressed by the success in his son's case the father also offered himself to be treated for his Malaria fever. His symptoms were, during the fever 'now covers now uncovers'. Earlier to this, these for me, used to be typical symptoms of Nux-vom. during fever. Those days I used to generalize physical symptoms in this way. The actual rubric in the repertory is INEFFECTUAL, desire for stools, but it used to work if interpreted in a generalized way, e.g. INEFFECTUAL, desire for menstruation", "urination", "vomiting" and "blowing the nose". I gave the father Nux. v. 30 but it didn't work. The frightening suffering of the fever remained the same. The patient got discouraged and showed his inability to continue my treatment any more. He said, "sorry Sir, it is impossible for me to co-operate with you", and the same evening he decided to leave for his home town about 100 km. from Delhi. It was a very embarrassing situation for me . How to convince the patient to be co-operative. I thought of extending the courtesy of seeing him of at his home, as a pretext to accompany him . Since he was a friend I had no hesitation to impose myself upon him i.e. to accompany him to his place. Next morning it was the recess day of the fever. I took his symptoms and he said, "I have decided to take leave from my office and take rest for a few days and remain in bed because I am finding myself too weak and I will take allopathic treatment". Two symptoms came to my mind :-

1. BED, remain in desire to
2. DELUSIONS, poor he is

Pscrenum was common to both which was given to him in 200 potency, after much persuasion on the plea that let it be a last

chance for me to treat him. It did wonder, the next day the fever came but without much agony and surprisingly without affecting the appetite and bowels. These used to be disturbed very badly, under the impact of fever. The taste in the mouth etc. also remained quite normal. Gradually after another two milder attacks, the person was out of the grip of the fever. He started bringing to me other cases of his family and relatives who were also treated in the same manner, with results beyond expectations.

This led me to believe and conclude that as if a master key had fallen into my hands and since then I have felt no need to look back . An effort towards refinement of R.H. started and you have now the seventh series in your hands. It is still on its journey towards perfection which is an endless process. Similarly as in Classical Homoeopathy things started from a crude idea and it journeyed to its refinement and as a result, we have six volumes of Organon of Medicine. Had Hahnemann remained alive it is possible he would have written many more volumes.

2. WHAT IS REVOLUTIONIZED HOMOEOPATHY?

(a) What is the change ?

Simply a change of emphasis a minor variation. Classical Homeopaths also agree that if we can have dependable mental symptoms we can ignore the physicals. **According to them the mental symptoms are not to be found in every patient. It is from here that R. H. differs with them in concept.** It observes that no individual at any given time, is without any mental state. If a person requires medicine , that is if he is sick , it is not necessary that he must be angry or weeping or anxious . He may be a normally behaving person covered by the rubrics like 'CHEERFULNESS', 'ECSTASY',

'EXHILARATION' etc. Here I will quote the case of a religious head settled in London where he runs a big Ashram. He was suffering from Allergic Asthma. My brother wrote to me that he is a devotee of the Ashram and wants his priest to be treated by me, because the priest finds a lot of difficulty in his meditation and in conducting Havana (a ritual in Hindu religion performed around the fire through offerings consisting of butter, oil, grains and perfumes, to the various Gods and Goddesses). I told my brother, "Let your *Swamiji* write to me a letter in his own hand in a simple way and, contact me on phone after a few days for a few minutes. *Swamiji* wrote his case history giving all symptoms of allergic asthma . He wrote , 'Although I am quite indifferent towards feelings of love or hate, because I have renounced everything in this world, still I feel a little uneasy when I find obstruction in the performance of my religious duties." On phone I asked him only one question "Do the obstructions cause any effect on your mental state and force you to abandon midway the functioning of your normal routine work, rituals, prayers etc." He said, "No I accept it as a reality, which perhaps I have to live with, and I don't allow anything to overpower me in the performance of the religious rites." On the following rubrics:-

1. RECOGNIZES, everything, but cannot move
2. INDIFFERENT, lies with eyes closed

Cocculus. Ind. 30, was prescribed in three small doses, to be taken after every 15 minutes

It is now about a decade that there is no further attack of Asthma. The priest was so grateful that he propagated his recovery amongst his followers spread all over the city of London. They put pressure on my brother to call me to U. K. What I want to emphasize through this example is that it is the present mental state, in whatever form and style it may

be, that is important and need be given attention to. I shall go into the details of the way I interpret rubric in the pages to follow.

(b) How to select a remedy ?

Since the mind is a vast field, for the purpose of selecting a remedy we must select from the present mental state, Persistent and Predominant symptoms, which I call signals.

(c) What is the meaning of p.p.p.?

What persists is that which is trying to settle permanently, what predominates is that which is the uppermost and all powerful covers the whole show. In other words it does not allow other symptoms to raise their heads. In the case of *Swamiji*, at times there may have been many thoughts in his mind about his sickness yet one final thought, of identifying and accepting the reality, was predominant. And let me tell you here that this phenomenon has a scientific background. It is the powerful that prevails. In the criteria of so - called infections, if a person is already suffering from a powerful infection no infection weaker than it, like seasonal fever etc. can have any affect on him. If he is suffering from a disease which is less powerful than the invading infection, the former will get subdued and the latter will predominate and will be required to be treated first. When the system is cleared of the powerful infection the lower will present itself and demand treatment.

(d) Case taking and implementing triple P (P. P. P.)

For selecting a remedy, treat a patient as a computer in human frame, that emits signals in the form of speech and actions, which when combined, form expressions. Convert these expressions into the language of rubrics as listed, in the repertory, in the Mind section. In other words it is decoding or deciphering the signals of mind in a "mechanical" way. It is as if the data has been pre-fed by whatever order or disorder that is going on in the body and the

computer is throwing this data on the surface. Why I call it mechanical is to guard you against becoming emotional at the time of case - taking. It may be that the patient is abusing or misbehaving with you in the worst manner. You have to remain detached. Your relation is exactly like that between a meter and a meter - reader. The job of the meter - reader is to concentrate, and try his best to read the meter accurately. As for example let us take the case of the father, of the boy earlier mentioned who refused to co-operate. Ordinarily you might have heard homoeopaths complaining about their patients "How can I help him if he does not co-operate ?" And here lies the fault with the homoeopath himself, because the act of non co-operation on the part of the patient is his present mental state which requires to be taken into account for prescribing. To be true to ones job.

(e) When not to prescribe

I am of the opinion that before the doctor examines a patient he should check whether he himself is fit to do the job well. As In judicial norms it is well known that a judge should sit for judgment only when he is in a normal mood, i. e. only when his presence of mind is intact. In the same way a doctor should be in a normal frame of mind when he prescribes medicine. We have many rubrics like, "GROPING, as if in the dark", "CAPRICIOUSNESS", "Confusion", "CALCULATING inability for" etc. If the physician is himself under the influence of any of these mind rubrics, he should not expect himself to be in a position to select the right remedy. The right course for him in such a situation will depend upon the type of patient in front of him. If you feel that the patient is co-operative, you can tell him the truth that your mind is not properly working at the moment, requesting him to come on the next day or at any other suitable time. Your image will go up in his eyes. He will feel reassured that he is in

proper hands. The second course is to send the patient back with placebo i.e. blank pills, with the instructions to report on the next day so that you have the time to study his case with a clear and stable mind. The third option is in the case of the patient, who is in a more serious condition. If the patient really cannot wait you can request him to consult someone else. These three norms will never let you down in your practice. So while you have to be mechanical in your approach you also have to use your intelligence to understand the symptoms of the patient accurately. To conclude, the main criteria is to arrive at the indicated remedy with the help of the tenets of present, predominating and persisting symptoms without any bias or prejudice; that is without considering its grade as given in the repertory; without keeping in mind whether the remedy is "short" or "deep acting" and without looking at it whether it covers any miasma.

(f) Requirement of successful prescribing

What is required for successful prescribing? Before answering this question let us recall, what is the job involved in it? The job is to convert the expressions of the patient into the rubrics of the mind and this can be done only if we have proper knowledge of the rubrics. The question remains "How to know the rubrics?" **The first thing** that is needed is to know the exact dictionary meaning of each word of a rubric with its position in grammar- whether it is a noun, adjective, adverb etc. So as to grasp the precise sense of every word and the rubric as a whole. **The second thing** is to know every rubric and to keep it in your memory. **The third** and the most important thing is the expansion of its meaning by drawing broader interpretation and inferences needed to capture the very soul of the rubric¹. Here the point to be kept in mind is that the conversion

¹ Ref. ROH series I also

of the **expression into rubrics** should not be mechanical but mathematical. In mathematics we have exact equations e.g . $1+9=10$, $2+8$ is also equal to ten. Likewise we can have various other equations of ten. Similarly we have rubrics like "Fear" "Anxiety" and "Anguish". We need to know precisely the difference between the very sense conveyed by them. Fear, is a sort of discomfort aroused by an impending pain, danger or evil, which is specific in nature. A person knows and can identify the object of his fear. He says that he fears a dog, or a lion, or a certain person or a specific thing. "Anxiety" is also a discomfort aroused by an impending pain, danger or evil. But it is not certain or specific as in the case of fear. Something is causing discomfort because the patient does not know what is in store for him . For example a patient says, "God knows when my disease will go. When will it leave me?" Another example - Whenever my husband goes out I remain uncomfortable till he comes back, as many types of forebodings come to my mind". And "anguish" is about a discomfort which one is experiencing at the present moment. For example a mother says, "Nothing pains me much in this world as the feeling that my son, the product of my own womb, has betrayed me".

(g) What is expected of a medicine

- (a) What is the meaning of first and second action?**
- (b) How to verify that your selection of medicine is correct?**

In my experience, if the selection of medicine is correct, it must react in two ways. They are the first and the second actions of the medicine. The "first action" means immediate or rather instant relief in the physical as well as mental agonies. The "second action" is the reversal of the original complaints. The relief under the "first action" may last for only a few seconds, minutes, hours or days and it is sometimes here that we are required to be

vigilant, because it is the "first action" that gives the indication that the remedy is right. And if this gets missed from our observation and when the patient comes to us, he happens to be under the influence of "second action", you will get misled and change the medicine or raise its potency etc. and the case will take a wrong road from the very beginning.

The "Second action" is quite opposite to the first, because the ailments on which the medicine was prescribed, come back. Here you have to apply your mind whether the return of the complaints is due to the advance of the disease or the curative action of the medicine - as part of the total curative process. To verify this first of all you have to make sure as to what happened to the symptoms of mind on which the medicine was prescribed. For example, earlier to the commencement of the treatment your patient had in his psyche one of the rubrics IRRITABILITY, pain during. You have to investigate whether there is any change in his present state of mind. Usually the patient reports when he is under the second action and says there is no relief. Don't take him on his words. You have to remind him, "the last time when you came to me you were weeping and annoyed". Today you don't seem to be so. Likewise while on your previous visit you were not walking as easily as on your present.

This is how we have to educate ourselves as well as the patient about the progress of the case.

(h) The discipline followed by the second action

(i) ITS DURATION

The second action follows a fixed discipline.

It lasts over a fixed period of an odd number of days - like 1,3,5, and so on. The middle day is the peak day. It gradually starts, reaches the peak and thereafter declines. It is mostly on the day of the

peak that you will receive phone-calls or call-bells on your door from your patients. You simply have to ask the patient when the reversal of his complaints had started. Since, in most of the cases, the return of ailments lasts for five days, the patient replies "Sir , it is the third day today". You simply have to tell him to wait for a few hours and thereafter the pain will start declining. In most of the cases the patients co-operate and when the next morning they find the things happening the way they were told, their faith in you gets deeper. But in certain other cases the patient does not agree and insists that he should be given a medicine. Such a patient is to be tackled with placebo. In such cases what I generally do is that I keep ready certain packets of placebo with cross marks - i.e. of single (x), double(xx) and triple (xxx) etc. and give it to the patient, telling him - "to keep them in reserve, before taking any of them wait as long as you can. Take only if you feel you can bear the agony no more. Preferably it is better if you avoid taking the EXTRA DOSES because it may obstruct the process of your cure". This is just a scare to manage the patient psychologically.

(ii) DISCHARGES of the TOXIC MATTER

The other thing that is expected from the process of "second action" is the discharges that may take place from the five natural outlets - nose mouth Anus, urethra and skin. This means, if the deposits of the toxins are in the head, the nose is its natural outlet. If they are in the liver or in the respiratory system or stomach their exit is mouth; and if the toxins are in the intestines they have to discharge through anus and if they are in the urinary tract they find an outlet through penis and if under the skin they come up in the form of some sort of skin eruptions.

(iii) FUNCTIONING of the

At this point let me state that these

CURATIVE PROCESS

phases are the signals of the curative process. Each phase will be lesser in intensity, duration and frequency, than the previous one and they keep recurring till the body is finally cured. This process may last for some weeks, months or years. It is to be kept in mind that the "first action" is the permanent and the second is the temporary. The "first action" is the feeling of well-being, it is permanent, and the "second action", which is the feeling of return of agony is temporary. This is exactly opposite to the action of the medicine prescribed on the basis of tenets of Classical Homoeopathy. There the first action is aggravation i.e. painful, and is called "temporary" which is expected to be followed by relief, the "permanent action". *In R. H. it is relief first (hope), and then the aggravation. Since the intensity duration and frequency of the second and temporary action is on the decline, day by day the "first action" (relief) is gradually eliminating the "second" leading toward the ultimate goal of health / complete cure*²

(iv) SIGN of PERFECT HEALTH

As a rule in health these discharges should take place periodically or over a period of time with the same discipline (as stated above) i.e. in phases of odd No. of days without any physiological and anatomically alteration and with a general feeling of well being. In natural health the body is expected to keep itself in perfect order by following the rules as stated above.

(i) What does this change of norms brings to us ?

What catches one's eye (the attention) is the relationship between the PPP which

² Ref. ROH series

reflects the mental attitude of a person and the process of eliminations, which is purely a physical activity. What is this correspondence? First answer to a lay man will be that the self-healing process which somehow for some reasons gets deviated is put back on the rails with the help of Revolutionized prescription - as after this the body starts healing itself, there ends the job of the medicine. To put it in other words that after a few seconds or minutes of the administration of the medicine selected according to R. H. the distance between the ill - health and health comes to end because after that the job of the medicine ends and the mechanism of self - healing takes over. To a lay man, when he asks for the cause of his ailment, I simply reply that your self - healing process is derailed and I shall be putting it back on its track through the medicine and without further questioning about the cause of his suffering he gets satisfied.

The second and more appropriate answer will be that there is some physiology relationship between PPP and the eliminations. It is assumed that it is the cumulative action of a group of nerves belonging to central nervous system at a point of time which are linked with the eliminating process and that is why the automation comes into action.

Further one needs to understand the meaning of the general efficiency - being regained (after the 1st action) side by side with the elimination (i.e. after the 2nd action) - without the help of any sort of Vitamins. We infer that under the 1st action the body as a whole starts meetings its deficiencies with perfection from the normal daily intake as a result the eliminations also take place with utmost efficiency which seems to be the secret behind the restoration of the normalcy in the body. Hence a conclusion that there will be no disease if both the processes of assimilation and elimination, remain in perfect order.

By this finding we feel proud that we have placed Homoeopathy on the top of the so - called medical sciences. Because Homoeopathy is based on natural laws and others are on data.

(j) How to assess the overall progress

Here it is very important to note that while prescribing, our parameter is different. We simply read the dial (mental state) which indicates the medicine. but while assessing the progress of healing we have to consider the anatomy, physiology, pathology and the latest uppermost mental state. That is why sometimes diagnostic investigations, especially relating to the vital organs which we cannot see with our eyes e. g. diseases belonging to lungs, liver, kidneys, heart - etc., will require such data to properly assess the action of the medicine. Sometimes it has been seen that in spite of the best overall progress, the particular diseased organ shows no improvement. For example there was a case of twitching of eyelids. The lady regained overall efficiency, her sleep became normal, her appetite and routine eliminations became regular including eliminatory system but the problem for which she came remained the same for a long time. it means that the medicine was acting partially and not covering the whole.

(k) Wait and watch

How long should one wait and watch ; whether to change the medicine or the potency? Before answering this question I will say that you should ask yourself why you want to wait and why you don't want to wait. You must have proper reasons for that. What is to be taken into consideration is the totality, in the sense whether the man, in total, is coming out of the woods. Sometimes the medicine provides partial benefit but does not push the case forward and is given undue weight to wait more than is needed. You may have to change the medicine sometimes many times a day, till

the case stabilizes creating a condition for requiring no change for a long time.

(I) Need to Identify the drugs

There was a question : "If you say that practice according to R. H. is Present, Predominant and Persistent, symptoms (mental state) then why do you talk of drug pictures as advocated according to Classical Homoeopathy ?" The first answer to this is that R.H. is not simply to oppose any method but that it changes the emphasis where needed . We need to identify drugs as individuals, especially in those cases where P. P. P. has many drugs. For example, the rubric, "LIGHT, desire for" has many drugs and unless we know their distinguishing features it will be difficult to identify the real - indicated medicine. Obviously it makes the selection quick, easy and sure.

In actual practice we have three ways of selecting a *Revolutionized Homoeopathic* remedy.

Translating PPP expressions of patient into the rubrics of mind.

Comparative to other remedies being a sharer of a common meaning conveyed by the single rubric, as stated above.

As an individual independent of any connection with other drugs keeping in view his established and unchangeable disposition.

3. Why we press "Study Belladonna First and the other remedies later"?

Whoever comes to us for training we like to tell him to learn Belladonna first and all other drugs later. Why? Because it is my experience that Belladonna is found to be indicated in more than 40 % of cases all over the globe. For example on my first visit to London I had an opportunity to see 40 cases,

out of them 23 belonged to Belladonna. Likewise in the consulting room of one of the most eminent Homoeopaths in London, I examined 4 cases and out of these 3 belonged to Belladonna. secondly it is to demonstrate practically that while selecting a medicine if we shed prejudices against the medicines (a) whether a medicine belongs to any grade as enlisted in the repertory, (b) to any miasma or (c) whether it is a long or short acting we will have different and amazing results. I hope if we remove these labels from our medicines, our field of effectiveness will widen and the overall productivity increased. But since prejudices die with great effort I feel the need to repeat , with a louder voice again and again about my findings that a medicine like 'Bell' which in classical literature lies condemned as a remedy which lasts only for 24 hr. has been found indicated and curative in the majority of cases and thus nullifying the validity of the above bias. Its action lasts for more than a year and has been found effective even in Cases of Cancer and other such diseases which are indiscriminately looked at as having a miasmatic background and requiring a first grade deep acting remedy.

It will be interesting for you to know that our experience with P. P. P. (which protagonates the principle of indicated medicine without prejudice), not only gives good results but also kills two birds with one stone i.e. acute as well as Chronic simultaneously without the need to administer any intercurrent or a separate medicine for the acute condition.

4. THE STUDY OF BELLADONNA-AS AN INDIVIDUAL

Its identity :-

Each one of us as individual invites some remarks pointing out those of ones actions which one does unknowingly - as a matter of routine being part of his habit which he loves but are not plausible to others. For example

there are rubrics COQUETTISH, too much and COQUETTISH, not enough. A woman accompanying two patients, who are her daughters comments, "the elder one is very modern, moves in high society and enjoys the company of opposite sex without feeling of any obligation for marriage or guilt or shame, but sometimes she crosses limits of decorum which is not good" COQUETTISH, too much.

And continues, "The younger one is just the opposite". That too is not good (COQUETTISH, not enough) as with the people it is treated as a disqualification. So in straight words the mother has conveyed about the general habits of her daughters as individuals. The real meaning of the term "Habit" will be explained at an appropriate place in the coming lines.

Belladonna also has a habit - that of "Hides, things" which is covered by the rubric HIDES, things being its mark of identification. To this mark of identification I give an operational name calling it King - pin symptom. This means that the whole picture of Belladonna revolves around this single rubric, which finds an outlet through speech and action called expression.

5. THIS STUDY OF BELLADONNA, IS DIFFERENT FROM IT'S EARLIER EXPOSITIONS IN ROH SERIES (V)

Here it will not be out of place to mention that we have already studied bell from limited angle (ROH series IA & V) . We will study it in this series in a broader sense looking at it through working of the higher level of consciousness (The innermost in man) which manifests itself through dispositions and tendencies having motives getting expressed through spontaneous flow of mind in the form of speech and action, what your patient says and what he does, while you are taking the case. What one needs to go into is to know the motives, the reasons behind these

tendencies. As in case of Belladonna the disposition is to hide things, we need to know why, how and to what extent he does that and how the medicine prescribed on the basis of it (innermost) plays all the **vital roles** of :

i). PREVENTION

Of EXTERNAL ENEMIES, (the disease)

By fortifying DEFENSES through the process of assimilation, being the first action of the medicine.

ii). MAINTENANCE

That is STABILIZATION of internal administration by repair and replacement of cells with utmost efficiency through excretion, being the second action of the medicine.

iii). GENERATION (GROWTH)

That is further development.

By regulating the two Major systems of ASSIMILATION & ELIMINATION to their optimum which follows fixed laws. (Ref. ROH Series I)

Its general expectancy - age wise should be:-

1. Infancy to adulthood *Higher and quick*
2. Adulthood to old age *Medium and slow*
3. Old age *Minimum & slowest varying from individual to individual*

The above rule may not be true in every case and should not be taken as a standard, the real standard is individualization.

6. Study of belladonna in two parts I & II

Part I : Theory

Part II : (INDEX) of the contents of the practical part of R.H. (Selection & Management) through case reports belonging to Belladonna.

Part I : Theory

Provides holistic view of Belladonna through repertory of about 75 Rubrics carefully selected (with their meanings fully explained and expanded) which support the main disposition (king-pin) of the drug.

Through the following format, which indicates how like a tree from a single seed (cell), the rubric a character grows and as the cells multiply to form different organs of the body, the rubrics are taking the shape of groups which convey a collective sense to contribute to build a character as a whole and not lopsided. It is to be understood that to identify a rubric as a king pin (central disturbance or core) is not to be confused with, PPP as certain other writers seems to have done. A king pin symptom must have the support of all the other rubrics produced by the drug on provers as a proof of its being true core point. They should be playing the role of subordinate or supportive rubrics in one or the other form to high light the fact that they are only supporter and the one in focus is the real king pin the sign of identification of the drug around which its whole picture revolves.

We will see in the study of Belladonna that how the whole conduct of drug is built around one rubric i.e. HIDES, things.

Q) What bell does?

Ans.) Hides, things (Consciously or unconsciously as a matter of habit, tendency or disposition)

Q) Why it needs to Hide or What it Hide? What is the

Ans.) Because of the needs conveyed by this group of rubrics :

background?

1. QUIET, wants to be ,repose & tranquillity desires
2. REST, desire for
3. CARRIED, desires to be
4. POMPOUS , important
5. BENEVOLENCE
6. MAGNETIZED, desire to be fast, mesmerism amel.
7. LIGHT, desires for
8. DECENT, mannerful.*^s
9. NON-VULGARITY *^s
10. SELF-RESPECTING
11. SHYNESS / TIMIDITY bashful
12. FEAR, paralysis of
- 13 ATTENTION, desires (s*)

Q) How it Hides (the instrument of hiding it employs)

Ans.) By employing the sense conveyed by this group of rubrics :

1. UNCONSCIOUSNESS, interrupted by screaming
2. NOISE, inclined to make
3. FEIGNING, sick (Attention desire)
4. QUARRELSOME, anger without
5. LIGHT, desire for
6. CARRIED, desire to be fast
7. LAUGHING, speaking when
8. TIMIDITY, bashful

Q) How much it Hides (The force confining bell. to a limit)

Ans.) This group of rubrics checks and balances the conduct of Bell. :

*^s Marked rubrics are added by Dr. Sehgal

(Checks and Balances)

1. HIDES, things
2. NAKED, wants to be
3. SENSITIVE, light to
4. POMPOUS, important
5. LIGHT, desire for
6. DELUSIONS, demand, limited is, to a little attention (s*)
7. FEAR, dark of
8. RAGE, medicine from forcible administration of
9. MOOD, repulsive
10. DEFIANT
11. CALCULATING, inability to

Q) What is the General nature (habit) or the basic Nature of Belladonna

Ans.) He himself is not bothered about the treatment. This group of rubrics represent the basic nature of Bell. that to take treatment others have to persuade him. He himself is not worried about it.

1st stage

1. DELUSIONS, poor thinks he is (kent)
2. DELUSIONS, floating in air
3. DELUSIONS, wealth imagination of
4. FRIVOLOUS
5. UNRELIABLE, promises in his
6. LIGHT, desire for
7. DELUSIONS, sensations, misrepresents his
8. DELUSIONS, now well now sick ^{ts}
9. PLAY, passion for gambling
10. DELUSIONS, passion for gambling for money making

Q.) When he deviates from

Ans.) When something seems to be taking away his tranquillity. Following groups

^{ts} Marked rubrics are added by Dr. Sehgal

his general nature?

of the rubrics represent how gradually he passes on to the next stage of abnormality which is moving from milder to harder in stages.

2nd stage

1. DELUSIONS, floating in air
2. DELUSIONS, floating in air, bed, swimming in
3. DELUSIONS, flying sensation of

3rd Stage

1. DELUSIONS, business ordinary they are pursuing
2. DELUSIONS, engaged ordinary occupation in

4th Stage

1. DELUSIONS, possessed being
2. DELUSIONS, sick imagines himself (kent)

5th Stage

1. BOASTER
2. EXUBERANCE
3. DELUSIONS, surrounded by friends is
4. DELUSIONS, foolish

6th Stage

1. CREDULOUS
2. NAIVE
3. BENEVOLENCE

7th Stage

1. COMPANY, averse to friends of intimate
2. ANXIETY, Company in when
3. COQUETTISH, not enough
4. COQUETTISH, too much
5. PLEASURE, lascivious ideas only in
6. DECEITFUL

7. DECEITFUL, fraudulent
8. JEALOUSY, saying and making what he would not say and make

8th Stage

1. WEEPING, refused when anything
2. WEEPING, remonstrated, when
3. ANGUISH, weeping with

9th Stage

1. FRIGHTENED, easily
2. DELIRIUM, terror expressive of
3. DELIRIUM, fear of men, with
4. ESCAPE, attempts to
5. HIDE, desire to, fear on account of
6. SUICIDAL, pains from
7. FEAR, dark of

10th Stage

1. ANGER, mistake about his
2. ANGER, himself with

11th Stage

1. SITS, and breaks pins
2. BREAK things, desire to
3. DESTRUCTIVENESS

12th Stage

1. MANIA, spit and bite at those around him would
2. MANIA, scratching himself
3. RAGE, medicine from forcible administration of
4. NOISE inclined to make
5. RAGE, knows his relatives does not
6. REFUSES, treatment every
7. ADMONITION agg.

7. Part II : (Introduction of Belladonna in Two Parts)

Demonstrates the practical side of the concept of Revolutionized Homoeopathy with the help of Belladonna case reports with an equal stress on the management and follow up of the cases i.e. the demonstration of theory through practice. So it is towards R. H. via Belladonna.

Detailed study of different groups of rubrics formulating the personality of Belladonna in theory.

The 1st. question is what Belladonna does (as a matter of habit)?

The answer is it, 'Hides things'.

How shall we study the rubric HIDES things?

To start with we shall try to know precisely the dictionary meaning of the rubric, by splitting it into separate parts word by word. It has two words (**Hide** and **Things**) 'Hides, which means, prevents from being seen, or conceals from sight, or obstructs the view.³

In a more broader way we can say covers up or puts lid on. The other word is 'things' which means objects without life (ones material possessions) and also facts, deeds affairs, intentions etc. This word has another sense, also that he hides particular things and not everything and always but on isolated occasions when he finds essential. He does this with complete seriousness but in a joking mood or with hesitation and shyness.

(a) Reasons, what and why bell hides?

The answer to the question who needs to hide anything will be the one who has something to conceal in the form of some material possession or save situation in the

³ For details please Ref. to ROH series IV page no. 5

interest of overall peace. Through the following group of rubrics, we will learn this in detail:-

1. QUIET, wants to be, repose and tranquillity desires
2. REST, desires for
3. CARRIED, desires to be
4. POMPOUS , important
5. BENEVOLENCE
6. MAGNETIZED, desire to be fast, mesmerism amel.
7. LIGHT, desires for
8. DECENT, mannerful *s
9. NON-VULGARITY *s
10. SELF-RESPECTING
11. SHYNESS/ TIMIDITY bashful
12. FEAR, paralysis of
13. ATTENTION, desires *s

As matter of priority his main concern is tranquillity. To support this conviction we have a rubric "QUIET, wants to be, repose and tranquillity desires". Let us study it in full details. To do that we have to split this rubric into words and know its meaning and the sense it conveys. The first word 'Quiet' means (not in the literal sense where it means to be silent) assuming a state of stillness, or motionlessness or to stop things as they are and where they are (as is, where is) or to halt things, as we apply breaks on a vehicle to stop it. In more refined words we can call it suspension of all activity or the state of complete quietude.

s Marked rubrics are added by Dr. Sehgal

The next phrase is "wants to be". 'Wants' means feeling of necessity something from within which is impelling him to think of making efforts to achieve it.

The next part of the rubric is "Repose and tranquillity desires". 'Repose' means, to relax through any means i.e. by going to sleep or lying down by diverting one's attention towards something that is pleasant.

The word REPOSE gives rise to a question, "What is the need of sleep and this diversion towards what is pleasant"? The investigations reveal that the man loses something in the form of general efficiency or he is finding himself unable to continue with his present activity unless he cuts off and relaxes, or to put it more precisely he feels like a dynamo which has gone down in its effectiveness to such an extent that unless he gets recharged he will not be able to perform effectively, or efficiently any more. So it is to recoup what he has lost in terms of energy, to become fit to be effective again that he wants repose.

But how long will the repose last, what is the ultimate goal? As long as the TRANQUILLITY is not achieved. TRANQUILLITY means that state of feeling of normality which can bear the burden of the condition of work, which he left, and has to rejoin ultimately.

The sense conveyed by the rubric as a whole is that, the main aim in the mind of the person is to achieve tranquillity which can last as long as possible before it is re-discharged. To reach this goal he must suspend all his present activity and then through repose move towards tranquillity. But the goal of achieving tranquillity is two fold.

(1) Either to feel normal and be able to resume the usual routine job or (2) to preserve tranquillity, and the peace of mind that is already achieved and in hand. If everything is going on well he will like that, that condition is

maintained and that nothing influences it. So to achieve both the states he may need to hide.

In the case of no. 1, he will not directly say that he has lost efficiency and therefore wants rest.

HIDES things

He will say, "I am in a mood to be on holiday for sometime or have some business at home and will therefore absent himself from his job".

HIDES things

Why he is not coming out directly? It is to save the remarks against him that he is very delicate person or he is shirking from his duty.

HIDES things

In the case of no. 2, a simple example of a mother and her child will explain the action of hiding on the part of mother. Mothers are usually careful about the health of their children because if they fall sick, the tranquillity of the mother is disturbed. That is why she always keeps an eye on the child's activities.

Children, generally, are very fond of chocolates and mothers put restrictions on the quantity consumed by them. Each time a child demands more, one cannot go to the market. Hence she obviously keeps a stock of chocolates. She tries to keep the stock at a place, beyond the reach of the child. If the child comes with the demand for more chocolates again and again, the mother feels that it is better to prevent him since he already had enough. She knows, if she gives a blunt 'no', the child will not agree. Obviously she keeps on shifting the place of the stock.

HIDES things

To deceive the child, she searches the old place which is in the knowledge of the child, wanting to show that the stock had exhausted. But the child is also clever and knows that the mother usually changes the place and this time he has already noticed her doing the same. He says, "mother let me see the other place". And the mother is caught. She has no other way except to give in and

cover herself with the following replies -

HIDES things

"Oh! Perhaps I forgot". "No mother I know you were doing it purposely". "But son I do this in your interest, your doctor has given instructions that eating chocolates will harm your teeth".

DECEITFUL HIDES things

In this example the motive of the mother is not achieved but there was an effort to achieve it through hiding. In the first instance she employed deception as an instrument of hiding and in the later she took the cover of the physician to save her face It is in this way that we have to take into account both the values of a rubric i.e. face as well as intrinsic.

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The next supporting rubric is "REST, desires for"

REST, desires for

One should ask, what is rest? 'Rest' means a break in a journey or activity which is strenuous and exhausting. Here the person is finding it difficult to continue with his problems. He feels and sometimes demands and cries, "I do not mind the long treatment but I simply need some break in it, a little sigh of relief". For example your patient says, "I am always in pains and told that is aggravation" (*REST, desires for*). I don't mind that

HIDES things

Laughingly, she adds to hide her anxiety what actually I want is a pause, a break, a sigh of relief at least once in a blue moon to feel free from all the troubles.

The other rubric in the group is "CARRIED, desires to be fast."

CARRIED. desires to be

fast

What is, 'Carried'? It is a state of lifting from the present place to another place. Who wants to be transported? He who feels that he is not capable of carrying his own burden or weight. Why does he want to be transported? From where does he want to be carried? From his present situation, i. e. the present condition of ill health which is difficult for him to stay in. Where should he be carried? He doesn't want to know, because he wants to achieve the state of forgetfulness. Let anyone carry him anywhere. A frustrated poet imagines that he is standing on the sea-shore and tells a boatsman, "*I want to be deceived and away from the reality, I want to be carried but I should not know that I'm being carried and to where. Take me where ever you like but without letting me even get an inkling that I am in the state of transportation. And I want to reach the state where I find myself forgetful of my entire past*". This he desires fast, what and without any delay. This is how we have to be precise in knowing the meanings of the rubrics; we have to reach their soul, the innermost essence, the innermost man.

But how does 'hiding' can take place here?

HIDES things

Astonishingly the boats man asks him Sir, what is the cause of so much of your frustration. He replies oh! It is nothing, perhaps I have exaggerated my problem.

HIDES, things another example, a patient called me on telephone at late hours and I asked him "What was the need of calling at such an odd time"? At this remark his voice goes down and meekly he replies, "*Sir just I thought that let it be in your knowledge that my problem is acute* But I can't understand what is the hurry? With a faltering voice he replied, "*Yes Sir! There's no hurry, no hurry.*" The tone and style conveyed that he was hiding something. And then I put a straight question, "Do you actually want attention that too

immediately. The reply again comes with a cover and in a meek voice he says,

HIDES things

"Sir, I think everybody wants to be attended at once and my need is limited. Just talking to you on telephone and getting a little of positive reply is enough for me". I think this would give you a clear picture of hiding. The confession is coming with a cover.

The next rubric is POMPOUS.

The main aim is:

POMPOUS or IMPORTANCE

This means, pretentious show of dignity. Such a person wherever he goes, wants his presence felt. He will leave the place where he feels that there is no one to receive him the way he wants to. But with a question mark, What type of people?

To get to it he makes use of his following qualities:

BENEVOLENCE

Only those who can give importance. To create such a following he will try to be known as a very helpful and kind person giving charities donations and all such types of activities. This tendency is represented by the rubric BENEVOLENCE.

MAGNETIZED, desires to be fast, mesmerism amel

The other way is to be useful to others. These people sometimes go out of their way, to help others losing almost everything they possess, even their health just to remain in the center of activity to get accredited to be treated as a person without whom no function is complete. This statement is covered by the rubric Magnetized, desire to be, mesmerism amel.

HIDE things

So it is clear that for his real intention of gaining importance in society he makes use of these qualities.

To elaborate further the essence of these two rubrics, let it be clear that *Benevolence*, means "to be kind to others".

And magnetized, desires to be, mesmerism ameliorates. To split this rubric, a magnet is something that has the power of attraction. But the rubric is "MAGNETIZED, desires to be" , means, someone wants to

acquire the qualities of a magnet. That is of attracting others. The full rubric is "Magnetized, desire to be, mesmerism amel." *Mesmerism* is the art of charming others, (literal meaning is the act of inducing an extraordinary state of nervous system in which the operator is supposed to control the actions and thoughts of the subject). That is, the person wants to be magnetized (attractive) or assume such qualities so that he is able to attract (charm) others.

LIGHT, desire for

The real intention is to assume importance which gives delight.

For example a lady feels her body requires rest and feels that she cannot attend the party her friends had fixed for the day's evening.

LIGHT, desire for

But inspite of that she decides to take part by taking over the cooking of various dishes which only she knows how best to prepare, ultimately to listen everybody saying that it was possible only because of her which will be a great delight for her.

LIGHT, desire for

Likewise there are other needs and personal requirements in the form of the rubric Light, desire for. For different interpretations of this rubric please refer to ROH series V. Here as the situation differs the meaning of rubric shall also differ

LIGHT, desire for

Here the meaning of '*Light*' is not to allowing things to go deeper into the mind and that is why the desire is to keep away from things that burden the mind. He does not want to bother about his problems even if they are big. If someone reminds him of his problems he does not like it.

DECENT, mannerful

But he does not want to be rude also. So, when someone is anxious about his affairs, or when he comes to know that others are feeling inconvenience because of him he will change the stand and will simply pose as

if he has no problem. He will try to impress upon others that the problem is not as acute as is being made of (*Hides, things*). Because he tension on his own mind (*Light, desires for*). This is another reason for hiding. wants to avoid any

LIGHT, desire for

DECENT, mannerful

The next related rubric is "DECENT mannerful" which means that the person believes in decency and manners.

NON-VULGARITY

He believes that even when he jokes it should be decent and not cheap because he hates vulgarity and lowliness.

SELF-RESPECTING^s

Why does he observe decent manner? Because he himself doesn't want to be treated indecently. Let us recall that the original rubric is "hides things". We are discussing why and when Belladonna hides. He does not always hide (things). It is the situations and the personal needs (conveniences) of the Belladonna patient which make him hide things. Because there is a desire for light.

LIGHT desire for

TIMIDITY, bashful

Another reason for Belladonna to hides things is that his timidity (lack of courage) to face the situation which is bad in the sense that it is going to put him in a low position where he will have to lie low if something which he feels should not come to the knowledge of others gets exposed e.g. example certain ladies will like to talk about their pain in the abdomen and go on complaining they have pain in the abdomen, but until last they will not like to divulge the real cause of the pain which happens to be menstruation.

^s Marked rubrics are added by Dr. Sehgal

FEAR, society of his
position in^s

INDIGNATION^s

Likewise, a patient will not like to complain about his sufferings to others which in his mind is not very big. So that the people around, may not form a poor opinion about him, being a pretender.

FEAR, paralysis of

Paralysis means seizing of normal functioning of any system. Suppose if a child is very fond of playing or a person is in much need of money will hide his ailment his sickness from the concerned persons for fear of not being allowed to to continue his job. Therefore the person wants to be in normal working order at any cost.

ATTENTION, desires^s

Some patient even if they have recovered from their sickness will not like to admit that he has been cured. So that the attention which he is getting from the people around him should not cease to come

HIDES things

And that is why he will keep on hiding his real position of health as long as possible.

^s Marked rubrics are added by Dr. Sehgal

(i) The Gestures employed by Belladonna to Hide Things are represented by the following rubrics

UNCONSCIOUSNESS,
interrupted by screaming

&

NOISE, inclined to make

(The two rubrics when combined make a complete sense)

1. UNCONSCIOUSNESS, interrupted by screaming
2. NOISE, inclined to make
3. FEIGNING, sick (Attention desire)
4. QUARRELSOME, anger without
5. LIGHT, desire for
6. CARRIED, desire to be fast
7. LAUGHING, speaking when
8. TIMIDITY bashful

So far we have been discussing the reason for hiding. Now we will discuss how he hides or the instruments which he employs to do the same.

This rubric is the first instrument used to hide the real intention. Here it will be important to know the real & meaning of the rubric as a whole

'UNCONSCIOUSNESS' means - unawareness of the surroundings. 'Interrupted' means - broken in. 'By' means - caused. 'Screaming' means - a loud sound that is unpleasant to the ears. To infer further, 'interruption' also means not allowing to continue things smoothly. For example a state of total calmness is prevailing. It is broken by a sudden unpleasant sound. This breaks remains for a moment and disappears. The person, in general, remains unconscious about his problems regarding which he is required to be serious. And on certain rare occasions a reminder in one form or the other passes through his mind. "Oh! how serious is my disease and how badly I'm neglecting it!". Or it could also be that a particular business affair is very important

and a feeling comes: "I should pay attention to it but I am not doing so". It may also be about certain danger and this state can be described well by quoting the example of a pond full of water which is quite calm and clear on the surface but occasionally some bubbles arise from its bottom, coming to the surface and vanishing, thus indicating the underlying mud. The apparent meaning, of this rubric is that the man is lying in a state of unconsciousness and screams in between. But here we are talking as to how this rubric is employed as an instrument of hiding. Actually it is supported by another rubric "NOISE, inclined to make".

NOISE, inclined to make

In reality Belladonna needs screaming because it gives relief provided it is with a style which is peculiar to it. We can call it rhythmic. Screams than takes a pause and keep repeating this process. And that is why it seems that the ailments of Belladonna aggravate at intervals. During the aggravation he needs to make noise and loud sounds because they really provide relief. If you ask the patient, "Do you make noise?"

He will confess with a cover and will say "Yes" but not in straight words. When you ask "Does this give you any relief?" He will loudly affirm "Yes" . A retired British army officer was asked, "Do you make noise during pains." He laughed at the top of his voice and said,

LIGHT desire for

"Yes, my wife does not like to sleep in my room because she cannot sleep properly because of the nuisance which I create". Here he really seems to be delighted to find that you have really understood his problem. One side of the coin is the need to scream but there is another side which is represented by the rubric "Feigning, sick".

FEIGNING sick

'Feigning' means pretending, and 'sick' means having ill health or feeling unfit. It is not always necessary that only a healthy person pretend. He may be sick and be found exaggerating his sickness. What is the need of exaggeration? I would rather like to replace this rubric by the rubric

ATTENTION, desires

"Attention, desires". The further question that arises is from whom is the attention, being desired? The answer would be, from one who is expected to give. For example a housewife is a Belladonna patient. The whole day she has been doing her usual chores in spite of her ill health. But in the evening when it is the time of arrival of her husband, she lies in bed and when he enters the door she remains quiet, expecting that he will ask about her well-being. Somehow it so happens that she does not attract his attention. The husband gets occupied in something else. Here something has gone against her wishes which she badly misses.

UNCONSCIOUSNESS, interrupted by screaming NOISE, inclined to make

Now she will break her silence at intervals and initially may produce the sound at a low volume, but if the person is either absent minded or has not been attracted or moved by her low sounds, she then will be inclined to produce a louder sound which will amount to making noise. The person is compelled to pay attention to her and asks, "What is the matter, do you want any help from me?" She says, "Yes, a little bit, if you have time to press my head or legs" etc.

QUARRELSOME, anger without

There is another rubric "Quarrelsome, anger without". Perhaps you may not find any such word in the dictionary that shows that the word 'quarrelsome' has no association with anger or agitation. 'Quarrelsome' means - one who disagrees or argues. It is a note of dissent.

NOISE, inclined to make

Your patient comes and tells you in a colloquial language with a loud voice, "Sir, I have come to fight with you. You cure others,

but not me.

ATTENTION
desire(Feigning Sick)

It means you are not paying proper attention to me.

LIGHT, desire for

Again a question , What is the need to quarrel? Perhaps because there is '*desire for light*'

CARRIED, desire to be fast

and '*carried, desires to be fast*' the rubrics which we have already discussed.

Hides things

These are being asked under the cover of quarrelsomeness.

LAUGHING, speaking when

An another instrument of hiding is the rubric "Laughing, speaking when". The literal meaning of Laughing is a "state of expressing emotions like mirth, pleasure, derision or nervousness, with an audible vocal expulsion of the air from the lungs which can range from a loud burst of sound, to chuckles. "To Speak" is to communicate orally and the word '*when*' means, at the time of . So the interpretation is , laughing at the time of communicating orally. Apparently what is expected of this rubric is that a person laughs spontaneously while communicating. Sometimes without being aware of it.

HIDES THINGS

For example a patient was asked why he was laughing, in reply he said, "No! I am not laughing. When did I laugh? It means either the person was concealing something or he was not aware of it. But in case of Belladonna it is a - typical LAUGH. He will speak only one word, stop and look at you while laughing, as expecting you to understand him with minimum of information without asking to divulge every thing by keeping nothing behind.

TIMIDITY bashful

(Dictionary meaning is having no courage to face exposure of facts relating to which one feels personal) (bashful = shy)

In an example

He looks at you to know whether you have understood his message and in response to your repeated questions he keeps the same behavior as if he is a hard nut to crack; as if he wants to say, "Why can't you understand me without compelling me to divulge everything ; why you want to strip open all my covers."(Clothes which is personal and private to me).

(ii) To what extent Belladonna hides? (Group of Rubrics to be studied under this head)

By nature Belladonna can't hide beyond a limit. We will study the group of rubrics which confine Belladonna to a limit. The first rubric is the main rubric itself-i.e. Hides things.

1. HIDES THINGS
2. NAKED, wants to be
3. SENSITIVE, light to
4. DELUSION, demand, limited is to a little of attention (s*)
5. POMPOUS, important
6. LIGHT, desire for
7. FEAR, dark of
8. RAGE, medicine from forcible administration of
9. MOOD, repulsive
10. DEFIANT
11. CALCULATING, inability to

HIDES things

This we have already discussed. The requirement of this rubric is that the extent of its hiding depends on the need of the situation, time and place.

NAKED, wants to be

The next rubric is: "Naked, wants to be". Naked means, without any covering i.e. wants to throw away the veil or wants to reveal the

information. WHY? Because there is a necessity. The necessity is that he wants to be cured. His physician needs the information to select his remedy, he has to tell and there is no alternative. How beautiful is this combination of two rubrics, "HIDES things" and "NAKED, wants to be". As if they are engaged in a game of see-saw or hide and seek. There is a strange pull between the both, which comes in alternation. As already said, see how the desired information is coming in checks because of this tendency. Here both the rubrics are trying to limit the field of each other. For example a patient of AIDS was asked how do you know that you are suffering from AIDS.? (Ans.) He replies he is HIV positive. (Q.-) Can you say, how it started and when suspected? (Ans.-) I had high fever with loose stool and general weakness the Dr. advised me to go in for the check up. (Q.-) Do you think you have done anything which caused the disease?

NAKED, wants to be

(Naked wants to be) "Well Sir, I just cannot hide, the fact from you as the person who recommended me to you has advised me that you will need to know my real history. So I have to confess that I was on an official tour to Bombay, with friends and ventured to visit to a brothel."

HIDES things

(trying to cover himself, by minimizing his fault) "But sir only once! Only once!"

HIDES things

He stressed it was really my misfortune to have fallen prey to the allurements of sex, because of the company."

HIDES things

Q. Do you talk to people about your disease?

A. No, never, I simply try to avoid by telling that this is an ordinary fever and it will go by itself.

SENSITIVE light to^{1*}
DELUSIONS, demand,
limited is, to a little of
attention^s

Sensitive to light is the next rubric. Here on the one hand the person is sensitive to light, wants to be away from light and to be more precise wants to remain unnoticed for many reasons one of them is he does not want total involvement which is supposed to be burdensome and therefore sooner he will find that the things are becoming burdensome he will start withdrawing from the scene.

For Example:-

POMPOUS important

A patient (suffering from peptic ulcer) would not call on me without first intimating me on telephone inspite of the fact that he knows his date and time of coming to me, which is usually fixed on the previous visit, of every patient. For this he will use the services of someone else, like his personal secretary, wife son or daughter or anybody near to him. He will see that they will make sure, that he gets special attention, saying - he is reaching you exactly after so many minutes etc. and please see that he gets special attention. Supposed he reached you as scheduled and you forgot to say him hello, before his turn comes.

LIGHT, desires for {in
the sense that he desires
VIP treatment
(pompous)}

He will not wait for a second even sooner he reaches, he will shout, Sir, I have reached and out of courtesy your reply is, Oh! John you have come, please be seated, I will see and request someone already in queue to accommodate you.

SENSITIVE, to light

His prompt reply will be - Sir, don't worry, don't take that much of trouble I can wait even if I am in a hurry.

You can come in and just sit near me.

DELUSIONS, demand,
limited is, to a little

Enough, that is enough for me, that you have paid some attention, I am comfortable

^{1*} *Sensitive means badly effected or easily pained under the influence of something or unable to stand the effect of something.*

^s *Marked rubrics are added by Dr. Sehgal*

attention

here outside and at my place.

And on the other side desires light (LIGHT, desire for) means does not want to be ignored all together. See how these opposing desires are limiting the field of each other. Generally these people will be found fixing themselves in the middle. Neither can they tolerate the effect of full light (admiration) or notice which the front benches attract, nor can they think of sinking their identity in total.

FEAR, dark of

MOOD, repulsive

LIGHT, desire for

The next pair of rubrics is: "FEAR, dark of" and "MOOD, repulsive". 'Fear' means a feeling of discomfort from the presence of something specific and dark means absence of knowledge. He wants to know where he stands, where he is. He does not bother much about anything. If he bothers about anything, it is only to remain informed so that he is able to adjust his own mind accordingly. For example there are people who keep inquiring about his health and suggest remedial measures or admonition him for being careless about his health. This he can do, by starting treatment from somewhere, to satisfy his critics to keep off pressure on his mind.

Another example:- A person met with an accident had head injury and in consequence lost his eye sight.

FEAR, dark of

LIGHT desire for

ANGUISH weeping with

"Please tell me frankly, whether I can be cured,

He said and wept.

Q. If I say 'no' what will be your reaction, he was asked.

OBJECTIVE reasonable

A. Then I shall accept it as a reality and keep quiet.

Q. "Willingly.

A. 'No' he said how can I, when I am still very young and have ambitions.

RAGE, medicine, forcible administration of

The next rubric is "RAGE, medicine, forcible administration of". 'Rage' =, extreme anger. 'Medicine' = anything that has the power of healing - something that can benefit a person and free him from misery- a recipe for relief. This may be in the form of consolation or suggestion of some alternative treatment etc.

'Administration' = a show run under the command of some one else; 'Of' = act of. 'Forcible' is understood to be without one's consent, and 'from' means 'out of'. So the rubric as a whole means that the person will not allow anyone else to speak in his matters unless it is acceptable by him and is not burdening his mind. In such a situation, he becomes repulsive and defiant.

MOOD, repulsive

The next rubric is "MOOD, repulsive. "

'Mood' = a temporary state of mind inclined to do something, it indicates the flow of mind, in a particular direction. 'Repulsive' = to keep the things off by driving or pushing them back.

The question now is, What is that which is being pushed back? It is something that is trying to uproot or displace him from the present agreeable position. The person is in a state of attainment of permanent peace which he does not want to lose and something is trying to displace him. This supports the meaning of "forcible administration of medicine", which means he will not accept anything may it be for his benefit unwillingly.

DEFIANT

Similarly there is an another rubric: "DEFIANT". The meaning of 'defiant' is to boldly resist or oppose an authority. An

authority is a source that issues commands and enforces obedience, in other words it is something that is trying to dominate and this is intolerable and thus arises an issue of revolt in self defense.

NAKED wants to be

Here the situation has taken a turn to compel him to forget decency and become more naked, reducing the limit of hiding. It is in this context a state of total nakedness (Rage) has taken over the state of his hiding.

CALCULATING, inability to

The next rubric is "CALCULATING, inability to". '*Calculating*' is assessing the extent of something. '*Inability*' is, lack of ability or to be unable to. This inability is limited to assessing things. Inability is a great disqualification. Perhaps most of us will like to hide it. When one finds oneself unable to explain what actually he is suffering from it is a very embarrassing situation for him. Obviously the signs of bashfulness are expected which he tries to manage by way of distracting the attention of the observer with the help of the following rubrics:

1. LAUGHING, speaking when.
2. CARRIED, desire to be fast.
3. LIGHT, desire for.
4. SENSITIVE to light.

We have already discussed the meanings and the interpretations of these rubrics.

He tries to hide as much as he can and to do that he ends every version with a sentence, "Probably it is so".

(d.) General Nature or character of Belladonna: (As a normal person)

What does general nature mean? We can call it habit (combination of various actions) of a person. What popularly is known as habit is in reality love for personal conveniences and preferences which keeps a person unaware of the fact that they are being taken as a

disqualification by others. This he will not change even if he has to break the social norms and is subjected to objection, because the person concerned do not find any wrong in What he does.

It is in this context that we have to study the general nature of Belladonna which has its background in the group of rubrics already studied under the heading "Why Belladonna needs to hide?"

I have tried to divide this part of Belladonna into twelve different stages. There can be many more, I call them different entry points to the belladonna-castle which is under siege and is sealed from within on all sides by the enemy which can be identified by the signs & signals indicating its weak points. **The First stage forms its basic nature** which is to be found in the cumulative sense of the following group of rubrics:-

1st Stage

1. DELUSIONS, poor, thinks he is
2. DELUSIONS, floating in air
3. DELUSIONS, wealth imagination of
4. FRIVOLOUS
5. UNRELIABLE, promises in his
6. LIGHT, desire for
7. DELUSIONS, sensations,
misrepresents his
8. DELUSIONS, now well now sick
9. PLAY, passion for gambling
10. DELUSIONS, passion for gambling
for money making

TO START WITH THE FIRST RUBRIC LET US KNOW WHAT ARE *DELUSIONS*

In dictionary '*Delusion*' = a false impression, a false belief or a false opinion. In the repertory under the head 'Delusions' the following three

forms of mental states are enlisted i. e. Imaginations, Hallucinations, and Illusions. 'Imagination' means, a thought process i.e. the product of the mind which has no relation with reality e.g. (DELUSIONS, poor, thinks he is it is his thinking - thinking is making it so) But the question that may be asked when a really sick person who has many ailments comes to us for his treatment "Will such a patient be covered by the rubric 'DELUSIONS' sick imagines himself?" The answer is, to be sick is quite different from feeling or imagine that one is sick. There are two things - one, the person has no ailments but he feels or imagines that he is sick. The general remark that he invites is, his problems are imaginary and he needs to consult a psychiatrist.

FEIGNING, sick

QUIET, wants to be

REPOSE and tranquillity
desires

The second is that there is no doubt that he is really sick but unlike others he always asks for concessions. His argument usually is "You know I am sick, how can I do this or that?" And in this way finds pretexts to shirk from his duties etc.

The main purpose for my raising this point is that the delusions may be interpreted as false feelings in the perception of others but not for the one who is under their operation. From the delusions we learn that there are different formations of the nervous system that are controlling imaginations, hallucinations and illusions, independent of each other.

Coming to our real job of finding what is the real nature of Bell., the first rubric which draws attention is Delusions, poor thinks he is. 'Poor' = short of something.

'Hallucinations' are false sensations or feelings, for example we have the "DELUSIONS, floating in air". The feeling of floating in the air is not coming from the faculty of mind which produces thoughts, it is just a sensation, a feeling that is conveyed by a set of nerves about the condition of the body as it involves a disturbance in the sensory nerves which are responsible for the healthy functioning of the three senses i. e. of smell, taste and touch.

Illusions (visions) involves, to senses i.e. of sight and hearing. It is in other words a disturbance a disorder in the visual and auditory nerves. For example :

1. DELUSIONS, figures, sees
2. DELUSIONS, phantoms, sees
3. DELUSIONS, insects, sees
4. DELUSIONS, hearing, illusion of
5. DELUSIONS, voices hears, calling his names

The other rubric is "Delusions wealth, imagination of"

This refers to Kent's repertory, (Barthel has removed the words 'thinks' and 'imagination' from the two rubric). '*Wealth*' = short of nothing. The feeling is that he has the means to have anything he desires. But both are relevant terms, they have nothing to do with material gains. A beggar on the road may feel that he lacks nothing and an industrialist may feel that his neighbor has 20 industries while he is the owner of only 10. Likewise we can expand this feeling from matter of money to matters of health, one's position in society etc.

Belladonna has both the feelings side by side and both have a corresponding effect upon each other. Here we see a very strange contrast in which each of them is limiting the field of the other - the feeling of wealth is limiting the feeling of poverty and vice versa. As such they are operating simultaneously. for example, a person says he is not well. "What is the matter?" "I have a little headache". "Then why don't you take rest?" He laughs and replies, "Oh! For this little problem? I think one should not mind, or give any importance to such little things." What this person is conveying is that even though he has the feeling of poverty, yet this feeling does not affect in any manner his feeling of being wealthy. Let me remind you here that we are talking about the general nature of Belladonna.

POSSESSIVENESS^{*s}

It will not be out of context if here I give reference to the feeling of possessiveness which means the person does not want to part with the feeling of wealth. It is in the general nature of Belladonna that in spite of heavy losses, he will never allow himself to feel that he is poor. Very near to this feeling is the feeling conveyed by the rubric "FRIVOLOUS". 'FRIVOLOUS' = not serious but casual, in attitude. How serious may be that issue the person concerned will not allow his mind to be taxed.

UNRELIABLE, promises, in his

Another rubric is "Unreliable, promises, in his". 'Unreliable' = cannot be trusted and 'Promises' means, the words given. It means the person does not feel obliged to stick to his words. If at any time he feels it is not possible for him to keep his promise he will break it without feeling uncomfortable in any way.

LIGHT, desire for

"Light, desire for" means want to keep his mind free of any tension. As it is beyond his capacity to keep any burden on his mind even for a moment. This does not mean that he is an irresponsible person he is very much responsible. What he wants is to avoid worries. He would like to keep his promises but somehow, if he is not able to do the same, he does not like to entertain any of your claims for it saying he tried but could not do it (there is no remorse etc.).

DELUSIONS, sensations misrepresents his

"Delusions, sensations misrepresents his" is the next rubric.

'Sensation' = feelings, ability to feel physically.

'Misrepresent' = represent wrongly or inaccurately. Sometimes he feels, cold drinks will give him relief but actually when he takes cold drinks they give adverse affect. Sometimes he feels he requires warm clothing but after sometime he realizes that they are aggravating his pains. Sometimes he feels hot bath will help but he finds out in the end that he required cold bath

^{*s} Marked rubrics are added by Dr. Sehgal

etc.

DELUSIONS, now well,
now sick^s

The next rubric is "Delusions, now well, now sick"

This also conforms to the sense conveyed by the previous rubric. One moment he feels he is sick (*poor*) and the other moment he feels he is well (*wealthy*). For this reason when his physician inquires about his well - being he says "From a situation like this I am not able to conclude whether I am sick or not."

PLAY passion for
gambling for money
making

"Play, passion for gambling" and "Play, passion for gambling, for money making," are the next rubrics.

'Play' = any exercise or action undertaken by way of amusement or recreation. 'Amusement' is that which occupies attention pleasantly, as a pass time. 'Passion' = something which one cannot resist, or something without which one cannot live. In general terms we can call it the weakness of a person. 'Gambling' = a venture in a game of chance for high stakes. 'Money making' is for profit, to gain something. On the one hand one is busy to just pass time, he will not mind whether he gains or not on the other hand he says, "Since I have no other way out to overcome my miseries I am taking a chance in the fond hope that may be one day events take a favorable turn (gain) and I am out of the woods". So he tosses between the two thoughts. These two rubrics also support the earlier two i.e. "Sensation, misrepresents his" and "Delusions, now well now sick".

When he sometimes feels well than the operation of the latter rubric becomes prominent and when there's a feeling of sickness or he feel he is not sure about anything (well or sick when he says he can't say whether there is any relief or not) just is on experiments.

CALCULATING,

For example, there is a patient who on being

^s Marked rubrics are added by Dr. Sehgal

inability for

PLAY, passion for
gambling, for money
making

asked "How are you?" replies "It is very difficult for me to answer this question. "Why? "Because sometimes when I feel sick I console myself, let it be an experiment for the doctor

I will present myself as a guinea-pig. Since there exists no treatment in any other system as I have tried almost all the prominent allopaths and homoeopaths my end is definite. So let this be a case for experiment. If my Dr. succeeds, it will be a great discovery for mankind and for myself too. And why should a sincere doctor like you not get credit, and if I die, I will die with the consolation that at least I have been exerting my energies in the right direction, to get rid of my disease. On the other hand when I feel that I am better than before and that most of the agonizing symptoms have vanished a hope comes, may be one day I will get total emancipation.

Let me remind you again that we are talking about the general nature or habit which invites objections from others that the person involved, does not find anything wrong in doing, what he normally does, because he feels more comfortable and ease by adopting a particular style of life. So this first phase of the nature is his basic nature which is in-born. Sometimes we say that the man has changed; it is because the circumstances (which in my view should be called external injuries which leave their charges on the mind) effect a change in the basic nature of the person. In a prolonged sickness, although he tries to maintain his original nature yet he is not able to and then out of frustration, a change in his nature occurs. Internally he confesses that he did not like to change but circumstances forced him to change.

As the sickness prolongs he is transforming into a next stage which is taking him astray from his originality. This change is represented by the group of rubrics given below :-

2nd Stage

1. Delusions, floating in air

2. Delusions, floating in air, bed, swimming in
3. Delusions, flying sensation of

We already know the meaning of 'delusions'.
Now what is floating? What floats?

Something which has no ground and no weight, no will, no wish and is being drifted aimlessly with the flow of the liquid or air; as if he has given himself in to the winds of time. The feeling is that the sensation of well - being is not real. This idea comes only when one feels that there is no improvement. And when the idea of improvement comes he feels assured that he is at least safe from drowning.

The second rubric "DELUSIONS, floating in air, bed swimming in" is in the form of hallucinations.

'Swimming' = pushing the water or the air back to obtain, in return, a push forward, so that one can reach one's destination. It is a sign of hope but to swim in bed means to please oneself with false hopes. This rubric also gives a double feeling as expressed above.

"DELUSIONS, flying sensation of", 'flying' = moving freely in the air; passing through the air; moving swiftly; hastily; etc. we can draw two different inferences from this also. One, that he is free from restrictions imposed by sickness etc. and can use his wings to touch the peak of the utmost height or to touch any height that gives feelings of pleasure. The second is that this feeling of pleasure is not permanent; it is short lived and hence not real. This second state denotes pessimism, which has grown over a period. Now he passes on to the third phase. Pessimism gets further accelerated.

3rd Stage contains the following rubrics:-

"DELUSIONS, business ordinary they are pursuing"

"DELUSIONS, engaged ordinary occupation in"

'Business' = any occupation undertaken for gain.

'Ordinary' = anything that is common and involves no specialty or skill to produce effective and very promising results.

'Pursuing' = following silently and without any resistance. For example a patient says that sometimes he feels that he should leave the homeopathic treatment and go in for some specialized treatment. "To me it gives the impression that to be treated simply on symptoms has no sound basis and should not be relied upon. "But when I look back at my progress and at other cases successfully treated by you, I feel I am wrong."

'Engaged' = keeping oneself reserved for only one thing and paying attention to nothing else.

'Occupation' also means, the act of holding a position to earn one's living.

'Ordinary' in the second rubric means, that the patient feels that otherwise he is fit to undertake extraordinary jobs commensurate with his qualifications but because of his present sickness he is not able to do it. When asked, "By the way what are you doing these days?" He answers, "Just helping my father as and when he requests, to justify my existence." "What is it that you are interested in?" "I have the capability to run a big export house. If I become fit even tomorrow, I can do a lot. So I'm waiting for that day and living between hope and no hope."

4th Stage

Now it reaches its 4th stage covered by the following two rubrics:

1. DELUSIONS, possessed being.

2. DELUSIONS, sick, imagines himself (Dr. Kent)

'Possessed' = something that exists as a property of someone else. It (the possessed) can be used in any manner desired by the owner. The one who is possessed cannot exercise his own wish or will. He has to act under the command of others. His right to assert himself has been curbed.

'Sick' in the second rubric means, unhealthy, inefficient, or unfit even to maintain himself. In business terms we talk about "sick industries". They are those which, instead of earnings profits run into losses. Either they have to be closed i.e. condemned to nothing or deserted forever if they cannot be cured. The decision in either of the cases is not in the hands of the sick industry or person. Others decide their fate.

Now it is to be seen how the basic nature discussed in the first part, is gradually undergoing a change with the passage of time as the disease prolongs. The patient, instead of remaining lighthearted and taking it in a casual manner, is becoming serious day by day and takes things deep into his heart. This does not mean that he does not want to remain light hearted, but the capacity the energy, the stamina to keep things off the mind, has reduced. He says "I try to repulse but the thoughts are so overpowering that they do not leave me even for a single second. I try to console myself many times, that this is perhaps a punishment of my past deeds; I have never done any wrong to anyone in this life."

Here an other rubric covering Belladonna can be mentioned:-

"SUPERSTITIOUS", let me remind you that through gestures and the style and tone of speech he is reflecting the overall influence of the "HIDE

THINGS" etc.

Likewise the 5th stage is covered by the following rubrics below:-

5th Stage

1. BOASTER
2. EXUBERANCE
3. DELUSIONS, surrounded by friends

What is boasting? It is to speak of oneself with excessive pride and vanity. One boasts when he starts thinking that the status and position which he has assumed, no one else has that. He thinks that he gets special treatment from everyone, which no one else can dream of. He feels he is treated with excessive love and regard, and thinks he is held in high esteem and that he holds a special position in the eyes of the people around him and in his office. 'Exuberance' means, overflowing with joy, or in a state of extreme happiness and vigor. He laughs and talks as if he is the happiest person on this earth. There is nothing else except joy around him. Wherever he goes it is all a feeling of joy for him.

And now "DELUSIONS, surrounded by friends is".

'Surrounded' means, encircled. 'Friend' is a person from whom one expects anything, at anytime and specially in times of need. Because in the background there is no other relationship except the feeling of personal affection. So to him everyone in the street looks as if he belongs to him; whosoever comes in his contact, he is full of affection for him.

The disease has gone to the head, and the psychiatrist will give various names.

Actually through these rubrics the patient is indirectly conveying that he is not getting his dues that the people expected of behaving like friends

HIDES things

or no more doing so. Hiding is very much operating here. In the sense that even in this state of incoherence he is not coming out directly but with a cover (that he has been betrayed).

6th Stage

1. CREDULOUS
2. NAIVE
3. BENEVOLENCE

'Credulous' is one who is unsuspecting, unduly willing to believe or trust others without proper evidence.

'Naive' is natural simplicity of nature, having or showing lack of experience - worldly unwise (does not know the roundabout ways of the world).

'Benevolence' means, desire to do good to others,- kindheartedness - feels good by helping others.

The state of mind conveyed by this group of rubrics indicates further deterioration in it.

CREDULOUS

He is credulous in the sense that he can be deceived very easily even by a child. For example a child tells the patient of about 50yr. old, "Sir, somebody is calling you home." He will at once head towards his house, and will inquire from every member of his family "Who called me?" and if the reply is "none", he will not believe them and will quarrel with them until they find another excuse to divert his attention.

NAIVE

Naive: Likewise, suppose he has purchased some bananas for himself, and if somebody says: "Sir, you used to eat high class bananas, these are not of the quality that would suit your position and status. These are meant for poor men like me. You are very kindhearted and I think you will not mind giving those to me". And hearing that he will hand over the banana's to that person without thinking about it for even a second.

In a similar manner, in a different situation if someone meets him on the way and says that he is hungry and has not eaten anything since

POMPOUS

7th Stage

morning he will pass on the said bananas to him and on his way back he will tell everybody that he has done a good thing today.

This part of his nature is reflecting itself in a more extrovert way because he wants popularity (*DESIREs, to be known as an important person*). He will not part with anything unless there are spectators who acknowledge his good deed.

The 7th stage is covered by the following rubrics:-

1. COMPANY, aversion to friends, of intimate
2. ANXIETY, company in when
3. COQUETTISH, not enough
4. COQUETTISH, too much
5. PLEASURE, lascivious ideas only in
6. DECEITFUL.
7. DECEITFUL, fraudulent
8. JEALOUSY, saying making what he would not say and make

'Company' = to be with someone. 'Aversion' = disliking; keeps away from.

'Intimate' = closely associated. 'Friends' = a person from whom one cannot keep distance and the chances of being exposed are greater.

Anxiety, company in when. So long as he is in company he will remain worried and apprehensive whether he will be able to hide those of his feelings and deeds which he wants to conceal.

Next rubric is "Coquettish, not enough".

'Coquettish' = a male or female who mixes freely with the opposite sex without any feeling of guilt, shame, or serious intention of marriage etc.

'Enough', = as much as needed or sufficient for the purpose. 'Not' means = opposite to what it should.

Likewise, "Coquettish, too much".

'*Too much*' = far above the level of adequacy the present need.

In this pair of rubrics, the first one conveys the desire to hide and the other one.

"Naked, wants to be".

Next rubric is "PLEASURE, lascivious ideas only in

'*Pleasure*' = to derive enjoyment

'*Lascivious*' = arousing sexual desire

'*Ideas*' in this case is a mental attitude developed after constantly pondering over something. Only means without allowing any other thought to occupy one's mind '*In*' = source.

The rubric as a whole means there is no other source of enjoyment except concentrating one's mind on the thoughts exciting sexual desire.

Another pair of rubrics is "DECEITFUL" & "DECEITFUL, fraudulent.

'*Deceitful*' is one who misleads by false appearance or statements.

'*Fraudulent*' is one who uses breach of confidence to gain unfair advantage.

Next rubric is "JEALOUSY, saying and making what he would not say and make".

'*Jealousy*' has a double meaning neither can he tolerate the things that the others possess nor can he tolerate others having the same thing that he has JEALOUSY, saying and making what he would not say and make". '*Saying*' is a spontaneous outlet to one's thoughts.

'*Making*' = manipulating things, matter or intentions in such a manner that otherwise he would like to.

The sense conveyed by the entire rubric is that under the influence of Jealousy he would utter words which in normal state of his mind he would

not.

This set of rubric conveys that although in general he is a light hearted person and does not worry about anything but specifically if he is inclined to seek joy it is nothing else than the thoughts exciting sexual desire and once the mind is set to fulfill it, it impels him to throw off the shackles of hiding, blinding his mind to see the reality and pressing him to leap upon the object (any attractive organ of the body of opposite sex) that will accord maximum enjoyment and pleasure. In a fit, he extends his hand towards the object perhaps in the hope of soft ground but after he realizes that he has thrown himself into a situation which can label him to be a man having bad intentions. He seems to be withdrawing and become serious and tries to use deceitful and fraudulent means to save himself from this situation. It is the same game that we have discussed earlier between the rubrics "Hides things" and "Naked, wants to be ". (This state comes, when either of the spouses behaves in a miserably irresponsible way). It is out of forced continence that this sort of insanity overpowers a person's mental state and sometimes it is seen on the streets, that he bites on the cheeks of a passerby with a deep passion and then suddenly realizes what he has done.

8th stage

The next stage (8) of mind is covered by the following rubrics:-

1. WEEPING, refused when anything.
2. WEEPING, remonstrated when.
3. ANGUISH, weeping with.

Weeping has been elaborated in great detail elsewhere in this literature. Here I will be brief. It means, feeling week in facing the situation and giving in with subdued resentment. 'Refused' = rejection of one's request, 'when' = at the time. 'Anything' = nothing in particular.

'Remonstrated' is, one who gets disapproval of his arguments.

'*Anguish*' = feeling uneasy about something that is presently happening with him. The above three rubrics convey the person's deep sense of expectation from what he feels he deserves in return for his being good to every one, especially to those around him.

9th Stage

The next stage (9) is covered by the following rubrics:-

1. FRIGHTENED, easily
2. DELIRIUM, terror expressive of
3. DELIRIUM, fear, of men with
4. ESCAPE, attempts to.
5. HIDE, desire to, fear on account of
6. SUICIDAL, pains from
7. FEAR, dark of

FRIGHTENED easily

'*Frightened*' = affected by sudden and extreme fear. '*Easily*' = without much effect, showing no resistance, having no

capacity to resist. Thus the meaning of the first rubric is, affected by sudden and extreme fear and having no capacity to resist. It means that from the cause of fright he may not be that horrified as by the effect of it. The cause may be small but its impact is too great and shattering on the weak and soft mind. As we have already said, the person is credulous in life and this state is further intensified - by the next rubric

DELIRIUM, terror expressive

'Delirium, terror expressive of'. '*Delirium*' is a state of mind which shows derailment, derangement, or being off the track. The person is in his senses but the tone and style of expressions is expressive of exaggerated stresses of his feelings which shows abnormality of the mind.

'*Terror*' is something that has the power to frighten the mind very badly. '*Expressive of*' means, that through gestures and speech the

internal feelings are coming to the surface and telling the tale of the mind inside. So after getting a slight jerk under the influence of fright, the patient in this rubric has gone into a state of delirium ; showing a great disturbance in its functioning.

DELIRIUM, fear of men, with

"DELIRIUM, fear of men, with" what is *fear*, here? It is a feeling of discomfort experienced at the thought of something harmful or dangerous.

'Of' is the source. In this case that source is 'men' and not women. 🍀

'Men' this word denotes strength, power. Anything which has the power to hit or damage. In other words, it is the fear of the stick, punishment, muscles.

So this rubric has qualified the situation of fear. And it is the source of the fear that is more important here. It may be the story of a man working in an office where his colleagues are corrupt but he doesn't share their views and keeps a constant fear on both the accounts. If he shares their activities then there is the ultimate fear of the Law and if he does not then the knaves may harm and therefore an inclination to escape.

ESCAPE, attempts to HIDE, desire to fear on account of

The next rubrics are "ESCAPE, attempts to" and "HIDE, desire to fear, on account of"

Escape = save oneself from the danger one is facing.

Whom will you escape from who is in front of you

'Attempts to' = tries to.

HIDE, desire to fear, on account of

Not to be seen by others - to avoid the sight of others. Since the person finds that he is unable to face the **danger** he avoids to confront it or deal with it.

From whom will you hide who has not seen you

These two rubrics are denoting different situations. If the danger is before him there will be an effort to find out ways and means of avoiding it

without getting harmed. And if the danger is ahead and certain to come then there is an effort to hide oneself so that he remains away from the sight of the danger i.e. away from being detected.

SUICIDAL, pains from

Here the fear is at its peak. The pains are so severe that they have a frightening effect on his mind. Therefore the idea of the incurability of the disease enters the mind. Then he thinks in terms of preferring to end his life. But if he is told "this is an ordinary pain, then he says that he will be ready to bear it, provided the pain does not occur frequently. He can bear it if he is assured that it will go in a day or two.

FEAR, dark of

The actual extent of this fear is the ignorance about its real volume, capacity and strength. Here we can add another rubric: "LIGHT, desire for". His questions will be "Is my disease dangerous? Is it curable?" And terrified as he is, he will come to you again to get confirmation that there is nothing wrong with him and that he will be okay.

10th Stage

The 10th mental stage of Belladonna has two rubrics:-

1. "ANGER, mistakes, about his".
2. "ANGER, himself, with".

'Anger' = a strong emotion aroused by an injury with a desire for retaliation.

'Mistakes' = something done as a result of not understanding properly a particular situation. After having realized his mistake later on the person says,

ANGER mistakes, about him

"Sometimes an impulse come with the desire to beat (punish) myself, because it is always that I make such hue and cry that I disturb the peace of everyone around without verifying the facts and waiting till the real position is clear". And for this reason he remains unhappy with himself and if asked why he is in an off-mood, he replies

ANGER himself with

"I am not happy with myself," or he says "I am angry with myself for the reason why I expect

others to look after me and get disappointed after it is denied". This side of Belladonna indicates how simple minded and easily led a person he is.

11th Stage

The Stage number 11 has three rubrics:-

1. SITS, and breaks pins
2. BREAK things, desires to
3. DESTRUCTIVENESS.

SITS and break pins

'Sits' sitting is a position which falls between the positions of rest (free from any worry) and walking (being in motion). This rubric denotes a person's helplessness where he is compelled to do nothing. He is like a defeated soldier finding himself ineffective in the present struggle for existence. But there is a protest that is going on in his mind. This protest is finding an outlet by avenging itself on things which are inanimate, lifeless and cannot offer resistance.

'Breaks' = divides into pieces by applying force accompanied by the spirit to deface things.

'Pins' = things that bind other things together; which arrange union for the sake of promoting peace amongst even opposing forces. The other meaning is to plough* one's teeth on something hard and to grind it, because the person is finding no other way out to emit the venom from his mind. Here we can say that the person is refusing to be consoled and is trying to kill the one who is consoling him and says: "The wearer knows where the shoe pinches".

BREAK, things desire to

Next rubric is BREAK things, desire to. What does 'things' mean here?

'Things'⁴ are the formations, the social order, particularly the one which is responsible for his present condition.

'Desire' is a wish that may not necessarily be fulfilled or carried out.

⁴ THINGS: The meaning being the sense, the sense conveyed by it will change according to the situation. This will be the case with every terminology described in the system of Revolutionized Homoeopathy.

'Break' here means, to destroy.

But the patient, the victim is thinking that he wishes to destroy all that is responsible for his miseries.

DESTRUCTIVENESS

Likewise we have the third rubric DESTRUCTIVENESS.

'Destructiveness' = having faith in the principle of damaging things and causing irreparable loss. When does one take to destruction? In this case it is more out of a state of frustration and utter desperation with oneself than with the circumstances. He realizes the futility of his being so simple-minded, for not having understood the ways of the world. He feels that the people of the world are right in their ways and "I should have dealt with them in the same manner". The real background (reasons for) of all this frustration in his mind is that instead of getting credit for his simple mindedness he has been subjected to exploitation, has been befooled.

12th STAGE

In the last, 12th Stage contains the following rubrics :

1. MANIA, spit and bite at those around him, would
2. MANIA scratching himself
3. RAGE, medicine from forcible administration of
4. NOISE, inclined to make
5. RAGE, knows his relative does not
6. REFUSES, treatment, every
7. ADMONITION, aggravates

MA NIA, spit and bite all those around him, would

'Mania' = excessive excitement, the actions are like those of an insane person. 'Spit' = to eject Saliva from the mouth with a force. (It is to show disregard and reject the relationship forever.

REVERENCE, loss of

There is no regard left in the mind for those at whom he spits). 'Bite' = to cut with **teeth** or sting like an insect. (In bites he pinches them with

sharp instruments like teeth or words. It is like slinging mud and showing disrespect and disregard to those from whom he expects something). *'Those around'* =people who are intimately connected with him.

MANIA scratching himself

In the next rubric *'scratching'* =rubbing something harshly over a surface. But the impact of agitation is more deeply affecting the person himself because the harsh words directed towards others are momentary and short-lived.

ANGER, himself with

But the feelings of hurt are so deep in one's own mind that they will last much longer, because the blame is directed more towards self than others.

RAGE medicine from forcible administration of

"RAGE, medicine from forcible administration of"

'Rage' we know is anger beyond limits.

'Medicine' is a substance used to remove disease or discomfort. It is something that soothes.

'Forcible administration' means without the willingness of the person if someone tries to manage him, he does not accept it, rather he retaliates in an unruly manner.

NOISE inclined to make

"NOISE, inclined to make"

'Noise' = a disagreeable loud sound which is unpleasant to other's ears. At this stage he is bent upon producing loud sounds as if the person is suffering from a great agony, but to the great disliking of others.

"RAGE, know his relatives, does not"

RAGE, know his relatives, does not

'Relatives' = persons related by blood. This means that in rage, the person refuses to recognize any sort of intimacy or connection and behaves like a stranger to every one without distinction.

REFUSED treatment every

Likewise the next rubric, "REFUSES treatment, every."

'Refuses' = declines to accept, or does not

accept. 'Treatment' = is a systematic effort to cure illness. 'Every' = any type of.

This patient now accepts no healing touch. If may be offered in any form, he declines it.

"ADMONITION. aggravates"

Any words said in the form of advice, produces a contrary effect or result. 'Admonition' means that advising, cautioning or encouraging acts to the contrary.

This last shade of the Belladonna spectrum also reflects the basic approach of Belladonna to life. Apparently, as the rubrics indicate, he is very harsh but internally he is equally soft.

WEEPING, refused
when, anything

His hate and love are **hardly skin deep yet** he is at times very serious when he is refused what he expects. What he cannot tolerate is refusal as it involves a lowering of his importance which is very precious to him. It is limited just to registering his name in the list of important persons.

In the end I will like to say that this should not be treated as the compete study of this drug. There may be many more shades yet to be discovered. Whatever I have stated is the outcome of my own experience and it is only after that I am passing on this knowledge about Belladonna to the profession. This is a usual practice with me.

Part II:-

Demonstrates the practical side of the concept of Revolutionized Homoeopathy with the help of Belladonna case reports with an equal stress on the management and follow up of the cases i.e. the demonstration of theory through practice. So it is towards R. H. via Belladonna.

Case # 1

A Case Report (Only Objective Symptoms)

(A case aged 58 yrs. of Cancer -Lungs with secondaries in Liver)

Lesson

-It presents the practical demonstration of the concept of Revolutionized Homoeopathy.

-This case proves that if we allow our mind to be influenced by the name of the diseases like TB, Cancer etc. you would not be able to select the really indicated medicine.

-No medicine is small even if it is Belladonna provided it cures the case.

A Casual case taking

In this case PPP (Present, Predominating and Persisting mental state) is "QUIET, wants to be, repose and tranquillity desire".

COMMENTS:-

If you have mastered the art, your casual case taking sometimes hits. More so through this case endeavor has been made to throw light on every aspect of the concept of Revolutionized Homoeopathy viz:-

Selection of medicine and management of a case in complete details.

What is the PPP?

What is the First Action?

What is the Second Action?

What is the Natural Healing?

What is the difference between role of traditional medicine and Revolutionized Homoeopathic medicine?

Test of a curative medicine, what is indicated medicine without bias

Why Bell. case has been preferred to explain the concept?

CASE REPORT

It was 13th of Jan 95 I received a phone call by a patient at my residence. The caller was an old patient now cured.

He said Sir, "I want to give you a trouble".

What is that?

Dear Sir, one of my near relatives is on death bed.

Cutting short I told him that this is my lunch time please call me when I will open my surgery.

Sir, it is urgent, I don't think he will survive till the opening of your clinic.

Comments:

Why I am telling you this, because these situations you may also have to face. You have to be very honest and open with your patient. Don't involve yourself in a false prestige. If you are open with your patient his confidence, in you, gets more firm. If you feel you are not in a position to take up a case you should straight away refuse and apologize for your inability. After all you are also a human being at times you may not be in a position to perform as expected.

All right, but the difficulty with me is that at present I am having fever upto 103 degree. I don't think I shall be able to do anything in this condition. Moreover, it is since a year now that I have stopped accepting out - door appointments to reduce the load of work on me.

My dear Sir, he said, "We can do one thing, you remain at your place and I shall come to you along with the patient's son. I am confident of your ability. I have personally talked to and observed the patient. Since I am conversant with your method of case taking, I think I shall be able to answer your questions correctly. I am sorry for the inconvenience, he added further but it is worth taking, who knows just a single dose from your hands may give him life and fame to the potential of Homeopathy".

I said, I do agree with you but let me, tell you, why I feel reluctant to take up such cases. Because in general the proper co-operation needed to select the remedy does not come. It has obvious reasons. One is the positiveness of the near ones that the patient has no chances of recovery. 2nd is out of sympathy they feel better he dies instead of living a miserable life. In certain cases they feel spending any penny on him would be useless.

In most of the cases they are bothered about their own ease as their reserves seemed to be drying, not only in terms of money but also in mind and body. Thus their enthusiasm touches the lowest ebb. Life seems to be full of restrictions and at a standstill, they have to stop every other activity, for how long. The only thing they are interested in, is to silence the cries of the patient which disturb their sleep and peace of mind.

The person (the caller on phone) said, this is hundred percent true and added further in this case also, he had the difficulty of persuading the party and ultimately succeeded only on the plea that they were fighting a losing battle and there was no harm in trying another source. The time was fixed, and they arrived as decided.

The son of the patient started relating the history.

He said, "It is almost a year now that the patient has been suffering from cough with pain in the chest without any relief. He was on allopathic medicine. After investigations in Nov. 94 it was found that he had cancer of the lungs and liver. Since liver was involved the idea of surgical treatment was set aside. Chemotherapy was suggested which was started immediately.

After taking the first course of chemotherapy the patient started feeling its very strong adverse effect on his mind on the very next day.

REST, desire for

(S = Son, F = Father)

For the 1st time in his life he expressed his desire to absent himself from his business for that day.

S. What is the matter? He was asked.

F. Nothing. Just that I will take rest today.

DELUSIONS, wealth of
(Short of nothing)

DELUSIONS, poor he is
(Short of something)

REST, desire for (A
pause after work)

LIGHT, desire for
(Lighter in body and
mind, free from any
pressure)

In the evening when we wanted to discuss with him something about our business.

QUIET, wants to be
repose and tranquillity
desires

F. He said no, we will do it tomorrow.

S. The next day also he said we will talk about it some other time and gradually day by day the stage came when he totally closed the door for anything to mention about the business.

UNCONSCIOUSNESS,
interrupted by
screaming

And in a few days time we found him occasionally taking to a different type - of mood of talking to himself,

FEAR, death of

DELUSIONS, die he
was about to

"I can't be saved" and would cry out loudly in a state of fright. "I'll die soon, I'll die 'soon, I'll die soon".

STARTING, fright from

FRIGHTENED, easily,
waking on

ANGUISH, weeping
when

And in the end would start weeping when asked what was he talking about, he would quickly wipe out his eyes and say nothing, nothing and try to normalize his mood, and laugh.

HIDE, things

FRIVOLOUS

LIGHT, desires for
LAUGHING, speaking
when

The other side-effect of the treatment was that he lost his appetite, an MD in medicine was consulted. He prescribed and changed many medicines which did not work. Obviously he was not accepting any food. When argued that in the opinion of doctor, he must try to eat something, even if he was not hungry.

MOOD, repulsive
ADMONITION, kindly
agg.

*(When his wisdom is
being questioned)*

RAGE, medicine from
forcible administration
of

He would get annoyed at this suggestion and would say, "Do you think I am a fool, I too know that the food is essential for existence but how to eat without any appetite.

You want to force things through my throat that I can't do". Says *with extreme anger*.

As this state was continuing the time for the next course of chemotherapy arrived

DELIRIUM, crying with
DESIRES sleep for
tranquillity^s

The second course took away his sleep. He felt extremely tortured and desperate and started crying as a mad person.

"Bring, me sleep, Bring, me sleep".

He was prescribed Tranquilizers and pills for sleeping. Gradually raising the quantity of the drugs. But even the heaviest doses could not help.

DESIRES, sleep for
tranquillity^s

CARRIED, desires to be
fast

Instead the over drugging done under the condition of helplessness gave tragic side affect, it disturbed his motor system. His right arm and the leg started jerking very severely which added further to the worsening of the condition of his sleep so strong was the urge for sleep that when at times there came spells of feeling that perhaps he could sleep he would beg everyone to leave his room instantly

^s Marked rubrics are added by Dr. Sehgal

and put off the lights.

CARRIED, desires to be fast

LIGHT, desires for ATTENTION, wants^{*s} (FEIGNING, sick)

CARRIED, desires to be fast

DELUSIONS, sensations misrepresents his

SYMPATHY, compassion

DELUSIONS, great person, he is a

BENEVOLENCE

LAUGHING, speaking when

QUARRELSOME, without anger

LIGHT, desires for

JESTING, ridiculous or foolish

But the jerking would not allow the effort to succeed. Within moments after realizing the futility (uselessness) of his attempt he will like everyone to come back in his room with the same speed with which they were sent out. Then he would want each and every member of the family to be in attendance on him. Someone should press his head others his hands and arms and still others his legs and feet etc.

The other problem that developed was the prostration of his prostrate glands. He would get a strong desire for urination very frequently and would like to be helped to the toilet at once. Most of the time the urge for urine would turn out to be false and remorsefully would tell the nurse Oh! I have unnecessarily bothered you.

The other thing is that he lost his speech and hardly could muster a word out of his tongue. The patient was a well to do person and could afford to appoint all types of medical expertise to be available to him at short notice at his residence. He had also developed family relation with them who would oblige him with courtesy calls to console him.

When someone of them would come to him he would laugh and tell them in a quarreling way, without disturbing his own mind.

Oh. Dr.'s see the condition in which you have landed me. The family members would take these jests as insensible although they felt he was justified.

So this was the state when the experts attending on him were at their wits end and

^{*s} Marked rubrics are added by Dr. Sehgal

were compelled to conclude that no medicine on earth could help him to sleep and restore order to his motor system.

So it was at this critical state that homeopathy was being given a chance as a last resort which for us, homeopaths should not be a matter of astonishment.

Homeopathic medicine was given on 13th Jan. 1995 and was instructed to report after 1 week.

As usually I do I told the patient's son if the selection of my medicine is correct, as a test it should immediately bring alleviation to the agonizing part of his disease and to start with it should meet the topmost need of the patient

P.P.P.

As for example your father is crying for sleep so it is the sleep first and foremost that should start getting restored and thereafter the speech, then the order in the motor system and the terror of death and gradually the appetite and general efficiency.

First action

I call this as the first action of the medicine. This may last for one hour, one day or one week or even more depending upon the reactivity of the individual's system.

Second action

Thereafter will begin the second action of the medicine which means the return of all the complaints with lesser intensity, duration and frequency. This will be an indication that this return of complaints will not be owing to the influence of the disease but to the action of the medicine which is trying to drain out the toxic matter [the real cause of the disease] deposited in the body through any or all of its natural outlets that is nose, mouth, urethra, anus and skin which would remain for odd number of days 1,3,5,7,9,11,13,15 etc.

Difference between PPP and King Pin

It is not necessary that the King Pin symptoms is also present, persistent and predominant.

In this case the PPP is:-Bring me sleep, Bring me sleep. Sleep is to be interpreted as repose which is required to achieve permanent peace i.e. tranquillity, for which the rubric will be "QUIET, wants to be repose and tranquillity desire".

INFERENCE

It proves it is the self-healing mechanism which comes to play its role and is controlled by the mind.

That is why we can call it Natural healing.

MANAGEMENT

Reported on the 3rd day

After an hour of taking the dose the patient went to sleep and continuously slept for two days. Occasionally accepting food not much in quantity but without getting annoyed. The frequency of jerking and the urge for urination also went down. Colleagues already treating the patient amazed they said, "it was unbelievable, it was wonderful".

The son of the patient rang my friend hesitantly, saying - We don't have the courage to ask the Dr., please get it confirmed from him, Has he given a heavy dose for sleeping? They were told, it was because of the system which was very badly starving for sleep - the starvation which was putting the survival into danger. It had to complete its requirement to be able to save itself. There was a blocked which had been cleared and the flow of the sleep was back.

On the third day his refusal to eat anything converted into demand for food. He asked to eat something. Previously he used to get angry just on the suggestion for eating. On the fourth day he went outside the room, on his own without any assistance to sit in the open and bask the sun.

On the fifth day the relapse of all the ailments which was expected to occur anytime and any day came - extreme insomnia,

accelerated jerking of limbs and restlessness with strong fear of death.

LIGHT, desire for

Since the family was not able to follow the new norms of the action of the medicine they requested me to pay a visit and explain why this relapse. I was taken to the patient's room. The first thing that the patient told me that I should express my opinion about the chances of his survival in his presence as he did not want to live in the dark. Ignoring the patient's request they were told that this is the 2nd action of the medicine, this return of ailments means some discharge is ahead. 'Yes' they said, "The patient was having a feeling of nausea and some disturbance in his abdomen.

"He may vomit and also pass stool". They were told and thereafter relief should ensue. It happened as expected. He vomited thrice and passed stool for six times followed by good recovery. He slept for longer period than the last time and had good appetite.

Thereafter followed the second phase of the eliminatory process with awful return of the symptoms after the next 4 days.

Again I was requested to visit them. The difficulty with certain people is that inspite of being educated repeatedly almost every time they visited me - about the working of the new method which restores proper efficiency in the two major systems i.e. assimilatory and eliminatory to bring back health which lasts over many phases, they remain blank and keep asking each time it happens. Perhaps for assurance.

NATURAL HEALING

To make things home I gave them a simile that the Natural Healing is like an army's advance. It is the principle with the army that after every advance, it takes a pause. to consolidate its position (to have complete control over the area captured for making a firm ground for a further advance). During the period under first action i.e. calm by getting

sleep etc. the body has been fortifying its defenses. Now during the second action it has taken a leap forward to liberate itself from the enemy forces (toxic matter) a further step towards regaining total recovery. This attack is also a sign of something about to come out of the body which will be followed by further relief. It happened accordingly. I was informed that soon after I left their house the patient passed stools and became normal thereafter.

In total, the recovery was very good. Due to ailments he had abandoned the religious practice of meditation for the last six months which he resumed on the 10th day of taking the medicine. The extent of overall relief can be measured from this action of the patient.

Another wonder in the words of the family Drs. who were attending him daily and watching the progress was the improvement in the Hb (Hemoglobin) count. Before the start of the treatment i.e. on 13/01/95 it stood at 8.2 and it increased to 10.2 by 25/01/95 and WBC count reduced to 10680 from 14200.

In their opinion the malignancy from liver was clear because without that the increase in Hb. Count was impossible.

Unfortunately the patient died a natural death, after three days.

Let us analyze without any whim the action of (Chemotherapy) the allopathic drug and the Homeopathic purely on scientific ground to reach the truth about the real cure.

WHAT IS CHEMOTHERAPY?

It is the treatment, by chemical substances having a specific effect on the micro-organism. Causing disease without injuring the patient (Dorland's pocket medical dictionary 21st edition).

OR

It is the treatment of disease, by means of chemicals that have specific toxic effect upon the disease producing micro organism or

that relatively destroys neoplastic tissues.

But in this case the patient was badly injured.

ROLE OF CHEMOTHERAPY

To understand the things properly the meaning of chemotherapy has already been mentioned above. It promised to destroy the neoplastic tissues in return for self-rule. For its operation it took over the command of the body as a whole by asking the indigenous defense organism to surrender and vacate the barracks and tried to do things in its own way as is the rule with any foreign domination.

WHAT ROLE DID THE MEDICINE SELECTED ON NEW, REVOLUTIONIZED METHOD PLAYED?

It restored health by regulating the two major processes in the body that is of Assimilation and Eliminations, which means after taking the medicine the first action as stated above did the job of helping the body to meet its deficiencies through normal in take of food and drinks in the cycle of 24 hr. (assimilation). After the first action ended the second action of elimination resulted as a consequence of restoration of proper (nutrition). Because the inefficiency created by malnutrition of the body as a whole including the functionaries responsible to throw out the waste i.e. autonomic nervous system (*The portion of the nervous system concerned with regulation of activity of cardiac muscles, smooth muscles and glands.*) was now over and the self cleansing process functioned with optimum efficiency.

HYPOTHESIS - THE INFERENCE DRAWN

One feels convinced to draw the inference that instead of governing the system it assisted the body to heal itself (to regain natural healing) in the same manner as a faithful friend, servant or well-wisher helps without asking any reward and by ending its own existence.

CONCLUSIONS:-

(The test of curative medicine)

It is quiet clear from the above analysis that the medicine belonging to any system including Homoeopathic will act curatively only if it assists the 'Natural healing system' in the body to regain its independence. Others will be

acting just as palliatives and suppressive measures and do more harm than good.

REVOLUTIONIZED
WAY OF PRESCRIBING

It is to be recalled that the R.H. prescribing is based on present, predominating and persistent mental states without going into the History of the case or looking through any miasma etc. or hunting for rare and peculiar symptoms. It is to elicit from the way your patient is expressing himself spontaneously in the form of speech and actions. This expression if converted into the rubrics of mind the remedy common to them is your remedy.

In this case Belladonna was found indicated which proved to be a true similimum. It was selected keeping in view the following expressions.

RUBRICS

BEGGING, entreating

FEIGNING, sick

QUIET wants to be
desires repose and
tranquillity for.

UNCONSCIOUSNESS,
interrupted by
screaming

LIGHT, desire for

FEAR, dark of

ANGUISH, weeping
with

FRIVOLOUS

HIDES, things

LAUGHING speaking
when

VERSIONS (Expressions)

BEGGING for sleep

WANTED attention

MAKES efforts for sleep to gain peace.

OCCASIONAL fear of death overwhelms

Tells the Dr. "please talk, whatever you have to say in my presence"

WANTS to know in clear words what is in store for him.

Feels discomfort at the thought of untimely death and weeps then lightens his mind by accepting it as HIS wish will try to overcome his weeping quickly lest others may note it'.

Ends it with laughing

BELLADONNA (The indicated medicine) helps even in terminal cases of cancer.

Let us ask ourselves a question. Would any one of us think of Belladonna in dreaded diseases like Cancer, TB etc.

Shall we not first of all screen our selection to find out to which miasma it belongs and thereafter try to hunt for rare and peculiar symptoms of a remedy in a person (as we mostly do) or of a person in a remedy. And still further getting down to grades and generalities mixing physicals etc. leaving it to the fortune of a person whether it hits luckily or not.

So, the argument in favour of the new methodology is where it saves time and affords certainty to selection of remedy, it upholds the principal of indicated remedy without bias.

Why a case of Bell. has been preferred to explain the new concept ?

Because my experience speaks that Belladonna

1. Gets indicated in more than 40% of cases all over the globe with curative effect.
2. Which is set aside as an acute remedy lasting its action for over 24 hr. infect acts for more than a year and cures so called chronic diseases also.

CONCLUSION:-

Because of these traditional prejudices, there will be other remedies lying neglected, narrowing their field of application and effectiveness

Case # 2

Lesson

This case present the general nature of Belladonna where the person himself is not bothered about his disease, others have to take initiative for his treatment.

In this case PPP (Present Predominating and Persisting mental state) is "FRIVOLOUS"

Miss A, 15yrs. Giddiness, blurring of vision, headache frequent fever running upto 101 F-103F complete loss of appetite with anemia.

DIAGNOSIS:-

Anemia.

CONVERSATION:

Her mother accompanies her, who starts speaking for her daughter, Sir, "She gets angry very easily."

Q. There should be some reason for that?

RAGE, medicine, from forcible administration of

A. The girl takes over "Sir, let me tell you she presses me to eat. How can I eat when I don't feel like eating", she laughed and said with brightness in her eyes and no burden on her mind.

LAUGHING, speaking when

"That is correct" I remarked. Interjecting a pleasant gesture into the conversation.

LIGHT, desires for

All of us laughed and the girl addressed gaily with winning looks towards her mother.

MOOD, repulsive

Q. Are you worried about all this?

FRIVOLOUS

A. She laughs, "my mother does on my behalf."

Q. What is your behavior during the fever?

QUIET, wants to be, repose and tranquillity desires

A. At that time I don't want any one to speak to me. I will simply like to lie down, put off the lights and take rest.

Q. Do you talk to anyone about your sickness?

HIDES, things

NAKED, wants to be

NOISE, desire to make

HIDES, things

RESULT:

A. Yes, if necessary.

Q. Do you make noise during the acuteness of your sickness?

A. I would like to do so, but because of my mother as she gets perturbed I have to be quiet.

On November 1st 1992 Belladonna 30, was prescribed. Improvement started as expected restoring general efficiency in the body day by day followed by nasal and anal discharges. The girl recovered within five months.

Reported on 7-11-92.

- Feeling better
- Appetite revived
- Had coryza for three days.

Placebo for two weeks.

Reported on 21-11-92

- Had two episodes of two loose stools for three days in 1st week and the same in the 2nd week.

Placebo for two weeks.

Reported on 30-11-92

- Had fever for five days 1-12-92 to 5-12-92.

Placebo for two weeks.

Reported on 15-1-93.

Nothing to report improving over all put up weight with glow on the face.

Placebo for four weeks.

Reported on 16-2-93.

- Slight feverish feeling and general laziness with slight loss of appetite for one week.

Placebo for four weeks.

Reported on 14-3-93.

- Overall improvement.

Placebo for four weeks.

Reported on 13-4-93.

- Feel totally alright.

Advised to discontinue medicine.

No relapse thereafter.

Case # 3

Lesson

This is also a case presenting the General nature of Belladonna but slightly different - he is compelled to take the treatment because his disease creates difficulty for him while communicating with others which results misunderstanding.

In this case PPP (Present Predominating and Persisting mental state) is "FRIVOLOUS"

Mr. D. 35 years, final year student belonging to a reputed Homeopathic college in a European country who attended my seminar on 12th of September 1992 and was fascinated by the new idea and approached me for treatment. He was suffering from Tinnitus (Sensation of - high pitched noises in the ear and head).

Conversation with the patient:

Q. How much is the impact of the noises on your mind?

DELUSION, wealth of

A. Laughingly he replied not very much.

Q. But why then you are interested in taking treatment?

LAUGHING, speaking when CALCULATING, inability for

A. Laughs and swings his head as if trying to find out the answer and speaks after sometime "It is really a handicap and I want to remove it".

DELUSIONS, sick being

DEFIANT

MOOD, repulsive

Q. Are you very serious about it?

SERIOUS, earnest

A. Of course! If it can be cured

LIGHT, desire for.

Q. If I say it is not curable?

FRIVOLOUS?

A. Then I have to live with it.

Q. Will it bother you

DELUSIONS, sick being

A. Only that I am handicapped.

Q. Any other feeling connected with it?

HIDES, things

A. 'Nothing'. (But in his tone and style I found an element of hiding).

Q. I asked him in a straight way, are you in a habit of hiding things?

NAKED, wants to be

A. "Yes, many things, for example, I shall not talk to anyone about my sickness unless it is very necessary. I had to disclose it to my wife after a very long time as because of the disturbance in my mind I was not properly attentive towards her for which she used to get annoyed".

RESULTS:-

Belladonna 30^c was given on 14th of September 1992.

We met after two years in 1994. Reported that he was quiet well and never felt any problem thereafter.

He was not keeping any systematic record of discharges from nose and ear, which he said he had been having upto middle of year 1993 say upto June 1993 and thereafter had no complaint and was feeling fine since than.

Case # 4

Lesson

This case denotes that nobody would have thought and believed that Belladonna - in just one dose would clear the case of its dimension which involves many diseases.

In this case PPP (Present Predominating and Persisting mental state) is "NOISE inclined to make (to get attention of husband)

Mrs. X 48 nurse from west Indies settled in London.

PRESENT COMPLAINTS

Pain in multiple joints, chest extending to left arm and numbness of right hand. Also hypertension, sleeplessness and lassitude. Bleeding piles, Cervical spondylitis for last 8 years.

LAUGHING, speaking when

Gives a very pleasing look, smiling, laughing. Before waiting for me to question, she starts "I remain tired all the time".

CARRIED, desires to be fast

DEL., wealth of (when she is in the normal mood she gives the impression that she has no problem)

LAUGHING speaking when

While you observe her talking you will feel that the laughing is coming down to smiling and suddenly ending in seriousness while delivering the words

UNCONSCIOUSNESS, interrupted by screaming

"I remain tired all the time" as if coming out of unawareness about self for a moment to return to the same state immediately thereafter. (just as a bus stops, drops a passenger and takes off gradually to attain swiftness in the end).

Q. Are you attending your job?

A. Yes.

Q. Any problem?

A. No.

Q. Is it with the same efficiency?

DELUSIONS, wealth of

DELUSIONS, poor she is

FRIVOLOUS

DELUSIONS., wealth of

REST, desire for

TRANQUILLITY sleep after^{*S}

QUIET, wants to be, repose and tranquillity desires

HIDES, things and NOISE inclined to make

QUIET, wants to be, repose and tranquillity desires

FEIGNING, sick

A. No, how is it possible and also I am in the middle of the age, with so many ailments.

Q. How much you feel you have gone down?

A. Not that bad, I am still doing well.

Q. Do you get good sleep?

A. No, I wish it.

Q. Do you get fresh after sleep?

A. Of course, when I really get it and in desperation sometimes I have to take a sleeping pill.

Q. When do you get pains?

A. Usually in the night and in the evening.

Q. Daily?

A. It is with me all the time but within limits but sometimes it becomes unbearable.

Q. Any periodicity?

A. No, it has no fixed time.

Q. What have you to do when it becomes intolerable?

A. Lying down.

Q. Do you make noise during the pain?

A. Laughs and says "ask my husband".

Q. Is it continuous?

A. It is at intervals.

Q. What is your general mood during the pain?

A. To remain quiet.

Q. Do you like to talk about your sickness to anyone?

A. Not always, and to none else than my

^{*S} Marked rubrics are added by Dr. Sehgal

husband and that too only when he becomes careless about me.

Q. Are you too demanding on him?

A. Laughingly, in a very light mood she says " No, no, no" not that way.

LIGHT, desire for(Likes to keep her mind free of any stress.)

RESULTS:-

Belladonna 30 was given on 11th August, 1992. As they were told that this one dose may last for many months and that the medicine will give two types of actions **first** being restoration of the general efficiency and second being eliminations followed by aggravation in the present ailments which is some time very hard to believe. Her husband was also wanting to start the treatment but he said he will come next week without making known his real intention. They reported after a week, she was now sleeping well without the aid of sleeping pills. There was a marked improvement in all the complaints and as expected the patient was contented as she had the feeling that she was recovering. I stayed there upto 17th of Sept. and the couple was happy.

Next I had the chance to see her in Oct. 1994. She reported the whole of year 1993 - was full of first action and second action i.e. relief and returns of complaints with discharges from nose and bleeding from anus alternately the phases of 2nd action mostly lasting for five days, with every phase coming lesser in intensity, duration and frequency. The pains, numbness and general weakness were improved.remarkably. She said she had no complaints after Nov. 93. The couple was all praise for the system they said yours is really a wonderful way of healing.

Case # 5

Lesson

This case proves that the Belladonna covers almost 40% of the cases all over the globe irrespective of Nationality. In my opinion the case taking

should be in private and not in the presence of anybody else. Because patients especially women will not like to open before everybody. Someone from the audience in a seminar tried to correct me by saying, 'It is Europe here people are quite open, you will have no problem like that.' This case proves the opposite. It has been observed that irrespective of cultural, civilizational and educational difference the basic sensitivities as human beings remain the same e.g. there is rubric TIMIDITY, bashful. Here this is shyness in talking to other about something which one feels is personal and private to him - like about disorders relating to ones sexual organ.

In this case PPP (Present, Predominating and Persisting mental state) is "CALCULATING inability for"

A case of a girl belonging to Israel. She is in her early 20's comes to me with her family physician and tells that her mother has sent her to him (family physician).

Q. What for has your mother sent you to him?

SUPERSTITIOUS⁵

A. My mother says, I am a mental patient.

Q. Do you believe your mother?

SUPERSTITIOUS

OBJECTIVE reasonable

A. I don't know (as if she doesn't know her mind) perhaps yes, if she says then it may be true.

Q. Do you believe you have any problem?

A. Yes, I do believe.

Q. What is your problem?

CALCULATING,
inability for CARRIED,
desire to be fast HIDES,
desire to

A. She knocks on her head with the fore-finger of her right hand as if putting pressure on her head and after a pause says with a haste, as if quickly to wind up, "I don't know".

Q. How did your mother conclude that you are mentally sick?

QUIET, wants to be

A. Because I remain sad and quiet all

⁵ SUPERSTITIOUS: Because it is not necessary that the judgement of her mother must be correct.

OBJECTIVE reasonable these days.

Q. What else do you do throughout the day?

A. Just lying down and doing nothing, thinking, thinking, thinking, and ultimately when I get nowhere, I try to go to sleep.

FEAR, dark of
LIGHT, desire for

CALCULATING,
inability for

QUIET, wants to be,
repose and tranquillity
desires

Q. Do you get relief after sleep and feel fresh?

A. Yes, of course it is so.

REPOSE and
tranquillity amel.

Q. What remains the subject of your thinking?

LAUGHING, speaking
when HIDES, things
TIMIDITY, bashful.

A. She laughs as if shy of her condition of mind and of divulging the topic of her worry.

NAKED, wants to be
DELUSIONS, poor she
is (feeling that she is at
loss)

After a pause, she starts with the same typical laugh with hesitation, shame and shyness says, " I have a boy friend, I get a feeling of burning in my vagina after I have met him (sexual intercourse), but this is not the real problem" hurriedly she adds and jumps over to what she has to tell next.

CARRIED, desires to be
fast

DELUSIONS, wealth of

"Actually that is not the problem". Again she takes a pause, and restarts, "He loves me a lot ". He is a very good boy, very honest and really loving but there is one bad thing.

FEAR, dark of
SENSITIVE, light to
FEAR, dark of
MOOD, repulsive
DEFIANT

CALCULATING,
inability for

FEAR, poverty of.

LIGHT, desire for
FEAR, poverty of
DELUSIONS, wealth of
(possessive)
FEAR, poverty of

CARRIED, desire to be
fast
QUIET, wants to be,
repose and tranquillity
desires
ADMONITION,
aggravates
QUIET, wants to be,
repose and tranquillity
desires

He wants me to wear showy and shiny dresses tailored in a manner keeping one's body half-naked. This I don't like. It is an extreme for me.

I can adjust to some minor variations in my liking but can't give up all. This is putting me into a fix.

I am not able to decide whether to discard the boy or my own liking.

Q. What is the difficulty?

A. I become fearful when I think of leaving him

Q. Why do you fear that?

A. I am definite, that it will take away from me the pleasure which I derive from the association with him and if I decide to continue with him I shall be losing my freedom (of choice how to live and dress myself) for the whole of life.

She continues, "And apart from this I am interested to make a final decision as early as possible because this is hampering my studies which will mean failure in the examination and ultimate financial loss to my parents which I myself don't like. More-over they may all be annoyed and rebuke me for my bad performance and all this cumulatively will be taking away my peace of mind."

Bell. 30 was prescribed.

Since immediately after consultation the patient had to leave for her Home Country, no further information is available. The point in publishing it is its typicality that lies and different Nationality.

Case # 6

Lesson

This is a typical case of "FEIGNING sick" where a patient annoys you to the extent that you have to keep him at a distance.

In this case PPP (Present Predominating and Persisting mental state) is "EXAGGERATES^s his problems to draw maximum attention" or "FEIGNING sick excessively"^s

Patient

Mr. Y, 52 yr.

Ailments

Copper colored scales with wet gluey matter, form and drop after scratching and in a chain go on recurring but was diagnosed as Psoriasis.

Suffering since 1994.

NAKED, desire to be DESIRES, attention excessively^s

Enters my room, sits in front of me and without waiting for me to ask him anything he lifted the covering of his body laden with thick scaly matter and started scratching it. He sat so closed to me that I had to tell him to keep a little distance.

FEAR, dark of LIGHT, desire for positively (searching for a ray of hope)

Sir, tell me frankly Is this curable?" And in a very curious manner he asked me, Sir If you don't mind may I ask have you cured any case like this before. I have come with a great hope. Somebody has told me that you can cure me.

His gestures were embarrassing as he was spreading the scratches of his skin around. I told him to keep his body covered and stop doing all that and assured him that I could judge even without seeing his skin, the volume of his suffering? He simply needed to answer to what he was asked.

UNCONSCIOUSNESS, interrupted by

But he kept on doing and said "Sorry, Sir I am sorry, but it itches like anything and I can't stop scratching it". *Perhaps forgetting about*

^s Marked rubrics are added by Dr. Sehgal

screaming¹

the surrounding.

QUIET, wants to be,
repose
and tranquillity desires
LIGHT, desire for
(wants to be relieved of
the agony by scratching
to get peace of mind and
body)

Q. Do you get relief by scratching?

A. Yes.

Q. Where it ends?

A. Only after when it starts weeping.

Q. How do you feel thereafter?

A. Very bad. I get angry with myself and determine not to do it again but when it starts itching I can't hold myself.

Q. What else do you do to comfort yourself?

A. By applying coconut oil. That is only when I am at home.

Q. What is your job?

A. I am a travel agent.

Q. How do you manage it when you are at work?

A. I have to rush back home.

Q. Do the business people know about you?

A. No, Sir. How can I do that. People will start hating me. No one will allow me to sit by his side. Thank God it is not on the face.

ANGER, with himself
UNRELIABLE,
promises in his

LIGHT, desire for

QUIET wants to be,
repose and tranquillity
desires

HIDES, things

QUIET, wants to be
repose and tranquillity
desires

¹ *It is a state of complete unawareness that he scratches and spread the skin dust around and realizes his mistake only on reminding.*

HIDES, things

HIDES, things

QUIET want to be,
repose and tranquillity
desires

QUIET, becoming and
repose, amel. *s

ANGUISH, weeping
with

HIDES, things [Because
the facial expression
shows that he is in
discomfort which he
doesn't want to show]

BOASTER

HIDE, things

HIDES, things

ANGUISH, weeping
with

Q. But you have it on your hands?

A. Of course, but it is on a small portion and I am able to cover it. I had it on my face but somehow it is no more now after the Allopathic treatment.

Q. What do you do after coming back home?

A. I change my dress scratch a lot and go to sleep thereafter

Q. How do you feel after sleeping?

A. Better.

Q. Since how long have you been suffering from it?

A. Since early 1994.

Q. What is the impact of sufferings on your mind?

A. Nothing If I have to suffer, I have to suffer. But this time his eyes were wet.

Q. Do you weep also?

A. That stage has not come , I am still strong.

Q. But your eyes are wet?

A. "That is nothing Sir, that is nothing", wiping he said and laughed to cover his weakness.

Q. Well now you need to listen to me attentively. If my medicine is correct its test would be that it would give you relief in all

*s Marked rubrics are added by Dr. Sehgal

respects in the first instance. Then thereafter the same complaints will come back anytime, but the intensity, duration and frequency will be lesser and within your endurance.

Q. *He asks with great concern - "Will it come back on my face also?"*

A. May or may not be.

DELUSIONS , poor he is
BUSINESS, talks of
FEAR, paralysis of

Q. Sir, it will be very difficult for me to pay attention to my business. The meager livelihood which I am earning will suffer because it will mar my movements I won't be able to move about openly in public.

DR. 'S ADVISE :-

Dr. tries to prevail upon him and acquaint him with the right course.

"I do realize your difficulty. But how long will you be pleasing yourself with the falsehood because day by day the disease will be multiplying itself, unless it is fought on the right lines. So you have to prepare yourself, mentally for the right priorities."

LIGHT, desire for,
positively^s
CARRIED, desires to be
fast
YIELDING
SUPERSTITIOUS

A. Alright Sir. But can you give me guarantee that I shall definitely be cured. (Here the patient seems to be finding himself in no get away position and is trying to yield to a forced compromise).

Dr - It is only the God who can give guarantee. We are all human beings we can simply make efforts and I believe, HE rewards if the efforts are honest and sincere with devotion.

PRAYING
EXAGGERATES, his
problem to draw
maximum attention^s

A. Sir, for me you are the God I need your kindness.

I have full faith in you. I think I will be cured.

^s *Marked rubrics are added by Dr. Sehgal*

^s *Marked rubrics are added by Dr. Sehgal*

Q. Why have you faith in me?

SUPERSTITIOUS

OBJECTIVE,
reasonable

A. One is your fame and the other is your plain talk.

Bell. 30 was prescribed with Sac lac for 1 week.

Reported on 7th Feb. 1996.

BEGGING, entreating

He repeats the same exercise of baring his skin and starting scratching it dirtying the surroundings. Looks at my face exactly as a beggar as if asking for some special attention.

CALCULATING,
inability for

"Sir, there is no relief might be there is something but

I can't say for certain".

Q. Do you feel yourself a little bit active than before? As I remember previously you were saying that you don't feel as efficient as one should feel at this age.

HIDES, things.

Q. What is it that he is
hiding?

A. Yes, a little bit.

A. The real progress.

Q. Why?

A. Because the tendency
is to draw my attention to
what is left from what is
achieved to guard against
the possibility of my
giving him lesser
attention than before.

Dr-. But your voice is forceful this time. It is not depressed as it was on your previous visit?

HIDES, things to keep
the high degree of
attention in full swing *s

CARRIED, desires to be
fast

AUTHOR'S REMARKS:-

LIGHT, desire for
(positively) *s

LIGHT, desire for,
positively(s*)

Pt. "Might be Sir, you are the better judge. But Sir, can you tell how long it will take to get rid of it"?

Dr. That I can't say.

Pt. "Some rough idea".

I was a little careful to answer and satisfy the query of the person to tell him that it may take 3-5 years as the tendency was towards carried, desire to be fast, I told him it depends upon the individual's reaction to the medicine. It may take, 1 day, 1 week, 1 month, 1 year or even more.

With dim looks and diluted enthusiasm he asked,

"Shall I recover for certain?"

Dr. Of-course you have started recovering.

Pt. "Thank you Sir, thank you Sir". His face brightened as he wanted to hear this.

Sac lac for 2 weeks.

Reports on 21st Feb. 1996.

Sir, it has spread to other parts of the body also. See my face and also my head it is very irritating and is beyond my tolerance.

Dr. I think I forgot to tell you that you have not to apply any type of soap, ointment etc. on it.

Pt. Sir, then how to clean it.

Dr. Wash it with hot water as hot as you can tolerate and then dry it with a clean towel.

** Marked rubrics are added by Dr. Sehgal

** Marked rubrics are added by Dr. Sehgal

Otherwise it will irritate your skin to the maximum and obstruct the healing.

Pt. But Sir, it is impossible to shave my beard.

Dr. You can stop shaving for sometime as long as the eruptions remain.

Pt. But Sir, it will look very odd. My hair are white and how shabby look the grown beard will give.

Dr. Oh! it is going to be a temporary phase don't worry.

MAGNETIZED, desire to be

MESMERISM amel.

[He wants to look young and charming]

PLAY, passion for gambling to making money (Compromising as desires light because somewhere he has a hint for recovery)

Pt. "What about my head Sir, can I apply the dye"?

Dr. No, if it is full of eruptions you have to wait till it is cleared of the eruptions altogether.

Pt. "Oh! Sir how bad it will look" in a semi-agreeable mood he said.

Sac lac for 2 weeks.

Reported on 6th March 96.

Laughs and says petting with both hands on both sides of his face pointing towards his well grown beard says, "Sir, see my condition. How long it is going to last. I have stopped going to my place of business and I am trying to manage things on Telephone."

UNCONSCIOUSNESS interrupted by screaming

Dr. So, you are happy. Sooner I said these, words he lifted his shirt baring his chest and back and started scratching his skin, once again unmindful of my reaction to it.

LIGHT, desire for
positively,
EXAGGERATES, his
problem to draw
maximum attention *
SERIOUS earnest

Pt. He is moving his hands and says, "See Sir see my condition" and become serious.

Q. But don't you find the change? he was asked.

A. It has swelled further and it is swelling like anything day by day.

Dr. He had to be educated about the course the disease takes after the Homoeopathic medicine starts acting. I told him betterment will start from above downward. 1st it will be head then face and downwards towards chest, abdomen, legs and ultimately toes.

Pt. Repeats "Sir, how long will it remain like this."

Dr. I think it should not take long as the things are proceeding in the right direction.

Then he started brushing his head with his hands. dropping a lot of white colored dust and says, Sir, see.

Dr. Oh! It is very good sign. Do you feel any change in totality of your health.

Pt. "No."

Dr. Previously, you used to scratch something which was in the shape of scales. Now it is in the shape of powder which you are dusting out of your head, beard and the other parts of the body. Where the skin is clearing there is no reappearance of the eruptions. Do you find certain spots of the skin totally cleared.

Pt. "Yes Sir that I do admit". *Still his face*

* Marked rubrics are added by Dr. Sehgal

does not give much of cheerful appearance and says, "You know better Sir, it is for you to judge".

Dr. I admonished him.

"What type of a person you are? You are recovering and still you are not happy with your progress."

**STARTING, startled
fright, from and as from**

He (patient) started as if frightened and said, "I do admit, Sir it is your kindness and added further. I forgot to tell you sir that all through the previous 2 weeks. I had loose motions. For about 5 days in the middle they were at the peak.

Dr. Very good. Did you get some relief thereafter?

Pt. "Yes Sir."

Dr. "All right you come after 4 weeks, "And he skipped out of my room mutely.

He is still under treatment. His head and face are almost clear except very negligible traces of the disease on chest ,abdomen, back and legs. In spite of 95% recovery of skin Lessons without recurrence his way of reporting has not changed. This is typical of Belladonna that even after getting 95% of recovery patients in certain cases will keep on pretending to be very sick and will say "But Sir, such and such complaints are still there" - will never allow their facial to reflect their real extent of recovery. It is to be reminded that he is just on 1 dose of Bell. 30 without any repetition which is giving evidence against the

prejudice that it is only a acute remedy.

Case # 7

Lesson

It is for the reader to find out why this patient could not be cured by the any other method employed in Homoeopathy inspite of the fact that the patient is a staunch supporter of Homoeopathy.

In this case PPP (Present, Predominating and Persisting mental state) is "FOMPOUS, important".

Mr. K. 60 years an Industrialist running many Homeopathic Dispensaries on Charitable basis. Fungal infection on thighs, Hypertension and angina on effort.

Conversation with the patient :-

MILDNESS

CARRIED, desire to be fast LIGHT, desire for

While entering my chamber gave very pleasing appearance with humility and started on his own without waiting for any incentive to talk to me, as if with a lot of hope from me.

POMPOUS, important
CARRIED, desires to be fast

Mentioning the name of one of the SSRH's old student, by whom he was refereed he said, "I am suffering from fungal infection and I am under allopathic treatment for the last two years and want your proper attention".

HIDES, things
RELIGIOUS affection

Hesitantly he says, "I have great faith in Homeopathy but because of no relief by Homeopathic medicine I had repeatedly to fall back on allopathy.

DELUSIONS, poor but wealthy^s

I am suffering from Hypertension for the last 10 years and angina on effort for the last 6 years but they are not bothering me too much. I am not worried about them. It is the skin allergy that bothers me much, which I am having since childhood.

Q. How it effects you?

DELUSIONS, sick being (become unfit)

A. It comes between me and my business very badly.

Q. Are you not attending to your business?

DELUSIONS, poor but wealthy^s

HIDES, desire to

HIDES, things

A. I do, I do, but not with full enthusiasm, because when the attack comes, it puts me into a very awkward position because when I am talking to the customer, I have to make a lot of effort to check myself from scratching, to conceal it from him (customer).

ANGUISH, weeping with

And apart from this it gives me a lot of agony and at this point tears came out from his eyes.

ESCAPE, attempts to

HIDES, things

Helping him to cover up his present mental state which I observed he was trying to manage. I said, "How do you take life in general?"

DELUSIONS, wealth of

I am with no problem. I am getting all that I want.

POMPOUS, important

I command a lot of respect not only from my own children but also from those of my brothers'.

DELUSIONS, wealth of

Being the eldest in the family they all honor my decisions given in settlement of mutual disputes.

QUIET, want to be, repose and tranquillity

Temperamentally I love peace all around me and that is why I try to see that every strife

^s Marked rubrics are added by Dr. Sehgal

^s Marked rubrics are added by Dr. Sehgal

desires

is settled amicably.

Q. What will you like to do during the attack?

A. Rest in a quiet atmosphere.

REST, desires for
QUIET, want to be,
repose and
tranquillity desires

CARRIED, desires to be
fast LIGHT, desires for

His look gave me the impression that he was anxiously waiting for me to say something positively without delay.

LIGHT, desire for
positively^s

And without waiting for me he asked me passionately, "Shall I be cured."

FEAR, dark of

Q. Do you mean quick relief?

A. A bit hesitant with shyness he admitted indirectly if it could be so.

HIDES things

Results:-

On March 1993 Belladonna 30 was given. Two weeks later he reported on telephone that he had gradually stopped allopathic medicine as advised. The ailments have aggravated for two days with some headache and disturbed sleep. "My allopathic consultants are not happy over the withdrawal of their medicine. In spite of that I have not yielded and wanted to be instructed further.

"Are you better in general efficiency"? He was asked.

"Definitely", he said. Was advised to continue with the medicine (placebo) which he was having with him

Next he reported on 19th of April BP persisted little on the higher side 140/80 to 165/92 but still better overall, advised to continue with the same medicine (placebo).

^s Marked rubrics are added by Dr. Sehgal

Next he reports on May 14th that for the last two weeks his B. P. has come down to be normal 135/85 - 140/90 without the aid of any allopathic medicine and have a feeling of betterment with the disappearance of the symptoms of angina but the skin problem increased. This in accordance with the Hering law of cure that the diseases disappears in the reverse order of their coming. He was educated in the beginning that in order of sequence his angina and Hypertension should disappear first and the skin ailment later. Advised to continue the medicine (placebo). Reported on June 14th with further progress on the similar lines and shown an inclination to buy the literature belonging to 'Rediscovery of Homeopathy' for those Homeopaths who have been treating him previously and, who were interested to know the method which teaches treatment with Homeopathic medicine without the aid of the medicine of any other system, especially of the vital organs.

He reported last on 26-11-94, telling that he was almost OK but LIGHT desire for permanently wanted medicine for another two months just to keep more fit.

Case # 8

Lesson

A patient is a patient. He is to be treated just as a common human being and not as a person holding a status in society. A Miraculous cure - A single dose cures within two-three weeks.

In this case PPP (Present Predominating and Persisting mental state) is "DELUSIONS, friends surrounded by" but in fact is overshadowed by 'HIDES things.'

Patient:-

A high ranking Business executive, 50.

Ailments:-

Insomnia, Anorexia, Masturbates many times - in a day. Refuses to take medicine. Well says he is and was diagnosed as Schizophrenia,

He is accompanied by his wife, 18years old son and 16 yr. old daughter.

Version :-

DELUSIONS, wealth imagination of

"My boss is very good, my boss is very good, he is very happy with me". He often repeats this version.

DELUSIONS, friends surrounded by

And continues- I have no enemies. Everybody is my friend.

Q. Why have you come to me?

EXUBERANCE

DELUSIONS, friends surrounded by EXUBERANCE

A. It is pleasure to meet you, *laughs vigorously*. You are a friend. Like this with every word he speaks, he displays a sense of extreme happiness and vigor

Q. Since when he is suffering from this disease? I asked his son.

A. It is since one year.

Q. Is he going to office?

A. No.

Q. How he passes his day?

A. There are sudden changes in his behavior.

QUIET, wants to be

Sometimes he will say, "Let nobody talk

repose and tranquillity
desires

TALK, indisposed to
alternating with
loquacity

SPEECH, delirious

MILDNESS

ESCAPE, attempts to
be

DELUSIONS, friends
surrounded by

QUARRELSOME

CREDULOUS

FRIVOLOUS

LIGHT, desire for

LIGHT, desires for¹

FRIVOLOUS

BENEVOLENCE

HIDES, things

PLEASURE, lascivious
ideas, in

and make any noise, let me sleep", tries to lie down and after a few minutes becomes talkative with irrelevant speech, and if he is told please keep quiet then he will say -

Alright, alright and will try to go out and catch hold of anyone who meets him on the road and start talking to him,

reminding him that they are old friends, which is contrary to the fact.

To divert his attention, when people tell him go home - your kids are calling you. He will believe them, come back and ask us - have you called me, and when we plead innocence - will start arguing with us.

He easily believes others and anybody can mislead him.

"He has always been accommodating", his wife tells about his past behavior.

He takes things lightly. Never bothered about even very serious matters. Very kind and charitable to others.

Q. What in your opinion can be the cause of the derangement of his mind?

A. Actually he was due for promotion. He had very good personal rapport with his boss and had full faith in him for his support but was highly disappointed and shocked to find a junior superseding him. But he never likes to talk to anyone about it.

Apart from his main disease we are worried about his practice of masturbation even in the daytime and for many times in a day and when

¹ This shows a part of his general nature.

QUIET, wants to be,
repose and tranquillity
desires⁶

UNRELIABLE,
promises in his
ATTENTION, desires

WEEPING, refused for
anything

QUIET, wants to be,
repose and tranquillity
desires(the symptoms)

REPOSE and
tranquillity amel^{*s}

he is caught red-handed he promises not to do it again but

he fails to keep the promise. The other thing is he will always compel his son to sleep with him in his bed.

Q. Have you ever refused him sex? I asked his wife.

A. Hesitatingly she admitted that was true, because of-late he was too demanding to coup with.

Bell. 30 on 13th of April 1993.

Advised to withdraw all the allopathic medicines.

Reported on telephone on 15th of April 93.

He is sleeping and they were worried whether it was over dose of the medicine.

They were told there was nothing like that.

The system has been starving for sleep since a very long time, it is trying to meet its deficiency. This is natural sleep which will repair the damage caused to brain by long sleeplessness.

Reported on 20th of April 93.

Feeling much better and has joined his office.

Reported on 5th May 93, after two weeks.

⁶ Nothing happens without a cause and our endeavor should be to go behind the things to trace the cause. Here it can safely be assumed that an action which is not dignified if someone is compel to, it means it gives him some sort of comfort and that is why it requires to be placed under the rubric QUIET, wants to be, repose and tranquillity desires.

TRAVEL, desire to
RELIGIOUS, affection

Is quiet normal and insisting for pilgrimage to a *Holy Place*.

I had never expected that there would be no relapse. I warned them, "You may be in trouble. If it happens when you are away from home."

RELIGIOUS, affection

They said, "It is a matter of 6-8 hours of Journey from Delhi and we will not extend our stay there. Let us not refuse him what he desires because he is otherwise also a religious person."

Thereafter they consulted me, he is to us totally cured. Does he require further medication.

I said "Wait till any relapse".

Till today there is no relapse.

They came to me as a lost hope having tried all other methods and the person was cured which was really miraculous to be in such a short time.

It should not be astonishing for Homoeopaths because in our practice it happens sometimes that the patients visits you only once and never returns thereafter which is discovered later on that the 1st dose of a single medicine did wonder and the patient revealed he was cured.

*s Marked rubrics are added by Dr. M. L. Sehgal

Case # 9

Lesson

How to convince a patient who does not believe in your method and is not much conversant with homoeopathy, to discipline him to co-operate with you while managing his case.

In this case PPP (Present, Predominating and Persisting mental state) is "FEIGNING sick" or "DESIRE attention".

For case taking the principal is, listen to what he (patient) says and observe to what he does former means subjective and the later means objective symptoms.

Patient:-

Mr. X. 43 yr. of age.

Ailments:-

Had right upper jaw pain Neuralgia Trigeminal Right side, since many years. Remained continuously under specialized treatment of various systems but day by day the impact of the disease became overpowering.

FEIGNING SICK⁷

HIDES. things

He entered my clinic - sat down quietly and after a pause said, "Sir, the pain is so severe that it would be difficult for me to give you the history, so my mother is with me and she will do the job".

His mother told that it was since 1983 that even the highest dose of analgesic (pain - killer) was not working.

She said "Because of pain, the patient could not carry out properly his routine job of personal up keep. Like brushing, shaving, bathing chewing and eating. More so he could not even walk or talk as a result he had to cancel his appointments meant to promote his business. Naturally all this makes him sad."

Q. What do you mean by sadness?

⁷ Wanted attention from his mother- this is obvious as he could come alone without the company of anyone - later on his mother confirmed that when in pain he would want me to be by his side all the time.

ANGUISH, weeping
with

DEATH, desires ,
anguish from
SUICIDAL pain during
LIGHT, desire for

A. "He weeps and says better it was that he died."

While his mother was explaining his case the patient sat with the gloomy expression but it brightened after he was assured that he will be totally cured, if he would co-operate

Q. What type of co-operation?

COMMENTS-

Why I said, if he will co-operate? Because he was more influenced by the dominant school and also had tried homoeopathy and would therefore be convinced only after getting a scientific answer.

A. He was told "You have to empty your mind and view things from a different angle. Mine is a new way of prescribing and managing a case which differs from the other schools including all existing methods employed in Homoeopathy. It is expected of a medicine to give two types of actions first relief in all existing ailments and second the return of complaints with eliminations of the toxic matter. Since prescribing is based on purely the present mental state of a patient. The progress is expected to start from mind. As in your case you develop suicidal tendency with weeping during the pain. Now after the medicine you should feel free from the depressing thoughts with a feeling of added efficiency and corresponding amelioration in physical complaints. But the second action will be painful. As there will be the return of the complaints. They might be severe yet some-where tolerable and without any sort of depressive effect on the mind. This second action will be an indication that the elimination from any of the five natural outlets of the body is ahead.

If this happens than only you should take that my prescription is correct.

I stressed this point again that this will be the real test of the correctness of my medicine, which will be an assurance for permanent cure.

MOOD, repulsive

He said I am really fascinated by the idea which in fact is convincing and encouraging for me to bear the pain without the aid of the allopathic medicine. His mother interjected,

CARRIED, desires to be fast

"But sir, he is very impatient during the pain and takes the medicine at once even at the slightest inkling of the pain."

PLAYFUL, passion for gambling, to making money

The patient, "No Sir, I promise to follow the instructions which I feel is worth doing."

NAKED, wants to be

Q. What else do you do to get relief from the pain? He was asked.

QUIET, wants to be, repose and

A. I lie down quietly.

tranquillity desires

REST, desire for

Q. Do you find any relief thereafter?

REPOSE and tranquillity amel.^s

A. Yes.

The patient was given Belladonna 30.

Reported after 4 weeks of the medicine.

After taking the medicine the first day passed well. Second day onward the pain started increasing and on the 4th day it was on its peak. His wife range up, the patient is in turmoil, pains are unbearable, what to do?

Sac. lac advised.

Next day she informed the pains had come down and the patient was feeling comfortable. The noticeable thing she mentioned was the discharge of **excessive saliva** after the pain which was relieving. Thereafter the pain vanished for about three weeks and recurred in the forth week spreading over the whole of the right side of the face which alarmed the patient. He said

^s Marked rubrics are added by Dr. Sehgal

the area of the pain has extended which is not a good sign according to Allopathy.

COMMENTS

How could I advise that the patient was improving?

Ans. Since the mind was up.

He was assured, he was recovering. The pain remained for a month with rising degree of intensity, duration and frequency but without any depressing thoughts.

The patient could put up with it without resorting to any type of pain killer it was occurring once or twice a month without any significant impact and the patient felt he did not require treatment any more.

The patient was so happy and grateful, that he volunteered to express his appreciation for the treatment in one of our seminar held in Delhi. In the words of the patient "My mental state is very sound now there is no depression. I remain cheerful, working almost for the whole day in my office without needing rest which previously I used to crave for all the time."

Case # 10

Lesson

A patient is a patient, one should be guided by his present mental state and not the status that he holds in the society. That is why it will be very necessary to advise the patient to present himself in his original form.

In this case PPP (Present, Predominating and Persisting mental state) is "CARRIED desires to be fast". It is to be noted that the first job of the medicine is to change the attitude of a person.

Patient:-

Mr. X. 35 yr. of age.

Ailments:-

Disease 'Psoriasis' since 1978.

Comments:-

(A patient is a patient, one should be guided by his present mental state and not the status that he holds in the society. That is why it will be very necessary to advise the patient to present himself in his original form.)

Learned about my method of treatment and requested through a colleague Homeopath to spare a little time to give him an appointment at my earliest. As I was over busy in giving a seminar to the Homeopaths of the area, no time could be spared and he was advised to contact me in Delhi. I took it - that the matter was settled for the moment but he surprised me, when during the live case demonstration, I received a chit (slip of a paper) that he wanted to talk to me about something in general for which he would need only one minute.

He was allowed, he came on the dias and was asked, what did he want to say?

In reply he extended his legs and said about this.

Q. About this, you were advised to contact me later on?

ANGUISH, weeping with?

A. I am in a great discomfort he said and wept. you

ANGUISH, weeping with?

Q. What is making weep

A. It is the discomforting thought of the disease because being a member of the family of Drs. I know it is not curable and I have to suffer for the whole of my life.

Q. Are you doing your duty well?

DELUSIONS, sick being

A. Not at all.

Q. Then how do you manage your affairs?

A. It is through my subordinates.

Q. Does any body in your office know about your sickness?

HIDES, things

A. No.

Q. What do you do when you get attacks of disease on duty?

HIDES, things

A. I rush to my residence on some false pretext.

Q. What is your desire during the attack?

REST, desire for

A. To stop doing anything and take rest.

Q. Anything else?

ATTENTION, desire for

A. I want my wife to be with me.

Q. What do you expect from her?

A. Just sitting by my side and helping me to sleep.

RESULT:-

Belladonna 30, was given and was advised to report after a month. He reported accordingly, saying no relief.

CALCULATING, inability for

Q. Was questioned "Do you remember you could not stop your tears before you had attempted to talk to me about your sickness"?

LIGHT desire for

A. He said yes and admitted that those, bouts of depression had disappeared.

DELUSION, poor he is

Since he had some knowledge of Homeopathy he was convinced that the healing starts from mind and in that way the medicine given to him was working. Still he pointed out that no doubt the mind is not depressed, but the itch is trouble some.

Sac lac for 1 month.

CALCULATING, inability for

Reported next on time and again he came with the same expression 'no relief' he

said his depression had returned.

Q. Will you explain your depression - in what way, form and time you get it?

A. He said a week back he got a telephonic message from the Managing Director of his company that he was not happy with him.

Q. What did you apprehend?

A. Nothing very specific but just as it was frightening.

Q. How long did it remain?

A. Just for a day or two and gradually it disappeared by itself.

Q. Had you had to make efforts to overcome it?

A. Yes, I tried to escape by occupying myself in some sort of light entertainment.

Q. How would you end it?

A. Just by saying to myself let me face it.

Q. Do you remember what did you say last time when we met.

A. With a smile he said, my memory is weak sir, he pretended.

LIGHT desire for

MOOD repulsive

HIDES things

CALCULATING,
inability for

BOASTER
FRIVOLOUS

Let me remind you. Your main attention at that time was being drawn by your physical sickness (itching). Today you are talking of depression only.

He recalled and said, you are right. But about that I would like to say that I am not bothering much about my disease now.

Q. Do you think this is the result of your own effort or the action of the medicine?

LIGHT desire for

A. He laughed as if got the light and left happily asking when next to report but thereafter he did not report. Perhaps became frivolous and putting up with the disease or got cured

The purpose is to give the reader a different shade when in agony a person may forget the surroundings and open even in public without considering his position in society.

Case # 11

Lesson

As such no case is acute if it passes on without medicine. Every acute state has a chronic base if it requires medicine. No intercurrent medicine is needed to control the so called acute state. The medicine covers both the states. In this case potency had to be changed after 5 months.

In this case PPP (Present Predominating and Persisting mental state) is "ATTENTION desires special".

Patient:-

Mr. S. - 31, married.

Ailments:-

Rashes in the skin all over the body, started on the tip of penis and spread to other parts, had - Herpes, Sinuses (from 1978-80), treated by allopathy.

Also has Coryza and Asthma.

At present Asthma is predominant.

Conversation with the patient:-

LAUGHING, speaking when

Definitely he was laughing with a typical style mixed with timidity, bashfulness (shyness) while he stood by me in my clinic (surgery) waiting for my permission to take the seat in front of me.

TIMIDITY, bashful

LIGHT, desires for positively^s

POMPOUS, important

He started, "Sir, one of your senior students has recommended me to you.

ATTENTION, desires special^s

Even otherwise also I have a great faith in homeopathy. Although I have been treated by many homeopaths of repute in vain still I have not lost faith in homeopathy."

Oh! Welcome! Welcome! Sit down please, I told him.

ANGUISH, weeping with

Before he started talking about himself, his eyes became wet. "What to say?" He said, I am so perturbed when I think of no end to my

⁸ Feels lest he gets negative response - because in the mind is light desires positively

^s Marked rubrics are added by Dr. Sehgal

disease. Thank God it is not on my face otherwise it would have been very difficult for me to interact with the people and to go out openly in public.

HIDES, things

Frankly speaking I have not allowed even my wife to know about it.

Q. Do you worry about it all the time?

A. Yes, of - late for the last few months since I have met with repeated disappointments and seeing no end to my disease.

Q. How do you manage yourself?

A. When I am unable to find any solution, my mind becomes dull and loses capacity to comprehend and think anymore and I find my physical and intellectual faculties refusing to work anymore with a desire to stop all activities, and take complete rest to wake up to be able to think again.

FEAR, dark of
LIGHT, desires for
DULLNESS, chill during
[When there is no hot
news(good news)]
QUIET, wants to be,
repose and tranquillity
desires

Bell. 30° on 9th of May 1991.

Reported on 14th of May 1991.

-Feeling better in all respects.

Next reported on 25th of May 1991.

-Overall improvement.

Next reported on 1st of June 1991.

-Nothing to report.

Next reported on 9th of June, then 16th of June, then 22nd of June, then on 3rd of July 1991.

-Complaint eruption on the penis persists.

On 11th of July 1991.

-Eruptions on the penis reduced

On 26th of July 1991.

-Nothing to report.
On 6th of August 1991.

-Cough with fever, pain in the throat.
(eliminations)

On 12th of Sep. 1991.

-No complaints.

On 19th of Sep. 1991.

-Itching increased with swelling and discharge of white pus from the eruptions on penis.

On 26th of Sep. 1991.

Discharges increased.

On 3rd of Oct. 1991.

-Throat better,

-Appetite better,

-Disturbance in the stomach better,

-Pus discharge continued, with

-Swelling of the skin and dryness in the nose.

On 11th of Oct. 1991.

-Discharge continued.

On 24th of Oct. 1991.

Potency was raised to Bell. 200.

On 31st of Oct. 1991.

-No complaint.

On 6th of Nov. 1991.

-Loose stools (Three days)

-Cough with phlegm also thick discharge from nose.

On 11th of Nov. 1991.

-Nasal discharges better,

-Breathlessness for 3 days,

-Sticky sputum,

-Foaming in urination, noticed.

On 22nd of Nov. 1991.

-Cough and sputum intensity, duration reduced.

-Overall improvement.

On 28th of Nov. 1991.

-Much improvement.

On 2nd of Dec. 1991.

-Very happy with the progress.

On 6th of Dec. 1991.

-Sleeplessness,

-Nausea,

-Stiffness of joints after rest.

On 14th of Dec. 1991.

-No complaint.

On 21st of Dec. 1991.

-Feeling normal except skin, irritation,

-Morning sickness⁹, after stool,

Technically this feeling should be in woman, but if a male patient uses this phrase for himself Homoeopathy has two rubrics for him Naïve and Imitation (He had heard or seen the same happening with some lady and has adopted this expression for himself)

-Desire for specialties in food,

-Doesn't like ordinary food,

-Unable to decide what to eat,

-Otherwise clarity of thoughts.

On 28th of Dec. 1991.

⁹ That is feeling of nausea of early pregnancy after stools but does not bother much about it.

-Skin trouble, area reduced.

On 4th of Jan. 1992.

-Appetite better,

-Skin better.

On 14th of Jan. 1992.

-Stomach disturbance reappeared,

-Still liking for specific and special things to eat.

-Skin around hips quiet cleared,

-Penis also cleared.

On 23rd of Jan. 1992.

-Stools twice a day,

-Stomach upset,

-Appetite reduced.

On 4th of Feb. 1992.

-Sensitive to any type of odor for 3 days.

-Albumin in the urine.

On 12th of Feb. 1992.

-Pain in the arm-pits,

FEAR superstitious

-Fear of herpes which he had in the year 1989 and cured by allopathic treatment,

-Over anxiety about health.

On 18th of Feb. 1992.

-Nothing to report.

On 3rd of March 1992.

-Loose stools for two days with corresponding reduction in the area of itching.

-Pain in the left side of the throat.

REPORTED AFTER A GAP OF ONE AND A HALF-YEAR.

DESPAIR, itching of the skin from

On 4th of Oct. 1993.

-Hopeless from itching.
Not bothering much about
breathlessness.

Psorinum 30^c.

Reported on 12th Oct. 1993.

- Feeling better.

Reported on 21st of Oct. 1993.

-Constipation for two days,
-Sneezing, running nose.

Cocc. 30^c

Reported on 28th of Oct. 1993.

-Breathlessness reduced,
-Loose stools for 3 days,
-Cough for one day.

Reported on 5th of Nov. 1993.

-Constantly coughing,
-Breathlessness improved.

Reported on 16th of Nov. 1993.

-Breathlessness,

**UNCONSCIOUSNESS,
interrupted by
screaming**

-Aggravated after attack feeling
concerned about health for a few minutes.

On 23rd of Nov. 1993.

- Minor symptoms persisted.

Bell. 30^c

Reported on 30th Dec. 1993

**DELUSIONS, poor
DELUSIONS, wealth
(not bothering about
them)**

No complaint

Was advised to stop further medicine and
report if any relapse - No relapse thereafter.

There was a little job for Psorinum after
which finally the Bell. 30^c cleared the case. It

means the main medicine was Belladonna which in single dose of 200^c worked to leave the case nearly cured.

He didn't report thereafter. Because he came with a last hope in me. Assumed to be well.

Case # 12

Lesson

This is also Belladonna in a different shade confirming the concept of Revolutionized Homoeopathy - A single dose in 30^c potency clears the case. (13.11.1992 to 21.02.1994)

In this case PPP (Present Predominating and Persisting mental state) is "MOOD repulsive" and "DEFIANT" - in the sense that she is ready to recover the lost ground at every cost.

Mrs. N. Kaur. A case of Anxiety Neurosis accompanied by her husband, parents, in-laws and many relatives. This is perhaps traditional in India that the people around us take it as an obligatory duty to be present as a moral support with the man in trouble. But it is very embarrassing for a physician to attend the quarries of everyone which are mostly irrelevant and sheer nonsense. I requested all of them to stay out leaving the patient with me and I shall call later on if I require the assistance of anyone of them.

Conversation with the patient:-

Q. What is your problem?

A. I have no problem.

Taking her into confidence I told her I have sent everybody out so that you should be able to talk to me freely and let me understand your problem.

IRRITABILITY,
consolation agg.

MOOD, repulsive

It is better, you ask them who brought me here she replied.

In a persuasive way I told her it will be better if you disclose your mind because unless I know the truth I wouldn't be able to help you.

She said, "They think I am mad".

In a light vein I said why at all they should think in this term.

DELIRIUM, hysterical
almost

At this she became almost hysteric and fixing her eyes on me with terse looks she said,

"Anybody in my place will become abnormal whose life has been ruined."

DELUSIONS ruined she
is^{*s}

"You tell me, will you not."

DELUSIONS , poor she
is QUARRELSOME

I have no alternative except to keep calm and give her a smiling face.

MILDNESS
QUARRELSOME,
without anger

Then she becomes milder and says, "What is it instead of replying my question you are laughing, laughing and laughing."

At this I called her husband in and asked him, "She says you think she is insane, what have you to say about it."

Concealing the fact he said, "Actually she has lost her sleep."

Q. Since when?

A. It is for the last 2-3 weeks. Sleeping pills and tranquilizers have no effect.

OBJECTIVE,
reasonable
QUARRELSOME,
without anger
MOOD, repulsive
DEFIANT

Who will not lose his sleep like one in me who has lost everything and what will the medicine do? You tell me sir, but I am telling you I am not going to keep quiet, come what may.

Q. What is it she is referring to that she has lost everything? I asked her husband.

A. Hesitatingly he came out, "I have a sister-in-law my elder brother's wife who brought me up since I lost my parents in early childhood. She is like my mother and expects me to visit her daily."

MOOD, repulsive
QUARRELSOME

She interrupts, "Forgetting me altogether I ask you why have you married me at all?"

Q. "Where your sister-in-law lives?"

A. Just on the 1st floor of our house.

*s Marked rubrics are added by Dr. Sehgal

Q. How long do you stay with her?

MOOD, repulsive
QUARRELSOME

The whole night, she interrupts again in a Quarreling mood.

He says, "The reason is that she is alone in the house since my brother has expired. She doesn't feel like cooking unless there is someone else to share the meals with her. That is why she keeps the food ready and waits for me till I am back from my work."

Q. And thereafter?

A. "Then she will like to have some conversation about my business and the progress made in my various projects and frankly speaking while we are talking, sleep over grips me and at some occasions it is morning when I awake."

OBJECTIVE,
reasonable
MOOD, repulsive
HIDES, things
QUARRELSOME

Do you feel I am a fool? His wife interrupts. Don't compel me to open my mouth. I know what transpires between both of you. I gave indication to her husband to keep calm and let her speak what she has in her mind because for me to select her remedy her version is important. I sent him out.

Q. When were you married?

A. We have two children, she said.

Q. But you lost your sleep since only three weeks back?

NAIVE
LIBERTINISM
DELUSIONS, poor she
is
DELUSIONS, wealth of
OBJECTIVE,
reasonable

A. "In the beginning I didn't realize all this and took everything lightly. Although I was doubtful of the intentions I took it in the poor light and disposed the little bit of illicitly as permissible. Another reason is that during my pregnancies I was mostly away with my parents and the extent of their relationship didn't come to my notice. It is since one year now that the reality became apparent to me.

WEEPING, refused
when anything

RAGE, forcible
administration of
medicine, from

FRIGHTENED, waking
on

DELUSIONS, sick being
to work

QUIET, wants to be,
repose and tranquillity
desires

INTOLERANT, noise of

ANGUISH, weeping
with

I started feeling concerned and now in the end when all my appeals to my husband turned to be on the deaf-ears. I have lost all faith in him and scared of leaving him alone even for a day."

Q. What will you like me to do for you?

A. I am having headache and a sort of loss of strength

Q. What efforts do you make to manage yourself?

A. I try to remain alone, calm and quiet and beat the children if they make noise, keep lying in my room. At this she wept.

Q. Why are you weeping?

A. Because of the discomfort, which I get when by recalling my act of beating my children who actually deserve to be loved.

13.11.92 - Bell. 30^c one dose.

-Slept well.

Reported on 21st Nov. 1992.

-Intensity, duration and the frequency of the mental symptoms is reduced.

Next to report after two weeks.

Reported on 11.12.92

-She had headache on 26.11.92.

-Poor feeling still there,

-Desire for tranquillity,

-Menses earlier,

-Urination foul (smell).

Reported on 26th of Dec.

-progress continued.

WEEPING, refused
when anything

RAGE, forcible
administration of
medicine, from

FRIGHTENED, waking
on

DELUSIONS, sick being
to work

QUIET, wants to be,
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-Poor feeling still there,

-Desire for tranquillity,

-Menses earlier,

-Urination foul (smell).

Reported on 26th of Dec.

-progress continued.

Reported after two weeks on 18th Jan. 1993

- Had headache for 3 days,
- Squint in the eyes appeared,
- Menses earlier on 5th and 19th Jan. 93.

Reported on 6th Feb. 1993

- Overall pleasant except irritability after exertion.

Advised to report after one week as there were signs of new symptoms -

IRRITABILITY. exertion after

Reported on 17th Feb. 1993

-Running nose with sneezing for 3 days, 11-13th of Feb.

-Taste of tongue abnormal with tendency to hate and revenge.

Told to report after two weeks.

but reported on 16th March 1993.

-Menses normal.

-Taste of tongue normal,

FEAR deceived of being -Still fear of being deceived with a tendency to hide.

To report on 5th April 1993.

-Headache for two days 23rd and 24th of March with constipation.

-Lips abnormally dark black for two weeks.

Reported on 26th April 1993.

-Headache and constipation removed,- Color of lips normal,

-Thighs heavy since one week.

To report after two weeks, 15th of May 1993.

-Slight headache in between,

-Thighs OK.

To report after two weeks.

Reported on 5th of June 1993.

-Menses 13 days in advance,

-Constipation appeared again,

-Swelling on the whole body,

-Color of lips improved.

Reported on 26th of June 1993.

-Nothing to report special.

26.06.93 for one week.

Reported on 13th of July.

Reported on 21st of August 1993.

-Menses again appeared in advance with excessive bleeding and general weakness, with fear of falling and drowsiness.

Reported on 18th of Sep. 1993.

-Menses normal,

-Bleeding of gums,

-Drowsy feeling no more,

-Fear of falling no more,

-She says she is well in general hopeful.

Reported on 8th of Nov. 1993.

-Well says she is,

-Have vertigo for three days,

-Menses normal,

-Overall better - with occasional bad feeling.

Reported on 6th of Dec. 1993.

-Disposition to rise late in the morning,

-Periods OK.

Reported on 25th of Dec. 1993.

-Nothing to report.

Reported on 24th of Jan. 1994.

-Says she is well,

-White discharge since 28th of Nov. 1993,

-Urine sticky with foul smell,

-Skin below the eyes - black.

Reported on 21st Feb. 1994.

Advised to discontinue the medicine and report only after having any complaint.

Since then there is no relapse.

Case # 13

Lesson

This case also shows the benefit of prescribing according to the tenets of Revolutionized Homoeopathy which is free from imaginary biases through the rubric "FEIGNING sick".

In this Case where king pin symptoms is "HIDES things" - there PPP (Present, Predominating and Persisting mental state) is also "HIDES things".

Patient

Mr. O. 55, Businessman, Mental depression.

Diagnosis:-

Cat scan suggestive of intra cerebral hemorrhage in right lentiform nucleus region, there is minor grade of Lesson causing mass effect.

Patient's ailments at present:-

Bed ridden. Entire left side is paralyzed, face arm, legs etc., voice is almost zero, diabetic sleepless, constipated, anorexia (loss of appetite), Arthritis.

Past History :-

Went into coma - hospitalized and recovered upto the present stage - declared no possibility of further recovery - failure in business is the possible cause, they say - shock syndrome.

Probabilities:-

They were told, the patient would recover but will have to pass through all the stages including coma etc. in the reverse order of their coming, and they agreed.

Conversation with the patient

While he was busy moving about on a wheel chair.

Q. How do you do?

DELUSION, wealth of (The tone of the expression was as if through these words he

A. I have no problem, I have no problem and he tried to repeat these words at the top of his hoarsed voice which was hardly audible and continued - my children are very good.

was conveying a sense
opposite to his words.
Actually seemed
unhappy with his
children)

(HIDES things)

ANGUISH, weeping
with

HIDES, things

{Hides when he says
that he is short of
nothing

(DELUSIONSwealth
imagination of) which is
not correct}

HIDES, things

STARTING waking on

HIDES, things

HIDES things, mildness,
by taking to^s

OBJECTIVE/

FRIVOLOUS/ LIGHT,
desires for

ESCAPE, attempts to¹⁰
LIGHT, desires for

WEEPING, with pain
WEEPING, refused

My daughter-in-laws are very good, he repeats these words many times and weeps.

Q. Why are you weeping?

A. I don't know, he says and becomes silent. In the meanwhile his wife comes in and he starts speaking about her - she is very good lady, takes care of me well, she is a great asset of mine.

His wife tells that he is making a false statement, actually his behavior, with me, is very hostile.

At this revelation he startles as if he was not expecting this exposure. He took time to come back to himself, and said,

Addressing her with a cover in a very mild language -

"Madam you know I am a sick person therefore you should not mind when at times I do not behave with you in a reasonable manner. You, perhaps will agree with me that I am not bad at heart".

His wife shots back, "Leave it, leave it, don't try to be smart".

At this he laughs and keeps quiet.

His wife continues complaining, "He makes a lot of noise whenever in pain or his

^s Marked rubrics are added by Dr. Sehgal

¹⁰ ESCAPE, attempts to - by way of laughing and keeping silent, because the aim is to remain without stress

when anything

NOISE, inclined to make

BEGGING, entreating

MILDNESS

UNRELIABLE promises
in his

WEEPING, refused

when anything

BREAK, things desire to

DESTRUCTIVENESS

MANIA, spits and bites

at those around him

LIGHT, desire for

QUIET wants to be,

repose and tranquillity

desires

TRANQUILLITY, gets

sleep after^{*s}

RESULTS:-

demand is not met."

For example he is diabetic and he insists for ice cream. At first he will beg and pray in a very humble way promising that he will not ask for it again, the

Promise which he never keeps and when he finds this trick not working he starts weeping and when ultimately he does not succeed, he will break things and will take to abusive language as if forgetting all norms.

Q. At present what treatment he is taking?

A. None at the present, because he refuses to take the allopathic medicine

Q. Why do you refuse to take the allopathic medicine?

A. I don't like it.

Q. You have to specify your statement whether it gives you some trouble or it is unpleasant while taking?

A. Yes, it is not palatable.

But he is very particular about his sleep. He accepts only sleeping pills which he must have. And will like calm and quiet atmosphere while he is trying to sleep.

Belladonna 30, on March 10, 1993.

Reported on 17th of March:-

1. Slept well without the help of sleeping pills.
2. Appetite improved

^{*s} Marked rubrics are added by Dr. Sehgal

3. Complaining about constipation

24th March, progress continues, speech better than before.

7th April, facial look better paralytic effect reduced from the left side of the face.

14th April weeping stopped and could raised the left arm.

20th April tried to take few steps on his own without support, left the use of wheel chair.

Two months after say on 20th June. His wife reported on telephone that the patient had to be admitted in hospital because he went into coma again the state prior to the attack of paralysis. His wife said he became quiet normal and could walk on his own was almost cured but now he is again in the same state.

Will your medicine work along with the allopathic medicine, because we don't want to stop that medicine?

She was conveyed that it was not possible.

Why?

According to the Herring's law of cure which has been verified by Revolutionized Homeopathy the diseases go in the reverse order of their coming. There was nothing to worry if the patient goes back to the original stage of coma which is apparently fatal and horrifying to the lay man.

But to a Homeopath it should be taken as a matter of process of cure which will remain for not more than few hours or at the most for 12.

In most of the cases the same medicine in the same potency is expected to deliver the goods. But in a certain exceptional cases sometimes the potency is to be raised if the symptoms so demand or it may be a case of

the next remedy.

Case # 14

Lesson

*This case is an example of - How to take the mental state of an infant/child?
The question which is generally asked by our students, followers and
opponents.*

*In this case PPP (Present Predominating and Persisting mental state) is
"UNCONSCIOUSNESS interrupted by screaming".*

Patient:-

Here since it is a case of a child the PPP is to be an objective symptom.

A child one and a half month old.

Disease:-

V.S.D. syndrome, ventricle septal defect (hole in the heart) with recurring pneumonia and high fever.

The parents of the child over anxious and over-awed as they were about the survival of the child were hesitant to undertake my treatment when they were told the (return of the ailments and the day of peak in a phase when the stress of the disease is maximum ultimately they agreed when they were told that the chances of failure are remote say for about 5% and unless one takes risk one cannot achieve anything life.

Parents reporting about the child:-

**DELUSION, now well,
now sick**^{*3}

They said, "The attacks of the child are very unpredictable.

Seconds before we find her quiet well and just thereafter she is in a grip of high fever, difficult breathing and fast moving ribs".

Q. What is the expression of the child at

*3 Marked rubrics are added by Dr. Sehgal

that time?

UNCONSCIOUSNESS

**interrupted by
screaming,**

PRECOCITY^s

**ATTENTION, desire for
LIGHT, desire for**

**QUIET, wants to be
repose and tranquillity
desires**

A. Very cheerful, unmindful of the ailments with occasional out-cry like an adult as if in a great agony.

Q. What else do you find the child doing?

A. Tosses her head alternately towards her parents sitting on either side of her with fondly looks as if asking for their attention. Likes very much her head and legs pressed gently.

But ultimately when the fever rises, she will not like any noise, will like to close her eyes as if wanted to sleep.

Bell. 30 was prescribed on 16th of Sep., 1991. Since the parents were quiet nervous and not of a strong mind, I decided to call them frequently for reporting after every one or two days.

They reported on 18th of Sep., they said, she was better yesterday. There was no attack, everything was OK. But today again there is return of the ailments.

Placebo for one day.

19th was no better. Expecting that this phase of return of symptoms may last for 5 days, they were called on 23rd.

Reported on 23rd of Sep. 1991.

Progress seemed to be stagnating as inspite of a little overall improvement so far as appetite and general efficiency of the child were concerned and the child gave an active look. Potency was raised to 200.

Here one has to be careful when the usual limit of the phase of return of ailments

^s Marked rubrics are added by Dr. Sehgal

crosses 5 days. You have to keep a close watch and check out very frequently to be sure whether the medicine has started acting in the right direction specially in cases like this where lungs are involved and are under a great threat.

They were advised to report the next day.

Next day there was some progress. Advised to report on the next day on 25th of Sep. 1991.

There was some improvement. Again advised to report on the next day. (26th of Sep.)

The parents also wanted me to check her everyday, because they were finding themselves unable to assess the progress because usually being lay person they will give importance only to the part of ailment which is left and not to that, that is cured. Because the progress is to be assessed taking into account the totality in the form of intensity, duration and frequency of the return of symptoms. So after 26th I started calling them on alternate days instead of everyday.

Thereafter 30th Sept. after every 3rd day and after 7th of Oct. - after every week. The treatment continued up to 25th of April 1992 when they paid their last visit, seeking advice whether to continue the medicine or not. They were advised to report only when the disease recurs.

Regarding expulsions :-

As for expulsions - On the 28th of Sep., 1991 they noticed the child was losing her hair - sign of baldness.

On 3rd of Oct., 1991 - loose motion after every feed remained for 3 days and automatically stopped.

Then on 6th of Dec., 1991 complained of coughing with the chest loaded with mucus which the child was not able to bring up which vanished after few days.

On 14th of Dec, 1991 they took the child to the hospital for echo test and found the hole was narrower than before.

On 23rd of Dec, 1991 discharge of mucus with every stool was noticed. Which was taken as a good sign of the disease moving from above downward. This remained up to 7th of Jan. 1992. Thereafter the discharge from nose started which remained uptill 9th of March, 1992 with general improvement and they came to say good -bye on 25th of April, 1992, as they found no need of further medicine.

Case # 15

Lesson

Inspite of the warning by Dr. Kent that - All medicines including Nosodes should be prescribed only when the symptoms agree it has been seen that most of our homoeopaths use Tuberculinum merely on the basis that their patient has in inheritance phthisis.

To quote Dr. Kent :-

I do not use Tuberculinum. merely because it is a nosode, or with the idea that generally prevails of using nosodes; that, a product of the disease for the disease, and the result of the disease. This I fear is too much the prevailing thought in using nosodes. In certain places it prevails and is taught that anything relating to syphilis must be treated with *Syphilinum*; that anything relating to gonorrhoea must be treated with *Medorrhinum*, anything psoric must be treated with *Psorinum*, and anything that relates to tuberculosis must be treated with *Tuberculinum*. That will go out of use some day; it is mere Isopathy, and it is an unsound doctrine. It is not the better idea of Homoeopathy. It is not based upon sound principles. It belongs to a hysterical Homoeopathy that prevails in this century. Yet much good has come out of it.

It seems from looking over the record of many cures that this remedy has been given many times for just that state on a paucity of symptoms, and if the records can be believed it has many times balanced up to the constitution in that anemic state, where the *inheritance has been phthisis*.

It is not the best indication for Tuberc., but where the symptoms agree in addition to that inheritance, then you may have indications for the remedy.

All know that a marked feature emaciation is in persons who are going into phthisis. The emaciation often begins before there is any sign of phthisis, gradually losing flesh. A gradually growing weakness, a gradually increasing fatigue. This is a prominent place for Tuberc. if the symptoms agree. Always let that stand out boldly, **IF THE SYMPTOMS AGREE, AND WHEN THE SYMPTOMS AGREE.** Of course it will be said that Tuberc. has cured when there are few symptoms; this is granted, but should not be lauded as a clinical practice.

(Ref.: Lecture on Tuberc. page 949, LECTURES ON HOMOEOPATHIC MATERIA MEDICA, by Dr. Kent.)

BARYTA CARB:-

The symptoms to prescribe on are such as represent the patient and not the glands not the enlarged tissues.

Knots of lymphatic glands down the neck under the ear. (bar-m., tub.) Sometimes sub-maxillary gland is affected being enlarged and indurate sometimes tonsils enlarge and indurate. These glands inflame and become sensitive and get little larger AFTER ANY EXPOSURE TO COLD and from sudden changes of weather.

In the words of Dr. Kent, "Two or three times I have absolutely failed to cure with the remedies selected to the best of my ability and they have gone to the surgeon and he has cut them of but I believe these tonsils ought to be cured."

One thing in Homoeopathy taught in Hahnemann's organon is that unless there are symptoms to indicate the remedy no great things should be expected from the administration of the remedy. Enlargement of Tonsils alone is not a symptom upon which a remedy can be selected. And it necessitates guessing a dozen times and perhaps not hitting at all."

(Reff.: Lecture on Baryta Carb, page no 184. LECTURES ON HOMOEOPATHIC MATERIA MEDICA. by Dr. Kent.)

Also another shade of PPP (Present Predominating and Persisting mental state) is "POMPOUS important"

PATIENT:-

Mrs. P. 82 years of age, wife of an old classical homoeopath of 90. Rh. arthritis for the last many years. Bed-ridden for the last 2 years. Cannot walk. For toilet etc. has to be helped, ease on commode near her bed. Till the time of case taking she was on allopathic drugs. The hononered colleague mentioned that she had the history of TB pleurisy, used nosodes including Tuberculinum. Her husband had attended one of my seminars. He was impressed and decided to refer her case to me. The lady lives in Delhi with her son and the man in a village, far away from Delhi.

He came to Delhi for one day and left for his village after handing over the case to me assuring his wife that he is convinced that she will be cured.

LIGHT, desire for

When I entered her room she welcomed me with folded hands, as a traditional Indian lady and

LIGHT, desire for

As she was lying on the bed, she tried to sit up to co-operate with me. What I saw, she was extending her hands towards her toes as if making efforts to undertake an exercise. Her husband addressed her ' buck up' 'buck up'.

ADMONITION agg.

She was annoyed and re-buffed " Yes I am leaving no efforts to raise myself up as much as I can and will not ask for any body's help and

MOOD repulsive

DEFIANT

IRRITABILITY

consolation agg.

NOISE, inclined to make

Suddenly she started addressing me "Dear sir I am not insane. She cried at the top of her voice and repeated many times". (At this I requested everybody else to leave the room,) and they went out.

Q. Who told you that you are insane? I asked her.

A. This I can't tell you, she said.

Q. Why? I asked.

A. Since the disease has rendered me dependent on others I cannot open my mouth against them.

HIDES, things

DELUSIONS, possessed being

DELUSIONS, possessed being

Q. But there is no one else now in the room and all that you will tell me will remain between you and me.

NAKED, wants to be

At this she started coming out, "All of them want to poison me".

Q. How do you know?

FEAR, poisoned of being

A. They mix up something in the water. (As the family had good cultural and civil background, I could not believe it).

OBJECTIVE reasonable

DEL., wealth of [wealth
= she is not at
disadvantage not looser]

OBJECTIVE reasonable
SUPERSTITIOUS

BEGGING AND
PRAYING

DELUSIONS, religious
CLAIRVOYANCE

FRIVOLOUS

ANGER, mistakes over
his

OBJECTIVE reasonable

ANGUISH, weeping
followed by

DEL., wealth of

LIGHT, desire for

Q. But how can you say that?

A. It is the taste and the reaction, after I take the water supplied to me, it tastes bitter and creates restlessness.

Q. Do you experience it every time you take the water?

A. No, it is only when I cry with pains. But Almighty is with me. I know nothing will happen to me because he comes to my aid, when I am in trouble. He has saved me in the past also from far bigger dangers than this.

Some times I pray and beg for HIS help.

He forbids me to do so and commands, you must bear it treating it as a consequence of your past deeds.

Here she laughs as if taking everything lightly and says I don't blame anyone except myself.

Q. Why?

A. I should have been careful while doing bad deeds.

Q. Do you think, you have done any?

A. Otherwise why at all this, therefore one is compelled to conclude in this way.

She wept saying there is just one thing, which discomforts me. It is the idea about my son the person who is the product of my own womb, is also collaborating in the conspiracy to poison me.

After a pause she comes to herself and talks in a light mood as if a normal person, "My husband is a very nice person, I have full faith in him and that is why also in you".

I hope you will atleast help me to end my dependence on others. (*A physiotherapist had advised her to take exercises and try to help herself rise up*) through her angry remarks she is conveying that the general

impression in the house is that she pretends to be sick which is not true because she finds it impossible for her to act according to the instructions of the physiotherapist.

Q. How do you like this atmosphere?

A. I don't like it. I shall like to go back and join the people of the area from where I have retired as a nurse and serve them as before.

Q. Why?

A. Because that will give me peace of mind.

Q. Do you want to earn your own living?

A. No, for that my pension is sufficient.

Actually serving people gives me satisfaction. I shall be doing free service.

QUIET, wants to be, repose and tranquility desires

DELUSIONS, wealth of

BENEVOLENCE

HIDING

POMPOUS important

RESULT:-

Belladonna 30^c was prescribed on 17th May 1993, mentally quiet, cheerful was able to get up and walk about in her room and was now able to look after herself for all the jobs for which she had to take the assistance of a paid nurse. Periodically expulsions took place and the agony was almost nil. The pains did return but with lesser intensity and duration. The message of the patient was that she is content with her progress and requires the repetition of the same medicine please don't change it. She says this medicine has suited her well. She was cured by the end of Aug. 1994.

Case # 16

Lesson

This case proves the power of Belladonna. A single dose lasting for three years.

This is the benefit of prescribing without any consideration of imaginary biases like - MIASMA, grades of medicine - whether they are deep of short-acting.

In this case PPP (Present, Predominating and persisting mental state) is - A sense of inadequacy to face the reality of life is capturing the mind of the patient and that is why wants support from the people around him.

Patient:-

Mr. R. 46, working as a treasurer in a Govt. University, was brought to me on 29th of Oct. 1993. He was under the treatment of allopaths for the last many months for Schizophrenia.

Past History:-

From the very beginning, he was very shy to mix-up with the people. Taking not much interest in studies. To overcome his shortcomings he never got any support from his parents. In addition to it he had stammering for which naturally he was laughed at. All this made him introvert. He would not like to move about in society and would not like to visit any relative, always like to remain at home. Somehow he acquired desired qualification to get the job which he was doing now, was married and had children.

WELL says he is, when very sick

On the day he was brought to me he was refusing to take any medicine. He said he was alright.

REPROACHES himself^s

He said, "I was suffering because of my own fault, I believe in honesty and uprightness while at work and don't believe in taking bribes in return for claims made on false grounds and because of this I am not liked by my colleagues.

ANGER, himself with
STRIKING himself on his
head^s

Many times I get angry with myself and beat my head.

HIDES things¹¹

Perhaps I am afraid of getting bad name.

FEIGNING sick
DESIRING attention^s

The same is my position in my family specially with my wife because she belongs to a rich family and does not pay proper attention to me."

HIDES things

REST desires

QUIET want to be,
desires for repose but no
tranquillity^s

I was told that he had stopped going to his job for the last six months. Being a member of a joint family he expected his younger brother to support him. In return he promises he will not demand much except two meals in a day. So far his two children were concerned they were his nephew and like his own (*brother's*) children and his wife being his sister in law was like a mother to him and thus the favour done will not be any obligation to him - he told his brother.

FEIGNING sick

His brother said, "He does all this drama only when I come home and in my absence he remains quiet normal and because of this my feeling is that I doubt that he has any mental problem, infact he shirks work and loves to remain idle."

Q. How is his sleep?

^s Marked rubrics are added by Dr. Sehgal

^s Marked rubrics are added by Dr. Sehgal

¹¹ Because he is indirectly trying to cover his action.

REST desire for

QUIET wants to be,
desires repose"s

A. His brother replies, "Yes, that is very important he does not get sleep inspite of getting sleeping pills." Patient also said, "Yes sir, if you want to give me medicine, please give me one for sleep."

He was given bell. 30 one dose on 29-10-93 with placebo for one week.

Reported on 08.11.93

-There was some progress.

-Sleeping well *medicine was giving its first action.*

Placebo for two weeks.

Reported on 22.11.93

- He could overcome his shyness and the fear of people.

- He used to shiver when pressed by his people and sometimes physically assaulted to join his duty. This shivering was typical of his character. It was not out of fear but actually what he would do was, he would stretch his body and hands, fix his eyes on people to make a dreadful scene so that the people may get scared of him.

He was asked, "What is this that you do. Is it something automatic, on which you have no hold or because of some other cause?"

IMITATION, mimicry

NAKED wants to be

He said, "I imitate a fellow patient who used to do exactly I do - to prevent people to tease him.

There was no repetition of this tendency also during the two weeks time.

Placebo for four weeks.

Reported on 20.12.93

-There was satisfactory progress.

Placebo for four weeks.

Reported on 17.01.94.

STUPEFACTION, rouses with difficulty

-The state of stupor and unconsciousness is predominating lies in deep sleep and rouses with difficulty.

DISTURBED, averse to being^s

-Do not like to be disturbed, refusing to take medicine and says - he is well, it will be wastage of money. Says spending any more money will be useless.

WELL says he is, when very sick

OBJECTIVE reasonable

Eliminations: Black colour stools for 3 days.

Placebo for two weeks.

His brother reported on telephone on 25.01.94.

MOOD repulsive/

DEFIANT NOISE

inclined to make

NAKED wants to be¹²

DELUSIONS poor he is

DELUSIONS insane he has become^s

DELUSIONS ruined he is^s

BEGGING entreating

-He is in an aggressive mood, trying to make a lot of noise and says, "Do not send me to work, I am fearful of work. I am a very poor person and I can not afford the doctors charges. The whole affair has maddened me I feel I have become insane and ruined."

Further to continue he says, "Ask the doctor, let him, earn from someone else and be kind to me to write the prescription which can purchase from the market on cheaper rates."

Advised to continue with Placebo.

Reported on 01.02.94.

^s Marked rubrics are added by Dr. Sehgal

¹² because he has revealed the truth.

His versions were the same as reported on 25.91.94. His brother requested - it is not for the sake of saving money but for the sake of the patient's welfare, if you can be kind enough to exceed to his request for not charging any money.

HIDES things

I told him - the fact is otherwise he is hiding the real intention. Since he wants you to shoulder his responsibilities, he is showing that how much he is worried about the cost of his treatment and his general upkeep.

**ANGUISH, weeping with
SUICIDAL pain with**

In the end the patient said, "It is better to die instead of living like this" and wept as he heard our conversation.

Placebo for two weeks.

Reported on 15.02.94.

All the symptoms subsided and he joined his duty.

Placebo for two weeks.

Reported on 01.03.94.

-No problem, feeling alright.

Placebo for two weeks.

Reported on 16.03.94.

-Had fever for ten days with little inefficiency.

Placebo for two weeks.

Reported on 04.04.94.

Placebo for two weeks.

Reported on 21.04.94.

UNCONSCIOUSNESS,
interrupted by screaming

-Remains absorbed in his thoughts with empty feeling in the head, occasionally for a minute.

Placebo for four weeks.

Reported on 24.05.94.

Placebo for four weeks.

Reported on 23.06.94.

Placebo for two weeks.

Reported on 11.07.94.

-Feeling of nausea

-Heaviness of abdomen

-Not sleeping well for the last two days.

-Appetite lost

FEAR robbers of

-Fear of losing his job because he thinks someone would steal the money from the office safe, which is in his charge as a cashier.

Placebo for two weeks.

Reported on 25.07.94.

Placebo for two weeks.

Reported on 16.08.94.

Placebo for two weeks.

Reported on 29.09.94.

FEELING of well being^s

SUPERSTITIOUS

OBJECTIVE reasonable

HIDES things

He thinks he has no mental problem except some physical ailments like gases in abdomen. "Might be as I have taken some snacks and tea offered by my colleagues in the office."

UNRELIABLE, promises,
in his

Although generally I am very careful about my health and do not allow myself to be lured by anything."

Placebo for four weeks.

Reported on 31.10.94.

ANGER himself with
CONTEMPTUOUS of
self^s

-He was angry with himself.

-He condemned himself for not being worldly-wise. "People are enjoying they don't bother about moral values but I am the one who simply tortures himself and suffers a lot of hardship."

Placebo for two weeks.

Reported on 17.11.94.

Placebo for two weeks.

Reported on 17.12.94.

Placebo for two weeks.

Reported on 17.01.95.

ANGUISH, weeping with
SUICIDAL pain with

Again relapse of the same mental state, wants to die because he is insane. All this condition returns only when somebody points out his short-comings to him. But feeling better for the last 3 days.

Placebo for four weeks.

Reported on 04.03.95.

Placebo for four weeks.

Reported on 10.04.95.

LIGHT desire for -

There is a desire to live and says,

^s Marked rubrics are added by Dr. Sehgal

INTROSPECTION

"Sometimes I feel that why unnecessarily I do all this and create problems for myself and others. Now I shall be doing my duties exactly in the same manner as my brother is doing."

Placebo for four weeks.

Reported on 06.07.95.

They were told to stop the medicine, report only when they find any problem.

After about six months they Reported on 07.03.96, that he had the return of symptoms.

Placebo for one week.

Reported on 15.03.96.

Mental state normal.

-Had constipation for some days and loose stools.

No medicine.

Reported on 22.04.96.

-They reported some problem.

Placebo for one week.

Reported on 29.04.96.

Pretending to be sick.

Placebo for one week.

Reported on 06.05.96.

NAKED wants to be
FEAR arrested of being

-He said he could not see people laughing he is jealous of them.

MOOD repulsive

-There was a fear of being arrested but says he doesn't mind and will join his duties.

DEFIANT

Placebo for one week.

Reported on 17.05.96.

He said he is alright, he does not require

*s *Marked rubrics are added by Dr. Sehgal*

FRIVOLOUS

any medicine.

-Nostril discharges thick.

He was realizing his own mistake. He felt as if the bad blood was out and the abnormality was over, and was thankful that he was cured, but still he said give me some medicine for one week.

INTROSPECTION

DELUSIONS free he is of sickness^s

Placebo for one week

Reported on 25.05.96.

LIGHT desire for

He said he was doing so so, not fully well. But was doing very well in the office.

Placebo for one week.

Reported on 10.06.96.

Placebo for one week.

Reported on 22.06.96.

Now he has started asserting himself the thing which he never did in the whole of life. He started disputing with his brother for his rights. The family never expected that this man can behave in this way who have all along been dependent on them.

Actually this was the sign of recovery and this state of mind should have been taken as expulsion through tongue something which he could not express through out his life. But the ignorant people around him took it as an offense. He was thrashed physically by his brother and father.

SUICIDAL pain with

Out of revenge he took out a dagger and tried to kill himself. The family was horrified.

RAGE, medicine from forcible administration of

They snatch the dagger from him and phoned me about his condition without revealing the truth that they were also at fault. I told them to wait for some days. But in a

* Marked rubrics are added by Dr. Sehgal

few days time he was successful to find out the place where the dagger was hidden. Wielding the dagger he came out in the open and announced - "Come who will stop me I am going to kill myself." And struck his head thrice before he was over powered. After the first aid they rushed him to me, it was on 05.08.96.

Reported on 05.08.96.

It is almost after three years that bell. was repeated in the next higher potency that is 200. Assuming that the previous dose had finished its job and it was the turn of next potency to take over.

Patient took atleast 3-4 months to become normal. He was almost back to the square when I examined him on 05.08.96 with the return of severer mental state than ever he had before - he had lost his sleep, appetite and the mental equilibrium. It was the sleep first which was restored, by bell 200 and gradually other things over the period of 4 - 5 months and since then there has been no complaint till the date of writing this note that is 10.10.98 rather he has been sending thanks from time to time and message of his recovery and recommending me to other patients.

Case # 17

Lesson

As in this Case Belladonna makes over to aur. It is not always necessary that a single medicine cures the case.

Why colleagues treating the patient for a long period of 12 years, could not succeed?

In this case PPP (Present Predominating and Persisting mental state) are “LAUGHING/SMILING sardonic” and “Objective reasonable”

Patient : A woman 28, married,

COMPLAINTS:- Rheumatoid Arthritis with deformities in bones of toes, fingers, knees, and elbow joints. Pain in fingers and ankle joints is felt only after they swell.

SMILING, sardonic¹¹

She walks into my chamber, lame, with a smiling face but with a style as if having no faith in words of the persons in medical profession.

LAUGHING, speaking when

“Please take seat”, I said while she sat laughingly she starts, “What I will like to ask is, is there any chance of my recovery.”

LAUGHING, sardonic

NAKED wants to (opposite to hiding and throwing away the sense of shyness etc.)

OBJECTIVE, reasonable

I was taken aback.

“I know you will say yes, she continues I have changed many a Drs. each one had a stocked promise to make that is ‘Yes’. The result is before you. The disease has been slowly and steadily progressing. It started 12

¹¹ Sardonic means:- bitter-biting-scornful, contemptuous - having no respect for the person who she is affront with.

years ago from toes ascending to ankles, knees, elbows and fingers. Now it is on its full swing. Treatment all along was from top Homoeopaths."

Q. What treatment are you taking these days?

A. "I have left every treatment for the last 2 years."

Q. Why?

A. Because as such I have no problem except limping, which of course restricts my movement. She said and wept but did not allow her tears to come out.

Q. Do you weep?

A. Yes at times.

Q. Why and when?

"Occasionally when I feel severe mental and bodily discomfort."

Q. There may be certain thoughts which may pass your mind at that moment?

A. "Yes, the thought is whether I will get someone who will cure me. Or shall I get totally crippled, retarded."

Q. Are you hopeful?

A. "I do not want to lose hope. I want to fight."

Q. What are you doing these days to combat (your disease)?

A. "I get pain in fingers only when they swell. To get some sort of relief I take pain killer." (*Means - the purpose is served, - the wagon keeps moving*)

DELUSIONS, wealth of
DELUSIONS, poor he is
FEAR, paralysis of

ANGUISH, weeping
with

HIDES things

ANGUISH, weeping
with

FEAR, dark of
LIGHT, desires for (get
rid of)
FEAR, paralysis of

MOOD, repulsive
FIGHT, wants to

DELUSIONS wealth of
FRIVOLOUS
DELUSIONS poor he is
LIGHT, desires for
FRIVOLOUS
MOOD, repulsive
QUIET, wants to be,
repose and tranquillity

desires

FEAR, paralysis of

HIDES things

TIMIDITY, bashful

SHYNESS (avoiding
observation)

LIGHT, desires for (ray
of hopes)

Q. If somebody inquires from you how are you, how do you reply?

A. "I do not like the people to know much about me so I tell them I am better then before and cut short."

Q. So you are not in favour of taking any systematic treatment?

A. "I am, but only when I shall be convinced that I shall be benefited."

She was told, I don't think that words may be very powerful and are going to convince you. The only thing is that you have to take the medicine and see the results. She seemed to be moved but not fully. Than I told her - my method is a little different. If my medicine is correct, its immediate effect will be to remove your agony. You will be relaxed in mind. There will be no more bouts of weeping. In addition you will have added efficiency. You will feel more active than before. It will be a feeling of overall relief. But there will be a 2nd action of the medicine. After sometimes of the 1st action there will be a return of your complaints which are normally expected to remain for five days. The complaints will start slowly will increase gradually reach the peak on the middle day (third) and will start declining thereafter ending on the fifth day or so. Please understand that this coming back of the ailments will mean something to get drained out of your body. Some toxic discharges from or any of the five natural outlets may take place. These will come in phases. Each phase will be coming with lesser intensity & duration and frequency with corresponding relief in all ailments heading ultimately towards cure.

OBJECTIVE,
reasonable

After hearing all this the lady got some confidence in me and her face brightened

LIGHT, desires for

when I told her with confidence 'You will be cured'.

Bell. 30^c was prescribed on 26.11.93 to report after a week.

Reported on 03.12.93.

Feeling active than before with overall relief in pain.

Reported on 17.12.93

Sudden jerk in right ankle. (Felt this as a good sign) as previously there was no sensation which she felt is returning.

Reported on 14.01.94

Pain in ankle amel.

Reported on 28.01.94

Pain travelled to toe.

Reported on 15.04.94

EXCITEMENT, amel

She says, "In the beginning of treatment with every doctor I get relief.

AILMENTS from disappointment

The disappointment follows after the progress stops. The same seems to be the case here with you."

LAUGHING, speaking when

She said laughingly focusing her eyes on me. As if looking for the approval of her thinking with tears in her eyes. This time she did not wipe up her eyes. She allowed the tears to roll down her cheeks.

CONFIDENCE, other have none which makes her unhappy and thinks AILMENTS from disappointment

The pain has extended to neck also.

SECRETIVE

"I never try to weep.

DELUSIONS, father the person before him is his

It is today in your presence alone perhaps I am looking at you as my father, a benefactor a sea full of hope with deep seated faith that

*s Marked rubrics are added by Dr. Sehgal

HOPEFUL

you will cure me.”

Q. Why it is so (faith in me etc.)? She was asked.

EXCITEMENT, amel

A. “The rare details you ask with deep devotion and concern.” Laughs and seems relieved.

EXCITEMENT, amel.
HOPEFUL

Q. So you are hopeful?

A. “With your kindness”- she said and laughed looking into my eyes (to collect confidence).

LAUGHING, speaking
when

Waiting to see whether or not I approve her views.

Q. Do you like attention? Do you ever think that you don't get it?

CONFIDENCE, want of
self

A. “I get it in abundance from everyone in my house especially from my husband. He is very caring.”

CONSCIOUSNESS,
trifles about

“I am really ashamed of myself that I am of no avail to him. I feel quietly that I am not able to reciprocate as a matter of corresponding duty towards him.”

DELUSIONS, neglected
duty he has

Sometimes I hate myself being a cause of much trouble to others. I feel I am a curse.

CONTEMPTUOUS, of
self

Aur. m. 30, one dose was given on 15.04.94.

REPROACHES herself

Reported on 22.04.94

Good relief overall particularly in the latest (pain in the neck) ailment.

Reported on 14.09.94

During this period with the expected rise and fall of symptoms she reported on this date that:

1) She can walk faster than before.

2) Can sit on floor with ease which was impossible previously.

3) Can work easily with hand.

Progress continued.

Reported on 11.02.95

1) Previously elbow was dead (no sensation) even the pick of needle had no effect, now some crackling sounds can be heard; to me it is a good sign of improvement.

2) Can open hand freely. She was regular in taking medicine upto middle of April 95, thereafter she started slackening treatment.

On asking why she is not regular in taking the treatment? She said. "I am sorry since I live far away I don't bother my husband to take so much trouble for me and also since my ailment is almost OK."

The last that she reported was on 01.06.95, with very slight complaints and thereafter did not appear. It is hoped she is cured. She took medicine only for one week.

CASE # 18

A Grapevine Case

Lesson

This case is a practical demonstration of the principal of prescribing.

Mrs. N. School teacher, had fracture and dislocation of her Coccyx (Kok-six) tail bone.

Resultant ailments:-

Stiffness in left leg. It appears suddenly in paroxysms (Par-ok- sizm) with weakness, it becomes so stiff that she cannot move the leg. This stiffness is simultaneously felt in the mind also, as if all its working had stopped and memory for everything lost.

It assumes a state of confusion and not able to understand as to what is happening to her.

This state of affairs gave her the feeling- possibly this is going to make her unfit for her job, to face that situation she was on allopathic medicine felt better than before still was not hopeful of recovery.

26.08.1996

VERSION:-

Q. What is your problem?

A. "I am suffering from depression."

Q. What do you mean by depression?

A. "I had my Coccyx fractured - thereafter started paroxysms (Par-ok-sizm) of stiffness of the left leg with extreme weakness. They come suddenly at any time and any place. The extent is so high that it becomes impossible for me to move my leg. With this, I feel as if my brain stops working, losing memory for everything.

CONFUSION calculating when

"Further it assumes a state of confusion and I am not able to understand as to what is

CONVALESCENCE

(kon-vel-es),(konveles, sens)

DESPAIR recovery of

FEAR, failure business in

happening to me."

"At present I am on allopathic medicine. I am better than before."

"But I am not free from the fear that the malady may fail me to continue in my job, because in allopathic, there is no permanent treatment."

psor. 30 was given for two weeks

Reported on 09.09.1996

Q. How are you now?

A. "SAME as before."

Comments :-

Many times this is a very misleading answer.

Q. How do you say that?

A. She laughed and said, "One thing I can say now I am hopeful that I shall be cured."

LAUGHING speaking when

HOPEFUL

Q. Why it is so?

A. "That I can't say."

Q. Do you feel a little efficient than before?

A. "I think so."

Q. In what respect?

A. "Previously I liked to stay home. Now, I want to go out for an outing. Will like to go to good eating shops and five stars hotels etc. I feel bored very much in my home."

TRAVEL desire to

EXCITEMENT, amel

ENNUI, entertainment

amel

Q. As per your statement there is a lot of change, how then do you say, you are the same and there is no change?

A. "Actually, I don't know what exactly is my problem."

CAPRICIOUSNESS

FEAR duty to neglect his

CONTEMPTUOUS of

self

This makes me sad as I am not able to do my duties towards my husband and children, on the contrary they have to look after me, I fear this may become a permanent

feature. This gives me a sense of self-contempt. I feel, I am useless."

EXCITEMENT amel.

HURRY desire to do many things at once

CONFIDENCE, want of self others have none in him which makes her unhappy

Then she laughs saying, there is another exciting thing, many things seem to be exciting me which I want to do and learn without any loss of time, like _knitting embroidery etc. But at the same time I lose Confidence in myself when the people around me think that I wouldn't be able to do all that."

Aur 30^c was given for one week.

Reported on 16.09.1996.

Had loose motion for three days.

Overall improvement.

Placebo for one week.

Reported on 23.09.1996

Felt expulsion in the form of something like water seemed to be rising up in the throat

- Chest pain left side

- Feel secure in the Home

QUIET-wants to be repose and tranquillity desires

Now I feel, I should confine myself to home. Take rest to recoup permanently and then join teaching."

Q. Why?

LIGHT desire for HIDES feigning^{*s}

A. "One thing is that I feel I should be given a light job. Since apparently I look totally all right, obviously people around, should take that I am feigning and will question why. I should be treated with a concession".

HIDES out of Timidity bashful

SHYNESS

DELUSIONS poor he is DELUSIONS wealth of

The other is that I don't want to invite bad impression that I am trying to making mountain of a mole. Internally also I feel that the problem is not -to extent that it requires to be given any importance."

Q. "Do you think you will lose your

^{*s} Marked rubrics are added by Dr. Sehgal

position in society or that you will be losing your dignity?"

TIMIDITY bashful

LAUGHING to hide her shyness

A. "Not exactly so. It is like, how to be present amongst the people who know the truth about you. I can't be that bold." She said and laughed.

Bell. 30^c was given.

Reported on 26.09.1996.

Complaints aggravated more than before, was to be brought down to bell 6^c.

(Bell. 6^c was given.).

Reported on 30.09.1996.

DELUSION, thin being

TALKING c, agg.

IRRITABILITY

exertion from

A. She said, "I am feeling too weak even to talk I get tired after a little work and thereafter get irritated if someone even tries to speak to me."

Q. What will you like to do at that time?

A. "Just lie-down and take rest."

Q. Since when it all started?

A. "It from 28th evening."

Q. When do you think the impact of complaints was worst?

A. "Yesterday."

Q. "How do you feel today?"

A. "Almost the same but was terrible yesterday."

QUITE wants to be, repose and tranquillity desires

DELUSION thin being

EMBARRASSMENT,

ail after

I am afraid as I feel I have no energy. It is a bit better today but yesterday it was too embarrassing."

Sul. 30 was given for four weeks

Reported on 04.12.1996.

"Thanks Dr. the previous complaints of weakness etc. are no more."

Now it is a different story.

Sul. 30

DELUSION, machine
working he is a
ENNUI, silent (slowly)

COMPANY, desire for
friend, of a

GROPING as if in the
dark LIGHT desire for

Plum. 30

DISCONCERTED
CARRIED, desires to be
fast
DELUSIONS fasting
CARRIED, desire to be
fast

COMPANY averse to
sits in her room and does
nothing

Q. What is that?

A. "I feel I have lost job satisfaction. Previously I was quiet happy with it now I feel its all mechanical. You work from morning till evening, eat something and sleep. All bloody rotten routine."

Q. Than how do you try to overcome it?

A. "That actually is my problem. In fact. I think I need the company of an intimate person with whom I can feel free in all respects."

Q. Do you get it?

A. "This is the problem for which for what I have come to you Dr. can you suggest how to make friends, because I don't know this art."

Plum. 30^c was given.

Reported on 28.02.1997.

Her husband knocks at my door late night.

"Sir I would not have troubled you at this odd hour for which I am sorry, but there is an emergency. My wife is back to the square with her physical problems and is feeling terribly depressed.

She feels, she is fed up with all that and wants to be remedied soon. I shall have to abide by Dr.'s instruction. I know he will say, wait this is aggravation, but I think I need medicine, immediately. It will be a forced denial of something which my body needs immediately, if I shall be asked to wait."

She is sitting in her room, does not want the presence of anyone, and has no inclination to do anything.

CARRIED desires to be fast

DELUSION, fasting

Brom. 30

FORGETFUL thinking of something agg. diversion amel.

FEAR, say something wrong lest she should

But she is not happy with this condition, wants to be helped out of this condition as early as possible which has been forced on her against her wishes.

Brom. 30^c was given.

Reported on 08.03.1997.

In a very soft voice and with a sweet smile at her face, she said, "Sir there is a lot of change in my attitude."

Q. Is it positive or negative?

A. "I will say it is positive."

Q. Let me know", I said.

A. "Previously I wanted to stay home, now I want to go out for excursion, meet people and enjoy their talk."

Q. You mean some entertainment?

A. "Yes, that is true, infact, I feel so bored indoors that I keep waiting for such occasions, but there is a problem for which I have come, that is of weak memory. I forget things very easily and can't recall, when actually I need them."

"Another problem connected with it, is that - I am not bold enough while speaking to my in-laws I am rather scared of doing so".

While saying this she lowered her voice as if her in-laws were somewhere around.

"To them every word spoken by me is like a red rage to a bull. They say whatever I say, is wrong."

CLINGING, held being
amel.

FEAR insanity, losing
his reason of

Lil-tig. 30

"But since my husband supports me I don't bother much about them."

What actually, I fear is my incapacity to stand their unusual behavior, I think they are mad and hearing all that I may also lose reason and become mad."

Lil-Tig. 30^c was given.

Reported on 03.04.1997.

Reported heavy discharges from nose.

Placebo was given.

Reported on 28.04.1997.

- Mind is well balanced she says

Menses irregular - with white discharge

Placebo was given.

Reported on 25.05.1997.

-Menses scanty

Placebo was given.

Reported on 05.07.1997.

Since there were relapses with complaints like vertigo, blurring of vision etc. which she had never before.

Lil. Tig. 6^c was given.

And thereafter she remained well and sent thanks that she is cured.

Lit-tig. 6

REVOLUTIONIZED HOMOEOPATHY

(A food for thought)

(SIMPLIFIED)

In simple words each one of us is born with a particular state of mind. For example there are rubrics like:-

-COWARDICE, opinion to express his (*graph., ign., petr.*)

-GRIEF, silent (*many remedies*)

-GRIEF, undemonstrative (*cycla., ign.*)

-AILMENTS from, ambition deceived (*bell., merc., n.v., plat., verat.*)

-INTOLERANCE, hindrance of (*ferr.p.,*)

-ANGER interruption from (*androc., cench., cham., cocc., graph., hell., n.v.,*)

and scores of other sensitivities spread over numerous pages of our repertories. Those who get circumstances enough to keep their mind cool and unprovoked remain safe which is very rare. In almost 99.9% of cases they meet with adverse atmosphere and over the time develop diseases unforeseen and unexpected with modern dreaded nomenclatures.

The reason is that this type of mental stress creates inefficiency in the two major systems in the body i.e. of ASSIMILATION and ELIMINATION. Inefficiency in assimilation means inability of the system to extract from the normal diet a person takes daily as a matter of routine the desired elements needed to keep the body fit.

For the sake of argument we can say if in a family of 10 members having same quality of food only one person gets deficient in iron another in calcium and the third in some other thing etc. etc., it does not mean that they require these elements from outside in bulk doses but restoration of efficiency in Assimilatory system.

Naturally the overall mal-nutrition causes inefficiency in eliminatory process also resulting in accumulation of undischarged portion of matter which rots and ultimately converts itself into a ready ground for various types of infections and live organism.

Revolutionized Homoeopathy stands to prove this hypothesis in practice, giving homoeopathy a scientific base which is growingly been accepted as a practical approach all over the globe which even skeptic can not deny.

PRINCIPALS OF PRESCRIBING

Prescribing in the period of Crisis - Terminal Stage

Crisis is the period when the degenerative forces are working at the highest velocity (speed) when three things are needed of a medicine.

1. Stabilization : First to check the advancement of the disease i.e. the degeneration.

2. Recovery : In the second will come the repair of the damage done to recover the loss.

3. Generation : The third is to restore the growth, the creation of new cells. In other words to switch on the Natural Process of Balance between the forces of degeneration and generation, which creates the third force which resists and keeps under control the forces of degeneration by bringing harmony between them. This third force may be called defense mechanism or the process of self healing.

1. How will this be possible?

A. Only when, the Self Healing mechanism is on rails.

2. How to identify that the Self Healing mechanism is on rails?

A. Only when the process of ASSIMILATION & ELIMINATION takes place with optimum efficiency.

3. Please elaborate.

A. Optimum efficiency means - When the body is supposed to meet its deficiencies from the normal diet, a person takes as a matter of routine - except in those cases where a person is under fed - and likewise when the body is healthy enough to eliminate the rejected part of the food so that nothing is left in the system during the course of catabolism and metabolism to contaminate and create the toxic matter which causes disease.

4. How to know the role of medicine to enrail the Self-Healing mechanism?

A. If the medicine is correct, it is required to give two types of Actions -

The First and foremost is - To provide relief in all the present physical and mental ailments - with added efficiency - If the person is bed ridden he feels like getting up on his own and move about - It is total improvement.

The Second Action of ELIMINATION of toxic matter from the body starts after the First Action ends. First Action may last for a few seconds, minutes, hours, days and weeks - depending upon the Acuteness of the case - the extent of crisis and the danger to survival.

5. How to distinguish whether it is the medicine or the Self-Healing process which is running the show?

A. Since it is one dose of the medicine at a time which means repetition of the dose till the action starts it is the medicine which has put on rails the Self Healing process. There after your job will be to wait and watch to see where this Automatic action of Self Healing or in other words Natural Healing ends - When you will need to repeat or raise the potency or change the medicine.

It is always not necessary that a single dose and the same medicine will clear the case. You may have to change the medicine even after a few hours - Keeping in view the general condition of the patient - whether the advance of the disease - *The first goal of stabilization of the case is achieved.*

For Selection of medicine - In certain cases of periodical or sudden unpredicted attacks of diseases like epilepsy-fevers etc. the mental state relating to before, during and after the attack will be of importance.

Management:-

Potency - It has been observed that in pathologically advanced Cases 6° and below are safe. By doing above one has to be very careful while choosing a potency. In many Cases it has been found that 30° and above remove Present mental and physical ailments but in addition create new symptoms which the patient never had in his life. In such Cases you have come down to 6° again.

Higher potencies will be needed in most of the cases of fresh external injuries, like fresh wounds, food poisoning, fevers - caused by coming into contact with poison plants etc. etc.

ROH Books Series VII

Dr. Sehgal's

**REDISCOVERY
OF
HOMOEOPATHY**

By : Dr. M.L. Sehgal

Dr. Sehgal's
REDISCOVERY OF HOMOEOPATHY
(A Different Concept)

**ADVANCED STUDY OF REVOLUTIONIZED
HOMOEOPATHY**

A Research Paper

**Titled: Discovery of Argentum Metallicum
And its allied Nitric Acid and
Argentum Nitricum
(A theoretical Background)**

By

DR. M.L. SEHGAL

Founder: Dr. Sehgal's School of Revolutionized Homoeopathy

First Edition 2000

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FOREWORD

I feel highly honoured to have been requested by the publishers to write a short foreword for this issue of ROH series titled ' **Advanced study of Revolutionized Homoeopathy, A research paper – discovering Arg. Met.**”

After having worked for a good time with this wonderful method I visited Dr. Sehgal in India (first in Feb.1996). I wanted to get to know the founder of this incredible approach to homeopathy, which has given so many satisfying results in chronics and acutes in my clinic so far. I consider this meeting a strong impulse to go deeper and change all my prescriptions according to the principles of ROH. The more I tried the more I succeeded. My further studies concentrated on the mind-sections of the repertories and the books of ROH exclusively.

In May 1999 I arranged a Seminar with Dr. Sehgal, accompanied by his sons Dr. Sanjay and Dr. Yogesh Sehgal, in the lovely, medieval town of Limburg/Lahn (Germany). This quiet place was very much to the liking of Dr. Sehgal. The seminar was highly appreciated by those present and there was a strong demand for further lectures by Dr. Sehgal. So a new date has been fixed for May 2001 in Berlin.

Now after practicing homeopathy for more than 20 years and working to "revolutionized homeopathy" for 6 years I feel entitled to asses, that this concept is really "revolutional" and exceeds all my expectations. I am sure that it will find its way throughout the homeopathic world.

Therefore I like to emphasize and do not hesitate to say that Dr. Sehgal deserves to be awarded a place amongst the most important teachers of homeopathy.

August 2000.

Claus Schamell (M.D.), Frankfurt/Germany

INTRODUCTION

This is the eighth series and the reader's might have noticed that every succeeding series carried a **new message**. And this has been possible by solving difficulties faced and pointed out by my followers. Either in individual talks or through seminars to a question. "When a well selected remedy fails, how to solve the problem."

It is by two ways: -

First: By not allowing yourself to fall prey to prejudices. Take it that your patient is correct when he says he is not well. In spite of the fact that he has progressed in certain aspects which he also admits. That he is much better than before. But is not out of the woods. And with a full feeling of well-being. This indicates partial benefit, and semi suppression of the melody. You have to keep on revising your decision, assuming every time that it is a fresh case before you. (Beware of falling prey to prejudices).

Second: When a remedy works very well for some period and then fails in every potency and the patient is back to the square one, and the symptom picture in all respect is the same. This is the sign for a change of medicine. We are unable to distinguish and find new symptoms because of the finest difference between the old and the new symptoms. For example - your patient has been saying as he has been working very hard. He feels like taking rest to recoup his energy. And now all of a sudden he says that his old intention of resuming his work after recouping his energy is no more. Now he wants to be away from the maddening crowds. Join some Ashram in a secluded place. And live as a retired person. Who has nothing to do except living at his convenience. (Rubric: COMPANY aversion to country away from the people wants to get into) Previously he was on Belladonna, and lately he needed calcarea carb. After taking Calc.Carb. He was back home and said, "Now I am almost okay, but still I feel there is something left to be cured." And Belladonna finalized the case. Traditionals will make out of this example, that there is nothing new in it. Because Calc. Carb. is complementary to Bell. & mostly indicated after it. But here there is a difference. Calc.Carb. has not worked as complementary but as an instrument to remove the chronicity at the base, or so to say the obstruction in the way of curing the case. The so called miasm. And that is why the booklet has been given a symbolic subtitle- discovery of Arg. Met.

There could be many more instances but for short of space it would be out of place to mention them here.

In the beginning, I had never dreamt of the dimension to which my first mission of preventing the conversion of institutionally trained young Drs. to allopathy as quacks has succeeded.

I am really amazed that inspite of tough opposition, I have been having followers, mostly from masses who are spread over every nook and corner of the Globe. Who didn't bother for the adverse leadership, which try to put obstacles in their way to learn Revolutionized Homoeopathy.

Those who helped themselves by the aid of our literature. Some are running colleges in our name, without our knowledge. And others who are practitioners, recommend those of their patients to us whom they can't manage themselves. Still other takes consultation from long distances on phone and are happy with the results. And some keep inquiring about our latest publications etc. When it will be out for sale.

For this I am thankful to all those belonging to various sections of our profession who have contributed to the development of it. They include my students – old and new. Their number is very large. It will be impossible to name all of them here individually. Perhaps in the History of the school they will remain dormant like the foundation stones of a beautiful building being many folds stronger and durable then its super structure will not allow it to fall and keep on doing their job silently. And the stalwarts like Drs. R.K.Kapoor, D.P.Rastogi and H.L.Chitkara. Who adopted the new approach with due difference of opinion. Yet remained in the fold of the school. What is the reason of this attachment. In my opinion it is only the devotion to the cause with honesty and sincerity. There are individuals and institutions who organize my seminars. And also those who make their presence possible to make the seminars successful and form its back bone. To my patients who give me faith and I try to give them cure.

Credit also goes to our distributor – *Indian Books and Periodicals Publishers (B-5/62, Dev Nagar, P.L.Road, Karol Bagh New Delhi- 110005)* and *Journal of Homoeopathy of Northern India (108, Mubarik Kothi Area , street No. 1, Sangrur (Pb.) 148001)*. Who reached every professional and those of colleagues whom can't reach us or establish direct contact with us.

FUTURE EXPECTATIONS

Being my sons the natural responsibility to keep the family of S.S.R.H. together and save it from disintegrating falls on the young shoulder of Drs. Sanjay and Yogesh Sehgal who are preferred by the organizers of seminars to be listened to if in case I am not available. Perhaps in the hope, they being all the twenty four hours in touch with me, could deliver the goods better than any other functionaries of the school. I am confident that they will meet the challenge and prove their mettle by coming up to the expectations ahead by spreading the Revolutionized Homoeopathy. Being the school's IInd aim of healing the sick gently, quickly and permanently. Which is the only scientific approach devised by Dr. Hahnemann.

Of course keeping in view the prognosis. The stage of sickness initial midway of terminal. Also keeping in mind that it is next to impossible to cure every case. Here you have to tell :-

Yourself: How much are you confident of handling the case. If in case you are not recommend him to some of your seniors. Your patient will trust you more.

**To the people:
around the
patient** That will be as the situation demands. If they have come to fulfil a formality and are not serious decline to take up the case. If actually warned tell them you would do your best and are hopeful.

Patient : For him you are next to God, his last hope. Give him hope to win his trust. I treat and he cures. Tell him you will make the best of your efforts honestly and any effort made in right earnestness never goes unrewarded.

The three ladies

It will be a great injustice to them. If I forget to mention a few words about the three ladies who are behind our success by shouldering the implied (obvious) responsibilities, dutifully by attending phone calls and all sort of inquires about all the three of us and host all concerned sometimes even at the cost of their health.

They are

Chronologically for me : 1) My wife, Mrs. Bimla Sehgal (Hons. In Hindi). In addition to her usual job as a house wife.

For Dr. Sanjay Sehgal : 2) His spouse Mrs. Bela Sehgal (B.com Hons.) Apart from her full time Govt. job , household work and two school going children.

For Dr. Yogesh Sehgal : 3) His life partner Dr. (Mrs.) Preeti Sehgal a qualified Homoeopath with all her other jobs – as practitioner being very popular amongst her patients, management of Kitchen and looking after two school going children IV th and I st standard.

With apologies from those whom I might have forgotten to name in this short note. In the end, I would like to add that I am hopeful to remain endeared to my supporters in the same manner as before and get encouraged to carry on mission.

About the potency it has been found that to avoid the deadly aggravation it will be safe to start with (3X) and onwards if needed.

Dr. M. L. Sehgal.

Dear Patron

I shall request you to kindly send a brief about your experience with revolutionized Homoeopathy, which would be a part of our 8th series which is under print, as a message to our readers. Your word would carry weight. As all the three of you as patrons have been instrumental in spreading the mission at home and other parts of the world. In your own ways.

First, to mention Dr. R.K.Kapoor. He has been doing it in India in a way that anywhere he went whether it was a religious congregation of Brahma Kumari's at Mt. Abu or any seminar organized by private or government bodies. Or had a chance to talk to heads of various homoeopathic institutions or individuals. He has also been proudly mentioning to his patients whom he recommended to me for treatment. That he was on a visit to Delhi to learn Homoeopathy from me (Dr. M.L.Sehgal). This exhibits height of sincerity and devotion with humility and without any ego.

Apart from what Dr. Kapoor has been doing, Dr. D. P. Rastogi being in an official position had the opportunity to play multi roles. First to mention he has been able to get RH as one of the officially recognized way of selecting a similimum. And further to it, he talked about it to all of his individual connections, abroad. By presenting them SETS OF ROH SERIES as a true nationalist. In the spirit that we Indians have been earning the reputation of being Jagat Guru since the advent of this universe in almost every field of learning. As for example after his visit to Moscow he conveyed to me that he had convinced the homoeopaths there and that they had extended a verbal invitation to me through him and that they would be looking forward to hear from me as early as possible.

In addition to all this, Dr.H.L. Chitkara is Reverend as a true journalist who has distinguished himself as a storehouse of knowledge. All that is available on earth about homoeopathy. Which he established through his forceful pen in homoeopathic world since many decades. He wrote personal letters to all of his colleagues through out the world and sent them sets of Roh series after purchasing them from Sehgal brothers without their knowledge. This carried weight in the sense that if a person of Dr. Chitkara's stature recommends RH, this cannot be with out meaning. May be Dr. Chitkara is not satisfied by his efforts but we know that the fruits

could not be more than what have been borne for totality a new concept to be accepted as a cakewalk.

To esteemed: Dr. R. K. Kapoor.
Dr. D. P. Rastogi.
Dr. H. L. Chitkara.

Dr.M.L.Sehgal

My Experience with ROH

Dr. Yogesh Sehgal, the able son of Dr. M. L. Sehgal asked me to write few lines about Indian Guru who for the Foreigners in known as Master; he for his students is Teacher of the Teachers. To me he is a friend, guide and philosopher. For me he is also a repertory ever ready to help.

Regarding his quality as physician or about his foresight as an author of revolutionized Homoeopathy my impression is that out of his meditation on the subject for years Dr. Sehgal reached to point where he acquired the vision of Hahnemann's prescribing and depth of Kentian thought. During last few years of Master's life, which to my mind was peaceful part of his carrier, Hahnemann was found sitting at the center of the table and his young wife helping him at his spacious mansion which, used to be his clinic. He used to watch patients; their mode attitude and temperament, which instantaneously became transparent to him, was his keynote prescribing. Hahnemann in addition may make some significant query that was all that he needed. Just as Hahnemann watched his patients M. L. probably does so with difference that M. L. has more faith in his ears than his eyes: It is his unique ability that out of the narration of the patient he makes rubrics of very high order. His rubrics of quality are primarily confined to will and understanding and hardly touches the intellect or memory as many others do in their practice.

I joined Dr. Sehgal through one of my student Dr. Ramesh Chand Chawala Adib after lot of hesitation and it took few years before I landed not only near him but also near to every member of his affectionate family. His doctor sons and daughter in laws, every one of them are testimony of his thought. I am amazed to see their sincerity, devotion and loyalty and never found them in difference to the central theme of thought of their Master-Guru.

My early difference with him even before meeting him was probably my ego, which today I consider it to be an etiology of multiple chronic ailments. I received the best of homoeopathy from the stalwarts of Homoeopathy, the physicians of imminence like that of Dr. B.K. Bose and Dr. N.M. Choudhary and any deficiency that was left was compensated according to me by a precious chart of

case taking received from Sir John Weir, the personal Physician to the Queen Elizabeth and the Visiting Physician to the Royal London Homoeopathic Hospital during my Post-Graduate training in the hospital in 57-58. But I never knew that after coming in his contact and learning from him with cups of hard tea, I am turning as his weak student but not a bad disciple. To day I feel pride in becoming his student. Frankly speaking I have passed through many of his taught rubrics of remedies but I have grasped only few. But those few have created miracles in my practice, which I could not have done so with out them. Dr. Sehgal's rubrics can comfortably be applied in cases of Space occupying lesions of brain, Nervous Disorders, Chronic Otis Media, Osteomyelitis, Chronic Arthritis, Peptic Ulcer, Mucous colitis, many types of skin disorders like Chronic Dermatitis and Eczema.

New comers form colleges determined to follow Hahnemann and Kent are Sehgal's greatest beneficiaries. Soon they became bread earners instead of waiting for long to become prominent physicians.

I, wish Dr. M. L. Sehgal a long, courageous, defiant, repulsive, fruitful life.

My Experience with ROH

Being in the official position as Director of Central Council for Research in Homoeopathy it was my habit to keep myself informed of the knowledge about homoeopathy being spread by different forums in India and Abroad. In this connection I shall like the readers to refer to the forward by me to series IA, of ROH.

Here I found a difference from the other sources of knowledge talking about classical Homoeopathy in their own way and interpreting Kent and Hahnemann teachings the way they experience with them. Which seemed not enough to hold the coming generation of Homoeopaths from converting to allopathy as (quacks). In the seminar held by the school in 1985 , I had said that I was fully convinced of the name given to the new approach to totality devised by Dr.M.L.Sehgal. It is really a revolution for the following reasons.

- 1) Instead for looking for rare and peculiar symptoms (a kind of specifics) in him , Dr. Sehgal says every word spoken and every action done by the patient is important. Not only this but the tone and the style of his speech and actions is also relevant. Through speech his subjective symptoms are finding their way out and through actions the objective ones. The later in a way represent the so called physicals in my view revolutionized Homoeopathy gives a subscriber a wider field without limitation and without any prejudice. As for example he quotes cases of globus histicus .

A young man of 25 feels like eating but can't eat. It was not exactly lump sensation in the throat but while eating it stopped going down the throat. Could you explain it further what exactly happens to you he was asked.

It is as if I loose the power to swallow the muscles of the throat seems as if wearied and have to wait till it regain the power to swallow.

In the end I leave the struggle and become indifferent to the episode. Remain semi fed. But slightly remark " What is the

use of such a life .” That only if some is present and looks at me with sympathy life.

There is another example an old man of 70. The same feeling and exactly the same behaviour.

Similarly there was a case of a 6 months old child. He will suck the mother’s nipple and stop in between as if exhausted. Resting his head on his mother’s breast and will raise his head again after some time to feed himself. The innocent mother simply complains. The child doesn’t fill his belly well. And refuses to take anything except the breast feed. This almost since after birth.

In all the cases the previous treatments of all kind failed. China Off. Cleared all the three cases.

There is a rubric – DULLNESS, sluggishness , difficulty of thinking and comprehending , torpor periodical , Single medicine China. Dr. sehgal interpret , this rubric in his masterly way. Dullness he says, is sluggishness, slowness or totally absence of the power to act. In other words low or almost zero supply of electricity (energy) to any particular organ or the body as whole.

Periodical – here it is fluctuating between full and zero supply of energy to throat. To be taken as periodical.

This is a physical symptom and no where listed in the repertory under any physical heading. Here lies the talent of Dr.Sehgal who can enter the psyche of the provers. I shall like to accept him as philosopher and psychologist par excellence

- 2) That he disposed of the philosophical idea of Miasm as scientific.

In his perception the scientific approach would be the indicated medicine at a given time. The medicine which gives longer hold and stays can be treated as constitutional and the one which is indicated in between and stays for a short time and hands it back to he original one. Should be taken as remover of the obstruction (so called miasm) to cure. This may be so called ordinary medicine like bell, or any polychrest like Psor., thuj., tub., etc.

In the end I shall say that I have tape recorded speeches of Dr.Sehgal and I put them on my ears when I am out for a morning walk and try to put into my practice his teachings still I will say I have to learn a lot from him.

My Experience with ROH

Ever since I attended Dr. Sehgal's seminar at Hotel Samrat, I was greatly fascinated by it. They had arranged a mock dialogue between the patient and the Doctor and there were papers presented on the new Concept named Revolutionized Homoeopathy. It was specially so because of my background. I had been interested in the study of mind, Homoeopathy and the words and their meanings in English. Immediately after that I invited two or three of the senior students of Dr. Sehgal to give us instructions as to how to put it into practice. This was to be on every Sunday for about three months. The main instructors were Dr. Narender Gupta, Dr. Suman Prakash and Dr.M.K.Dua, mostly the first named and I switched on to this wholly from then onwards. I call this approach to totality Promisalone, by which I actually mean Present, Predominating and Persisting mental state of a patient. There were lots of hurdles. The first one was the location of the rubrics in the Synthetic Repertory. I compiled a book called the Work Index for this purpose. This was later on renamed as Quick Reference Guide to the Repertory of Mind. This book comprised all the words, except prepositions, conjunctions, etc. in alphabetical order and the rubrics containing these words there under with the page number of the Repertory. Thus if we could remember one word of the rubric, we could easily locate the appropriate rubric in full. This was mainly to refresh my own memory but it served all the followers of Revolutionized Homoeopathy to a great extent. At the same time with the help of the Dictionary and focussing on the mental aspects of the meanings of the different words in the repertory we could do a reasonably good job in the clinic.

Another advantage, which I had, was that soon after this interaction with the senior students of Dr. Sehgal I came in direct contact with Dr.M.L.Sehgal, mainly discussing about my own ailments and coming to know of his way of analysis. As it happens, I have maintained this contact for most of the years to my great personal advantage in learning. I have been in touch with him during

the writing of many booklets in the Rediscovery of Homoeopathy series all along, and in the process of the evolution of his thinking on this subject, which I am still busy with. I have maintained a teaching clinic with three or four assistants always with me, coming from abroad and some from India. Our experience in the clinic has been most gratifying and at least 3 to 4 my assistants have stuck to it very staunchly with great success. All this while, I have had the opportunity to go through many of the journals and magazines and found that the new concept was being adopted by a number of practitioners in the world, initially on their own and by some because of Dr. Sehgal's seminars in India and abroad.

ADVANCED STUDY OF REVOLUTIONIZED HOMOEOPATHY
A RESEARCH PAPER – DISCOVERING ARGENTUM METALLICUM
A THEORITICAL BACKGROUND

Dear Colleagues,

Thank you very much for coming to the seminar and showing your interest to learn more about the type of Homoeopathy I practice.

Thanks also to the organizer of the seminar, Dr C.G.Schamell. Who has taken extra pains to introduce me and the revolutionized homoeopathy to you. By sparing a lot of his precious time from out of his very busy schedule.

As he informed me. His original plan was. To admit only those members of the profession in the seminar. Who are already towing our line and are interested in advancing their knowledge of it. Obviously, I prepared these papers accordingly. But to his (Claus) surprise a few freshers also became curious. About the subject. Whom he did not like to discourage. The fact which he communicated to me a few days back. Only after I landed in Germany. Anyhow this is not a new experience for me. And I shall have no difficulty in adjusting my Subject. To see that nobody goes disappointed. Another important point. I shall like to mention is. That it is very natural with all of us. As normal human beings to want to learn the maximum within the minimum of time. I shall do my best to come up to your expectations. And see that within this short span of three days I share my knowledge with you to the maximum possible.

But please keep in mind that there is no end to knowledge and everything cannot be learnt overnight .

I am very happy to learn that most of you are basically trained in the modern system of medicine.(ALLOPATHY) And are already trying to understand the depth of the new concept (Revolutionised Homoeopathy).

With this the other heartening fact is that you are numbering about 75 who are present in this Seminar. And

many others who could not join us. For personal reasons. And over and above it coming from different parts of Germany . This gives me great satisfaction that seeds sown by SSRH. Over the past many years have sprouted. And are promising to coming up as huge trees one day .

Here it will not be out of place to mention. That each one of us has his own way of Interpreting and using any concept. Depending upon how one perceives the subject. Yet it is no denying the fact that they derive some benefit. And satisfaction And therefore they want to stick to it. And learn more of it.

Today I am going to discuss with you a paper which should be called a research paper. This teaches how we should proceed to overcome our failures. Which we meet at the initial stages of learning anything. Without doubting the efficacy of the system .

The paper is on Argentum Met. We will find that Arg Met could be discovered only after many medicines did not work .

There are many reasons for this. One is our vocabulary of rubrics. Which expands with the amount of efforts made and the length of time devoted to know them. It also gets vast with the wisdom gained by interaction with the various aspects of life .The other reason is that we keep on ignoring certain symptoms which are persistent. But do not catch our eye. As they come under the category of objective symptoms. And are less animated than the subjective. And happen to take precedence over the former .

THIS I would do through a case report

Before I proceed with the agenda I shall like to refresh your memory of the salient features of the Principals of Revolutionised Homoeopathy in brief.

HOW TO LEARN THIS METHOD?

Foremost is the knowledge about the rubrics and how to use them. They are to be treated as weapons which are helpful

Learning a thing and to keep it in memory is a very tough job It is fatiguing , boring and unpalatable .

HOW TO MAKE IT PALATABLE ?

Firstly is. To whatever you read. Whatever you see. Whatever you hear put it on paper. Inculcate the habit of making your personal notes for quick reference in times of need. Because something which goes out of your pen remains impressed on your subconscious mind. For a very long time. In the sense that when you come across something similar to it , your mind gets connected with it. And reminds you, I have read this , I have seen it , I have heard it somewhere. And compels you to tax your mind to recall. Where?

Secondly is. To study the rubrics in alphabetical order as given in the repertory . For this a fixed period will be required. Like a religious person who reads Gita ,Bible or Quran. With full faith. Deep interest and empty mind. In a cool and calm atmosphere. With a fixed target as to how many rubrics (verses) you will finish in a day or a week or a month .

Thirdly is. To pick up the repertory at random and start reading any chapter. For example Delusions , Delirium , Rage , Anger e.t.c . Out of them , some of them may attract your attention and make you feel that they are worth keeping in mind. for example :

- (1) FEAR, everything constant of
- (2) RESTLESSNESS, anxious no rest at any employment (Chel.) Kent Rep. & (Calc. Staph.) Complete Rep.
- (3) FEAR, health, ruined, that she has (Chel.) K.R.

Fourthly is. Before you open the repertory. To have a question in your mind. Answer to the one you are in search of. For example, your patient has been saying , “ There is no apparent cause of any fear , everything is o.k. Still I am not able to prevent it.” After turning many pages of the repertory you happen to come across the rubric FEAR, unaccountable of. And there you find the answer to your question. (Ars.) K.R. also (Alco.,Alum.) C.R.

HOW TO LEARN THE RUBRICS ?

First By learning them in alphabetical order. As they exist in the repertory It is like a formal introduction with a person by asking him. His name and address. To stock it in our memory and employ it when necessary.

Second Thereafter, comes dictionary meaning of the different words. Comprising the rubrics and their positions in grammar. Whether they are noun, verb or adjective etc. This is to be precise like a mathematical equation. As for example we have a digit 10. Which can be converted into many equations as given below.

$$1 + 9 = 10$$

$$2 + 8 = 10$$

$$3 + 7 = 10$$

Likewise there may be one rubric but versions equivalent to it may be many. This is the very foundation of Revolutionized Homoeopathy.

Third is the expansion of the rubrics in broader sense. As for example we have rubric. FEAR, extravagance of. To know its exact meaning, we will split this rubric into separate words.

We have in this rubric 3 words -

- a) Fear (Noun)
- b) Extravagance (Adjective)
- c) Of (Preposition)

'Fear' means discomfort at the thought of something specific. As the fear of lion, fear of failure etc etc.

'Extravagance' means to spend on something more than it's worth.

In general this term is used only for money matters. But it also works if it is used in it's broader sense. Taking into consideration the other aspects of life.

If your patient says, Doctor, "I have given you enough time. I have just come to convey. That this is the last time I have come to you. And if I am not benefited, I shall

discontinue your treatment. Because I don't think my problem is so complicated as to demand more time than is already given.

In another example. If your patient is suffering from fever. And if it is prolonged for more than the time expected by him he becomes apprehensive. And says,": previously you used to cure me within a short time , why it is taking so much of time now. I fear there might be something serious at the bottom.

Or if the same patient takes his own temperature. And if the thermometer shows the same degree of temp. which is persisting, from many days. Or if the temp. was just 99 C, yesterday and it is just one (.1) point above today he will be worried about it. Sir, why it is not going. And if it is point one (.1) below 99 he will be happy and hopeful. Expecting the fever to end before too long.

In an another example a patient said, "For minor pricks. I don't bother." Until they continue for too long a period to make it impossible for me to bear it anymore. In that event either I would snap the relation with the person. Or retaliate to teach him a lesson. Depending upon the situation. Like wise if a person has been suffering from any disease since many years. Which in the beginning was milder and occasional. And therefore was not bothering for it much. But now its reoccurrence has increased. For some years it was once a year. Thereafter twice a year. Then thrice a year. And now it is happening every now and then. And the patient blames himself, what a fool he was. Not to have taken the remedial measure in time. To check the advance of the disease. And now he is prepared to take a regular treatment. So that it may not flare up to disastrous proportion.

This version is equivalent to many rubrics as given below:

- 1) INDIFFERENCE, suffering to
- 2) EMBARRASSED, ailments after
- 3) FEAR, extravagance of
- 4) DELIRIUM, blames himself for his folly

It will not be out of place to mention here. That it took me full one year. To come across this rubric. After loosing many - many patients who used to talk in these terms.

One thing more important to keep in mind will be. That the operation , of the term extravagance, will depend on the individual's thinking. The point from where he starts feeling that the limit is crossing. And enough is enough.

For example , for a piece of shirt. A person feels it is worth only Rupees 10/-. And if he is asked to pay more for it. He will say, that he doesn't find that it is worth doing so. But another person takes fancy of the same piece. He says that he doesn't mind paying even upto Rupees.15/-. But not beyond that.

Likewise , a person under the influence of the feeling extravagance will not like to bother others for his problems unless it is essential. And that too upto a limit. Like every other rubric , it is double edged. Neither it tolerates excesses by others , nor it will like to do any excess to others.

And the next word is OF.

Of : means belonging to.

So the rubric as a whole means, feeling of discomfort at the thought of any type of excess(something crossing the limit). Here perhaps you will like me to explain the difference between the fear and anxiety.

ANXIETY; Is the feeling of discomfort at the thought of something uncertain. Something which is in the womb of the future. Does not know, which way the wind will blow.

Like wise we have another rubric ANGUISH

Anguish means, a general discomfort. Felt after having received an external injury. May be it is by words spoken , or by any serious physical ailment.

This was about the selection of the remedy.

HOW TO MANAGE A CASE AFTER A REMEDY IS GIVEN?

After a remedy is given two types of actions should be expected – FIRST and the SECOND.

FIRST means, betterment and the SECOND means worse. (The return of the ailment).

If the return of the ailment is the result of our medicine. It should last for a fix period of odd no.of days. Mostly five days. And the return should be milder in the beginning. Touching the peak in the middle and ultimately coming down leaving behind the feeling of well being.

With this , the discharges from any of the natural outlet of the body should also take place.

It is not certain when the second action will start. There is no fixed time for it. So we have to take it that it starts when the feeling of betterment ends. And it is from that day we should count the No.of days taken by the second action (return of the ailment).

The no. of days may also be one day or three days.

If it is for one day , the return of ailment should start in the morning , touch the peak in the middle of the day , and come down in the evening. And if it is for three days , the second day should be the peak day , and if it is for five days , the third day should be the day of its peak.

The SECOND action comes in phases alternating with the first action. Day after day the intensity, duration , and frequency of the second action (worst feeling) should come down and the feeling of betterment should keep on increasing.

HOW TO SELECT A REMEDY: A THEORETICAL BACKGROUND?

Revolutionized Homoeopathy prescribes on the basis of PRESENT MENTAL STATE of the patient. And not on the present mental symptoms as is wrongly interpreted.

Each one of us is born with a particular attitude towards life. Which influences our behaviour in different situations. In different ways. This consist of three factors :

- 1) When he laughs.
- 2) When he weeps.
- 3) When he is indifferent.

In other words

- 1) When he is positive.
- 2) When he is negative.
- 3) When he is neutral.

Or as arithmetic works Plus (+) added to Minus (-) is equal (=) to Zero (0). (Since I believe to devote more time on the practical aspect of Revolutionized Homoeopathy, I have not tried to go into the details of this theoretical part of R.H. Because a very few will be interested in these details. But have tried to make it mass based who are interested only to learn how to HIT THE RIGHT TARGET).

This particular attitude forms his personality. Which enables us to recognize at first sight who he or she is. Bell., Ars., Nux.Vom.etc.

For details please refer to our series VII (last pages).

That is to say - functions in the fashion just as electricity do - in the form of PROTONS, ELECTRONS, and NEUTRONS that is to say joining PROT. with ELC. to completing the circuit resulting in NEU.

Now coming to our main subject discovery of Arg.Met.-

A case Report :

A lady, of 35, suffering from scanty menstruation. Deficiency of sexual hormones being the cause.

Her background is that her husband has staunch faith in Homoeopathy and fully convinced with the ways of Dr. Sehgal's Homoeopathy. But the lady had no faith in Homoeopathy specially, with reference to her own case. Might be that Dr. Sehgal had cured many other cases, but was not convinced that his method could raise hormones also. Her husband didn't reveal all these things in the beginning. He simply asked for an appointment on telephone that he wanted to bring his wife for treatment.

TIMIDITY, bashfulness

And reached at my clinic as scheduled. While he was about to leave my room leaving behind his wife for examination. His wife with a smile mixed with shyness said to me please let also my husband be here.

SMILING, speaking when

Encouraging her in an humorous way, I told her, " you are grown up enough to explain and discuss your problems with me freely. And if needed I will call your husband later on to know more details about you.

(S) LAUGHING ,with a very pleasing and lovely manner.

(S)SMACKING ,purity of purpose

LIGHT, desire for

FRIVOULOUS

SMILING, speaking when

TIMIDITY, bashfulness

ANSWERS, monosyllable yes or no to all questions.

At this she became silent. I asked her, "Are you not confident. That you will be able to explain things to me. With comfort in the absence of your husband.

With a very pleasing and lovely manner. Smacking purity of purpose without mixture of any design. She laughed and said, "there is nothing the matter like that."

"Here you are". I said flatteringly.

Q."Now, please let me know how do you take your disease?"

A."Not very seriously she said."

Q .Do you ever worry about it?

A .No.

Q.What will you like me to do for you?

A. I shall like to be cured.

Q.Suppose I say there is no treatment for it.

A. Even in that case I don't mind.

Answer to all these questions were accompanied with a typical smile. And tossing of her head side ways. With a bit of hesitation. Without uttering complete sentences

Mostly her replies are brief, uttering one word, yes, or no.

As if she is concealing something.

TALK, indisposed to
about her disease (s)
HIDES, things (s).

UNCONSCIOUSNESS
interrupted by screaming.

INDUSTRIOUS, mania
for work
What is Industry?
Industry means to put ones
Body and mind with full
vigor and interest to
Produce something – to
Bring out results.
Industrious is an adjective,
A person who does that.)

Q To confirm further, she was
asked - hcv often do you
think of your disease?

A. Only when others remind me.

Q.What are you doing these
days?

A.I am a house wife.

Q.What are your qualifications?

A.I am a graduate.

Q.Being an educated women, do
you never think of taking up
a job?

A.That is true.

Q.How do you pass your day ?

A.There is a lot of job in the
house which keeps me engaged
all the time So I have no
difficulty in passing the day.

Q. May I know the details of
your occupation ?

A Running the kitchen.
Washing the clothes. Getting
the children ready for school
in the morning. And sending
them off. And receiving them
back at the bus stop in the
afternoon. Thereafter serving

them with warm and fresh food. And after they have finished their meals.

Counseling them to relax for some time by going to sleep. And after they have taken rest for an hour. Waking them up for helping them in finishing their home work. By that time it is evening. And after light refreshment. I get busy in the kitchen. First to clean the utensils used for the afternoon meals. And then the floors. And thereafter cooking for the dinner..

Q. What else do you do?

A. I have already told you. I am never free from work. I am always doing something.

Q. Do you never feel the need for taking rest?

A. I shall like it but it is not possible. Sometimes I feel I am not fortunate enough, as if rest is not meant for me.

Q. Do you think, you are unfortunate?

A.No, not exactly like that, she said , laughingly.

Q. What do you mean by - 'Not exactly'. like that -.

A I mean , I have actually no problem even if I don't take rest.

INDUSTRIOUS, mania
for work

CONTENTED

(Fully satisfied with the things as they are)

1) CALCULATING inability for

2).ANSWERS, aversion to

3) HIDES, things

4) RAGE, forcible administration, medicine of

HIDES, things
ANSWER, aversion to

LIGHT, desires for

Bell. 6c. was prescribed.

REMARKS

Q. Why then this remark, 'You are not fortunate enough?

A. I don't know ?

She comes out with these words abruptly.

As if she wanted me to stop further questioning.

Q. Do you have to hide certain things under special circumstances

A. Very hesitatingly, she replied - 'may be sometimes', as if the reply was coming just to reply and not willingly.

Here the interview was stopped and the patient seemed feeling relaxed when I told her thank you.

I was very sure about the remedy and expected some results.

One week later, when the patient reported, she was asked, 'How she was.'

She spoke just one word, 'alright' and became silent with eyes turned away.

Q. What do you mean by alright?

A. I mean, I am there, where I was.

REMARKS

Bell. is a difficult patient to manage. Since most of the Belladonna patients in general either are not able to assess their progress at the initial stages or their attention is fixed only towards what is left and none towards what has been recovered.

FEAR, dark of

To detect the real position she was put an indirect question. What about your general efficiency? Do you think it is better than before?

WELL, says she is when very sick

A. 'No', it is the same. Even otherwise I have no problem with the efficiency. I am quite normal.

Remarks

Particularly in bell cases sometimes it so happens that the patient doesn't like to reveal the truth. Therefore

Hides the progress

- 1) If the progress is 10-15% his reply would be no improvement at the present.
- 2) If it is about 50% he will say I can't say, 'No or Yes'
- 3) If it is 90% he will say yes, just a little

CALCULATING,
inability for

And in some cases it so happen that an individual, is not able to assess properly as to whether there was some change.

And in this way, the reality does not come to your notice. So on this assumption she was sent back with placebo for two weeks. After 2 weeks the report was the same.

The potency was raised to 30, and after another 2 weeks, to 200c and similarly to 1M, without any results.

Without losing heart, which I never do, I sent for her husband in my consulting room. And explained to him, "Gentleman, something seems to be missing. Which is not coming to my notice. Otherwise the remedy should have worked.

You have to be very frank with me. About the details of her conversation with you. When at times she feels free to talk to you anything she likes.

Just a little hesitant perhaps out of reverence to me. He said, "she was reluctant to come to you. As she feels it would be sheer wastage of time to continue with you.

This feeling is in the light of the fact. That we have a definite alternative in the form of the hormones.

Which we will get from an allopath. And things will be

FEAR, extravagance of
(cautions the person
concern, to rise to the
occasion before the
things go out of hand)

alright. Before they deteriorate
further. The rubric for this
expression is FEAR,
extravagance of.

Here the interpretation of the
rubric may be taken. As the
intention being. To cautioning
the person concerned. To rise to
the occasion before the things go
out of hands .

Now this rubric belongs to
Opium. But not to depend on just
one rubric. It was necessary to
find out some more supporting
rubrics belonging to Opium. So
she was asked, 'How do you
know that allopath will prescribe
hormones and you would be fine.

"This trouble is for the last 5
years." She replies and continues.
And I have been taking
hormones as prescribed. No
doubt, there were relapses, which
were embarrassing. Still I feel
one could carry on with them.

At least for, avoiding any further
damage.

Well this expression amounts to
the rubric

EMBARRASSMENT, ailments
after Opium is one of the
remedies which is listed under
this rubric.

To find out another rubric of this remedy, she was asked " Do you inquire from other women who suffered from the same problem as to what they did in their case ? She said "No", I simply talk to my husband about this and none else.'

Q.Why?

A.Because this is our internal affair. To be shared only between us.

Q.Since as you say you have no faith in me then what is the purpose of your coming to me?

A."To consult you, how to proceed further perhaps you may like to recommend somebody else."

'Very funny', I (Dr) remarked laughingly. "On the one hand you have no faith in me and on other you have full faith in me."

P."After all you are an authority. And have a position in the profession. Your word carries weight for us. Thus we are not determined to leave you, If *you* are confident of being able to treat me successfully.

GROPING, as if in the dark

GROPING, as if in the dark.

REMARKS

Now this expression is equivalent to the rubric - GROPING, as if in the dark and one of the remedies

which covers this rubric is also Opium.

This was enough material to prescribe Opium, which was given in different potencies, but failed.

DISCONCERTED???
(apparently)

INDIFFERENCE,
recovery to

Doubtful, recovery of
medicine is useless
Torments himself

Q. Again she was asked, how did she feel.?

P. With a smile and an indifferent mood she said, "better"

Dr. "Would you please elaborate what actually you want to say?"

P. "Truly speaking I have decided not to take any treatment neither allopathic nor Homoeopathic and others.

Well this expression is to be taken as - Indifference, recovery to.

To probe further she was asked "why"?

She said she was doubtful that she can recover. And in that case she feels there is no use of taking any medicine.

And this expression comes to the rubric "Doubtful recovery of". Medicine is useless. And these two rubrics were found enough to prescribe Ars. Alb. which was given in 6 potency. 3 doses with placebo for 2 weeks.

The medicine changed the mentals. But had no effect on the ailment.

She said, she was there, where she was.

“So what is in your mind now?”

Since my husband wants me to stick to you, I am left with no choice.

Do you accept the wish of your husband with pleasure?

In a mood to refuse to answer any questions she snapped and said, “I don’t know.”

HELPLESSNESS,
feeling of

ANSWER, aversion to
TALKING, pleasure
in his own

Pleasure in his own – If she is allowed to talk - which is limited to her own interest she will be doing it with pleasure and all happiness but sooner she finds the subject is changed which does not concern her , she will lose all interest and leave you .

Talking – to express ideas or feelings by means of speech.

Pleasure – something which interests a person , and keeps his interest intact.

Dr. “Are you angry?”

P. She said, “No, why should I be angry with anyone.

Dr. “But the way you replied, could be interpreted as such.”

OBJECTIVE reasonable

I simply want that you should n ask me any questions.

If possible please prescribe without asking any.

REMARKS

(Please see this version is worth giving due weight)

Actually she wants to say that her problem is simple. That she is deficient in hormones. Why then she should be made to explain her mental state. "Why is it not an enough information to suggest a medicine." In reality she is unable to manage her thoughts. And thus is unable to express her feelings properly. For this she doesn't blame herself. She maintains, she is right. And it is others who are at fault. As they are not able to follow her point.)

Dr. "Should I take it that you feel defeated and have surrendered to whatever worst comes."

OBJECTIVE, reasonable

P. "You may take it in any way you like , but I don't think it is like that. Otherwise why should I have been here with you?"

Dr "If you don't mind, I shall like to ask you again."

"Do you get angry with any one in any particular situation or occasion."

OBJECTIVE ,reasonable

P. "I never get angry with anyone. Neither I have time for all that. Except with the children when they become obstinate and unreasonable.

DELUSIONS business is doing

UNOFFENDINGLY

That also is momentarily , she said, unoffendingly and with great emphasis.

H. To make the conversation palatable her husband intervened. With caution. And started with tight lips. And in a supporting language to keep her anger in check. "Sir, she is never angry with anyone except with me." And laughed loudly with a great sense of humor.

TIMIDITY, bashfulness

(S)(DELUSIONS, love and hate affair between the husband and wife, is personal)

Hearing this she lost all the shine on her face. And with infatuated looks fixed on her husband she said, "when do you find me being angry with you". As if she wanted to say that something which was personal to them. Should not have been brought to the knowledge of others.

Taking the advantage of the humorous situation. I kept the iron hot. And was quick to add. That to quarrel and reconcile in the end works like salt and spice in the recipe for conjugal relationship (married life) to make it tasty and worth living.

In the same breath encouraging the husband. I said, "if you could put detailed light on this aspect of your life. I am sure this is going to help me in making a definite headway in her case.

“ She angers only If I am delayed in the office”. This he said while focussing his looks on his wife. As if asking for her permission. With great care keeping in mind the way her husband replied. With friendly gesture, sarcastically

I said, “ You seemed to be scared of your wife.”

H. He was straight forward. And said, “that is 100% true sir. I can’t afford to annoy her .”

The statement came with great veneration. Which was obvious from his stammering voice. And submissive looks directed towards his wife.

Jumping to the conclusion, I asked, “ it means in your absence she misses you.”

H. In a very light mood, he said. Better you ask her . About this she knows better than me.

Dr. Thereafter I casted an asking look at the wife and evasively she said, “may be it is so.”

Dr., “ Do you miss your children also. When they are a away.?”

P. With a heavy heart she replied, “ they are never away from me.”

ANSWER, evasively

Evasively = To avoiding
A person from insisting
one proper answer
OBJECTIVE, reasonable

(Remark: Here please
note a physicians
state of mind.)

Dr A little frustrated I asked,
suppose it is so ?

P. She said, "How to suppose."
When I had never had any experience or occasion to think over something like that.

Dr. Turning to another clue I asked, "what do you get out of the company of your husband."

P. Just that it pleases me, she replied, infatuatedly. (Infatuatedly = Inspired with intense unreasonable passion.)

Her husband adds, that she wishes. That I should not spend. Even a fraction of a second more than she thinks is needed. Away from her.

LIGHT, desire for

1) LONGING, sunshine,
light, society for
word meanings

Longing – Long standing
desire

Sunshine- Where nothing
is hidden from each other
and everybody is free to
behave in any manner it
pleases him.

Light – without any burden
On mind – of inviting any
Sort of criticism from any
Corner.

Society – like-minded people.
Who appreciate each other.

2) CLINGING, to person
or furniture etc.

3) TALKING, pleasure in
his own

Stram.6, was prescribed with placebo for two weeks, without any result.

REMARKS

At this the husband felt embarrassed. For him it was a question of his prestige. For he was fighting for Revolutionised Homoeopathy. As his faith in me was because of the miraculous cure of his father. Within a short period of two weeks .Who was a patient of cancer. To remind you this has reference to a case published in the latest series i.e. series VII.

I tried to prevail upon the husband. Saying, I never think in terms of the way you are allowing your mind to be influenced. You should take the things with an unprejudiced eye. I don't treat myself as a God. And neither I want anybody else to do so. And therefore I don't expect that all the hundred percent of cases will be cured by me. You as a husband and myself as a physician are doing our duties very honestly towards her. End result depends upon so many other factors. We may call it a chance , luck or hands of some third force. Which is supreme, and determines the course of life. This line of thinking is necessary to keep ones mind free from any pressure. If the mind is not free from the fear of failures . One

should not expect any chance of success. So the key to success lies in the fearlessness of the result. As I usually give example. A person who fears falling down can never learn riding a person who fears drowning can never learn swimming . So one should be prepared for the dark side first to achieve success.

ANSWER, averse to

In this case the more intriguing question in my mind was her objection to answer questions. How to induce her. To open her mouth was another problem.

Dr. Very carefully. In a positive tone. And friendly manner. With a lot of intimacy I said. " do you talk to anyone about your problems.

CAPRICIOUSNESS

P.A little embarrassed she replied, "actually I don't know how to reply."

Dr. But you seem to be replying very well. Every question has an answer. And every body has his own way of thinking. So it doesn't require any special art. To reply to any question.

CAPRICIOUSNESS

P.A little sour she said, " How to make you understand what actually I mean."

CAPRICIOUSNESS

Dr. Do you think .You are not sure what actually is your problem?

ANSWER averse to

P. She stressed. 'I am very clear in mind that I want to be cured. So that the people may stop raising queries about my ailment.

OBJECTIVE, reasonable

1) CONTEMPTUOUS, of self ???

Dr., Do you ever condemn your self.? P. No.

word meanings

Contemtuos – scornful disregard and open disrespect.

Dr. Do you ever try to do many things at once?

2) HURRY, occupation in desires to do many things at once .???

P. No, I work with quite ease, as normally one should do.

Hurry – Move or act in great haste . To do things with speed which is more than normal.

Dr. If others doubt about your capability to do something, do you lose confidence?

3) CONFIDENCE, want of self others have none in him, which makes her unhappy, things???

Confidence – Having trust in oneself to be able to do things successfully .

Want of -No

P. I have already told you, that since I don't talk to people, the question of inviting remarks as you suggest doesn't arise.

Dr. How is it possible. You have a big family. Where you live with your parents- in -law. And sisters-in- law. And obviously

ESCAPE, attempts to
Means, to get
free of
From whom you escape?
Who is just in front of you?
HIDES, things.

there may be get togethers. How
on earth you could avoid
interaction?

P. In a situation like this Escape:
my first choice is to avoid to join
them. And if at all it becomes
compelling to do so. I would
choose to remain in the kitchen.
Showing that it pleases me to
serve others than mere wasting
ones energy in gossiping. And to
avoid the presence of others I
would say that the job (in the
kitchen) is enough only for one
person. Please allow me to enjoy
this privilege.

REMARKS :

My intention to ask these
question was to find out whether
she was AUR., but this was not
the case.

AUR.

DULLNESS, condition
Could not think of her??

Next in order my mind travelled
over to the rubric "Dullness,
condition could not think of
her," belonging to Chel.

Patient in general exhibits his
inability to comprehend Clearly.
About his own condition of
health. And feels sorry to be
unable to tell the progress.

CHEL

Whether he is improving or not.
With this the patient also feels
that he is himself responsible t
ruin his health. DELUSIONS,

DELUSIONS, health he
has Ruined his?

FEAR, health ruined her
that she has??

FASTIDIOUS

health he has ruined his. being
the rubric.

And after having eaten
something. Or done something.
He fears. Might be. The action,
proves to be harmful to his
health. The rubric being FEAR,
health ruined that she has.

This sort of thinking clears only
after the event has passed
without any untoward happening
= FEAR, health ruined that she
ruined her that she has.

This sort of thinking clears only
after the event has passed
without any untoward happening
= FEAR, health ruined her that
she has.

CHEL no confirmation. Again
the whole interview failed to
confirm the remedy.

Q.Switching over to another
probability I asked her, how do
you think about others, when
they try to ask you about your
problems.

A. I feel uncomfortable and
irritable with the idea in mind
why at all they should take the
liberty of interfering with the
affairs which are very personal to
me.

Q. If others don't ask you about
the cure of your disease
would you still be worried .?

AFFECTATION
(Light desire for
frivolous)

If the whole affair is left to me I shall remain indifferent to it. But since my husband feels more concerned about me I feel like coming to you for treatment. Her husband intervned in a light mood. And advised her to tell the Dr. "what is the truth" Continuing further he said, "Sir, she keeps me warning." With these words. "I have nothing to lose. But in case of any eventuality. It is your headache that will be tremendous. By rushing me to

TRUTH, tells the plain

The hospital, or , for various tests to different laboratories. Obviously I have to be serious about her warnings.

Addressing the lady I said, " Do you feel assured after communicating your distress to your husband.

TIMIDITY, alternating
with assurance

" Of course that is there."
Well this picture is indicative of ALUMINA, the rubrics being. COMMUNICATIVE, TIMIDITY, alternating with assurance

AFFECTATION

TRUTH, tells the plain

COMPANY, desire for meeting of a friend amel.

FASTIDIOUS

This is the habit of Alumina. That he believes in adhering to certain fixed principles in life.

Which he can't compromise with at any cost. That he has a standard which he must maintain (Fastidious). So if he has a problem he will not like divulging (make known) it to everyone and unnecessarily bothering others. He will choose a person who is capable of understanding his problem and finding an alternative for them. If someone is available in the house it is alright.

But if none he will like it to talk to his doctor directly. And thereafter he feels his job is over. As if assured that she is in the right hands and has not to worry about anything. Although he is timid at heart he keeps assuring himself. That in case of failure of the present experiment she has an alternative. This is : TIMIDITY, alternating with assurance. This is his weakness. Which he feels no body else should know. And if somebody will ask him about his sickness he will talk with confidence. And say I am in the right hands and there is nothing to worry. This expression is equivalent to the rubric

TIMIDITY, alternating
with assurance

AFFECTATION
HYPOCRISY

AFFECTATION. There is a very thin line of difference between Affectation and Hypocrisy. The former exaggerates his

qualifications and puts up a false show of his qualities without harming others. Where as a hypocrite is like a wolf in the lambs skin a cheat – a harmful person.

And if you will ask him , “ Do you hide things “, he will say, “No”,I am very open with the people. If such an occasion comes. But I will not take the initiative myself , because I don't feel any use to speak things to everyone.

TRUTH, speaks the plain

This expression = ‘TRUTH, speaks the plain’.

AFFECTATION

Meaning thereby , whereas he has saved himself , from being labeled as a liar .There he has skillfully managed not to be looked as a timid person.

Remarks :

The above brief about the conduct of alumina has been Mentioned just as cross reference to explore a possible probability. But later in the interview confirmation of the remedy was not forthcoming, For example, when she was asked. Do , you like to speak your mind. To everyone very freely without hiding anything. She laughed I have already told you where arises the question of my being free to the people. When all the time I am trying to avoid the

DELUSIONS, absurd figures are present

DELIRIUM, raging pains from (because she is being compelled to answer questions.)

IRRITABILITY, forgetful
When.??(Carcininum)

situation where I have to face questions.

DELUSIONS, absurd figures are present

After repeated interviews this expression caught my eyes.

Which was persistently predominating the psyche of the Patient. Which amounts to the rubric DELUSIONS, absurd figures are present.

I told her husband , gentleman something is missing.

Otherwise I am very sure of the method. She has to be a little co-operative and appreciative of my difficulty.

Her husband encourages her by saying, please don't be shy. Tell freely whatever you feel. Because that is very important for Dr. sehgal to arrive at the correct remedy.

Shaking her head and body , in opposite directions she said, "one of my problems is that I am short of memory . I forget things very quickly."

How do you react when you forget things? Do you get angry?(Carc.)

She said, " No".

How do you take it, when you forget things ?

"I take it as nothing, but just as

THOUGHTS, control of
lost sitting and reflecting
while

my lacking and the main
problem while answering
questions.

D. Do you think you lose control
over your thoughts while
reflecting?

P. she was happy and said, yes it
is exactly this way. I can't
manage my thoughts and in a
way misplace words as to what to
say first and what to say later.

Here again her husband speaks in
a light mood. Sir, "she gets
extremely annoyed whenever I
tell her to come to you for
medicine.

D. Giving the stimulus to the
humor I said, perhaps she doesn't
like my face."

P. She laughed and said,
hesitatingly like a simpleton.
There is nothing like that Sir. It is
because I think what is the use of
taking the medicine if it is not
working.

D. But I am told that you don't
miss to take the medicine.

P. Of course, it is so. Because I
feel, why to waste something, for
which we have paid.

D. And in case the remedy was
free of any charge.?

P. Again she seemed to be stuck.
And turned her face away from

me. Muttered and came out abruptly "I don't know."

D. Taking into consideration her reluctance to continue with the interview.

I decided to put a stop to it and declared, "we will meet again next week." Intending to prescribe sac.lac.

P. But she said, " please prescribe at least for two weeks or even more." To support her, her husband said, " As a matter of habit also she is not inclined to go out of the house.

D. "May I know the reason for this".

Husband, "in this connection, it is better if she speaks for herself to explains her position."

P. A little inclined she said, " I feel suffocated when I go out of the house."

D. "Very funny, Instead of feeling good in open air, you should feel difficulty in breathing. Suppose the medicine works as you wish, then what about your coming to me."

P. "Then there is no problem, because in the journey to and fro, to your Clinic I shall in addition enjoy the company of my husband."

GOING out, aversion

ANGUISH, clothes too tight when walking in open air, as if

COMPANY, desires of her husband (s)

D. How do you react when you get an invitation to attend a marriage ceremony or some other social function?

P. I don't like the gesture.

D. Don't you feel that yours is an abnormal state of mind.? Since you deny yourself of the sort of joy which one is supposed to derive. Out of the company of variety of people gathered. To make the occasion colourful and lively."

P. She said, " As such I have no problem. I am totally a contented and a happy person. With whatever am and whatever I have."

What bothers me most is when someone tries to misuse my being liberal to him.

P. I may not mind, minor wrongs done to me. If the party concerned is grateful and apologetic. But sooner when I realize. That I am being taken for granted. And instead of having some regard for me. My charitableness to them. He or she intensifies their attack on me. I become mad.

D. "Should I take it that you are revengeful ."

P. No, sir, I never think in terms of revenge. All that I do is to defend myself. And take

CONTENTED
PEACE, sense of
heavenly

DELIRIUM, pains with
IRRITABILITY, pains
during

ANGUISH, clothes too
tight when walking in open
air as if

DELIRIUM, pains with

measures to prevent things to escalate.

D. "May I know the measures you adopt to defend your self."

P. "Well it depends upon the seriousness of the offence." If the offence doesn't demand immediate handling. I shall wait for the right moment to arrive till it ripe. And if in case it is acute, I shall try to settle it then and there.

D. In my view. My real question remains unanswered . It is about the means you employ to defend yourself.

P. That is true sir. I shall like to put the things in this way I am aware of my inability to deal with my critics directly I shall talk to someone of my confidants. Who keeps courage to prevail upon the person concerned. To prevent him to interfere into my personal affairs. And leave the things to me to be settled by myself.

P. "And if the offence is ignoreable. I would just pacify myself. By airing my views and feelings to an intimate of mine. By saying how funny this world is. You do good to them. And in return. They try to find fault with your way of entertaining them.

TALK, desire to since someone (s)

TALK, desire to an intimate (s)

P. Ordinarily between us (husband and wife) there is never a quarrel. And even with the children I am never angry. But if I find any one of them.

1) Cruelly neglecting something which can prove to be detrimental (harmful) to the peace of our home.

2) Out of fear and anxiety I get nervous and burst out with an honest

3) warning alerting them to be quick to take the remedial measures or

4) be ready to find the

5) things going out of their hands.

REMARKS: This is very much identical to rubric

FEAR, extravagance of.

D. "Would you please elaborate to make this point more transparent" (clear)

P. For instance she said, my son who is 8 yrs. old .

Occasionally suffers from pain in stomach before going to stool and feels better only after passing the stool which sometimes

1) ANGUISH, clothes too tight when walking in open air as if

2) DELIRIUM, pains with (this is the state of delirium when the situation is painful)

3) TALK, desire to someone (those unaware of the impending danger)

4) CARES, worries domestic affairs about

5) GOING, out aversion to (out of one's limits)

CARES, domestic affairs about

ANGUISH, clothes too tight when walking in open air as if

IRRITABILITY, pains during

DELIRIUM, pains during

takes long time and for this reason many times he has to miss the school. Instead of getting serious about the ailment and co-operating to be taken to a competent medical authority he would tell us, you bring the medicine and I shall be going to the playground . Like wise if my husband doesn't pay due attention to my problem may be concerning health or any other subject involving any member of the house

I shall try to awaken him to the impending danger before it grows out of proportion

Please if you don't mind I shall like to ask you just the last question. This is about your feeling of uneasiness when your husband gets late in the office.

REMARKS:

To link up all the clues which could help in shaping the totality of the MAN, and not his ailment I found it necessary to recall her earlier conversation with me about her annoyance with her husband if he is late in the office unduly.

At this juncture her husband said, " Sir, let me add something about her mind on this subject. So far as I know she likes me to be before her eyes almost all the

TALK, desire to her
husband only

PEACE, sense of
Heavenly (Which she
finds only while she
is talking to her
husband)

Peace: Absence of
anxiety
Freedom From war
sense of: heavenly
Heaven: Home of God.
Place or state of bliss-
where one enjoys every
type of facility to make
life happy.

24 hours , if possible even when
she is in the kitchen.

Should I take it. That is. To seek
your help in cooking.

No, sir, she simply wants me to
keep talking to her even if she
is physically busy in doing
something else.

The extent is so great that she
will try to contact me almost
after every half an hour on phone
even during my office hours.

Keeping her in tune with me I
said, "could you please tell me
what exactly you get out of being
constantly in touch with your
husband."

She laughed and said, "You can
call it to be the same as alcohol
to an addict who finds pleasure
only in remaining all the time
under the influence of the
intoxicant. And there lies his
heaven.

REMARKS:

TALK , desire to only one Person, i.e. her husband

GOING, out averse to

PEACE, sense of heavenly

REMARKS

ARG.MET.6

At last ARG. MET succeeded in covering this case and I succeeded in discovering a new state of human feelings. Which is unique in itself and perhaps unheard of by any one of us so far.

In a similar case. A European lady would not even like to wish other men. As she said, with a great pride, "I can't be a beloved of everyone." And felt so addicted to the company of her husband. That if he is away from her. May it be at his place of work. Or on a journey to any part of the world. She remains in touch with him. At any moment of her choice. Making full use of the latest means of communication like mobile phone etc.

Now this feeling is like living on a tiny star. Away from the outside world. Which is their private ownership. And a prohibited area for others to enter into it and share its pleasures.

Treatment started on 11.01.97, and Arg. Met. Was discovered on 3rd June 97. It was prescribed in 6c potency for two weeks.

Reported on 20 06 97. There was some feeling like she used to

experience when she was having regular menstruation.

Placebo for two weeks

Reported on 05.07.97, she had menses for three days from 22nd to 24th June 97.

Reported on 21.07.97 Placebo for two weeks.

Then reported on 04.08.97, and wanted me to repeat the same medicine as she was feeling well.

Then reported on 21.08.97. About discharges in the body she said, she had nasal discharge and fever for one day.

D. What about your menstruation?

P. I am having it regularly every month.

D. Why didn't you mention it at your earlier visits to me?

P. I thought you will take it as understood.

D. Why didn't you mention it in clear words?

P. You know my habit of feeling shy in sharing something which I feel is personal and private to me.

TIMIDITY, bashful
Timidity, means:

Lack of courage to take initiative or not to be bold enough to share his or her Feelings freely without any hesitation.

Bashful means; Shyness,
a sort of hesitation e.g.
how to tell something

which one feels is personal and private and should not be revealed to others at any cost. Opposite to it is the rubric, cowardice (lack of courage to face a particular situation with the desire to escape from it.)

D. What about your periods in this month ?

P. It was for full one week.

D. Well , what about your mental state of not desiring to go out and to remain constantly in the company of your husband?

H. Hearing this her husband laughed, Sir, she has now learned driving, goes out in the park, and is not that crazy for my company but Sir, that is a great loss to me , I also loved her old gestures. Please restore it if you can.

REMARKS

Thereafter they continued the treatment regularly. Arg. Met.6, was repeated on 20th Jan.98.

Perhaps there was some gap of two months and the lady was very anxious.

The case is still under observation and they have been advised to discontinue the medicine and remain in touch which they have been doing quite religiously.

Now in the end I hope you will be interested to learn some of the main rubrics representing the totality of Arg.Met.

IMPORTANT RUBRIC NO.1

ANGUISH, clothes too tight,
while walking in the open air
as if.

As all of you are acquainted with the way we study the rubrics. We have to split the whole rubric word by word. Know the meaning of each word separately. And arrive at its value exactly in mathematical terms. Thereafter we arrive at the essence of the rubric as a whole after combining the essences derived from the each individual words of the rubric.

In this rubric the first word is ANGUISH, which means Physical and Mental discomfort (uneasiness) .

Next word is Clothes, which is plural - means, dresses of many kinds.

What is a dress?

Dress has two purposes , First to cover the body of any thing or any person. Second to decorate things or persons .

What is decoration ?

Decoration means to make things

look beautiful and attractive. So dress is one of the basic needs of a person and that is why a necessity which one must wear to protect his body from the hazards of weather. Hazard, means, atmospheric changes i.e. from heat to cold & Vice – versa and to keep oneself comfortable and easy.

Now imagine something which is meant for comfort feels too tight.

Now , what is the meaning of just tight ?

It is. Just , fit to the skin.

Leaving no scope, for the body to feel easy under the cover of the supposed dress.

But how one would feel when it is too tight? Too means. Too to bear. The scope to bear it any more stands exhausted . It is the point after which one feels like throwing off. Or pulling out the covering. And to infer this feeling in broader sense. It would be like getting oneself. Liberated from the tight atmosphere which is making life unbearable to live. Strangely enough. And unique to it. And unusual in general is.

That this feeling of uneasiness is felt only while walking in open air.

WHILE, means, at the time of.

WALKING, means, moving on

foot at ordinary pace (speed), in other words from all other positions. I.e. sitting or lying. A person is supposed to be healthier. If he is in a position to walk. Provided it is with ordinary and normal pace (speed). And without any extra stress. Which means the person is not in the repair shop. But is on the road. And is in working condition. i.e. not in bed but is at his work place..

IN THE OPEN AIR

IN, means, a component of anything without which the whole will remain incomplete. Here the person concerned is the part of the open air.

OPEN AIR, means, An atmosphere full of freedom.

AIR= Sky – space above the earth.

= mixture of gasses forming the earth's atmosphere.

Open = Not closed – i.e. where air can pass freely.

Keeping the atmosphere fresh to move about in any

Direction and live life the way one desires.

(S), INDIFFERENCE, to trifles, or something within limits.

To be more finer in feelings or so to say. At the higher level of thinking when a person is taking things. With broad and

(s), RAGE, beyond
limits discomfort from

FEAR, extravagance of

open mindedness and tolerance. Without minding little wrongs done by others . Uptill this stage the feeling is just tightness. (Discomfort which one can voluntarily accept to live with). But if this stage is crossed. And things pass into too tightness. Making it impossible to live with. One feels like losing the sense of tolerance. And the virtue good quality of indifference, to minor excesses.

This type of excesses can be in any shape. As for instance , in the case of the lady whose case we have already discussed , we have learnt that she is bothered.

- 1) First, about her husband. If he is too frequent. In spending his time. More than it is required. Outside home. Her husband also confirmed this. As he said, " She crosses all limits of anger. When the idea of my excesses touches her mind.
- 2) Second is too much of interference by others. Into her private affairs. This is in the sense. That they keep inquiring about her ailment too frequently. And rebuke her of being careless.

Now here we will find a great similarity of this rubric with

the Rubric Fear, extravagance of. To support our interpretation of the rubric. ANGUISH, clothes too tight. While walking in the open air we have other rubrics :

- 1) ANGUISH , walking in open air
- 2) ANXIETY, walking air in open
- 3) DISCOMFORT, walking after

The apparent meaning or so to say the face value. Of this rubric is that a person feels uncomfortable while he is walking in the open air, but its real value will be. That one can't feel comfortable. While moving in the society and mixing with the people freely.

You will find these people totally exhausted. And uncomfortable for a long time after a morning walk. When the air is very fresh. As it is full of life sustaining gas i.e. Oxygen.

GOING, out aversion to (S)

To make things more simple we can substitute this rubric with the Rubric GOING, out aversion to.

Next group of rubrics is: DELUSIONS, absurd figures are present

DELIRIUM, pains with RAGE, pains from

Which further confirms Arg. Met.'s state of mind.

To split up the first rubric:

(These are dictionary meanings)

DELUSIONS, means, ones belief (false belief) .

ABSURD, means ridiculous or inappropriate. Laughable or deserving to be laughed at .

Now the question arises, 'when will a person laugh at a thing?

When one feels not convinced with the way things are being explained. Shown and presented to him. The next word in the rubric is figures. Dictionary meaning of this word is something which one can see with his own eyes. With a particular shape and size. Giving impression of some sort of existence .

Are, means, to exist.

Present, means, being in a specified place that is just before you. Or in front of you. For your consumption. Or in other words. For your knowing them or understanding them which you can see very clearly with your eyes. In other words nothing is hidden from your vision, which can make you misunderstand things. Things are so clear to you that no body can convince you. To interpret them in any other way. E.g. the lady whose case we

have already discussed. When her husband puts pressure on her to visit Dr. Sehgal under whose treatment she is. She feels reluctant (unwilling) to comply with his request.

And when he asked her why she was doing so. She replied because she found no benefit from his medicine. But when he tried to impress upon her. That she would be benefited after she would have kept patience. For sometime more. And added further. This he was saying as he had full faith in the competence of the Dr. sehgal. At this she laughed. As if not convinced. And said may be it was a matter of your faith. But how to convince my self with the way the Dr. ask questions. Which are only related to mind. Having no relevance with the disease. She failed to understand. What was? the Dr. treating, her mental state or the restoration of her sexual hormones.

DELUSIONS, absurd figures are present

In this way we find that to her the entire way of case taking is not only absurd but painful also.

DELIRIUM pain from RAGE, pain from

Which sometimes gets expressed in the form of delirium (loosing one's head) or rage (boundless anger).

IMPORTANT RUBRIC NO 2

The second main rubric is THOUGHTS, control of lost, sitting and reflecting while.

Thoughts means after having given consideration to a subject you draw conclusions. In a systematic chain of thinking. Which takes the shape of thoughts. Conveying clearly. What you have understood about a subject.

Now the next word is control. Meaning to have power over regulating the process of functioning of any mechanism. In brief to have a grip or hold over functioning of any mechanism

Lost means dispossessed. That is something which one previously had. is no more in his hand.

While, means, during.

Sitting – when one rests on ones body upright on the buttocks. He will be called to be in a sitting position.

What is this indicative of?

That this is middle position. Neither you are standing are lying. Neither it will be called the position of complete rest. Nor it will be known that of fully at work. It is the state where one is supposed to have laid down his

arms. Or in other words. Stopped doing anything. This is as if. Is in a mood not to bother about anything. And to remain empty headed for the time being.

To be more clear. It is like sitting over things. Or keeping the things under the carpet. (Not to be given any attention).

UNCONSCIOUSNESS,
interrupted by
screaming(s)

E.g., recalling the case of the lady. We will find that she is not bothered about her problem. Unless others put pressure on her. And remind her about it.

THINKING, complaints
things that agg. while

And there is another reason why she likes to sit, over her complaints escalate if she thinks over them. The last part of the rubric is **reflecting while**. What is reflecting? Reflecting means, responding to a question posed. Or expressing ones views on a given subject or issue. Or clearing ones position in a given situation. These meanings express the facial value of this word. But if we will like to study it systematically. We will have to penetrate into its origin.

Reflecting. To reflect means. Acting as a mirror. Or any surface which returns or throws light, heat or air back to its source. And all around it. As we have the relationship between the sun and the moon. It depends on

the reflector how smooth it is. If it is up-to-date and quite efficient the response will be befitting. And equivalent or healthy. If it is dull, or dented the response ought to be very poor. The difficulty with the women in question is. That she loses control over the chain of her thinking. While she is not taking a comfortable position (i.e. sitting) Or when she is just in a mood to take rest. And doesn't want to put pressure on her mind. By bothering herself about anything. And if in that condition. She is forced to explain her position. She finds herself as if her intellect has been pinned down. Like Cocc.Ind., unable to act as she wishes. As if the faculty of mind has lost all power of generating. Relaying and receiving. Or secondly loses control over these functions of the mind. When she tries to put them into operation.

In support of the above thought we have other rubrics like:

TALK, indisposed to company in FEAR, speak to (What is fear: The fear is - will not be able to express her self .)

ESCAPE attempts to

Now we have already discussed the rubric rubric **ANGUISH**,

clothes too tight when walking in open air as if.

The state of mind created by this rubric further escalates and gives birth to the rubrics like

FEAR, happen something will.

FEAR, apoplexy of.

Which further motivates her. To break her silence in the shape of rubrics given below.

TALK, desire to someone

And after that if the things start moving as she wished.

And to her satisfaction. Then she is cheerful. and if there arises any doubt. She becomes sad. And the mind tosses about as suggested by the following rubrics :

CHEERFULNESS, alternating with sadness

(Unhappiness)

CHEERFULNESS, alternating with weeping

WEEPING, alternating with cheerfulness

MANIA, alternating with sadness

LOQUACITY, alternating with sadness

LOQUACITY, changing quickly from one subject to another

LAUGHING, agg.

Further to this thought mind brings changes into her behavior like LAUGHING denoting disapproval.

As she has been found to assume silence. Soon after laughing. For which the rubric is DELUSIONS, absurd figures are present. And in the end if everything is normal. And there are no threats from outside. Then she feels contented and remains under the influence of the rubrics

EXHILARATION

VIVACIOUS

PEACE, sense of heavenly

DIPSOMANIA, alcoholism

MIRTH

ECSTASY

ECSTASY, is the state of mind. Marked by temporary mental alienation. Under the influence of excessive joy. Derived from the sight of external object or things.

Inference: Happiness derived from surroundings. Joy through sense of sight.

EXHILARATION, means a state of joyousness derived from an internal feeling of being in a state of happiness.

Inference: It is to enjoy at the thought of present or past happy experiences. Or like under the influence of an intoxicant. Or joy through the feeling of fulfillment.

(Just as a cross reference) MIRTH, means merryness, pleasure, delight, noisy gaiety, joviality, laughter.

Inference: 1) The state of feeling of natural happiness without any reason to be so.

2) Just feels like being happy.

VIVACIOUS, means lively or animated. Full of life. Active participation in joyful activity without showing any sense of weakness.

Inference: It is a state of mind where the body and the mind are in complete harmony. One feels like doing anything. He shows his internal vigor and strength like an energy which is uncontrollable. And trying to find an outlet. By active participation in joyful activity. Like, liking to perform a folk dance. Or any games which requires a lot of stamina. This spirit of vivaciousness is spontaneous and natural. About which

the person is not aware of. From where and how it is coming which seems unending.

(Cross Reference) HIGH SPIRITED – we will first try to know the meaning of spirit. Spirit means force. Giving life to the body or temperament or disposition. Lively ness. Courage. Or prevailing feeling. Spirit is noun and spirited is an adjective. Spirited means lively. Structure, A frame which is full of life. It is just opposite to lifelessness or a dead body.

Now what is HIGH: High is greater then usual, in intensity or amount.

Inference: This is an unusual sense of confidence in her endurance. That inspite of extreme suffering (MUJHE PATA HAI, MUJHE KUCCH NAHI HONEY KA.) She feels nothing serious is going to happen to her. And there is an another cross reference – OPTIMISTIC (opposite to pessimistic). Optimistic means, never loosing hope and in this spirit keeps trying to recover.

BUOYANCY not allowing one self to sink in the sea of misery.

Arg. Met. –

To conclude I should say Arg. Met. Is the highly introvert personality. Which is always on the defensive. Mending the fences of the boundaries of his fort or castle. And tolerating the usual and the ordinary hazard. Each one of us has to face. Being part of the society. But if the danger is threatening. The very existence of a peaceful life a person is living. Then she is up in arms against the danger. And adopts all possible measures. To alarm all those around. Who are supposed to be the sufferers .In the ultimate or in consequence. Because she herself is unable to put up a fight.

Arg. Met, the pure silver is a saint . Never thinks of revenge. Is very kind and helpful to others. But to a limit. Where the person seems to be deserving—a genuine in need of her. And not to a

DECEPTION, causes rage

person who pretends to be needy. He will stop to be charitable to him. If he is a cheat. And will show him the door to exit.

This metal has been glorified in common saying like this

'For any one. If it is a day of profit, gain or achievement in any form ,hey call it – today the hand of the man are full of silver.'(AAJ TO TUMHARI CHANDI HAI)

now we will study arg. nit. but before that. It will be befitting to study nit. acid. Separately and thereafter. The two together. The idea is to show how in a company a person changes. And forgets his originality. And gets good or bad name. If he joins a good company he gets a good name and vice versa.

In my practice the indication of these two remedies has been very rare. To recollect I shall relate for your study one example of each :

Interpretation of the rubric DELUSIONS, wealth imagination of.

A belief that one is wealthy. That he has everything at his command . This wealth may be in the form of material benefits. Or affection by someone.

Or command others closeness as a matter of right and not as an obligation.

In short Wealthy means – short of nothing. A sense of fulfillment.

Wealthy feeling can be termed as Possessiveness

= The person is in possession of everything one needs but that is only for him and none else no sharing. This is extreme attachment to ones possession. Because they give him warmth. And feeling of fulfillment. And to part with it. Or share it with any one. Is something like curtailing ones treasure of assets . Which is intolerable.

But the other side of the coin is just opposite to it. The feeling of overflowing with ones possession is accompanied by keen ness to share it with others who are needy. To be benevolent is a matter of getting oneself lighten in mind.

For him if he finds none to share. He becomes sad. And remains restless until he gets one.

This too has another side. Which depends upon the source of income. If the income reduces. His sense of generosity also goes down proportionately.

Because the feeling of wealthiness is being taken over by the feeling of poverty. Here the sense of being charitable is intact. But the capacity to do is wanting. e.g. An old lady tells a beggar. A regular visitor to her house. Asking for alms. Alas! We could continue with the charity. But sorry we are left with nothing. Even to fill our own belly. As we are jobless.

NITRIC ACID

To make the study of Nitric Acid easy. I have tried to explain most of its rubrics separately. On the foregoing pages. Now after systematically arranging the rubrics we will get the real personality of Nitric Acid.

- 1) DELUSIONS, wealth imagination of
- 1) Can't part with his possessions. The possession might also be in the form of affection which one gets from parents or others.
- 2) AVARICE= GREED for money
Tendency to hoard and Spend nothing.
- 2)&3) Can't tolerate if that is shared by anyone.
- 3) CONTRADICTION, is intolerant of
Contradiction: Opposition to what one wishes.
Intolerant: Can't stand.
- 4) SECRETIVE
Secretive:
To do things without the knowledge of others or without telling others.
- 4) Being secretive will not come out directly.
- 5) PHILOSOPHY ,ability for Philosophy: To Justify his stand.
- 5) & 6) But will out pour in the form of hatred and unbounding anger sandwiched
- 6) HATRED, and revenge of persons who had offended him unmoved by apologies.
Hatred: Intense dislike
Kevenge: paying in the same coin.
Offended: Hurt her feelings.

7) SYMPATHY

Sympathy: Fellow feeling.
Affectionate.

8) ENVY, AVIDITY & HATE

9) DISCONTENTED,
himself with.

Himself: Speak for or
represent the case.

10) RESIGNATION

Resignation: To withdraw
from his active participation

11) CONSOLATION, agg

Consolation: To help a
person to feel easy. To
comfort in distress

12) CARESSES, averse to

13) DWELLS, upon past
disagreeable occurrences

DISAGREEABLE: Which
does not suit. Which causes
discomfort. Which is
intolerable. Which hurts so
deep as to making it impossible
to forget.

Dwells: To live as a
permanent resident.

14) PITIES, herself

Pity: Sympathy or sorrow

7) SANDWITCHED between
the two thoughts i.e. sympathy
and 8) envy avidity and hate.

Tries to balance herself in a wise
way as both the feelings are
equally strong.

9) Admits the right to share her
possessions by the other party.
Which she can't stand.

10) And decides to withdraw
from the scene

11) No amount of persuasion or
consolation works. Nothing can
pacify her. And is not able to
come out of the thoughts about
the past happenings which
caused the present discomfort.

12) Has developed disliking for
the cares offered. Will not allow
her head to be touched and
fondled.

14) Feels so miserable as if
feeling pity for herself.

for others suffering.

Inviting mercy.

Inviting sympathy.

14A) CONSOLATION,
refuses for own misfortune

15) CHEERFUL, never
Cheerful: Full of happiness.

16) LAUGHING,
involuntary

17) THINKING,
complaints agg
Thinking: Pondering,
going
Deep. To consider deeply and
with seriousness.

18) WEEPING ,
admonition from
Admonition: Advice
a good council.

19) PERSEVERANCE
Perseverance: Act of
keep making an effort
despite difficulties.

20) WEEPING, agg.

21) WEEPING, amel.

14A) Why at all I should
accept from others.

Something which has not
been written by the fortune
maker in my favor.

15) As she is never cheerful.

16) Laughter takes over her
without wanting to do so. This
is to put up a show that she
actually means it.

17) This she does to divert her
attention and avoid thinking over
her problems as it makes her
worse.

18) She tears when rebuked. She
fits in a well known maximum
“Ones own wisdom and other’s
wealth seems bigger.”

19) She keeps agitating
till success.

20) If she weeps. Keeping fresh
in her memory her complaints.
She becomes worse.

21) But weeping gives her relief.
Provided thereafter she ends
thinking about her complaints.
No amount of effort to pacify her
satisfies her.

22) **WEEPING**,
remonstrated when

24) **MOROSE**, weeping
amel.

Morose: Sullen, moody,
unwilling to talk.

Deshaped: Not in original
Form

As mild change to curd
(Yoghurt).

25) **SADNESS**, anger from

26) **SENSITIVE**, external
impression to

27) **SADNESS**, anxious

28) **SENSITIVE**, mental

29) **UNSYMPATHETIC**

30) **MORAL**, feeling
want of

31) **IMPETUENENCE**
Impertinence: Act of
rudeness

32) **HORRIBLE**, things and
sad stories affect her
profoundly.

Sad: Unpleasant. Which
snatches away happiness
Stories : Strongly

22) If she fails to convince others
of her stand And feels bankrupt
in arguments. She will turn her
face to isolate her and weep
literally.

24) And remains off mood for
sometime. Which she is able to
overcome by shedding tears.

25-26) After she had altercation
with someone she becomes
unhappy

27-28) and anxious about the
consequences.

29) In the end loses sympathy
for everyone.

30) Forgets all moral and
becomes

31) Inhuman in approach.

She can be stopped from doing
all this only when 32,33,34) dealt
with a very heavy hand.

Like: 32) By making her know
about the dire consequences of
her actions.

expressed reactions.

Affect: Have the bearing on.

Profoundly: To max. / to a great extent.

33) THUNDERSTORM, mental symptoms from

Storm: violent weather with rain or snow wind

Storm: violent movement of the winds.

34) SENSITIVE, shrill sounds to

Sensitive: Not able to bear.

Shrill Sound: Sharp high pitched unbearable.

33) Storm with lightening and thunder. Thunder =(loud noise)

33) By shouting her down with thundering voice. Or by storming her with thundering shouts.

34) Because her weakness is that she cannot bear high pitched sounds.

CASE REPORT

A female child 3 years old, suffering from Anorexia (loss of appetite) , anaemic look .

SYMPATHY

She has an elder brother. While purchasing eatables or anything she will press her parents to purchase one for her brother also.

1)CONTRADICTION,
is intolerable

1)They know she means what she says. They dare not say

2)RAGE, cursing with

2) no to her. Otherwise she will flare up and say , you people always refuse to agree to what I say.

DELUSIONS, wealth
imagination of

When suggested that the shopkeeper had only one piece to sell. And therefore she should share the same with her brother. She will bluntly refuse. And say 'sorry no sharing.' She will snatch the same greedily. And start eating hurriedly. Telling her brother this is for me. And the shopkeeper has none for you.

GREED

Greed: Excessive
desire for food
and wealth.

Greed: Apart from
her own share she
will have an eye on
others share too.
She will ask anyone
Sitting by her side
On dining table who
is taking time to start
eating – supposing ice
cream- she will

promptly try to grasp the person's cup and start eating.

Cross-reference:

Gluttony: He has great capacity for something.

Gourmand: Fond of good eating.

ENVY, avidity and hate

Envy: why she doesn't have the same fortune she which others have

Avid: Human heart is greedy of pleasure and gain.

Avidity: This refers to Natural instinct in Man of extreme greediness of things And pleasure.

Hate: Intense dislike.

AFFECTIONATE

LAUGHING,
involuntarily

SECRETIVE

Secretive: Without letting others know.

OBJECTIVE, reasonable

Contrary to this when she will come to know that her brother is eating something. She will come quickly near him. Inquiring what he is taking. And will insist without fail. That she must also have the same. Whether or not really needs it. Mostly it has been seen that she has to throw it. Because she is already filled.

Soon after she had had her way she will change her attitude. And will display a lot of love for her brother.

Grapple with him. So affectionately as if she has forgotten all hatred for him. Will laugh involuntarily.

But so intelligently. That no body will know her real intentions.

PHILOSOPHY, ability
for

UNSYMPATHETIC
Unsympathetic: Having
no fellow feeling and
having no pain.

MORAL feeling want of
DELUSIONS wealth of

HATRED and revenge
hatred of persons who
has offended him
unmoved by apologies

PERSEVERANCE
Perseverance: inspite
of difficulty keeps
making efforts

HORRIBLE ,things sad
stories affect her
very profoundly

While she is playing with her
brother she will hit him very hard
at any of his vital organs in an
inhuman way. And will keep
on doing so. Unless he retaliates
or the parents intervene.

This she will not tolerate. As if it
is her prerogative only.
No body should challenge it.
(Special power)
Being unmatched in strength will
take revenge by way of smashing
things around

But if the person who is the
target of her revenge has not
noticed. She will cry at the top
of her voice. That she has been
beaten by her brother. Naturally
her brother finding himself in a
defensive position apologetic.
Or if parents try to bring
compromise. She will not agree
unless she has taken the revenge.
He is made to bend his head
before her allowing her to beat
him as much as she can.

But at times when she refuses to
see reason. The parents have to
be stiff with her. Not ordinary

RESIGNATION

PERSEVERANCE

TALK indisposed to
sadness in

MILDNESS

Mildness: gentle,
good .Who is not
harsh, whose ways
are kindly

IRRITABILITY, spoken

DELUSIONS, sick being
WEEPING, remonstrated
when

DISCONTENTED, with
herself.

PITIES, herself

thrashing but harsh dealing
make her behave. And resign to
the new situation.

But that remains for a short
while. As she resumes her
agitation in a subdued form.
Becomes sad and will not talk to
anyone.

When asked the reason, she will
get irritated. Appearing as if
feeling sick. But in reality she is
in a state of answerlessness.
Failing in argument . As a result
starts wailing. And airs, there is
none to understand my problem.
Extremely dissatisfied she is with
herself. As she starts taking pity
on herself. When she imagines
that she has to live in the
circumstances contrary to when
her wishes. This thought makes
her feel sick and in the end tells
herself how pitiable is her
condition.

ARGENTUM NITRICUM
A THEORETICAL BACKGROUND

(Theory)

Tosses between two thoughts

Fear self control losing of.

ABSORBED, alternating with frivolity

1) DELUSIONS, work,
harm, will do him

2) DELUSIONS, sick he is
3) DELUSIONS, succeed,
he cannot does everything
wrong

4) DELUSIONS, world he
was lost for beyond hope

5) CONCENTRATION,
difficult , on attempting
to concentrate it becomes
dark before the eyes

6) UNDERTAKES, nothing
lest he fails

7) SADNESS, slight
(snub) from an
undeserved

8) INDIFFERENCE, lies
with eyes closed

2) He has a believe that since
he is sick any 1) work will
jeopardize his health. 5) That he
knows that he can't concentrate
because when he makes an
attempt it becomes dark before
his eyes.

3) This confirms his belief that
he can't succeed because it has
invariably been the case with
him up to now that all his
attempts failed and that he did
everything wrong.

4) And has taken it for granted
that he would never be in a
position to contribute anything to
this world.

6) That is why he does not
venture to undertaking anything
for fear of failure.

7) Because he can't tolerate if he
is treated with Indifference and
contempt which he feels will be
unjustified because it is for no
fault of him.

8/9) Best way to escape from
this humiliation is to keep on
sticking to bed &

9) BED, remain in desire to

10) FEIGNING, sick

11) INDIFFERENCE, lies
with eyes closed

12) ABSORBED,
alternating with frivolity

13) DECEITFUL

Deceiver: Who misleads
or lies

14) FEIGNING, sick

15) BUSY, fruitlessly

16) OBSTINATE,
queerest, objection
against whatever was
purposed he had the
Obstinate: Sticking to ones
stand, rightly or wrongly
at every cost. unyielding.
Objection: Opposition

10) Pretending that he is sick

11) Showing no interest in
anything by way of turning eyes
to the other side as if is not aware
of anything or by simply closing
eyes – as if he were sleeping.

12) Sometimes he may review
deeply. His state of affairs and
feel concerned.

But after sometime this thought
is overtaken by a casual feeling.
That is treating things without
any serious concern. And

13) By adopting deceitful ways.
Takes up jobs

just to 14) pretend that he is not
without any work.

15) A patient used to collect
newspapers at the end of a week
and would say he is going to give
that to a charitable trust which
looks after the poor.

16) If he is suggested to find a
proper job he will oppose it by
saying forget it. He will not try it
for some times now because of
the pressure exerted on him (for
taking up a job).

17) SADNESS, slight from an undeserved

18) LIAR, lies never speaks the truth, does not know what she is saying

Liar: Who makes a deliberate false statement
This state of mind is of Unawareness of one's actions

19) TALK, indisposed to sadness in

20) BED, remain in desire to

21) TALK, desire to someone

22) ANXIETY, time is set, if a

23) EXCITEMENT
anticipating events when

24) FEAR, falling of

25) FEAR, self control losing of

17) Indirectly in the mind is that any proposal coming from others is a deliberate attempt to insult him because he finds no fault with himself.

18) If pointed out that this is your cover up actually you are not serious about the work. You are telling a lie.

18) How it is a lie. To save oneself from evils is no sin. In his view those who don't understand his problem are evil.

19) And for this for some times he will remain silent and in a sad mood.

20) He will move only when his comfort (bed) is in danger and

21) Thinks he must meet and talk to the person or the authority concerned about its (bed, his comfort) security.

22-25) If he will fix up an appointment he will remain anxious about the out come of the meeting so long as the meeting does not take place.

After the meeting is over, if he finds that the man concern is not responsive. And is not in a mood to meet his demand to secure his position. He will pretend that

26) FEIGNING, sick
27) FEAR, death predicts
the time of
28) PREDICTS, the time of
the death

29) FEAR robbers of

30) UNDERTAKES nothing
lest he fails

31) FEAR, self control of
losing Control: Have
power over. a grip. a
hold over. curb. check

32) ABSORBED, alternating
with frivolity

26-28) 4) He is feeling so
desperate (sick) that he may die
by tomorrow. At such and such
time.

29) He will particularly avoid the
interference of those who he
feels don't agree with him and
will be a hurdle in his plans of
things.

30) He has no confidence that
he will be able to get through the
things.

31) and fear he may lose the
game for want of self control
or balance required for success.

32) But in the end, in the mind of
his mind (in the innermost)
something tells him. Go ahead.
Nothing will happen. And with
this confidence keeps doing this
as pleases him.

CASE

Case of a school going boy of 14. His parents complaint against him was , that he didn't give any attention to his studies. There was a complaint from the school also that he was mostly absent. He would leave for the school and come back in the evening after moving about else where.

LIAR, lies never
speaks the truth
does not know , what
he is saying

Q. Does he himself tell that he was absent from his school. (his father was asked)?

A. He will tell a lie and say he attended the school. It is only from the school's report that we come to know about the reality.

Q. Now the boy was asked, "Your father is telling something about you. Do you confirm it.

A. He said, 'Yes'.

Q. Do you admit that you absent yourself from the school

A. He said, 'No'.

Q. Very funny I remarked . Do you understand what I have asked you.

A. He said, 'Yes.'

Q. Please repeat what have you understood ?

A. No reply.

Q Please reply.

A. No reply, he seemed to be unhappy/ sad.

Q You say you don't absent yourself from your school?

A. That is right.

Q. But your parent say something different about you, how do you

TALK, indisposed to
sadness in

LIAR, lies never
speaks the truth does
not know what he is

saying the
SADNESS, slight from
an undeserved
SADNESS, slight from
an undeserved.

TALK, indisposed to
sadness in

LAUGHING, serious
matters over

TALK, desire to
someone(Who gives
patient hearing)

TALK, desire to
someone (Who gives
patient hearing)

DELUSIONS, sick
being

TALK, desire to
someone

CONCENTRATION,
difficult on attempting to
c.it becomes dark

take it ?

A. I become sad.

Q. Why ?

A. I think it is undue. They
should try to understand my
problem.

Q. Would you like to tell me
what is your problem.

A. No reply.

Q. I am not against you I shall
rather help you.

A. I don't think you can render
any.

Q. I assured the boy that after
understanding his problem
myself. I shall try to make his
parents also to understand it. And
I expected that there after they
may change their attitude
towards him.

A. If they don't, he said and
laughed.

Q. I shall warn them that I shall
stop giving treatment to their son
(you) if they don't change.

A. I am a sick person . He
opened a little.

Q. How do you think that you are
sick ?

A. My concentration is bad, and
that is why I can't study.

Q How do you say that your
concentration is bad ?

A. As and when I try to
concentrate it becomes dark
before my eyes.

before the eyes.

TALK, desire to
someone

1) DELUSIONS,
succeed he can't
does everything
wrong

2) CONCENTRATION,
difficult on attempting
of it becomes dark
before the eyes

3) World he was lost
for the, beyond hope

INDOLENCE ,
aversion to work

LAUGHING, serious
matters over

BUSY, fruitlessly

LAUGHING, serious
matters over

UNDERTAKES, nothing
lest he fails.

Q. Oh really, very bad!

A. He feels encouraged to talk
more.

Q. How long do you continue to
concentrate ? He was asked.

A. In the beginning I used to
attempt many times and for
longer periods.

1) But now I have finally come
to the conclusion

2) That it is useless to do so,
because I never succeeded.
Because all that I accomplished
went wrong because it was done
almost in a state of blindness.

3) Now I am of the permanent
view that I won't be able to do
any thing for this world for all
the times to come.

Q. What are you doing these
days?

A. Nothing

Q. How do you pass your time?

A. Just looking busy. Laughs.

Q. Do you never try to do things
seriously ?

A. I actually don't want to face
failures. Laughs as if frivolous.

Q. Do you ever think of your
future?

ABSORBED, alternating with frivolity

CONFIDENCE, lack of self.

LAMENTING, sickness about his.

DEFUSIONS, work harm, will do him.

TALK, desire to some one.

FEIGNING, sick.

DECEITFUL

BED , desires to remain in

DECEITFUL

OBSTINATE, queerest objection against whatever was proposed he had the

A. I do for hours. Than I have to forget about it, for two reasons. Lack of confidence and the harm it may do to my eyes.

I think you can now understand my position.

Q.How do you manage your parents and the people around You ?

A.Mostly by pretending headache before going to school.

Q. Why do you pretend headache ?

A.The best way to deceive. Nobody can detect the reality and then obviously there will be no objection if I take rest. The thing that I like the most.

Q. Are you always successful in managing your parents?

A. For that I know another trick.

Q. What is that ?

A. Sooner I sense that some pressure is coming on me to go to school. I take a stand. That it is an insult to my wisdom and integrity. If someone has to put a pressure on me to remind me to what I should do.

This trick I use as a safe exit saying that since I have been offended . I refuse to accept the proposal and will not do it for as many days as I find the pressure is not withdrawn.

FEAR, robbers of

Just as he reached this point he said no body can save me now.

FEAR, death of
PREDICTS, the
time of death

I have invited my own death as if in fear.

DELUSIONS, world he
was lost to beyond hope

He wept and said he wants to assure everyone that he was lost beyond hope for this world: That no one could delude him in that respect and no one could reason him out of it.

ANTICIPATION
complaints from

Q. What happened ?

A. "It is coming to my mind that I have told you everything. Now if you decide to go against me. I shall be no where. And in a state of horror he said, I am going down hill."

FEAR, falling of
FEAR, self control losing of

Q. Have faith in me. Don't worry nothing will happen ?

He was told.

When anticipation is over ,
he is normal (S)

And to my surprise he was normal again as if nothing had happened.

DECEITFUL

This is how he deceives and lives.

ARGENTUM METALLICUM,
NITRIC ACID & ARGENTUM NITRICUM
COMPARATIVE STUDY A CONCLUSION

Their distinct identification marks
(Broader distinction for quick prescribing)

Common points :-

All are selfish, but in their own way.

ARG.MET

NITRIC.ACID

ARG.NIT

1)SELFISHNESS

(Self defence)

Wants to remain confined to her family and self.

is less charitable but is not harmful to others.

She fights only in self defense and protects her liberties without encroaching upon other's liberties.

Nit.ac. is extremely selfish and full of greed. The rubric DELUSIONS, wealth Imagination of , operates in its extreme sense of possessiveness. The complaint of the parents always is that the child is very possessive. Literally, speaking, he will not like to part with his possessions. Nor will even share with anyone else. But contrary to it will greedily try to have what others have. And will hate them, if they don't share their possessions with him.For this the

Arg.Nit. is also selfish. He is always under the impression that work will harm him.

DELUSIONS, work will do him harm.

UNDERTAKES, nothing lest he fails. And there is a desire to remain in bed.

BED, remain in, desire to.

And will use deceitful means To achieve his Goal. And lying As instrument to cover up, his designs. Will lie in the bed with eyes closed

ARG.MET

NITRIC ACID
rubric being ENVY,
AVIDITY, AND
HATE

ARG.NIT

posing as if he or she is neither seeing nor hearing the voices of demand on her. If asked, your help was needed for which we called you many times. She will feign, she had heard none..
BED, remain in, desire to
INDIFFERENCE,
Lies, with eyes closed (Cocc. /Sep.) FEIGNING, sick Internally, he realizes some where he is wrong and is unfit to contribute to society, but will not accept it apparently.
DELUSIONS, is lost for this world beyond hope and another problem with Arg.Nit. is fear of losing self control in an anticipated situation.If a situation has been thrust on her that

No Feigning

No Feigning sick

MOOD, repulsive

No fear of losing self control

No anticipation

No anticipation

she has to perform
she will illogically
and senselessly
object to whatever
is proposed by
others, and will
manipulate in a
manner that every
thing must be
planned and
executed the way
she wishes and
finds convenience
in. And if in case
she doesn't
succeed in her
plans she
imagines as if the
four walls of the
building she is
surrounded by
will fall on her
and crush her.

DELUSION, house
on each side
would approach
and crush him.
Room, walls will
crush him.

In other words,
the anticipated
burden of the
work in sight will
crush her

2) TALK, desire to someone

What is talking ?

To talk is to express one's opinion or to make known one's feeling.

ARG.MET.

Arg. Met. talks only to her spouse. The life Partner. Or if not married to only a person, of opposite sex. Or on whom he can depend for safety, for help. And to none else. Because of inability to express that himself to support his point.

NITRIC ACID

Nit. Acid, is secretive, will not like others to know his real intentions. The patient is able to do. This because, he has the power to stand the odds with courage and steadfastness. Despite the fact she has offended the people which she realizes she should not have done. But has reasons to support her action.
(PERSEVERENCE)
Before leaving home, for example, the patient's papa promised to bring her a toy of her liking. But he forgot to keep his promise. This is his fault. He can't be pardoned.

AGR.NIT

Her first endeavor would be to scuttle the whole scheme of things which requires her involvement. For this, she will approach the persons who matter. And out of them, her first target would be the originator of the plan. Who is really keen to implement it. Here she will use a deceptive language by telling the person that it is in his own interest that he should drop the plan. For her it doesn't matter much. Somehow

ARG.MET.

NITRIC ACID

AGR.NIT

Now he has to go out of home. And bring the toy as early as possible. otherwise I will not allow him to enter the house.

IMPATIENCE, cures him at once patient insists that the doctor.

CRUELTY, INSOLENT, SLANDER

Disposition (false and malicious statement about a person.)

She may go into the similar state of mind when another member of the family had something to eat or to play this with. She feels discriminated and again comes out with the same remark, against the person who cares for her.

CONSOLATION, agg. CARESES, averse to. If somebody tries to pacify her, she

she will be able to pull on but she is worried about him. She doesn't think he has time for all these things. And that he is already overburdened on with his work and any extra burden on his nerves will be too heavy for him to bear with all that there is no reward for all this generosity.

He has been very kind and charitable to these people. But they have never thought of even for a token return for him by entertaining him even once in a blue moon.

DECIETFUL Pressing her point she continues Well I don't press you, I leave it to you , I think it is your concern. It is

ARG.MET.

NITRIC ACID

AGR.NIT

refuses to accept the offer. Because for her,her greed for things is not satisfied. It is for her as if she were about to die. And that is why she must have it at once. But this conversation is between her and the person whom she expects to care for her.

And will not like that he should pass it on this information to others.

DELUSIONS, die he was about to
SECRETIVE

ENVY,avidity & hate
HATRED, person who had offended him, of unmoved by apologies.

PHILOSOPHY, ability for

OBJECTIVE,
reasonable This is here she reasons out her father zero. Here caution will be required to mistake this version

THREATNING

just my suggestion I am with you.

And this is how she tries to be convincing to succeed in her designs. And if somehow she is not able to prevail upon the person. She will approach his supporters

with the same plea. Saying please try to persuade him and bring the person (your head) to senses.

He will be emptying his coffers and thereafter will be putting him self and all of us into a miserable condition. When we will be left with nothing to spend in the future. Don't worry about me because my

requirements
are just equivalent
to I can live just
on things needed
for bare

Existence.

TALK, desire to
someone (Now
here let us note,
this is also
TALKING in self
defense to the
person of her

target.) All that I
am concerned is
about you. But she
is so loquacious ,
foolish and
immature that she
can be caught on
her own words. Of
her real intention.

Foolish, behaviour
Who is a fool.

Fool is a person
lacking sense of
judgement.

Unwise, silly,
absurd.

IMBECILITY
LOQUACITY,
changing quickly
from one subject
to another. But is

so cunning that she will quickly change the subject. And if the man in front of her is intelligent enough to remind her that she was changing the subject. She will take the refuge of her art of lying. And will straight away deny, having said, something which conveys wrong meanings. This behaviour is covered by the rubric, LIAR, lies never speaks the truth, doesn't know what she is saying. If she is not allowed to change he subject, she will swiftly jump to change the words, by Saying, "you might have misunderstood me."

REMARKS To catch these people on their words requires a third eye. Because they will simply mutter, hiss like a snake, spit their venom around by airing words like, how selfish the people are, they bother only for their own convenience, but never care for the convenience of others. Now here, if somebody catches her, asking, "to whom are you addressing your scathing remarks". She will quickly change the tone and twist her words in such a manner as putting you in a situation where nothing is left for you to argue further. She will say it for the people in general

ROH BOOKS SERIES VIII

Dr. Sehgal's
**REDISCOVERY
OF
HOMOEOPATHY**

ADVANCED STUDY OF REVOLUTIONIZED HOMOEOPATHY

A Research Paper

Titled: Discovery of Argentum Metallicum
And its allied Nitric Acid and
Argentum Nitricum
(*A theoretical Background*)

By : Dr. M.L. Sehgal

DR. SANGHVI'S
DISCOVERY OF HONDERIYATHI
(HONDERIYATHI)

यह किताब
हम अपने पूज्य पिता जी एवं गुरु
स्वर्गीय डॉ. एम. एल. सहगल जी
को
समर्पित करते हैं।

Dr. Sanghvi Sanghvi
Dr. Sanghvi Sanghvi

डॉ. संजय सहगल
डॉ. योगेश सहगल

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**Dr. Sehgal's
REDISCOVERY OF HOMOEOPATHY**
(A Different Concept)

By
Dr. Sanjay Sehgal
Dr. Yogesh Sehgal
Sons and followers of
Late, Dr. M.L. Sehgal

*Founder Dr. Sehgal's School of
Revolutionized Homoeopathy*

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PREFACE

*A*ek Parayas is an attempt made by us to show how we are following the path shown by our **Guru Late Dr.M.L.Sehgal**. Two medicines Hyosyamus and Opium are presented in this book. The explanation of these two drugs are purely based on the data collected from the cases cured in our clinics.

Though both the medicines share many common rubrics their presentation is done with different angles in an effort to differentiate their identity i.e. we have presented both drugs under common rubrics:

***WELL, says he is, when very sick
INDIFFERENCE, complain , does not
GROPING as if in the dark
HIGH- SPIRITED
DELUSIONS, visions fantastic
And many more.***

The explanation is done to show the difference in respective psyche of the patients' of Hyos.and Op., when confronted under common rubrics.

The first medicine is Hyos. in which the beginning is done by a clinical case followed by a case – Hypothetical - based on the cases solved by Dr.M.L.Sehgal and his followers. Next remedy is Opium, presented by giving explanation of its King pin rubric – FEAR, extravagance of following its use with other important rubrics through a case.

We are thankful to Dr. Preeti Sehgal & Dr. Y.D. Suryavanshi for helping in editing.

We request the readers to kindly bear with us for any errors made by us. We shall , however be thankful for all helpful suggestions/ observations for improving the future presentation in times to come.

7th September, 2002

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*Dr. Sanjay Sehgal
Dr. Yogesh Sehgal*

FOREWORD

Most of Dr. M.L. Sehgal's booklets carried my foreword. Dr. M.L. Sehgal died on 29th May 2002. I am glad his two sons Dr. Sanjay and Dr. Yogesh have decided to carry on his mission propagating his technique by word of mouth and in print.

This is the 9th booklet in the ROH series. Drug pictures of two medicines Opium and Hyocyanus presented in this book are part of their efforts. The material presented here is discursive, mostly drawn from their clinic work.

Most of the symptoms revolve round the king - pin symptoms- "Fear of extravagance" and "Fear of being betrayed". Many versions of the patient's conversation, point towards these two king - pin symptoms. The write up has been edited and is generally free from language mistakes. Let us hope that the readers will be benefited from these case reports to a great extent. Differential diagnosis from other similar symptoms will greatly help in this regard.

H.L. Chitkara

Dr. H.L. Chitkara

New Delhi

31st August, 2002

NEW OBSERVATION

It is already there in the Revolutionized Homoeopathy, that we observe what the patient says and how he says? (speech/action), what he does and how he does? (gesture), while narrating his sickness. Lately, it has been observed that it is also important to know the **THIRD DIMENSION**, that is '**THE WHY**'=why he says and why he does?

Now the saying goes like this:

- (a) What he says and how he says, but equally important is why he says. Kya kehta hai? Kaise kehta hai? Par kyun kehta hai? (Why? Kyun?)
- (b) What he does and how he does, but also important is why he does. Kya karta hai? Kaise karta hai? Par kyun karta hai? (Why? Kyun?)

By his speech and actions (Gestures) he wants to convey, what concerns him, how is this affecting him. What emotions and feelings are attached to his expressions, how is he adapting to this (**dis-ease**) situation, as there is a threat to the Centre or in other words Centre is not at ease.

Example:

BELLADONNA - Refuses to take any treatment speaks in quarrelsome tone/showing displeasure, I don't want any treatment! Here apparently we can see and take the rubric - **REFUSES, treatment, every** (this qualifies what he says) and this is said in nearly a quarrelsome tone. But further when asked "are you quarrelling", he says "no, no, I'm not quarreling or angry", but doctor, at least I have the right to express my feelings. **WHY** she is refusing any treatment in this quarrelsome manner? To that she says doctor you are not paying proper attention to me, you give medicine to others and they get well but you don't pay proper attention to me may be you feel I don't have a big disease or my problem is not that threatening or may be I am not that important.

The first two rubrics, refusing and quarrelsome can give us the remedy but the third dimension that is **'WHY'** can give us assurance and accurate judgment i.e. in this particular case by her refusal for treatment in a quarrelling way, she is actually trying to convey that she is not receiving proper attention and due importance. In other words she wants **Attention**.

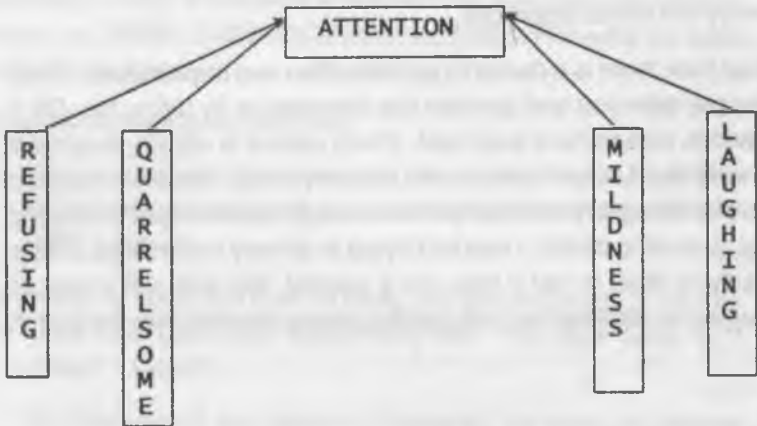
Now here there is a desire to get **attention** and **importance**. Once you pay attention and give her due importance by telling her, Oh ? Madam, please have your seat. Every patient is equally important to a doctor. Let me hear you out properly today. She then changes i.e. she changes from quarrelsome to laughing and says I'm actually not quarreling doctor, I was just trying to convey my feelings. She is justifying that, to her it was not a quarrel, but was just a way to convey her displeasure for not getting proper attention from the doctor.

As the doctor tries to catch this expression of quarrelsome in her she attempts to covers it up with her laugh (**ESCAPE, attempts to and HIDES, things**) in order and not to be caught.

Now there is transformation, from refusing to take any treatment to taking treatment and going mild, from quarrelsome to laughter. All these rubrics are covered by the same medicine, but the **KEY** here was **Attention**.

THE THIRD EYE

WHY?



<p>KYA KAHA ? (What he says?)</p> <p>KAISE KAHA? (How he says?)</p>	<p>TREATMENT KE LIYE MANA KIYA (Refuses to take any treatment)</p> <p>LADTE HUE KAHA (In a quarrelsome way)</p>
<p>KYA KIYA? (What he does?)</p> <p>KAISE KIYA? (How he does?)</p>	<p>JHAGADA KIYA (Quarreled)</p> <p>BINA GUSSA KIYE (Without anger)</p>
<p>KYA KAHA? KAISE KAHA? (What he says?) (How he says?)</p> <p>KYA KIYA? KAISE KIYA? (What he does?) (How he does?)</p>	<p>KYUN KAHA? KYUN KIYA? (why he said) (why he did)</p> <p>Kyuki attention nahin milll, importance nahin milll)</p> <p>(why ; because – he did not get the attention and due importance)</p> <p style="text-align: right;">} = WHY?</p>

HYOSCYAMUS NIGER

A Case

A case from my early records treated by me when I had just started practicing homoeopathy and learning this method. This patient aged 28 took an appointment from me on phone. On entering into my chamber he looked up and asked if he could see the Doctor as he had an appointment. A bit upset with his question, I told him, that he was talking to the same Doctor.

He looked at me surprisingly and said that he meant a homoeopathic Doctor. When I clarified his doubt he begged my pardon and said that his impression of a homoeopath was that of a middle aged or an old man. I nodded at him and offering him seat, asked for his problem. He said to me, "Since one month I am having pain in the knee joint (right - side)." He asked me, I hope you know what is knee joint?

Hiding my emotions, I said to him, "Yes", I know what is knee joint." In a polite way he said, "I asked so because I have an impression that homoeopaths don't study like allopath in detail about the body structure." I informed him we also study like any other medical Doctor in our colleges. I asked him for how long he had been suffering from the pain? He told me the problem had started a year back. Initially it used to be very mild pain, for one day coming after a gap of 2-3 weeks. He thought it could be because of some exertion. Then he started having it more frequently with increase in intensity of pain.

Did you consult any Doctor, I asked him.? " No, I did not care about it,

**INDIFFERENCE,
complain, does not**

I usually do not complain about my problem. Even my family members have come to know about it very late. it is by chance that a few days back my mother noticed me walking with some difficulty. That day she asked me if there was any problem in my leg.? Then I had to tell her that I have pain in my knee joint. She asked me whether I have consulted any Doctor.

**WELL, says he is,
when very sick
DELUSIONS, well, he
is**

I told her casually I don't need to consult any Doctor. I am fine. It is just a normal pain and will be alright in a day or two. In fact I myself did not feel any thing serious about it.

I was under the impression that it could be just a normal pain and might have happened due to some over exertion and will disappear on its own. More over it was not troubling me. I was able to do my routine work with an ease." (Hindi version : Mujhey isme koi aisi baat bataney wali lagi nahi. Ab dard ke liye aadmi kisi ko kya batay. Dard hai to hai)

He said, " Now I regret and feel that it was not right on my part to ignore it. I should have taken some step for it .

**REMORSE
DELUSIONS, wrong,
he has done**

Once or twice I thought of consulting a Doctor when the pain had become severe but I failed to understand the nature of my problem. I was not sure of the kind of problem it was and whom to consult for it"

**Groping as if in
the dark**

He further said, "I get frightened whenever the pain becomes severe. That time I get the feeling oh! What kind of a pain is it." From outside I never show any sort of fear. I try to be bold in front of others. I show and act in a manner as if I am a very carefree person but internally I am not like that.

**AFFECTATION
gestures and acts, in**

If somebody tells me or if I read some article about my problem or come to know from some other source about the consequences of having pain in the joint then I would not sleep for whole night I start relating it to my problem. I think that may be I am also having the same problem. Then I get demoralized."

(Hindi version Upper se to mai bahot bold banney ki koshis karta tha Kya hai, dard hi to hai. Aisa hota rahta hai. Kuch nahi hai. Sab theek ho jayga. Par under se darta tha ke kahin kuch gait na ho raha ho , investigation se bhi darta tha ki kahi kuch galt na nikal jaye.).

He said, "Then in the morning I balance my self with positive thoughts. Then I try to calm down myself by thinking that I don't have such an such symptoms which have to be specifically there for an arthritis patient. Then I try to have information from people who already have this sort of problem. Somebody says it could be possible to get cured and somebody says it could not be possible. Then I think that I am unnecessarily bothering about it so much. Nothing has happened to me. Then I tell my self not **HIGH, spirited** to bother about it, live your life happily and enjoy it

WELL, says he is, when very sick He said, "If somebody asks me How am I, I reply to him, "I am absolutely fine".

He said, "I don't have guts to ask the person why he has asked so. Does he really feel that there is something wrong with me. Why you can't ask this question?

I am afraid probably he may say Yes, definitely he can see some problem with me. I think I will collapse there on the spot. I avoid knowing anything bad related to my problem. He said, "Still I have the strong curiosity to know about my problem. I like to read articles pertaining to this **LIGHT, shuns CAUTIOUS**

INQUISITIVE topic in health magazine.

I inquire from my friends, relatives or from any person who is already suffering from it. But that is limited. I don't like to go more deeper into it. I read or like to know upto the point till I feel that there is nothing to get scared about. .

He said, "But if I come across some points which are more close to my problem then I check my joints and imagine **DELUSIONS, injured, injury is about to receive** that very soon my joints will get crippled and I would have to live like other arthritis patient.

Then why you read such articles, I asked him.?

DELUSIONS, wrong, he has done He said, "I also feel that I am doing wrong." But my problem is I can't trust upon others' opinion. Sometimes my friend tells me not to worry so much about my problem. There is nothing to worry, there is treatment for everything now a days.

Sometime I feel good about it, then I suspect may be he is trying to fool me. If some friend or relative tells me that I should go for thorough

check up as it could be arthritis , I also suspect **SUSPICIOUS, mistrustful** on them that perhaps they are telling that to scare me. He said, " I inquired about good Doctors who have wider experience in treating such cases. In fact I have come to know about you from my friend. He praised a lot about you but still I rechecked about you from the shopkeepers around this place and I asked about you from one of my friends who does homoeopathic practice. He told me that I can visit you safely.

He narrated me about an incident happened with him in his life. He said, " Once I suffered from viral fever. I was taken to an allopath. That Doctor made a blunder. He gave me an injection and some strong medicines. That injection reacted upon me. For a few days I could not eat and became weak.

DELUSIONS, wrong, suffered, has

It took me nearly a month to recover from that. I had to suffer a lot because of that one error.

He said , " Since that very day I have been scared to visit any allopath. I fear to have any injection and also refuse to take any medicine.

REFUSES, to take the medicine

He said, Now I have become cautious to visit any Doctor. I collect information about the Doctor beforehand. If a Doctor. asks me to take medicine four times a day I take only once a day. I don't want **CAUTIOUS** to spoil my health. I feel that atleast I am able to manage things in this condition. I don't want to lose it.

He said, "Just now before coming to you I visited an orthopedist. He referred me for some investigations and prescribed pain killers and a tonic.

But I am not going for investigation and also will not take such strong medicines.

Then why you visited him, I asked him? He said, "One of my friends had recommended him to me. But I did not like him. What was wrong in that orthopedist – I asked him?

He said, " He has no way. Without asking anything he reached at conclusion that it could be arthritis and recommended some tests."

He said, "I am already trying to avoid investigation and he is asking me the very same thing which I want to avoid. **ESCAPE , attempts to** He said, "Orthopedist also asked me to take these medicines" – He showed me the prescription given by the orthopedist. He said, " I avoid taking allopathic medicines."

Why ? I asked him.

He said , " Allopathic medicines are very strong. I have a fear that If I take those medicines they may cause harm to my body instead of giving relief. Moreover once a person starts taking allopathic medicine then he becomes habitual of taking them.

FEAR, poisoned, of being

FEAR, betrayed, of being

FEAR, injured, of being

He said , " After hearing about Homoeopathy. that it has no side effects and there is no need for any sort of investigations to be done for prescribing the medicine, I decided to go for homoeopathic treatment with the feeling that it is safe.

What is the safety in it , I asked him.?

FEAR, betrayed, of being

He said, " Safety means even if there is no relief, at least there is surety that it won't harm me, no matter how long I consume it."

Why are you so worried about investigation, I asked him."

He said, "I don't believe in investigation. It is a useless process. It creates unnecessary doubts in the mind. A Doctor who has knowledge can judge about any problem from his experience.

Normally it is done for the sake of making money. It has become a trend with the Doctors to earn easy money. A Doctor who recommends for

the tests gets commission from the pathological labs.

Sometimes Doctors get the tests done for the sake of increasing their knowledge. I don't want to be a Guinea pig for them. They have become THUGS.

FEAR, sold, of being

They charge you a lot of money. It is possible that they make a false report and start treating me for some fake disease and make money from me. I feel uneasy when I think of the ways they could take advantage of my sickness.

He said, "I know much better about my problem than these Doctors. I have read about it. I need proper treatment for it. To this, I told him, sometimes it is better to have investigations for proper diagnosis. It helps your Doctor to treat you in a better way.

ESCAPE, attempts to Ignoring it, he asked me what could be his problem in my opinion. I said to him, "it is difficult for me to tell it from outside until and unless the X-ray or blood tests are not done.

He said, "In homoeopathy what is the use of investigation. I understand that you don't need it as your prescription is not based upon the x-ray or blood findings." I told him he is right but only for the sake of proper treatment as to what we have to treat and how successful we are after the medicine. To this he said, "I think at present it is not very necessary. Later on if you feel that you need it I can go for investigation. Let us start with the treatment and it could be possible that after the medicine I improve and get cured.

Then there will be no need for investigation.

The foregoing explanations take us close to two rubrics i.e.

1) OBJECTIVE, reasonable

2) LIGHT, shuns light

The difference between the two states is: In "objective reasonable" it is the reasoning which is very strong. He stresses upon his point as he has valid reasons for it. He likes to be convinced before he agrees to follow something. There has to be a logical background for this patient to talk about. It is more about the logic. He listens and tries to understand but follows it only after he gets convinced about it.

A patient says o.k. I will follow your instructions but I must know why I should follow them. If you convince him then he will follow them. I don't mind going for investigations but you

have to tell me what are you suspecting in them. He needs to know if a Dr .has a clear idea as to what he suspects will be the outcome of the investigations. If he gets convinced then he will say o.k. I am convinced and I will go for investigation. In ' shuns light ' the feeling is: A patient is avoiding something because he is not comfortable about it. He will try to justify his point ignoring the point of others on that issue. He wants to avoid it as he feels that it could be possible that something bad will come in the tests. He says, " still I am living with this impression that there is nothing wrong with me , I won't be able to survive if I come to know that I am suffering from some ailment.

Foot note: Investigation : Normally during our practice we have observed that patients ask for it but in this case the patient is avoiding the same. we have to keep in our mind is the psyche of this patient He said., " But you can have some idea at least about the disease by seeing it from outside. "

**INCITING,
others**

" This much of common knowledge all good Doctors have. You have done a proper homoeopathic course. There are some who start treating patients just by reading books at home." (In Hindi language " Doctor. phir bhi uper se takleef dekh kar aap ko kuch to andaza ho hi gaya hoga. kuch to uper se pata chal hi jata hoga. Itni jaankari to aap ko hogi hi.)

He said., " I am sure and confident for that it can't be arthritis." I asked him how could he be so confident that it could not be arthritis?

He said , " It is very simple , I have no bad habits. I don't smoke. I am not an alcoholic, I am a pure vegetarian. I do exercise daily. My friend who has this problem is a smoker, takes alcoholic drinks, and eats non -vegetarian food. I don't think I can have such a problem.

**DELUSIONS,
vision, fantastic**

**DELUSIONS,
vivid**

- *The psyche here is this patient was trying to keep his moral high and did not want to demoralize himself. For this he was trying to convince himself that he is well and there is nothing to*

worry about He liked to be away from the light – means, knowledge, focus-. He was trying to keep his spirit high. By doing that he knew he could live easily. In reality he knew he was lying to himself by not seeing the truth and deceiving himself.

- It could be confusing for the readers that how he was avoiding light whereas on one side he was contacting friends, reading medical books and asking Doctor if they knew what was his problem.

On one hand because of their inquisitive nature which is associated with the fear of being betrayed. By knowing precisely he wants to make sure that he is in safe hands for right treatment and also to make sure that the things are going in the right direction.

On the other side he avoids to go for investigations as he fears that something wrong may come in the report. Also he hesitates to visit a Doctor as he fears Doctors may tell him something serious about his problem.

He says, "At present I am living at least with the feeling that I have no problem and I am fine. I fear to know that I have a serious problem. Even by knowing or hearing that I have a serious problem I may just be dead".

Kahin aisa na ho ki mai to isko choti bimari samajh raha hoon aur baad me pata chaley ke yeh to koi khatranak bimari hai aur itni der ho jaye ki iska illaz bhi na ho sakey . Doosri taraf mai iskee jaanch karwaney se bhi darta hoon ki agar ous me kuch khatarnak nikal to jo jindagi ab mein ji pa raha hoon woh bhee mere haath se na cheen jaye.

Another patient came with the problem of chest pain. While seeking appointment , he said, " Sir, please spare some extra time to listen to my problem. He wanted to talk about his problem in detail. But he told me that he won't go for any E.C.G. test. He said, " Sir ,I may collapse on the spot if I come to know that I have some serious problem.

Hyos likes to have a full knowledge about the disease , treatment and the Doctor. Because he doesn't want to lose anything.. He wants to be sure that Doctor has *understood his problem and has the capability to cure him .*

While reading any health magazine he will read only those points which are in his favor. He is more curious to know about those points which rule out arthritis in a patient who is having joint pain. He avoids reading the negative points. E.g. he reads in a book that a patient having joint pains is also have swelling and redness then the chances are that he can have arthritis. He will check himself and if there is only pain and swelling then he will console himself that he can not have arthritis as redness is missing.

In the end he said to me, " if you are able to treat me then you will get lots of patient from me." **I know many people who have the same kind of problem I have also many good contact with high officials.**

INCITING, others

I would like to quote a case treated by our Master (Late), Dr.M.L.Sehgal. where just on the basis of this particular rubric (Inciting others) in a few seconds he had finished the case taking. It is a perfect example to understand that how deeply he had the understanding of the rubric and remedy covering it.

It was a case of a Homoeopathic Doctor practicing homoeopathy since 30 years. He was referred to him by one of the student for Doctor Sehgal. This student called me for an appointment and requested to me , please ask Doctor Sehgal to give him special attention as the patient is her grandfather. She told me that with a great effort she had managed to convince him to visit Doctor Sehgal. She said, " My grandfather knows that I am the student of Doctor Sehgal". so he teased me " o.k. let me see how your teacher is going to treat me ."

On the appointed day when this patient visited I asked him about his complaints – I used to take initial case taking for Doctor Sehgal. He said, " I would tell my self about my problems to the Doctor, as he has a long list - he had written his symptoms on a paper - of ailments .

When he entered into Doctor Sehgal's chamber , this patient greeted Doctor Sehgal saying Doctor Sehgal I have heard a lot about you , my granddaughter is your student, she talks very high about you." If you are able to cure me I will recommend a lot of patients to you

from my practice." He further said , " I have written all symptoms on a sheet in case I forget something to tell you. Without asking anything Doctor sehgal told him gentleman your case is over kindly go and collect your medicine from my dispenser. He was shocked and said , excuse me Doctor Sehgal but I did not tell you anything about my ailment. Doctor Sehgal asked him to tell about his ailments to me to put in record. Doctor Sehgal assured him your medicine is selected. Patient came out from his chamber and asked me did he make any mistake? I said to him, " No, but the way he presented himself in front of Doctor Sehgal is enough for the master to select the medicine. After that I asked Doctor Sehgal how he selected Hyos. , he told me that he applied rubric **Inciting , others which has only one medicine Hyos. in a low grade.** The result was amazing. That Doctor called my father after 2 weeks and said, " I got tremendous relief" , and wanted to know how could Doctor sehgal reached in his case just in a few seconds !!. He was also curious to know what remedy did he receive.

To my patient I prescribed Hyos.30 , 3 doses to be consumed in 15minutes interval. On second day he called me and said, " on the first day after the medicine the pain was almost become nil but today the pain is very sever I never had it before. I told him it is due to the medicine action and wait for another two days every thing will be fine. On his next visit it happened exactly as I told him he felt relief by next day and it was completely gone on the third day. The case continued with me for 20 days after which he did not feel any pain.

Let us study the Psyche of Hyos.

The king pin* rubric - sign of identification - of Hyos as **FEAR, betrayed of being.**

What is Fear.?

Fear : It is a sort of discomfort about something distinct to come in the future that is the event yet to come or a sort of discomfort aroused by an impending pain, danger or evil which is specific in nature. A person can identify the subject of his fear.

What is Betrayed.?

Means, deceived. Mislead by false appearance or statement It means that this patient has a fear of anything that could rob him of his present state**. A fear to lose what he has at present . If there is a 1 % chance that he may lose what he has at present against the 99% chances that he may gain , he won't be ready to take 1% risk. Means hyos can not risk unless there is 100% surety that he will win. For example, if a hyos patient is asked to stop allopathic medicine he has been taking for some ailment even if it is giving him a little or no relief he won't readily agree to stop it. He will say, " I am able to survive at least with the help of allopathic drugs no doubt there are side effect of it but I won't leave them until unless I am sure that your medicine will help me in the same manner.

Although the king pin is the main identification for a remedy but we have to take into consideration that a king pin rubric needs the support of other rubrics for the right selection of the medicine. Sometimes it becomes difficult for a physician to identify the king pin if it is not very predominant. In such cases the supporting rubrics helps to solve he case.

For a deeper understanding of Hyos. we will study how the supporting rubrics help the king pin in a given case For this we start our study imagining how a hyos reflects his present mental state. According to the R.H. we observe the mental state of the patient by understanding the attitude of the patient during the sickness.

*** King pin : *The main disposition of the drug. It is to be understood that to identify a rubric as king pin (central disturbance or core) is not to be confused with P.P.P. as certain***

other writers seem to have done. A king pin symptom must have the support of all the other rubrics produced by the drug on provers as a proof of its being true core point.

**** Present state : It is the attitude of the person towards his sickness. How he is reacting and adopting to this present ailment. ? What has brought the patient to you. ?**

Suppose a patient of Asthma suffering for the last 10 years, comes to you.

We imagine below the likely Version of a Hyos. patient.

***D: Doctor , P : Patient**

D. How did it start.?

P. It started on its own. In the beginning I had the problem of recurrent cold and cough during my childhood. Slowly the frequency of cold and cough started increasing. Then I started having the problem of chest congestion and breathlessness. After sometimes it converted into asthma as diagnosed by allopath.

D. What you did – treatment wise – for it.?

P. In the beginning sometimes the problem used to heal by itself or when I had a feeling that it won't heal by self then I used to take antibiotic for two to three days. I always try to avoid allopathic medicine as far as possible.

D. Why you avoid allopathic medicine.?

P. Because of their harmful effect on the body.

FEAR, injured, of being

FEAR, betrayed, of being

D. Did you try any other treatment . ?

REFUSES, to take the medicine

P. No, I did not. Infact I don't like to take any medicine. I have never been to any Doctor for its cure.

On some day when it becomes severe then I visit a Doctor near my place whom I know since many years and I have full

FEAR, betrayed, of being

faith in him. I don't visit any unknown Doctor. D. How did you visit me, I am also unknown to you.?

TRUTH, tells the plain

P.Yes, it is true. Sir, I must tell you the truth. Before coming to you I inquired a lot about you from many people. I heard about you from my friend. He is under your treatment. He praises you a lot. I have inquired even from the patients sitting in the waiting room. P.Please don't tell my friend that I am taking treatment from you.

INQUISITIVE

D It is possible that he may have already guessed about it as he told you about me.?

P.Yes, but he does not know that I am asking him for myself. I told him that one of my friend who is severely ill is looking for a good homoeopathic Doctor (Covers himself that his friend needs the treatment.)

HIDE , desire for

D.Why you lied to him.?

P.It is not a matter of lying. It is in my nature that I don't like to discuss about my problem with anybody.

D.But there has to be some reason for you to not to discuss about your problems with others.?

P.There is no big reason for it. I have a fear in my mind that the person whom I am going to ask may tell something negative or serious about it which I may not be able to withstand.

ESCAPE, attempts to

D.But the information will be the same whether you ask it for yourself or for your friend.?

P.It may differ. If I would have told him that I am asking for myself he would perhaps have shown more interest in telling me about the disease than when telling it for my friend.

D.That would have been much better for you to have right information.?

P. It is the tendency of the people to scare the near and dear one. It may be possible that in future he would take advantage of my situation as we are working in the same office.

SUSPICIOUS, mistrustful

Also people give their suggestions even if they don't know about it and create unnecessary doubts in the mind of others. D. Are you sure there was no other feeling behind it?

P. No. If you think that I did it for the sake of hiding my disease from him then that was not the reason.

D. What do you think about your ailment at present?

P. At present I have not come to complain about asthma. I am not worried about it.

I have no complaint about it. I can ignore it.

INDIFFERENCE, complain, does not

Inference : It means there was no apparent impact of the sickness on the patient's mind. This mean there was no communication between body and the mind.

D. Do you mean you have not come for the treatment of Asthma?

P. I don't mean to say this. I mean to say that I don't consider it as a disease. I know it happened due to either my negligence or my carelessness. I feel with due course of treatment it may heal by itself or even if it stay I can manage with it.

D. What is troubling you at present ?

FEAR, injured, of being

P. At present I am worried about the consequences of asthma and its harmful effects on a person.

D. What do you mean by this that you are not worried about Asthma but you are concerned about its consequences?

P. Now what to hide from you. I must tell you the truth. Recently, in our locality a person died. He was a patient of Asthma. One day he felt suffocated

NAKED , wants to be TRUTH , tells the plain

and was admitted to the hospital where he died. I was shocked to learn that a person could die from asthma.

FEAR, betrayed, of being

DELUSIONS, well he is

Since that day I have become serious about it. Before that day I never considered asthma as a disease. I always considered myself safe and fine.

If any body used to ask me how I am. I used to tell them that I am fine. In reality I am like this. I never worry about small things.

WELL, says he is, when very sick

Sometimes my family members tell me to report it to the Doctor but I keep on ignoring their advise or to say I am fine. Don't worry about me.

DELUSIONS, well, he is

I always had the feeling that I have no problem.

The feeling of well being will remain there till the fear is originated. Though in the background it would be there but its impact on the patient is nil.

P. At times people pointed at me very strongly About my health. My friends remarked me oh! What happened to you.? You have gone so weak.

D.What you tell them.?

P.I tell them that it is there false reading. There could be some symptoms but they are of fatigue but overall I am fine. I keep myself lively and never discourage myself with the remark of people around me. I tell them that nothing has happened to me.

HIGH, spirited

(In hindi language , Mujhey kya hua hai, mujhe kuch nahi hua, aap ko aise hi lag raha hoga. Woh jara si thakawat ho gai kyo ki kuch din se kaam jayda tha waisey mujhey koi takleef nahi hai.)

Even sometimes people used to scare me telling that it might get worse. Internally I used to get frightened by their remark. But apparently I never show any sign of fear. Very boldly I used to tell them oh! it is nothing. I will face it. What is there in Asthma?

AFFECTATION

Affectation : A false appearance or assumption of a state, quality or manner showing off one's abilities, accomplishments, position, status or possession etc.

P. Before coming to you I have noted down all my symptoms related to my problem on a paper?

D. Why?

P. Because I want to be sure that I do not forget to mention any important symptom in which may be crucial for you to note in my case. Also I am scared that you may prescribe me a wrong remedy if you don't know exactly what kind of problem I am having.

(Hindi version : patient ko yeh dar rahta hai ki kahin koi aisa link na choot jai jisse dawai mil jaye.)

- *Hyos patient takes every step very cautiously In hindi version: phook phook ke kadam lene wala. Dhood ka jala chaach ko bhi phook phook ke peeta hai.*

D. What do you think now about your problem?

P Now I am more fearful. I have a fear that one day I may also die like this. I feel that perhaps I was taking it so lightly thinking that it was nothing. And one day all of a sudden. **DELUSIONS, injury, is about to receive**

I may face the same kind of trouble. I am so young. I have not yet fulfilled my duties towards my family. I am the lone earner in my family. I have not seen the life yet. I don't want to die so soon.

- *Here we have to understand that he is already injured with Asthma but he was not worried about it, now he feels that due to one injury Asthma he may get another injury is that he can die.*

D. Is there anything which aggravates your problem?

P. I have noticed that it aggravates with the change of season. It also aggravates when I eat sour or fatty things. Pollution and dust are also responsible in aggravating my problem. Now I take utmost precautions to not to eat such things. But I can't do anything for pollution and dust.

D. Means you have completely stopped eating all such things.

P. Yes. I have completely stopped eating such things. I take utmost precaution to not have it. Even if I visit some parties I ask my wife to first taste the food. I never take risk if I have a doubt about the quality and ingredient of the food. Even I don't trust the host if he tells me that there is no such things which aggravates my problem.

**FEAR, betrayed,
of being**

CAUTIOUS

**SUSPICIOUS,
mis trust ful**

About pollution. The environment around us has become so polluted that even a normal person can easily become an asthmatic patient. In food also these days strong chemicals are used to have things grown faster for having quick money.

**DELUSIONS, injury,
injured,
surroundings, by his**

P. I hope you have cured such cases?

D. Yes, but why did you ask this?

P. Please don't mind Doctor I have just asked out of my curiosity.

D. Are you worried about something?

P. Concerning worry, I can say that a person can get worried if he hears such an incident which is related to him also. Doctor please don't mind I just want to confirm from you that as per your experience what do you think about asthma?

Is it a very serious disease? Is there any thing to worry about? I told you that I don't have any worry otherwise from this.

D. I have treated many cases successfully.

P. I have heard that in Homoeopathy you first bring the disease out. Do you have any idea if it will happen in my case also.?

D. It does not always happen in each and every case. But if there are toxins inside the body then the medicine does initiate expulsion to throw them out.

P. Does it cause any harm in some cases.?

D. No, rather it happens for the benefit of the patient. Why are you so worried about it.?

P. I tell your truly. I am able to at least manage my life with the present situation. I have a fear that after your medicine I may lose it in the process of what you call expulsion.

FEAR, betrayed, of being

D. Why you did not visit a Doctor for its proper treatment.?

P. There could be many reason for it. I ignored it. I took It carelessly. Then I wanted to avoid allopathic medicine.

D. Why you avoid allopathic medicine.?

P. Because of their harmful effect on the body. I have a fear that continued consuming will destroy the immunity in my body and then no treatment will be effective for me. If I start taking them once then I can become totally dependent upon them. They have side effects. If I take medicine for one problem today, that problem may solve, but in a few days due to the bad effect of the medicine , some new problem may arise.

FEAR, injured of being

FEAR, everything, constant of

Then I will have to take medicine for that problem , so it will become a never ending process for the whole of my life.

P. One feeling is very predominant in my mind. That is, had my parents given proper care and treatment for my cold, I would have been saved from becoming an asthmatic patient.

REPROACHES, others

DELUSIONS, wrong suffered, has

D. Did you tell your parents about your feeling.?

P. No, now what is the use of telling them. It could be my feeling. I may be wrong. May be they might have tried their best. It could be the fault of the Doctor. Perhaps the Doctor who had been treating me did not give proper attention to me.

D. Had any investigation been done for your case?

P. In the beginning may be one or two tests were done but after that I did not agree for more. I have a belief that nothing abnormal will come out of it.

**FEAR ,sold of
being**

D. Why?

P. What is the use of it? To me, it seems useless. These days everything has become commercial. Doctors also try how to make quick money from the patient. I don't believe in the tests. It is all stupid propaganda of Doctors. There is also no surety that they have checked it properly. I have come across many incidents where

CENSORIOUS, critical

SUSPICIOUS , mistrustful

they have made wrong reports by checking the blood samples of some other patients and report were made for the different ones.

D. It means you have no objection if it is done with some proper reasoning.

P. Frankly telling you, I can't go for investigations. I have a fear that something serious will come out of it. Also I have a feeling that why to create unnecessary doubt in the mind. Today I am enjoying my life with ease, thinking that it is just asthma and that if they tell me it is not only asthma but something more serious associated with it, my life would spoil. I don't have guts to face it. **LIGHT, shuns,**

In the beginning this patient was giving an impression that he is bold and used to tell his friend that he didn't worry , he

**AFFECTATION ,
gestures and acts in.**

could face things easily but when he has to face things in the reality then he got scared.

P. I have a feeling that I have become so fearful that my movements

have been restricted. Earlier I used to move around freely, but when

DELUSIONS, seized as if

I heard about that patient who died from suffocation I have no guts to move alone. Due to this my family got very upset. I don't like to go out of my house. I try to avoid going to office making some or other pretext.

HOME, desire for

Even for house work first I refuse to go I tell them to do the work themselves. If there is an emergency then I need someone to accompany me. I refused to accept my transfer though I get more better facilities in the new office but I don't want to take any risk of my life for some benefit.

D. What is the risk?

P. My present office is very near to my house and the physician. Other point is that my all colleagues know about my

BED, remain in, desires to

illness. I have the surety that in case of an emergency they will take me quickly to the Doctor or home and I will be saved.

An example that how genius was our Master Late ,Dr.M.L.Sehgal, who understood and applied this rubric in a way no body could reach to such a depth of a rubric.

A student of Doctor Sehgal brought his brother for treatment. He told Doctor Sehgal that according to the classical approach he had prescribed Sulphur. He was surprised that inspite of having all the basic symptoms of Sul., it did not give response in his brother's case.He told Doctor sehgal about his brother. Also told which symptoms he took of him to prescribe Sul :

- 1) His brother was on a high post in a Govt. office.
- 2) He was earning a good amount.
- 3) He had a tendency not to spend money extra than required for his living.
- 4) He had two shirts and two pairs of trousers.
- 5) He never spends any money to entertain his colleague in the office.

- 6) Takes his Tiffin and does not spend any money in canteen even for a cup of tea.
- 7) To keep the collar of his shirt clean he keeps a handkerchief between his neck and collar.
- 8) He was attending his office in old pair of shoes and during the rainy days he did not mind to attend the office even in slippers.
- 9) He was not ready to change his shoes one of which had a hole.

Doctor Sehgal asked him do leave his brother with him and to wait outside the chamber.

Doctor Sehgal asked him to tell him the reason for his not changing the shoe even though it had a hole and was quite visible.

He said , " Sir, I can afford a new pair of shoes. I have tried two or three pairs but they did not suit me. Sir it is a matter of comfort. The comfort I am getting in these pair of shoes I do not get in others. I have bought these shoes from BATA company. I have checked in their shops and was told that they have stopped making this kind of shoes. I also feel bad about it but I don't want to lose the comfort I get with these shoes.

BED, remain in, desires to

In general the bed means a place to lie down. Doctor Sehgal had widened the range of the meaning of bed to a place of comfort, a zone of security, which a person does not want to part with. We may have seen people who don't feel comfortable in others' bed. They may complain that when they visit a relative or stay at a hotel they don't get proper sleep because they don't feel as comfortable as they feel in their own bed.

D. Do you have any feeling regarding the negligence on your part towards your sickness.?

DELUSIONS, wrong he has done

REPORACHES, himself

P. Yes, now I have a very strong feeling that actually it was wrong on my part to have kept it neglected. I regret about it.

I feel sad that I, myself am responsible for my fate.

REMORSE

(Hindi version: logon ko to galti se par per kulhadi lag jati hai , mainey to apney pair per khud hi kulhadi mar li.)

D. How do you feel at the time of actual attack.?

P. First thing I do is, if I am at home I stop my work and lie down. **BED, remain in, desires to** If I am at office I take leave and come back home. That time I have a wish to reach home and stay at home. **HOME, desire to go**

D. Do you feel better by lying down.?

P. Not much. But I have a wish to remain in my bed. I have no desire to work.

P. My wife told me that during the attack I become unconscious. She says I make some sounds like Hun! Hun! Hun!.. and when she asks me about it I answer her correctly that I don't know why I am making it. Likewise when she asks me something else I answer her correctly but return back to the unconscious state.

MOANING, why, does not know

She says I make some sounds like Hun! Hun! Hun!.. and when she asks me about it I answer her correctly that I don't know why I am making it. Likewise when she

UNCONSCIOUSNESS, answers correctly when spoken to, but delirium and unconsciousness return at once.

P. I get so scared at that time that if you ask me to stand on my head I will obey you at that time I take the medicine very punctually.

PRAYING

I start praying to the God and ask him to help me and take me out of it.

Now I am leaving everything upon you. You have to take me out of this crisis. If you are able to cure me then I will tell everybody that how efficient Doctor are you and also that homoeopathy is the best.

INCITING, others

P. Is there any thing to worry about?

(Hindi version : Koi khatrey wali baat to nahin hai na.)

D. How you take it for your future.?

P. I am worried about it. At my office everybody is co-operating at present with me. My boss is lenient with me. He allows me to go home when I don't feel well. But how long can it go.?

**FEAR, everything,
constant of**

I have a fear that their will be no change in my life and everything will persist like they are today.

P. What do you advise?

D. It depends upon you. If you feel comfortable you can do your job.

P. What I mean, if you feel that I have to take leave then I will not attend the office.

D. I don't feel that for the whole time you have to be at home. In case some day you feel some difficulty then you can take leave.

P. My wish is to remain lying in the bed. I want to take all precautions. I fear the consequences of working in this state. It may cause some harmful effect in the future on my body. I also have a fear that I may lose my reputation If I work in this state.

**BED, remain in,
desires to**

CAUTIOUS

D. How come you lose your reputation.?

P. Sir, in my office everybody regards me for my sincerity in work. I am very particular of my words. If I promise somebody that his work will be done today then I make all efforts to do it. From a few days I am observing that my efficiency has become low. If I keep on working in this condition then I am sure I shall not be able to keep

CLAIRVOYANCE

my promise. In my kind of profession all depends upon words. I have a reputation that others can trust on me. I have a fear that because of my problem I may lose it forever. This society believes in give and take policy. Today if I am able to keep my promise then I will get the work tomorrow. If I fail to keep it, the same persons will then curse me and I will lose the job. In the last he will say I hope you have understood my problem

**FEAR, injured, of
being**

BUSINESS, talks of

I have a full faith in you. I have heard a lot about you let me see your magic. Sir in case you feel that you need the help of your seniors then please consult them I can take medicine on some other day. I wish that you study my case very carefully.

OPIUM

This drug is not known to be so frequently used in practice. It was only after months of hard labor from Dr. Sehgal who not only identified **FEAR, extravagance,** of as Opium's king pin rubric but came out with its brilliant interpretation too. He started prescribing Opium on the basis of this single rubric only -ignoring its grade – and got astonishing results.

Encouraged by results of this single rubric, he explored more rubrics covered by this medicine.

Now this medicine is successfully covering nearly 10 -15% of cases in practice.

The literal meaning of **Extravagance** is excess in any matter. According to it the patients' version could be , "I have a fear of excess in any matter."

Doctor Sehgal made a deep study of this rubric. He tried to understand how a patient in his common language could speak about it. His idea was that a patient is not going to bring a dictionary with him. A patient communicates his feelings through his speech and action in a simple way.

He applied this rubric in cases where a patient says :

- It is for many days now that there is no relief. **How long** shall I have to wait.?
- There should be **some** relief at least to encourage me
- On what basis to wait any **further**.?

In Hindi version :

- Kai din ho gai koi aaram nahi pad raha kab tak aur intejar karna padega.
- Dr. sahib kuch to aaram ana chahiya. Kis baat ke saharey intejar kiya jaye.

- Cheed kar kehta hai kab tak aur intezar karna padega, mai to tang aa gaya hun.

This fear is not only limited to his sickness but it could also be related to other aspects like finance. For example, before starting the treatment Opium patient can ask about the total cost of the treatment. If the cost is within his limit then he won't mind but if he thinks that it is much than his limit he would say it to be **too much**. In this case he can say : " I did not expect the fee to be that much in homoeopathy."

I chose homoeopathic treatment thinking that it will be much cheaper than allopathy.

He probably had an idea that homoeopathy takes long time to cure but still will be cheaper than allopathy

The patient may further enquire about the time span the treatment will take. He will calculate that though the fee is high yet period of treatment is short. He will satisfy himself thinking that it is the matter of 2-3 months, but if told that treatment will last between 6-8 months he may get frightened.

Thinking that there is no other option than to agree upon the terms he may put a question "Sir, are you sure that after 6 months of treatment my problem could be solved."

He keeps on reminding the Doctor about the period fixed by him for his treatment. In a curt tone he says, "It is nearly 5 months now and my condition has not improved much.

**NOISE,
inclined to make a**

What is the matter? You have told me that in 6 months time there would be complete cure. Leave apart the cure there is not even 50% improvement." When tried to console him saying that at least there is 50 % improvement he won't agree to it and may say, "But we settled for full cure. It is your responsibility to give me complete recovery. I have already paid you too much and spent 6 months with you. It is enough now. You have to treat me free of cost.

BUSINESS, talks of

I am not going to pay you a single penny more. In the above example we can see how an excess of time or payment produced a fear in

the mind of the patient. Doctor Sehgal taught us that to understand a rubric bifurcate it. Like **FEAR / extravagance/ of**. First to understand what is fear?

Fear is a sort of discomfort about something specific to come.

Extravagance: Excess in any matter

Of: Indicates specific identity or reference or object.

Another example:

A patient says, "I fear taking homoeopathic medicine because it first increases the problem. I won't be able to bear it as I already have so many problems." Any further addition would be an excess for me."

Or

A patient asks, how long shall it take and how much shall he has to pay for the treatment.

HINDI VERSION : *Jab mujhey aisa lage ki jitna paisa mai lagaonga uska mujhey utna munafa ya utna hi jitna maine lagya hai nahi milega waha meri himmat nahi padti paisa laganey ki.*

या

HINDI VERSION : *Jaha mujhey lagta hai ki paisa jyada lagana padega aur uska muhafa thoda bhi ho sakta hai to waha meri himat nahi padti paisa lagane ki.. Waha mai apna haath kich leta hun.*

TIMIDITY, business, transacting in.

For understanding the psyche of this patient we are presenting a picture through a case on the basis of the data collected from various cases treated successfully by authors and the followers of this system.

**EMBARRASSED,
ailments, after**

FEAR, extravagance, of

P. (Irritated). I am fed up with my problem. There is no relief from any medicine. I don't know how long I shall have to bear it.

Embarrassment comes after the patient experiences some problem and when he thinks about that problem, e.g. how painful it was, and if that pain would recur it would be difficult for him to bear.

What is representing fear in the above version is: "How long." This patient is fearful at the thought how long this condition will prevail. Usko kitni der aur kitney din tak illaz karana padega. Kab usko is takleef se chutkara milega. Mayusi se saath me Cheed ke, rotey aur halki see cheekh ke saath bolta hai mai dhukhi ho gaya hun is takleef se this is his **embarrassment + irritability + weeping + shrieking pains from)**

D. What is your problem?

P. I fail to understand what is my problem? Before visiting you I was in a dilemma to decide what would I tell you.? **GROPING as if in the dark**

D. As a patient you must know what is your problem?

P. I could tell you if I had a single problem. I have so many problems I don't know from where to start.?

(**HINDI VERSION : Mai kya bataoon. Meri to khudh ke kuch samaj may nahi aaraha. Ab ek takleef ho to bataoon bhi, mujhey to itni takleefey hai ki meri samajh me khuch nahi aa raha ki pehley kon si takleef ke baary me bataoon.)**

GROPING as if in the dark

Here 'Groping' means, the patient is not able to find out the opening for the way and the situation from where to start his case. He is in search for a way out. He is totally in the dark as how to present his case. He does not know what information he has to give to the Doctor.

D. You have to tell me at least what kind of problem do you have? If you are not so clear you can tell me about its nature, location or modality.

P Sits quietly, looking towards the doctor as if searching for the words..

D. Please tell me something about your problems?

GROPING as if in the dark

P I don't know from where to start. It would be better for me if you ask me whatever information you need from me. I may be perhaps able to answer your questions.

D. Is it related to pain, digestion or sleep etc.

P. I can't tell you exactly but I think it is related to all of them.

D. Which do you think is the main trouble?

P. I think at present it is mainly related to my stomach at present.

D. What is the problem with your stomach?

P. Loss of appetite, hyperacidity, sour eructation, and pain after eating.

D. Any other problem associated therewith?

P. I think these are enough to trouble me. I am fed up with them. I think you first start treatment for my loss of appetite.

EMBARRASSED, ailments, after

D. Why.?

INDIFFERENCE, complain, does not

P. Other problems don't give me trouble that much. I have no complaint about them.

Though sometimes I get a little bit of trouble from them in my, day to day life.

INDIFFERENCE suffering, to

But it is o.k.

WELL, says he is, when very sick

** The point here to understand is that the Opium patient does not bother for the suffering he gets due to his sickness but his main concern is to stop further increase of the sickness . It is his psyche that he keeps on ignoring his ailment till it is under the limit. The moment he notices that it is going beyond limit he gets frightened. Then he rushes to the Doctor.*

My stomach problems are the ones troubling me a lot. For a few days I have noticed that it has been increasing day by day and now I have a fear that if it not controlled at this stage, it will increase further.

FEAR, extravagance of

Secondly I have a belief that once my appetite is restored then my other problems would be solved automatically.

SUPERSTITIOUS

D. How can you say that once your appetite is restored all your other problems will be cured?

P. I believe that it is the root cause of my problems. From my childhood I am told that if our digestive system functions properly then our other systems in the body also function properly. Sir I have seen many people who are enjoying good health because their stomach works perfectly. *

D. So you think that you are sick because of your stomach upset?

P. Yes, I think so. I don't know if you believe in it but I have experienced that when I eat properly the whole day I keep very fresh.

SUPERSTITIOUS

**According to the Medical science it is also relevant that stomach upset can cause many problems. But we have to understand that he is a patient not a medical professional. Means his judgment is purely a hypothetical one. He believes upon those facts which he has heard or seen but has no firm reasons to prove it.*

Hindi version : Patient kehta hai Dr. sahib mujhey kisi ne kaha ke roj mandir jake bhagwan ko dhoodh chadhao is se tumahari takleefey door ho jayengi(offer milk to God) . Maine dhoodh chadhana shoora kar diya. Do you believe in it.? Dr. sahib ab vishwas to karna hi padta hai kya pata merey aisa kerney se mai theek hi ho jaon.

Superstitious : Is to start believing on the ideas or thoughts which are not real. One starts believing on them on the basis of his past experience or to believe in on the themes experienced by others.

How to differentiate it with fear, superstitious and anticipation?

For example In Fear superstitious a patient says, " last time during

winters I had severe joint pains. This time I approached you before the arrival of winters. I have a fear that during the coming winters I may suffer from the same problem.” FEAR , superstitious of.

Here we have to understand the psyche of the patient is that he has clear cut Fear in his mind about a problem he had suffered but has no logical background to convince when asked how can he say that in the coming winter he will get the same problem. He has no answer to explain that. But he has a firm belief that during the coming winters he will get the same problem.

Anticipation : Over consciousness of a person about an event to come based on his past experience.

A patient comes and says, “In the last winters I had severe joint pains which took several days to heal and I was completely bed ridden for many days. It had started with difficulty in walking followed by swelling, redness and severe pain in the end. Now the winter is here and today morning I felt some difficulty while walking and within a few hours I saw some swelling over it. So I have rushed to you without wasting further time as I am sure that these are the symptoms of the same problem which I had last winters. Now I have come to you so please do something before it reaches at the same level. Last time somehow I could manage to tolerate it but this time it won’t be easy for me to face it again. I get panicky the moment I think of the events that happened to me last time.

Superstitious : In superstitious he corelates the things which were formerly responsible for his problem.

If a patient has eaten sour thing last night and gets the problem next day he immediately relates it to sour things he ate last night

In ‘ **Fear superstitious**’ a patient visits a doctor when he has no problem at that moment. He visits just because of fear in his mind. His fear is about the circumstances responsible for his ailment in the past. He approaches the Dr. with a baseless idea that in future when he will pass through the same circumstances he will suffer from the same problem

In **anticipation** a patient visits a Dr. when he has a few symptoms which are enough to corelate to the ailment he suffered in the past.

He has some basis for his idea and there are clear possibilities according to the symptoms from his past experience. He does not link it with things responsible for his ailment but he correlates the symptoms of the present with the past. (pichli bar mujhey aisa aisa hua tha mujhey apney aaj ke symptoms se lagta hai ki is baar bhi mujhey waisa hi hoga.)

Hindi version: For example Superstitious : Ek aadmi kehta hai ki aasman per cheely ud rahi hai iska matlab baarish jaroor hogi. Usko jab yeh kaha jata hai ki cheeley to hai per badal to nahai hai phir barrish kaise hogi to woh kehta hi ki mujhey to bachpan se ye he bataya gaya hai ki jab bhi aasman per cheel dekho to samjho barish hogi ab hogi ya nahi mujhey nahi maloom. Is barey mai mai kuch nahi keh sakta.

Anticipation : Ek aadmi kehta hai ke maine aasman per cheeley dekhi saath mei kuch badal bhi dekhey hawa mei nami bhi mahsoos ker raha hoon mera andaza hai ki baarish ke chances pakey hai.

D. How can you believe in things which you have heard or seen but have no knowledge about it.?

P. Sir, I am not a medical person. I believe in what people say. A few days back somebody suggested me to visit a temple and offer milk to the God. I did it.

D. Do you believe in such things?

P. Yes, I believe in God. I pray to the God and ask him to please get me rid of this problem.

PRAYING

D. What else have you done for your problem?

EMBARRASSED, ailments, after P. I have tried many treatments but nothing helped me. Instead the problem has increased. I am fed up with this. In fact I have no desire to take the medicine. I have become so depressed that I think it better to ignore

**DISCOURAGED
INDIFFERENCE, chill
during**

** chill : is a depressing influence.*

D. Now what made you come here for the treatment.?

P. I had left all hopes. One of my friends visited me yesterday. He advised me to consult you. He told me that you are a highly experienced Doctor. You have cured so many cases like this. That

DISCOURAGED, alternating with hope encouraged and put hope of the possibility of a cure of my problem.

He had left hope as he could not see any way out. As soon as he saw the way he got some encouragement and hope came back.

Sometime the patient says, "I am not going to continue the treatment further if there won't be any relief."

Doctor, "this you have already said to me during last visit.

Patient Sir, every time I visit you hoping that you may be able to select a right remedy. After taking medicine for 3-4 days when I see no improvement I get discouraged. Then I decide to not visit you again. But on not seeing any other alternative, I decided to visit you again with the same old hope of getting a right remedy.

It is due to Groping in the dark that he won't be able to leave the Doctor inspite of discouragement. He keeps on clinging to the Dr. because of the hope given to him by someone.

Here the reader may get confused with "Light, desire for". A point to remember in this regard is that a person with 'light desire' will continue making efforts to come out of the dark and keep searching for light. (hindi version : Patient haath per marega, betha nahi rehega, rasta dhoondney ki kooshish karega. Grooping wala kuch rasta nahi dhoond sakta. Who ek jagha per beth jayega aur intejaar karega ke koi usko aa ker andherey me se nikaley.

D. Was it appropriate for you to believe that you will get cured from me.?

P. Yes.. I myself was not able to find any other way out of this miserable condition. .

Now I have a last hope in you. I am not going to leave you until you cure me. **CLINGING, grasps at others**

We have studied about clinging in Gels. Gels. clings to the assurance full of +ve ness. Once gels patient gets assurance from the doctor that he will cure him then he won't leave him. The same way if he gets a little bit relief it is enough for him to cling to the physician for years without any complaint.

Op. clings after he gets some relief but with a time frame. He will wait for some time for further relief. When he realizes that there is no further progress he starts complaining about it irritatingly . He will say," Sir, initially your medicine worked very well now it is not working ." "I have a doubt that you are not giving me the same medicine for want of money." "Otherwise how could it be possible that with one day's medicine I got 15% relief and after that the relief is just 10% in 1 month?"

D. You have so much faith in me.?

P. My friend told me a lot about you. I don't know but the way he
SUPERSTITIOUS praised about you gave me faith that you can help me.

D. How long did you continue the last treatment.?

P. Last treatment I continued for 2 weeks. I left it as I did not find any change in 2 weeks. I asked the Doctor what to do.? That Doctor advised me to consult some good gastroenterologist I asked him to refer me to a good gastroenterologist as I had no knowledge about that.. He told me about one. Meanwhile I met this friend who referred me to you.

D. How long you think you can continue with a Doctor?

P. Approx. 10- 15 days.

D. Do you think that 10 -15 days are sufficient to cure your problem?

P. I don't mean that in 10 -15 days all my problems will be cured. But I expect some relief at least this period. Sir if there is not a 1% relief after investing money and spending my valuable time I don't think it is worth to
BUSINESS, talks of continue the treatment. I understand my problem is chronic and is liable to take some time. Sir, but a small amount of relief is what convinces one for further positive progress.

D. How do you take your problem?

IRRITABILITY, pain, during. EMBARRASSED, ailments, after

P. I am getting very irritated by it. I am fed up with it. I can't take it any more.

D. What irritates you?

P. The long period I am living with it. I need a break from it. I wish this process stops for a few days. I don't mind if it comes again after a few days.

BEST desire for REST, desire for

D. Anything else?

P. I don't know what kind of a problem I am suffering from.

D. What do you mean?

P. I have seen cases like this. After some period of treatment they get cured. I don't know what is the matter with me? I had taken regular treatment and was very particular about taking the medicine in time. I did exactly as I was instructed by the Doctor. I have been taking lots of precaution. I left eating spicy and oily things. I completely switched over to vegetarian food. I don't use alcohol. Sir, even after taking such precautions if a person keeps on suffering from his problem it is indeed a major disorder.

CAUTIOUS

I have a feeling that either I am failing to explain my problem to the Doctor or Doctors have failed to understand my problem. There is something missing due to which my problem **DELUSIONS, disorder, objects appear in** is not coming under control.

This patient feels very strongly that there is some disorder, means things are not coming to an order in spite of all the efforts he has been making.

D. Are you taking so many precautions on your own Or you have been asked by the Doctors to take precautions?

P. It is both ways. I myself am now very much concerned about my sickness. Though I am very fond of eating good food even then I take utmost precaution not to eat anything wrong in parties.

CAUTIOUS

D. It means you are very strict with your diet.

P. Someday I do eat but in a very small quantity.

D. Is it o.k. for you to eat in small quantity?

P. This is the one thing which irritates me the most. Even a small quantity of oily and spicy food is intolerant to my stomach. Mostly I get problem from that.

D. Why you take risk when you know it precipitates your problem.

P. After all I am also a human being. Sometimes I do get tempted when I see sumptuous foods served at some party. Another reason is that I feel very low when any body questions me the reason for not eating.? I can't tell them that I have such a problem. To avoid such a situation I take a little bit. Side by side the recovery of my stomach is also tested. I think that when I have not eaten any oily and spicy thing for such a long period let me see that I don't get any problem. With fear in my mind I try a little bit **CAUTIOUS** only. But mostly it ends up with the problem. Sir, I am waiting for the day when I get completely cured.

Sometimes by chance nothing happens, I re-try then. But after repeating for 2-3 times I stop eating more. **FEAR, extravagance of GLUTTONY** Internally there is a strong feeling that still there are a plenty of foods left to taste. Yesterday I ate small food at a party. Today I have the problem. I do not tell about it to any body in my family.

D. Why you ate when you knew it could trouble you?

P. I am also cursing myself for it. You can say it my foolishness.

REPROACHES, himself I thought I have to visit you tomorrow. Just to check if still I am having the problem whenever I eat things. The whole night I had a terrible pain in my stomach. I was accusing myself for my condition. All night I had one thing in my mind that what a foolish thing I have done. **SELF, accusation**
DELIRIUM, blames himself for his folly

An other example for the rubric **DELIRIUM**, blames himself for his folly:

A lady visited me and said, "Yesterday I ate rich food since then I have a terrible stomach upset. Since morning I have been repeatedly proclaiming my foolishness before my children and husband. I knew that rich food did not suit me still I ate.

D: Doctor, P. patient

D. Why you did not tell about your problem to members of your family?

P. Everybody knows that I can not digest oily and spicy food. It will **INDIGNATION, discomfort, from general** downcast my dignity if they come to know about it. What will they think about me.? They will probably laugh at me that I don't have the power to control even myself. I am not a kid. I am a mature person. Out of shame I shall not be able to face them.

D. Do they know that you come here for medicine?

P. I tried to not tell them. But in the morning when it became unbearable then I had to tell them. But I did not tell them the truth. I told them that my friend forced **LIAR** me to eat.

D. Why you lie them?

P. I had promised them to never eat such foods in future. I already made it several times but after every few days I make the same mistake. Doctor I know it is all my fault. I must have control **UNRELIABLE, promises, in his** **DELUSIONS, wrong, he has done** over myself. But I have a very bad habit when I get the problem I tell to myself and promise to everybody that in future I won't even touch such a food. But whenever I see good food I tempt to try a little bit for checking the extent of my recovery.

D. Do you share ideas about your problem with your friends?

P. Why they should know about it? I don't like that anybody should know about my personal problem.?

D. How you take it?

P. I don't want to degrade my self in the eyes of others. I don't want that my friends should know that I am a sick person.

INDIGNATION, discomfort, from general

D. In case somebody asks you at a party reasons for not eating how shall you conceal them?

P. I always make some or the other excuse. I am very smart in it. I have ready made stories to tell them. **LIAR**

D. Do you have anything else in your mind about your problem?

WEEPING, pains, with the P. These days I remain irritated. (While telling this he starts weeping). I can't explain you that how much painful it is for me to bear it. Either take me out of it or give me some poison so that everything comes to finish once for all. I can't tell you how much I am fed up with this

SHRIEKING, pains, with. the EMBARRASSED, ailments, after

D. What irritates you?

P. My condition. Sometime I get irritated on myself on the sort of constitution God has given me.

D. Do you curse God?

P. Not directly. But I get angry upon him when HE doesn't listen to my prayer. I want to be alright but he has a different wish. Sometimes I **DELUSIONS, disorder, objects appear in** get angry upon myself. That is why I am not able to digest even small amount of oily and fired things. I also feel very bad about myself when I see people enjoying in any party. I have seen people eating happily lots of foods and never suffer from any illness.

ANGER, contradiction, from

D. How do you feel about it.?

P. I feel why those people don't get any problem. How could they digest every thing?

**JEALOUSY, people
around, of**

**IRRITABILITY, aroused,
when**

Why only I suffer from such a problem? Some time in the parties when somebody teases me and remind me about my condition that makes me very irritated. I feel that what the hell he has

to do with my sickness. I curse him from deeper inside awaiting a day he also suffers and realize what a person faces during a sickness.

D. How do you feel if you come across somebody who has similar or more problems than you.?

P. I feel good. Then I relax thinking that there are others who are having similar problem. Then I forget about my problem.

**CONTENT, forgets all his
ailments and pains**

If I hear that some one else is having more severe problem than me

**CARES, worries,
full of**

I feel concerned about him. I feel that I must help him to come out of the problem.

P. Sir, before you ask me any further question I want to remind you one thing that I am not that kind of a patient who continues taking medicine for years together without any relief.

**NOISE , inclined to
make a**

I tell you frankly that if I don't get the relief equal to the amount I pay

BUSINESS, talks of

you then you have to treat me for free of cost.

How it is 'noise, inclination to make'?

His idea is to alert the Doctor.

He fears the possibly of Doctor getting greedy and on lengthening his treatment unnecessarily. But he can't tell this directly to the Doctor. To make his point clear he says it in the other way. He takes care not to offend the doctor. For example he says, "Please see to this that my case won't take long time to cure. I am not going to pay you more if I won't get relief in certain time. I am not that kind of patient who keeps on taking the medicine for years together without relief." He says so as he has fear of excess in mind. He fears two things- one is time – (how long) and second is money – how much- His dealing with the Doctor is as if he is doing some business. In

business one always takes care of profit. Business is done for the sake of profit. No body takes the risk of investing money for a long time. After a time when a person feels that his business is not giving him any benefit vis-à-vis expenditure he shuts that business and starts a new one.

D. I can't assure you a definite time – span when the relief will come.

it is an important point to note that never commit any time limit to Opium patient.

P. Can't you assure me that in 1-2 weeks time I will get a minimum relief. It will give me hope for more progress to follow later on. Sir, I request you to first pay attention to my loss of appetite.?

D. Why.?

DELUSIONS, enlarged objects are

DELUSIONS, enlarged distances are

P. Sir, I am suffering from it for a long time. To me it seems this old problem will take long time to heal and I have to go a long way **with it.**

(Hindi version : Dr. sahib mujhey to apni problem badhi hai nazar aa rahi hai. Mujhey aisa lagta ha ki koi lambi bimari ho gai hai. Iska to lamba ilaz chalega.)

D. (Telling the benefit of Homoeopathic medicine to the patient i.e.) In Homoeopathic treatment we treat the man as a whole not his one disease. Homoeopathic medicine automatically helps to clear all the problems in the body.

P. You are right Doctor but still I request you to put extra medicine for my stomach.

I am not so much worried about my other problems.

D. Why are you not worried about other problems?

P. They are minor. I am not bothered for them. They can probably cure themselves. I am able to live easily with them. Even if they give minor trouble I can ignore it.

INDIFFERENCE suffering, to

I have no complaints from them. This loss of appetite is my main problem. It is increasing day by day.

INDIFFERENCE, complain, does not FEAR, extravagance of, ESCAPE, attempts, to

The point to note here is that this patient does not give importance to those troubles which though existing but has no complaint from them. He is more bothered about the problem which has increased and he expects them to increase further. He has not come to the dr. because he is in trouble at present with the problem but he has come as he feels it is too much for him to bear loss of appetite and if it won't control at this stage it can increase further. He sees that the ultimate danger for his life is his loss of appetite so he wants to escape from it. (this is escape).

Sometime Op. patient says, " I was avoiding homoeopathic treatment as I heard that you give medicine first to increase the problem for cure."

ESCAPE, attempts, to

"Dr. please don't give me such a medicine as I am already suffering from too many problems."

D. Why on one side you are not bothering for rest of problems and on the other side you are so much worried about your loss of appetite.?

P. Earlier I was not worried about my loss of appetite too. It is only when I noticed it continuing for so many days and also increasing that I thought of consulting a Doctor **ALERT**

D. What if it increases further?

P. Then I will be in more trouble Today I have reduced appetite, one stage will come when I **DELUSIONS, injury, is about to receive** will lose it completely.

D. How do you take your problems? Suppose you get headache, fever like problems?

P. I never feel them. For minor problem I never take any medicine.

WELL, says he is, when very sick

I don't remember that in my life I have ever taken medicine or gone to any Doctor on my own. I never feel I am sick.

STUPEFACTION, rouses with difficulty

It is my family members who put pressure on me. It is also after much persuasion from them that I visit a Doctor.

Till there is no heat up between us I don't move.

INDIFFERENCE, chill, during.

It shows that the senses which help in the reflex action of the body are benumbed. They are neither taking the signal nor passing the signals. They are blocked. Though there is a sensation-current in them but not enough to stimulate the body. It is only after much stroke that they come into action but for a short time till strokes are there.

The other mental state of this patient is that they don't react till they feel there is something to worry about. Things are milder.

The following are the possible reactions of an opium patient :

- 1) He won't visit second time. This state comes when a patient gets much relief from the first prescription. He thinks that there is no need to report further. Why? Because he feels that the rest of his problem can heal itself. His thinking is to save the money, why to pay more. He likes to wait and watch for some time. May be the medicine is still working on him. Why to pay money to the Doctor for consultation only. He will visit the Dr. again if he feels that the problem has stayed and no further improvement is coming.
- 2) He will come and says, "There is no improvement. I had taken the medicine for one week. I was sure that there would be some relief but there is totally no relief."

If you know opium, you must keep in the mind that he can give you this statement. The psyche is that to him a little improvement is nothing and little left is too much.

DELUSIONS, enlarged

If you remind him that he is better than the first time he visited you. He reminds you that Dr. I have taken medicine for 1 week. According to him the improvement is nothing. If you remind him that earlier he had 6 problems out of which 2 are gone means there is a lot of improvement. He reminds you that he had 6 out

of which only 2 are gone still he is left with a lot means 4.

- 3) He will say," How much time will it take to cure rest of my problems? You had promised me to cure all my problem with one medicine. But still I have got relief in only one problem.
- 4) D. You also promised me that you will take the medicine regularly but you never come at the appointed day. Rather you always come after 10 -15 days.

P What can I do? Your charges are so high. **DELUSIONS, enlarged objects are.** You must reduce your fees. Still I promise you next time I will be come on the appointed time.

** but he will not. UNRELIABLE , promises in his*

This is not the end but just the beginning.....

ROH Books Series IX

Dr. Sehgal's
**REDISCOVERY
OF
HOMOEOPATHY**
(Hyoscyamus and Opium)

By :

Dr. Sanjay Sehgal

Dr. Yogesh Sehgal



**LATE DR. M.L. SEHGAL (CENTRE) IN GERMANY
WITH
DR. SANJAY SEHGAL (LEFT)
DR. YOGESH SEHGAL (RIGHT)**



Late Dr. M.L. Sehgal
Never born, Never died, Visited this planet between
23-02-1929 to 29-05-2002

यह किताब
हम अपने पूज्य पिता जी एवं गुरु
स्वर्गीय डॉ. एम. एल. सहगल जी
एवम् अपनी पूज्यनीय माता जी
श्रीमती बिमला सहगल
को
समर्पित करते हैं ।

डॉ. संजय सहगल
डॉ. योगेश सहगल

Dr. Sehgal's
REDISCOVERY OF HOMOEOPATHY
(A Different Concept)

By :
Dr. Sanjay Sehgal
Dr. Yogesh Sehgal
Sons and followers of
Late, Dr. M.L. Sehgal
(Founder, Dr. Sehgal's School of
Revolutionized Homoeopathy)

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Preface

It will always be our sincere endeavor to bring out the quality literature for the followers of Revolutionized Homoeopathy. With the blessings of our Guru Late Dr.M.L.Sehgal who had taught us this genius and unique theory of prescribing only on the basis of mental state of the patient that, we have been able to practice homoeopathy successfully. Roh series IX, was our first attempt to show glimpses of our successful work to you and we hope we did not disappoint you. In this Roh series X, we have tried to explore our basics and also through various angles we have given informative practical aspect which would be useful for the application of this method. All matter written in this book is collected from our clinical cases as well as from the clinical experience of our friends who are applying this method successfully. We can say that it is not based on any speculation or hypothetical idea.

For the selection of rubrics we have taken the help of following repertoires like Synthetic, Synthesis, Complete repertory, and Robin Murphy. For the easy reference we have put sign (as given below) in front of rubrics to indicate the source from which it is taken. The overall emphasis is given to the original placement and formation of rubrics as given in Kent's repertory.

We have marked in front of the rubrics for the identification of the repertory which are as follows :

Synthesis = #

Robin Murphy = R.M.

Complete = C.R.

A few rubric are having s* mark which shows our own additions.

Other rubrics in front of which no mark is present we can find them in every repertory.

This book comprises of 6 parts which are :

- 1) Observation of patients (How he says, What he says, Why he says, & When he says).
- 2) Some vital points to observe during case taking (21 different versions of patient).
- 3) Rubric 'Perseverance' (In depth study of 15 drugs under it).
- 4) Alumina (In depth study through clinical case).
- 5) Ars. Alb. (In depth study through clinical cases).
- 6) Ars.Alb. – Anac. (A comparative study with more discussion on anac. with a cass.).

At last very humbly we submit that we don't claim that this is the only method to practice in homoeopathy. We would be thankful to our friends to pass on us any error they find in this book.

06.09.2003

— Dr. Sanjay Sehgal

— Dr. Yogesh Sehgal

Foreword

Dr. M.L. Sehgal Founder of Revolutionized Homoeopathy was an original thinker, scholar, philosopher, researcher and internationally an acclaimed teacher of Homoeopathy. He introduced innovations in Homeopathy by giving greater importance to the mental state of patients and prescribing accordingly for better results. His approach was not restricted as per the existing philosophies and practices and embarked upon the newer ideas of using common expressions of the patients for prescribing. It is taught to every Homoeopathic student that any disease has its origin from the mind and only the mental state of the patient needs to be set right for permanent cure of the diseases. It is seen in our practice that the mind is given least priority, one of the commonly cited reason is, difficulty in understanding mental symptoms of the patients and application of the concept in prescription. Discovery of Revolutionized Homoeopathy has solved this problem and with relentless research by Late Dr. M.L. Sehgal, Sehgal brothers and their followers have lead to the clinical verification of several commonly used rubrics related to mental state of the patients.

I started learning about this technique in 1982 and have witnessed cures of difficult diseases like Reiter's disease, psoriasis, rheumatoid arthritis, allergic diseases, tumors, warts etc. It is a marvelous technique of prescribing that every Homoeopath must learn. The present publication is Xth book in the ROH series. The first book of this series was published in 1981. The ROH series enlightens on the techniques of prescribing and in every new series the authors have illustrated their experiences and explanations of several rubrics verified in their clinical practice. All the series of the books are to be read together for developing a better understanding of the concept of revolutionized homeopathy. I am very happy to learn that IXth and Xth ROH series written by Sehgal brothers are the extensions of previous works of Late Dr.M.L.Sehgal. The spirit, objective and theme given in these books are the same but the dimension is new. These two books explains about the concept of "Why" and "When" in relation to the mental state of the patients. This is an important development in the school of thought, which shall enlighten the students/aspirants to go deep into the mental state of the patients for hitting the right target. I congratulate Sehgal brothers for the taking the torch lighted by Late Dr. M.L.Sehgal to new heights. I hope this book will help the followers to understand the mental state of their patients in a better way.

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Affectionately
Sehgal Brothers

02.09.2003

Observation in a patient during case taking

In the last Roh series No. IX we had added a new observation '*Why, he says*' to the earlier observations '*How, he says, & What, he says.*' These are all expression which according to R.H. we observe in a patient during case taking. In this series we are adding another observation '**When, he says**'. What is the significance and how these observations helps us in our case taking?

How he says

Means, ***Tone (Speech) and Style (Manner/ Action performed i.e Gesture)*** a patient uses to express himself or herself while narrating his or her sickness.

Tone

Is a vocal sound whose pitch, quality and strength is regularized by **feelings**. It varies with the mood.

There are 3 categories of tone :

1) Heavy (+++)

A heavy tone will be louder or noisy.

2) Low (++)

A low tone will be rough, jarring or unpleasant

3) Fine (+)

A fine tone will be mild or pleasant

Style

A manner or an act of expressing the feeling. It also varies according to characteristic of a

particular person.

If a patient speaks, in a **heavy tone**, in which the pitch, quality and strength of his or her voice gets **louder/noisy** and along with if we observe certain manners

Like, **Impoliteness, rudeness, wildness** etc. or actions like **misusing his authority or retaliation**, etc. together they can form an expression which further can be interpreted into rubrics like Abusive, Anger, Rage, Rudeness, Threatening, Violent, Brutality etc.

Or

If a patient speaks, in a **low tone**, in which the pitch, quality and strength of his or her voice gets **rough, jarring or unpleasant** and along with it if we observe certain manners like **insulting, teasing, uncertain behavior** etc. or actions like **stop communicating, gets easily annoyed on small matters**, etc. together they can form an expression which further can be interpreted into rubrics like Abrupt, Shrieking, Mood, repulsive, Quarrelsome, Sadness, Crying, Irritability, Lamenting, Moaning etc.

Or

If a patient speaks in a **fine tone**, in which the pitch, quality and strength of his or her voice gets mild and pleasant and along with it if we observe certain manners like **respectful, polite, courteous** etc. or actions **smiling, laughing, playful** etc. together they can form an expression which further can be interpreted into rubrics like Contented, Smiling, Affectionate, Laughing, Cheerful, Frivolous, Playful, Reverence, Yielding, Timidity etc.

What he says

What : means emphasising or asking for information specifying something.

He says, about his condition
about relief
about Investigation
about recovery etc.

If a patient says, "I can't bear this pain any more". → *he or she is emphasising about his or her condition*

'अब दर्द और सहन नहीं होता।'

Now we observe **WHAT + HOW**

While telling "I can't bear this pain any more".

Tone : **Louder or noisy**

style : **Retaliating,**

Rubrics : **IMPATIENT, ANGER, pain about, RAGE, pain from, ABUSIVE, pain during**

Tone : **Rough, jarring, or unpleasant**

Style : **Annoying**

Rubrics : **IRRITABILITY, pain during, EMBARRASSMENT ailment, from**

Tone : **Mild or pleasant**

Style : **Courteous**

Rubrics : **REVERENCE, for those around him, MILDNESS, CONTENTED, RECOGNIZE, the reality and accepts it, TIMIDITY, LAUGHING, speaking, when, SMILING,) etc.**

If a patient says, "*Cure me quickly; or do something quickly as you have already wasted a lot of my time,*

or simply says do something for me" -> He or she is speaking about getting relief or to attain a normal state in a less time

'अब जल्दी ठीक करो बहुत लटका लिया आप ने।'

Tone : **Louder or noisy**
style : **Urgency**
Rubrics : **IMPATIENT, pain from**

Tone : **Rough, jarring, or unpleasant**
Style : **Demanding**
Rubrics : **SHRIEKING, aid for, DELIRIUM, crying, help, for**

Tone : **Mild or pleasant**
Style : **Requesting**
Rubrics : **PRAYING, BEGGING, DELUSIONS, help, calling for etc.**

If a patient says, " Doctor, I think you are not able to solve my problem I think before it will go out of control I shall go for some investigation."

Tone : **Louder or noisy**
Style : **Suspecting**
Rubrics : **RUDNESS**

* Anger seizes the hands of those about him

A patient in frustration when gets angry says, I am not going to leave you until unless you cure me or I find some other good doctor. He calms him self and remain satisfied when he feels there is no other way out except to continue the treatment **CONTENTED, quietly and repeatedly he will ask what is wrong in his case or with him that he is not getting cured. DELUSIONS, disorder objects appear**

'मरीज निराश हो कर गुस्से में बोलता है कि मैं आपको तब तक पकड़े रहूंगा जब तक आप मुझे ठीक नहीं कर देते या मैं दूसरा डाक्टर नहीं ढूँढ लेता। यह सोच कर की उसको अभी और कोई रास्ता नजर नहीं आ रहा वह अपने मन को सन्तुष्ट और शांत कर लेता है। **CONTENTED, quietly and** बीच-बीच में कई बार वह यह भी बोलता रहता है कि उसको लगता है कि जरूर कोई ऐसी गड़बड़ है जिसकी वजह से वह ठीक नहीं हो पा रहा है। इतना इलाज करवाने के बाद भी।' **DELUSIONS, disorder objects appear**

If a patient says, "I need to know what is my problem. I am thinking of going for investigation about my problem"

Tone : Rough, Jarring, or Unpleasant

Style : Fearful

Rubrics : SHRIEKING, delusions with

Tone : Mild or pleasant

Style : Anxious

Rubrics : Curious

If a patient says, "I am seriously thinking that if I don't get relief in a day/ week I will stop taking the medicine. How long one can continue taking the medicine." I came to you for complete cure not for temporary relief."

"I don't want to take the medicine for whole of my life. I am fed up of visiting to you , now I will wait for a few more days otherwise I will change the treatment. Instead of taking homoeopathic medicine I am thinking of taking allopathic medicine".

भरीज कहता है, अगर और एक आध दिन में मुझे कोई फर्क नजर नहीं आया तो मैं आप से दवाई लेना छोड़ दूँगा। फिर किसी और से इलाज करवा लूँगा। आप ही सोचें कि कोई कितने दिनों तक एक ही चीज की दवाई कब तक खा सकता है। मैं तो आप के पास बहुत उम्मीद लेकर आया था।

My problem is I can't leave you. I don't know where to go for treatment. Though I am frustrated by your treatment but I have to stick with you.

Tone : Louder or noisy

style : Frustration

Rubrics : **ANGER** seizes the hands of those about him, **ANGUISH**, lamenting, moaning, **THREATENING**

Tone : **Rough, jarring, or unpleasant**

Style : **Disappointment**

Rubrics : **CENSORIOUS**, critical , **BREAK** things desire to, **DISCONTENTED**, **DISGUST**

Tone : **Mild or pleasant**

Style : **Unsatisfactory**

Rubrics : **COMPLAINING**, **OBJECTIVE**, reasonable, **CHANGE**, desires for, **CONTENT** and quiet

Why he says

If a patient says, "It is too much for me, I can't bear it any more."

Why he says so? Means, what is the reason and purpose for him to say like this.

The reason and the purpose behind his saying so probably could be that he feels that his condition has reached or crossed a limit, which is beyond his tolerance level. He apprehend that when it will increase further then how could he tolerate it. **FEAR, extravagance, of** Here he is asking the dr. to do something before it reaches to that state. **Alert**

Or

If a patient says, "Please cure me quickly, I can't tolerate it any more". **IMPATIENCE**

Why he says so?

The reason and the purpose behind his saying so probably could be he feels it is enough for him to remain

in a sick state. He wishes to come out of the situation to enjoy his normal life **LIGHT, desires for**. Or he is worried that how he would maintain his life if the problem persist.

If a patient says, "Please tell me about my problem" or "I want to know about my disease."

Why he says so ?

The reason and the purpose behind his saying so probably a) could be to have better feeling in the mind, **(LIGHT, desires for)** b) he feels relieved from the mystery or suspense, c) he should know before hand as what he has to face in future, d) he can look for some better treatment, **(FEAR, betrayed of being)** e) his future would be safe if he comes to know early about something which can be harmful in the future. **FEAR, dark, of**

When he says

When : This feeling comes in the mind of the patient that the sickness has started increasing and if it won't stop at this stage it will increase further. **FEAR, extravagance, of**

When : he or she feels that the sickness is creating a nuisance in their life and it is better to get rid of it. **DISTURBED, averse to being**

When : he or she feels discomfort due to the duration of the sickn ess. **FEAR, dark, of**

When : it comes to their mind to have prior knowledge about their problem. **FEAR, betrayed of being**

A few common versions of the patient and their interpretations

This paper was presented during our last seminar held in sep.2002. It was very much appreciated by participants. We promised them to publish it in our next series. This paper is just a small tip about extracting the mental state of a patient from a small information about his/ her attitude towards their problem.

How to understand the psyche of a patient from his/ her common expression.?

Suppose a patient comes to us for the first time and tells us that it is his/her first visit to any doctor for his/ her problem. On asking why he /she did not take any treatment.

There could be various reasons for a patient to not visit a doctor earlier.

Some of the versions of patients to not report a doctor if he / she is sick out of which some are :

1) Before this problem I never had any problem in my life. **WELL, feels very, ill, before falling (bry., helon., n.v., phos., psor., sep.)** Normally sometime I used to get headache, fever etc. as sickness. I never considered them as a problem. I used to consider them a normal routine problem of life. I never took any medicine for that. **DELUSIONS, well, he is**

(For this patient headache, fever, cough etc. is not a problem but in his opinion such ailments are part of a

normal routine trouble for which he had never felt the need to visit a doctor.)

2) I have been suffering from this problem for a long time. It used to heal by itself with in 2 - 3 days. **INDIFFERENCE, complain, does not.** This time it did not happen like this. Today is the 6th day and it is still persisting. It has caused some apprehension **ALERT** in me that if it won't stop it might take more days and with this my problem could increase further **FEAR, extravagance, of.**

3) I had been thinking of coming to you for a long time. But somehow, I could not make it due to some unavoidable circumstances like guest visits, exams of kids, or illness of a family member. I do not have time for myself. Today, I was a bit free so I thought it a better opportunity to come to you. I would not have come to you if there had been some work at home. It is important for me to take care of my family members and to regard my elders.

**CARES, others, about
REVERANCE for those around him**

4) I was able to manage without any medicine. I never felt the need therefore. **CONTENT**

5) When I mentioned about my sickness to my family members no body took it seriously. Instead they told me that it was only psychological. It seemed no real problem to them and they expected me to ignore it. Then I kept quiet and did not mention it again.

**MILDNESS
YIELDING disposition**

6) A couple of times I called at your clinic and also visited but you were not there. I came to know that you were out

of town. Meanwhile the problem got subsided and I forgot about it. Today when I felt the pain again it reminded me of you.

UNCONSCIOUSNESS, interrupted by screaming

7) I don't take any medicine easily also I am not very fond of visiting a doctor. Usually I try to manage my problem by myself. I take natural treatment like I take herbal tea if I get a cold or apply some herbal ointment if I get headache. It is only when I feel that it is not possible for me to manage without the medicine then only I go for the homoeopathic medicine

DELUSIONS, help, calling for SHRIEKING, aid, for

8) I never get scared of any problem whether it is related to my body, my profession, my family or home. For the last 3 months I have been feeling some problem but I ignored it. **INDIFFERENCE, complain, does not** A couple of days back I got some medical investigation done for it. They diagnosed a problem in my stomach for which there is no allopathic medicine except surgery. Since I have come to know that my problem's only solution is surgery, I am thinking on how to avoid surgery. I don't want to have surgery for it. **AFFECTATION***

I wish it would be cured with medicine, no matter how much time and money I have to spend. I am capable to buy even the costliest medicine. I beg and pray you to please take me out of this problem.

PRAYING , DELIRIUM, crying help, for

*why it is affectation? In the beginning he says, " I ignored it" He wanted to show how bold he is but as soon as he comes to know that his problem needs surgery his boldness vanishes. So he is pretending a false image.

9) I must tell you the truth, **TRUTH, tell the plain** I did not take my problem seriously in the beginning. I kept on ignoring it considering it as a minor problem. **INDIFFERENCE, complain does not** One day I read an article in a health magazine about problems related to throat problems, in which they have mentioned that if somebody has such and such symptoms, chances are that he or she could have an impending serious condition of health. **FEAR, betrayed, of being**

Thereafter I have become cautious and now I am taking it seriously. **CAUTIOUS**

10) I had been thinking of doing something for my problem but I could not understand as what to do, and whom to approach for it.

GROPING, as if in the dark

11) I had been thinking of taking treatment for it but was not able to decide which treatment shall I take , allopathy or homoeopathy. I don't mind taking any one of them. For me I am more concerned about relief.

THOUGHTS, two train of thoughts, CONFUSION

12) It was in my mind to consult a Doctor for my treatment but I did not want my parents to know about it. I was worried about them. I did not want to put them into undue anxiety and worry for me.

ANXIETY, others for

13) I have been suffering from this ailment and easily bearing it for a long time. **PERSEVERANCE** I was able to do my work with an ease. **DELUSIONS, wealth, imagination of.** But for a month now I am noticing some weakness with it. Which is affecting my ability to work efficiently. I am worried if it prolongs for some time more it can affect my business. **BUSINESS, talks of**

14) After getting repeated attacks at frequent intervals I have now realized that it is the same old problem, which used to trouble me during my childhood. **DULLNESS, understands the question only after repetition**

15) In our house no body believes in allopathic treatment. For ages we have believed in natural healing. Everybody in my house is aware of its harmful effect on the whole body even if you take it for simple headache. I am full of such fears. **PREJUDICE, traditional, FEAR, poisoned of being**

16) I need medicine for weakness. I had fever during the last two days. For that I myself took paracetamol tablet. **EGOTISM** Now I don't have fever but I am feeling too weak. For that I don't know what to do. I thought it is better to consult a doctor. Perhaps I need some tonic or vitamin. **SHRIEKING, aid for**

17) I am always so busy in my work that I can not give more attention and time to my problem. **BUSINESS, talks of** I don't remember if I ever took leave from my work for my problem. This is the first time that due to my fear of any serious problem I liked to remain in bed.. **BED, remain in, desires for** The thing, which is bothering me is, What is my problem, Is it something serious? **FEAR, betrayed of being**

18) I did not bother to take any medicine. **FRIVOLOUS.** I am taking rest at home. **REST, desires for.** I have taken leave from office. I thought that with the help of taking rest I would be better in a couple of days. It did not happen like this and I have to attend my office very urgently. I can't take any more leave. Please give me such a strong medicine which can give me quick relief so that I will be able to attend my office.

CARRIED, desires to be fast

19) Because you were not in the town so I waited for you to come. **RELIGIOUS, affection** I have faith only in you, your medicine suits me very well.

SUPERSTITIOUS

20) For 2 years I have left all treatment. In the beginning I had taken a lot of treatment. I tried almost all the good doctors. Ultimately I left all the treatment. Even today I have no hope of having any relief. I don't want to take any medicine. It is because of my husband's persuasion that I agreed to come. What is the use of taking treatment? **DISCONCERTED**

21) Last year I have left all the treatment to give a break in between. **REST, desires for** I got bored of taking treatments. I thought some relief might come without any medicine but nothing happened. Therefore I thought of making another try through your medicine. **PLAY, passion for gambling** May be you can cure me. Please look into my problem carefully and get me rid of it. **CARRIED, desires to be.**

A few common versions of the patient and their interpretations

(In Hindi)

एक मरीज पहली बार आपके पास इलाज के लिये आता है और बताता है कि उसने आज तक अपनी बीमारी का इलाज नहीं कराया। इस के क्या क्या कारण हो सकते हैं।

१. डाक्टर साहब मुझे जिन्दगी में आजतक कभी भी कोई तकलीफ नहीं हुई होगी। **WELL, feels very, ill, before falling** कभी कभार मामूली सी खांसी, जुकाम या सरदर्द वगैरह हुआ है, लेकिन कोई बिमारी नहीं हुई और अभी भी मुझे ऐसा नहीं लगता कि मैं बीमार हूँ मुझे अपनी बिमारी से कोई शिकायत नहीं है। **DELUSIONS, well, he is** इसके लिए कभी भी मेरे को दवाई लेने की जरूरत महसूस नहीं हुई। इस मरीज के लिए खांसी, हल्का सरदर्द वगैरह होना एक सामान्य सी बात है। ऐसा होना उसकी राय में जिन्दगी का ही एक हिस्सा है, जिसके लिए उसने कभी डाक्टर के पास जाने की जरूरत महसूस नहीं की।

२) मरीज कहता है यह दिक्कत मुझे पहले भी हुआ करती थी पर अपने आप ठीक भी हो जाती थी। तो मैंने कभी दवाई की तरफ ध्यान ही नहीं दिया। **INDIFFERENCE, complain, does not.** इस बार पता नहीं क्या हुआ। पहले तो यह अपने आप ही एक या दो दिन मे ठीक हो जाया करती थी पर इस बार तो छः दिन हो गये पर ठीक होने का नाम ही नहीं ले रही। इस बात ने मुझे सावधान

ALERT कर दिया पर मन में एक डर सा लगने लगा है कि ऐसे तो ये और भी बहुत सारे दिन ले लेगा। **FEAR, extravagance, of**

- ३) मैं आप के पास कई दिनों से आने की सोच रही थी। लेकिन कोई न कोई ऐसा काम आ जाता था कि घर से निकलना ही नहीं हो पाता था। कभी कोई घर में मेहमान आ गया, तो कभी बच्चों की परीक्षा आ गई, तो कभी कोई घर में बीमार पड़ गया। अपने लिये समय ही नहीं निकाल पाती थी। आज थोड़ा सा टाईम निकल पड़ा तो सोचा कि चल कर पहले दवाई ले आऊँ। आज भी अगर कोई काम निकल आता तो शायद मैं आज भी नहीं आ पाती। अपने आस पास वालों का भी तो ख्याल रखना पड़ता है। या घर में कोई अपने से बड़े किसी काम के लिये कह दे तो उसको ना भी नहीं कह सकते।

CARES, others, about REVERANCE for those around him

- ४) मेरा दवाई के बगैर भी आसानी से काम चल रहा था। मुझे कोई ऐसी दवाई की जरूरत महसूस ही नहीं हुई। **CONTENT**
- ५) एक दो बार घर पर मैंने दवाई का जिक्र भी किया पर आगे से जब मुझे उल्टा ही सुनने को मिला तो फिर मैं चुप हो गई। फिर दुबारा मैंने दवाई का जिक्र ही नहीं किया।

MILDNESS YIELDING disposition

- ६) मैंने एक दो बार आपके क्लीनिक पर फोन किया और खुद भी एक दो बार चक्कर काटे पर आप मिले नहीं। फिर मैं भी थोड़ा सा ढीला पड़ गया और इस बीच में तकलीफ भी कुछ कम हो गयी। आज जब फिर से दर्द उठा तो मुझे याद आया कि आप को दिखाना है।

UNCONSCIOUSNESS, interrupted by screaming

- ७) ऐसा है कि दवाई तो मैं आसानी से नहीं खाता। ना ही मैं किसी डाक्टर के पास जाना पसन्द करता हूँ। कभी कुछ तकलीफ हो भी तो पहले मैं घरेलू नुस्के अपनाता हूँ जैसे- तुलसी डालकर चाय पी ली, अगर जुकाम हो तो या सर पर बाम लगा लिया, अगर सरदर्द हो रहा हो। जब मुझे लगता है कि तकलीफ काबू में नहीं आ रही और दवाई के बगैर ठीक होना मुश्किल है तो ही मैं डाक्टर के पास जाता हूँ।

DELUSIONS, help ,calling for SHRIEKING, aid, for

- ८) ऐसा है कि तकलीफ से तो मैं डरता नहीं चाहे कैसी भी तकलीफ जिन्दगी में क्यों न आ जाये। कुछ दिनों से तकलीफ चल रही थी पर मैं उसको टालता रहा। **INDIFFERENCE, complain does not** फिर मेरे मन में ख्याल आया की पहले मैं इसकी जांच करवा के देखूँ की मुझे तकलीफ है क्या? जांच से पता चला कि मेरे पेट में नुस्क है जिसका आपरेशन के अलावा कोई और चारा नहीं है और मुझे उससे बहुत डर लगता है। मेरी इच्छा तो ये है कि आपरेशन के बगैर ही अगर यह ठीक हो जाये तो ज्यादा अच्छा है। **AFFECTATION*** जब से मुझे इस बात का पता चला तब से मेरे दिमाग में बस एक ही बात घूम रही है के अगर यह दवाई से ही ठीक हो जाये तो अच्छा है कृया आप मुझे इस मुसीबत से बचा लो। **PRAYING, DELIRIUM, crying, help, for**
- ९) आपसे क्या छुपाना सच बात तो यह है कि शुरु में मैंने गम्भीरता से इसके बारे में इतना सोचा ही नहीं था। **TRUTH, tell the plain**

मैं इसको मामूली सी तकलीफ समझ कर टालता रहा।

INDIFFERENCE, complain does not एक दिन अचानक मेरी नजर एक स्वास्थ्य पत्रिका पर पड़ी। उसमें गले की कुछ तकलीफों के बारे में पढ़ा। उनमें से कुछ तकलीफों के लक्षण मेरी तकलीफ से मिलते जुलते थे। उसमें यह भी लिखा था कि इसका समय पर ईलाज न करवाने पर यह भयंकर बीमारी में बदल सकती है। बस उस दिन से मैं बहुत डर गया हूँ कि कहीं मुझे भी वैसी तकलीफ ना हो जायें। **FEAR, betrayed, of being, CAUTIOUS**

- 90) तकलीफ तो कई दिनों से चल रही है पर मेरी समझ में यह नहीं आ रहा था कि इस के लिये क्या करूँ, किसके पास जाऊँ। वो तो भला हो मेरे दोस्त का जिसने मुझे आपके पास आने की सलाह दी। वरना मैं तो अभी भी आपके पास नहीं पहुँच पाता।

GROPING, as if in the dark

- 91) कई दिनों से ईलाज के बारे में सोच तो रहा था पर मैं यह निश्चय नहीं कर पा रहा था कि इसका ऐलोपैथ से ईलाज लूँ या होम्योपैथ से। मेरे लिये दोनों ईलाज एक जैसे हैं। **THOUGHTS, two train of thoughts CONFUSION**

- 92) मैं इतने दिनों से दवाई लेने की सोच रहा था पर घबराता था कि घर वालों को मेरी बिमारी के बारे में पता चल जायेगा तो बेकार में वो बहुत परेशान हो जायेंगे। अभी भी मन में यही एक घबराहट रहती है कि कहीं उनको पता ना चल जाये। इसी बात का मन में हमेशा ध्यान लगा रहता है। **ANXIETY, others for**

- 93) पिछले कुछ दिनों से मुझे दर्दों की शिकायत चल रही है उनको तो मैं बर्दाश्त कर सकता हूँ **PERSEVERANCE** और उनसे मेरे काम

पर कोई फर्क भी नहीं पड़ता **DELUSIONS, wealth, imagination of.** लेकिन साथ में यह जो मुझे कमजोरी की शिकायत शुरू हो गई है इस वजह से मैं कोई काम नहीं कर पा रहा।

BUSINESS, talks of

94) कई बार तकलीफ होने के बाद मेरी समझ में अब आया कि यह तकलीफ जो मुझे बार बार हो रही है यह और कुछ नहीं पर वो ही मेरी पुरानी तकलीफ है जो मुझे हर बार होती थी। **DULLNESS, understands the question only after repetition**

95) हमारे घर में पुश्तों से ही ठीक होने के लिये प्राकृतिक तरीके को ही अपनाते हैं। और यह तो सब ही जानते है कि अंग्रेजी दवाइयों के बहुत नुकसान हैं। मुझे तो उन दवाइयों से सच पूछो तो बहुत डर लगता है क्योंकि वो तो पूरे शरीर को नुकसान पहुँचाती हैं। **PREJUDICE, traditional, FEAR, poisoned of being**

96) थोड़ी सी कमजोरी की दवाई चाहिये। दो दिन से बुखार था वो तो मैंने अपने आप ही घर में रखी एक बुखार की गोली खा कर उतार लिया। **EGOTISM** बुखार तो उतर गया पर अब कमजोरी ठीक नहीं हो रही तो सोचा इसके लिये आपसे कोई दवाई या ताकत की गोली ले लें क्योंकि लगता है कि अब उसके बगैर मेरा ठीक होना मुश्किल हैं।

SHRIEKING, aid for

97) काम में इतना व्यस्त रहता हूँ की इस तरफ ध्यान ही नहीं दिया इतना वक्त ही नहीं होता। **BUSINESS, talks of** मैंने शायद ही कभी बीमारी की वजह से काम छोड़ा होगा। आज पहली बार ऐसा हुआ है कि मुझे कोई तकलीफ हुई है और मैं बिस्तर पर पड़ा हूँ। आज तो सुबह से ही बिस्तर पर पड़ा हुआ हूँ। **BED, remain in, desire for**

दिमाग में बस यही डर सताता है कि कहीं कोई खतरनाक बीमारी तो नहीं लग गई मेरे को। **FEAR, betrayed of being**

१८) दवाई तो मैंने कोई नहीं ली बस आफिस से छुट्टी ले ली थी।

FRIVOLOUS मैंने सोचा चलो इस बहाने थोड़ा सा आराम मिल जायेगा। **REST, desires for** अच्छा भी लग रहा था। पर अब छुट्टियाँ खत्म हो गई हैं और मुझे हर हाल में कल आफिस जाना है। काम भी बहुत जरूरी है। बस अब आप ऐसी दवाई दे दें जिससे कल तक मैं किसी तरह से आफिस चला जाऊँ। ऐसा इस लिये नहीं कर रहा हूँ कि मुझे कोई काम की चिन्ता है वो बात यह है कि आफिस में सब यह कहेंगे कि एक मामूली सी तकलीफ के लिये मैंने इतनी छुट्टियाँ कर ली।

CARRIED, desires to be fast

१९) इतने दिनों से मैंने कोई दवाई नहीं ली क्योंकि आप यहाँ पर नहीं थे। आपको तो मालूम ही है के मैं दवाई किसी और से नहीं लेता। मेरे को आप पर ही विश्वास है। **RELIGIOUS, affection** दवाई भी मुझे आप ही की माफीक आती है। और किसी की दवाई से मुझे इतना फर्क भी नहीं पड़ता। **SUPERSTITIOUS**

२०) करीब दो साल हो गये मुझे दवाई छोड़े हुए। शुरु में मैंने अपना बहुत इलाज करवाया। जब कोई आराम नहीं पड़ा तो हार कर सब कुछ छोड़ दिया। अब भी मेरा दवाई लेने का कोई मन नहीं था। अब इन्होंने इतनी जिद्द करी तो आना पड़ा। वरना मैं तो यहाँ आने के बिल्कुल हक में नहीं थी। मुझे तो अब भी यही विश्वास है कि ठीक तो मैंने होना नहीं। फिर दवाई लेने का क्या फायदा। **DISCONCERTED**

२१) करीब दो साल पहले मैंने सब दवाईयाँ छोड़ दीं थीं। यह सोच कर कि कोई आराम तो पड़ नहीं रहा थोड़े दिन दवाईयाँ छोड़ कर देखाती हूँ। **REST, desires for** पर उससे भी कोई फायदा नजर नहीं आया तो सोचा एक बार फिर से दवाई शुरू करके देखाती हूँ शायद इस बार कोई फरक पड़ जाये। **PLAY, passion for gambling** हो सकता है कि शायद आप के हाथ से ही मेरा ठीक होना लिखा हो। आप जरा ध्यान देना मेरे पर। अब आप ही ने मुझे इस बीमारी से छुटकारा दिलवाना है। **CARRIED, desires to be**

Perceiving the individuals why they persevere

(हम समझेंगे कि व्यक्ति विशेष निरंतर प्रयत्न क्यों कर रहा है)

Perseverance :

- दीर्घ प्रयत्न, निरंतर उद्योग
- To persist in a state, enterprise or undertaking in spite of counterinfluences, opposition, discouragement/ failure. (असफलताओं, रुकावटों एवं निराशाओं के होते हुए भी निरंतर एक जुट हुए प्रयत्न करते रहना)
- The action, condition or an instance of persevering (steadfastness).
- Keeps making effort in spite of failure.

There are 15 drugs in PERSEVERANCE.

Acon., Alum., Bry., Caps., Dig., Dros., Lac.c., Lach., Lyc., Nat.c., Nit.ac., Nux.v., Phos., Sil., Sul.

This particular symptom in the repertory caught my attention when in our practice, we came across many patients who in spite of getting no relief for a long time were coming to me again and again. We tried to explore what could be their compulsion. Whether it could be clinging, patience, holding, or simply mesmerism etc.

This quality of steadfastness was **PERSEVERANCE**. How and why do these 15 individualities keep on making efforts in spite of failures? We will be explaining few of them here in this chapter.

There can be many reasons to persevere. One might be tempted to think that people, who are hopeful, patient, content or obstinate etc. will be the ones to make

repeated efforts. Clinically we found out that some of them who are doubtful of recovery, even despair of recovery, do persevere. We started exploring and developing this idea by asking my patients that what is it, which is keeping them with me. Naturally different individuals replied differently- some had faith and belief in homoeopathy, some had fixed notions that allopathy is harmful and any other alternative treatment is a better option. Some said that they had no choice, while some were satisfied with my genuine efforts and affectionate behaviour.

Then we thought of giving a tabulated form to perseverance. Different reasons why people persevered. This would help in an extensive and wider clinical use of this expression.

Here we are sharing with you, few of our clinical experiences. However it should be kept in mind, that apart from these, there can be many different reasons for an individual to persevere. We hope this small exercise will help you in finding many more of them in your own clinics.

Patient unknowingly gives a lot of information to us when he tries to explain why is he persevering. Here we apply the art of interpreting patient's expressions into rubrics as taught by late Dr M.L Sehgal.

We simply stuck to the basics, i.e. understanding the narration of the patient, his tone, style and the reason that he keeps coming to me for treatment in spite of no relief. ** (Later on we will be expanding on this)

1st Combination

1.) We looked at the first possibility that a person may be hopeful. By combining these two (PERSEVERANCE + HOPEFUL) = acon., alum., dig., lach., lyc., nit.ac., sul.

Hope - desire accompanied by expectation, a feeling that what is wanted will happen.

- to cherish a desire of good with some expectation of fulfillment
- to desire with a belief in the possibility of fulfillment.

Hopeful (adjective) expecting to get what one wants.

- full of hope
- a quality which excites hope, promising good or success
- inspiring or giving hope(a hopeful sign)

Hope has DESIRE, while *Hopeful* has a WANT.

- patient will say that I am taking your treatment as I want to get well and I am hopeful about it.
- The patient comes to you and says I am hopeful.

Then I go further and ask my patients that what is the reason for their hope.? Have they seen or heard any case treated by me? what is that which is giving them hope?

According to the answer my patient gives, for the reason of their hope, I can make further inroads in the given case.

Ind combination

(PERSEVERANCE + DOUBTFUL, recovery of)
= acon., alum., bry.can., lac.can., lach., lyc., nit.ac., n.v., phos., sil.

2) Doubtful : - not clear, or definite, ambiguous, not clearly predictable, uncertain, unsure, suspicion, questionable.

Perseverance + Doubtful, recovery of

as they are in doubt they may feel, need or take the help of followings.

- + Light, desire for = acon, lac-can, phos
- + Chooses the lesser evil = bry
- + Prejudices, traditional = lach, lyc,
- + superstitious = lach
- + Helpless = lyc, phos
- + Objective = alum, lach, nit-ac, nux-v.
- + Del, wealth of = phos, sul, nit-ac
- + Del, poor = bry, nux-v
- + Contented = alum, phos
- + Gambling = lyc, nux-v, sul
- + Clinging = phos.
- + Mesmerism, desire for = lach, phos
- + Mesmerism, amel-acon, lach, nux. v, phos, sul
- + Frivolous = lach, sul.
- + Fear of poverty = bry, lach. (P. M.), nux-v,
sul. (Because they all are doubtful or despair of
recovery or both).

IIIrd Combination

(PERSEVERANCE + DESPAIR recovery of) = acon., alum., bry., lac.can., lach., lyc., nat.c., nit.ac., phos., sil., sul.

3) Despair :— without hope, to lose hope, give up hope.
Recovery :— a return to health, regaining of something lost or stolen.

As they are hopeless they may feel, need or take help of followings for perseverance :

Perseverance + DESPAIR, recovery of

- + Light, desire for = acon, lac-c, phos
- + Mesmerism, amel = acon, lach, nat-c, nux-v, phos, sil, sul
- + Mesmerism, desire = lach., nat-c., phos., sil.
- + Helplessness, feeling of = lyc., phos.
- + Consolation amel, = phos.
- + Carried - desire to be carried = acon., bry., lyc.
- + Carried-desire to be carried, caressed, and = acon.

4. Out of the 15 drugs which persevere, only 6 have all the three states given below ,i.e .

HOPEFUL

DOUBTFUL, recovery of

DESPAIR, recovery of

They are- acon., alum., lach., lyc., nit-ac., sul.

From hope → to doubt → to despair

Patients of bry., lac.can.,n.v. and phos. have perseverance, but in their mind they have a constant doubt about their chances of getting better (**DOUBTFUL, recovery, of**). Later on when they don't see any improvement they get hopeless considering that there is no chance of recovery i.e. (**DESPAIR, recovery of**), still they don't leave the treatment and keep making efforts for recovery.

Patients of nat.c. and sil. have perseverance. They neither have any doubt in their mind related to their recovery (**DOUBTFUL , recovery of**) nor in their mind there is any idea that there is full chance of their getting better (**HOPEFUL**). Only when they see no fruitful result after taking treatment for a long time that the feeling of hopeless of recovery comes in their mind.

Out of the two i.e. nat.c. and sil., the later one is positive, objective , reasonable which enables them to persevere. they have desire to remain in bed, while nat.carb. has good self control over him.

5. Out of the 15 drugs in Perseverance only capsicum and drosera do not have despair or doubtful of recovery and they are not hopeful either.

* Both have pertinacity along with stramonium.

Pertinacity :- stubborn persistence, hard to get rid of, persistence (obstinate), tenacious. Adhering resolutely to an opinion, purpose etc.

A case of capsicum

Case: A man 32 years of age came to my clinic for hyperacidity, headache and a compulsion for excessive smoking. He also complained of pain around eyeballs, which lasted for one hour followed by acidity and nausea. This used to get aggravated from smoking and drinking tea.

Q:How many cigarettes do you smoke per day?

A: On an average I smoke about 10 cigarettes a day. But whenever I am anxious or nervous, I end up smoking up to 20-25 cigarettes, which aggravates my acidity.

Q:What makes you anxious and nervous?

A: Doctor, I am from a family where everyone is very well educated. I have two elder brothers both of whom are I.A S and well settled, so is my father. I got settled late, due to which my marriage was also late. I am okay with my wife. Now my father is living with me for the past 3-4 months. Since my childhood, he was much worried about me, my future and whether I would get settled or not. He always thought I was not good for anything. He treats me like I am still a child and he has to worry about me. Even for a simple work he still feels I am not capable for it and will not be able to do it properly. That is why I avoid going home as whenever I am in home he will ask me what have I done during the day, whether I have done it properly or not ? He will find fault with my actions as he used to do earlier. He says that he never expects me to do anything rightly. That is why I don't feel like going home. My father says that he is always worried about me as my two elder brothers are already well settled and that is why he keeps

correcting my affairs.

When my father was not living with me I used to go home just after office and would relax, have tea but now I feel it is not possible.

Now a days I feel bored after office, I want to go home but I am afraid, my father will again say something. So I kill my time till I know my father would have gone to sleep, and then I go home. During this time I smoke a lot.

Since my childhood my father has never put his hand on my head and never said that I have done something good on earth. According to him I always do things in a wrong way and improperly.

My wife also is angry with me that why do I smoke so much cigarette and drink so much tea to spoil my health. Now I am afraid of even my wife's criticism.

Inference- the strongest fear that this patient has is of reproaches. Reproach means an expression of rebuke or disapproval, a cause or occasion of blame, discredit, or disgrace.

The first rubric taken was **FEAR, reproaches of.**

The patient was running through the feeling of boredom after work, as he could not go home although he wanted to. Just to overcome this boredom he used to drink tea and smoke cigarette. He knew that this is a poison for him and is killing him, but in spite of the sufferings he used to indulge in it.

As a passing thought, this can be equated to the situation of a sailor who has been on ship for months together, going through the routines with boredom. He longs for home but can do nothing about it. He smokes, drinks tea or coffee to pass his time.

Sometimes when looking at the sea there may come a feeling of jumping in the sea to finish his life out of boredom.

Similarly, in this case, the patient knows that smoking is harmful, dangerous for his life, and even after repeated advices of his well wishers he keeps on doing it as if he wants to end his life. **वैसे भी कौन सा जी रहे हैं, न घर जा सकते हैं, लगता है अपने को खत्म ही कर लें।**

FEAR, reproaches of - caps., carc., dig.

ENNUI homesickness, with- alum., caps., clem.

SUICIDAL homesickness, from- caps.

PERTAINICITY- caps., drosera., stram.

OBSTINATE, headstrong, children, chilly, refractory and clumsy- caps.

Capsicum 6, 1 dose, was prescribed with very good results. During the phases of recovery he passed through the phases of coryza, with bad taste in mouth, followed by excessive salivation. There was corresponding relief in nausea, acidity and pains. He also skipped the routine placebo for three weeks in between which he justified by telling me that he wanted to check that whether his improvement continues even without medicine or not. He reported that he felt improvement even during this phase and also has developed the will power to leave smoking.

A case of DROSER A

A man, 30 years of age came to my clinic. He told me that his sister was under my treatment 10-11 years back for an abscess in right hip region. It had proved to be incurable under allopathic treatment. (This abscess was excised and drained 3 times under the cover of antibiotic and pain killers) She had got relief

with my treatment and he had come to thank me in my clinic then, though he used to live far away.

Now, recently he had been told after some investigations and examination that he was suffering from renal calculi. He also had a long-standing cough. He told me that for this he had taken treatment from a near by doctor but when he did not get any relief he thought of coming to me as I had cured his sister.

He said, "I did not have your contact number. I only remembered the area where your clinic is located. So I decided to come here and look for you. So I came here in the morning and searched a lot. I did not lose heart and somehow kept trying and finally I have reached you by evening", he said laughingly.

He told me how had he managed to reach me without losing heart, even at the cost of his whole day's work. He said that this was his attitude towards his sickness also.

He told me, "these recurring complaints like cough and pain are troubling me. They used to settle for a while with allopathic treatment, but they never completely left me. Not even a day passed when I could be without medications. I now feel as though this cough will not subside even for a day without medicine. (यह खांसी बिना दवाई लिये मानती ही नहीं, इसे दवाई तो चाहिए ही चाहिए) Cough never leaves me even one day. Now I feel it won't leave me that easily".

Q: You spent all day just searching for me. It never occurred to you to go back?

A: "Whenever I decide to do something I pursue it to the very end. (डाक्टर, मैं इसको सिरें चढ़ा कर ही दम लेता हूँ)।

In fact, I had thought of coming to you last week itself but my father told me that it was high time to go and see a boy for the marriage of my sister. The family had been considering him as a match for many days. So I went about 100Km to Meerut to see the boy. But after talking to the parents of the boy, I felt that they were much interested in dowry, which was not feasible for me to pay. But I did not get disheartened. One of my relatives who were accompanying me suggested to me that there is another good boy of marriageable age another 70-80 miles further. May be you can come next week to see him whenever you have time or if it suits you. I thought I am on a mission and I have to complete it. I told my relatives that don't see what time it is or how far is it. If even this proposal does not work and you have someone else in mind, though he might be another 100 miles away, I will visit there also because now I have made up my mind".

He told me that he actually went to the third boy's home and fixed the marriage of his sister as he felt that the boy was really good and reached home by midnight. He said that I stop only when my goal is achieved. Otherwise I will keep pursuing the matter.

Inference - he feels the cough is constantly troubling him and annoying him, giving him not even a day's breath and even the doctors these days are such that they give a medicine that temporarily relieve the patient and he continues with the doctor who keeps making money from the innocent patient. They even mislead the patient and ask him to continue with them for a long time.

DELUSIONS, pursued, he was, enemies, by

DELUSIONS, enemy rest, e. allows him no (R.M.)

DELUSIONS, persecuted he is

DELUSIONS, deceived, is

He kept making efforts to combat the cough. Coming to me was also a part of this effort, which mounts to perseverance-keeps on making efforts in spite of failures. What ever he undertakes he pursues it very strongly. Once he makes the plan, he matures and, then he is determined to execute it, unreasonably to have his way, he is not yielding to reasons or pleas.

PERSEVERANCE

PERTINACITY

OBSTINATE, execution of matured plans, in (C.r.)

OBSTINATE, plans; in the execution of (Synthesis)

Drosera 30, 1 dose was prescribed. In between he developed fever with sore throat and coryza, which lasted for three days followed by overall improvement.

DELUSIONS, enemy rest, e. allows him no (R.M.)

Drosera has a delusion of being persecuted (**DELUSIONS, persecuted he is**). He also feels pursued and that also by enemies. For that reason he keeps on making constant efforts (**PERSEVERANCE**). He insists on carrying out his plans and sticks to them (**PERTINACITY**). Once he undertakes any actions he persists and obstinately stays in it. That is why drosera does not make many plans like china, who only reflects upon their execution while having no perseverance. (**Plans, reflect upon their execution- china.**), that is why china will feel tormented, persecuted and hindered at work by these serious thoughts about his plans. On the other hand drosera will see to it that if once he has made plans, he gives them final shape (mature) and without yielding starts executing them for their fulfillment. (**OBSTINATE, execution of matured plans, in**).

DELUSIONS, deceived, is - bamb-a, dros, ruta

Deceived : - make a person believe what is false, purposely mislead.

Reflect : to think seriously, contemplate (to look at intently, gaze at, study carefully).

6. Next Combination (IV)

(PERSEVERANCE + OPTIMISTIC= calc., lyc., n.v., sil., sul.)

Optimist :- the tendency to take the most hopeful or cheerful view of the matters. Practice of looking on the bright side of everything.

- the best or the most favorable, condition, degree or amount.

मैं सोचता हूँ कि अगर दुनिया में बीमारी बनी है तो उसका इलाज जरूर बना होगा। कभी मेरे दिमाग में यह ख्याल ही नहीं आया इस बीमारी का कोई इलाज नहीं होगा। मेरी तो सोच और धारणा हमेशा से है कि हर चीज का हल है।

My views is that if there is disease there is surely some treatments for it. It never ever comes to mind that there is no treatment for sickness. My feeling is there is always a way for any problem.

7. Next Combination (V)

(PERSEVERANCE. + PESSIMIST= lach., nit-ac., nux.v.)

Pessimist : – expecting the worst -belief that the existing world is worst possible. Belief that the evil in life outweighs the good. The tendency to expect misfortune or worst outcome in any circumstances. Practice of looking on the dark side of things.

****Optimistic** - (आशावादी) महसूस करता है कि दुनिया स्वर्ग है। जिसमें सुख ही सुख है। ईश्वर सब अच्छे के लिए करता है। ऐसी धारणा होती है।

****Pessimist** - (निराशावादी) महसूस करता है दुनिया नर्क है। जिसमें दुख ही दुख है। यहां तो अच्छा कुछ ही ही नहीं सकता। संसार केवल बुराईयों से परिपूर्ण है ऐसी सोच होती है इस तरह से देखता है।

8. Next Combination (VI)

(PERSEVERANCE. + POSITIVENESS= lach, n.v, sil, sul)

Positive –(meaning) – having the mind set or settled, confident,

- assured; overconfident or dogmatic
- Right always claims to be

Lach and n.v. both have perseverance because they believe what they are doing is right. They do not need any suggestions. According to them they have made very carefully effort to over come their disease and that is why they are right. The both lach. and n.v. keep on complaining and lamenting about their disease and sickness. One is objective reasonable and other is ardent both want rest but n.v. desires tranquillity.

9. Next Combination (VII)

(PERSEVERANCE + YIELDING= alum, lyc, nuxvom, sil)

Yielding- (meaning)- bending easily, flexible

alum. and sil are objective reasonable they feel that when there is no relief even after a long treatment and as there is a strong pressure from the family also they yield for a time being and leave the treatment. They can start it

again after some time.

Lyc. feels helpless and yields is now low in confidence, has timidity facing the people and talking in the public, They are hard to inferiors and kind for superiors. In this weak situation they yield to superiority of others even to the extent of flattering them by their yielding.

N.V. Quiet, wants to be repose and tranquillity, desires is its need. This compels n.v. to yield though they are positive. They also have rest desires (like taking a break) to repose and for tranquillity.

10. Next Combination (VIII)

(PERSEVERANCE + DELUSIONS, poor, he is = bry., nux.v.

Poor :- short of something

One who is short of as much of something as is required to remove poverty (page- 28, ROH Series IV, by Late., Dr M. L. Sehgal) version- " I am not quite fit, it is as if I am lacking in general efficiency.

कुछ कमी आ गई है , अब मैं पहले जैसा काम नहीं कर सकता , उतनी ताजगी नहीं महसूस कर रहा हूँ , कुछ कमी सी महसूस होती है।

N.V. feels he is poor and that is why he has to keep making efforts beacuse he dos't like to be poor and wants to remove its. (MOOD, repulsive)

11. Next Combination (IX)

(PERSEVERANCE + FEAR poverty ,of = Bry., lach., nux.v., sul.) (because he has doubt or despair of recovery)

FEAR, poverty of

Poverty : - lack of something specified. The state of one who lacks a usual or socially acceptable amount of money or material possession.

The feeling is they have to keep making efforts otherwise they will be losing and become poor further. They feel may be they are not improving with the treatment but at least they should not lose further in their health, to maintain this they keep on making efforts. N.v. does not want to go from poor to poverty.

12. Next Combination (X)

(PERSEVERANCE+DELUSIONS, wealth imagination of) = nit.ac., phos., sul.

DELUSIONS, wealth imagination of

wealth - short of nothing

- he feels he has the means to have anything he desires. it is a relative term. (pg- 46, series- VII)

Nit.ac. is objective reasonable, with the feeling of wealth he is hopeful and he perseveres. His words are "when one is taking treatment, then one has to keep hope and make proper efforts for cure.

(अगर उम्मीद रखेंगे तभी तो लगातार दवा खा पायेंगे या लगातार दवाई खाएंगे तभी तो आपसे ठीक होने की उम्मीद कर सकते हैं।)

Sulphur feels wealthy and remains frivolous. But once he gets some signs and symptoms he starts taking care, like if he gets pain in the throat or headache he starts avoiding, cold drinks and other such things which can agg. it, so he becomes careful. He can still be frivolous as he hopes that by taking care things will improve. But after the care if things get worse, the hope starts going down and the problems start troubling him, he starts

feeling annoyed constantly (DELUSIONS persecuted) and even may feel that this is harming him (DELUSIONS, injury, being injured is). Now he becomes doubtful of recovery takes more care and keeps taking medicine religiously. From frivolous to careful and persevering. The wealth (health) starts going down and he develops a feeling of thinning down day-by-day (DELUSIONS, thin is, getting). If the health goes down further and he is not improving and the signs symptoms are worsening or are appearing again he feels embarrassed and starts losing hope and finally may reach to state of despair and develops fear of poverty. This is the journey of sul. from feeling of wealth to fear of poverty. From hope → to doubt → to despair.

13. Next Combination (XI)

(PERSEVERANCE + DELUSIONS, pursued, he is)
= bry., lach., dros., nux v., sil.

DELUSIONS, pursued, he is

pursue : - to chase or follow in order to overtake

Patient's version- (डाक्टर बीमारियां तो मेरे पीछे ही लग गई हैं, यह तो मुझे अपने साथ ले कर ही जायेंगी।

Doctor the disease is after me and it will end with my life or it will go only my death. He is being chased by disease which is trying to over take him (his health).

+ MOOD, repulsive = nux-v., sil.

That is why nux-v., & sil. want to push the disease they are not in a mood to be pined down by the chaser (disease).

+ DELUSIONS, injury, injured, is being = bry., lach.

injured : - being harmed

On the top of this bry. and lach. also start feeling that not only it is chasing to overtake but is also harming them.

(डाक्टर साहब ये मुझे नुकसान पहुंचा रही है)

Both of them (bry. and lach.) have rest desire for.

Bryonia : on one hand it has perseverance but on other hand it has fear of suffering. How can a person who has such a strong fear of suffering will persevere? Here Dr. Sehgal gave us rubric chooses the lesser evil.

Like for example a person is having pains and bodyache which is harming him, he wants to be quiet and rest without being disturbed (DELUSIONS, injured is being, quiet wants to be, rest desire-for, disturbed, averse to being). But business is very important for bryonia, as it brings profit (money), so if he rests and doesn't go to his work or attend his business he will loose money or profit which will cause more troubles mounting to much more sufferings (fear of poverty and fear of suffering). If he lies down in bed, he becomes poor which is more than the only physical suffering which he will get if he goes to his job or business. So he prefers going to work, doing business inspite of feeling pain and suffering. Here we can see how he chooses the lesser evil.

Keeps making efforts inspite of counter influences opposition (Perseverance). The pains, suffering, disease is coming as an obstacle but he bear it and goes to work to earn money. Without work and money he will invite poverty which will cause more miseries. That is why he prefers suffering than poverty so between the two evils suffering and poverty he chooses suffering.

14. Next Combination (XII)

(PERSEVERANCE + DELUSIONS, persecuted, that he is)= calc., dros., lach., nux- v., phos., sulph.

persecuted; - to trouble or annoy constantly

डाक्टर साहब बीमारी ने तंग कर रखा है, मैं तो इससे परेशान हो गई, ये तो लगातार तंग ही किये जा रही है।

Doctor the disease is troubling me constantly and annoying me, I am badly troubled by this disease.

N.v., phos., sul. persever as they want strongly to remove this annoyance (MOOD, repulsive) out of these three sul. is hopeful so are calc. and lach. Phos. with mood repulsive feels helpless. Dros. is obstinate. Plans in the execution of and has pertinacity. Calc. though hopeful wants light to persever (like phos.)

15. Next Combination (XIII)

(PERSEVERANCE + CONTENT)= alum., caps., nat-c., phos.

content ; - to appease the desires of, to limit (oneself) in requirements, desires or actions, satisfied; as much as one wishes patient feels satisfied with the efforts put in by his doctor, also by his own efforts to get well in the given circumstances, though there is no significant improvement.

Thus simply continue to keep making efforts (perseverance) because they feel satisfied with their own as well as their doctor's efforts.

16. Next Combination (XIV)

(PERSEVERANCE + EMBARRASSED, ailments ,after) = sulph (s)

Embarrass - make a person feel awkward or ashamed. Though sulphur feels persecuted (annoyed) by the disease (DELUSIONS, persecuted he is), still he is frivolous and wealthy.

But when he feels he is about to receive injury (harm), as the symptom and sign have come back once again. He gets doubtful of recovery, embarrassment comes in.

दवाई करते-करते कल दर्द फिर से आ गया।

Lastly when he feels disease is actually harming him, he becomes sad (SADNESS, disease about) and despairs of recovery. Then he thinks he is losing his wealth, getting thin (DELUSIONS, thin is getting) and FEAR of poverty comes in.

17. Next Combination (XV)

(PERSEVERANCE + LIGHT, desire for) = acon., phos., lac-can., calc.

Light : - Something that makes things visible or affords illuminations.

Desire : - A wish, a prayer or request

For : Directed to (ROH series V, pg-1)

17a. (PERSEVERANCE. + LIGHT, DESIRES FOR + FEAR OF DARK) = ACON, PHOS (NO LAC-CAN)

17b. (PERSEVERANCE + LIGHT, DESIRES FOR + ANXIETY, DARK IN)= PHOS, CALC?

17c. PERSEVERANCE. + LIGHT, DESIRE FOR + THINKING OF COMPLAINTS AGG= CALC, LAC - CAN, PHOS

A patient during consultation says that Dr, I am under your treatment for nearly 1- 11/2 months, and I want to continue though there is no noticeable relief. So, if I can see some relief in my symptoms, that would surely be a big help to me in continuing your treatment.

In these two lines, patient has expressed his desire that if you show him some positive response it will help him to persevere.

He wants to see 5-10% relief which will help him to persevere. This is as if removing the dark and bringing in light in form of some relief to the patient who is

going on though he is seeing nothing, he wants to see some relief. Here he desires some light to persevere.

In acon., phos. and lac-can. light helps in persevering.

Acon. is hopeful, communicative, expansive as well as expansive.

At every step the patient will desire light and will communicate in detail so that you will give him some light.

If we look in the repertory, we can see acon is hopeful, but not lac-can and phos. It is easy to understand that a person who has hope will persevere, for this he communicates in order to get some light to continue. (perseverance)

Aconite

Case 1 : Mother of an 8 year old girl reported to me that her child is complaining of frequent, recurring pain in the abdomen since yesterday. She had mumps 4-5 days back for which medicine was taken and she was better.

For the pains the parents had gone to the child specialist this morning, who suspected pancreatitis as a consequence of mumps and may be she needed hospitalization for investigations. At that moment they decided to come to me. I asked mother what the child was saying and doing. Mother told me I asked the child yesterday night whether she had passed stools today?

Mother thought that could be the reason for the pain so she told the girl to make an effort and try to pass the stools.

The child made an effort but was unsuccessful and told her mother so. After some time, the girl again

complained of pain that "Mum, it is paining again"

This happened quite a few times, every time she used to tell from the toilet that no stool is coming and she would come back. After 5-6 times, she finally passed stools and like a continuous commentary the child kept on telling in detail about what was happening in the toilet.

Like- "Mum, I am passing stools but they are very thin, etc.

Actually the child was narrating everything she was experiencing in detail. And at every step the mother gave her some explanation and but even after passing stool the child complained again about the pain, so the mother told her it is 10 pm at night and the doctor is away so you will have to wait till the morning. tomorrow we will go to the doctor who gives sweet pills. So again the girl was quiet.

Here, to persevere and to struggle with the suffering the child needed some explanation in the form of assurance and light from the mother. So here we can see that though aconite is hopeful, still needs light for perseverance.

Aconite Case - 2 :

There was another very chronic case of acidity, headache and indigestion. The investigations revealed fatty changes in the liver. The patient was improving on opium 30, 1 dose that was prescribed 9 months back for these complaints. The following rubrics were taken- DELIRIUM, blames himself for his folly, EMBARRASSMENT, ailments after, IRRITABILITY, pains during and CAUTIOUS.

Though there was a very good overall improvement, patient in between had severe bouts of hyperacidity,

and still used to find them unmanageable. He was very hopeful otherwise but during these phases he use to become hopeless.

On fresh case taking I asked the patient to concentrate and tell me that what he does and how he manages these attacks.

His explanation was, "doctor, I can tell you that during these attacks I feel as though someone had tied a thick rope around my neck and it is suffocating me, and I have a strong fear that I will die of this suffocation."

At this juncture, his wife who was accompanying him smiled and said, "doctor, can you tell me that, have you ever heard of someone dying of acidity?"

Seeing her smiling and saying these words he started shouting that you don't know how much I suffer. Only when you experience it you can know it.

His wife said that he does this at home also. He says, " I am dying, what would you know," that how much I suffer.

His wife continued, " He wakes us up at 2.00 at night and tells us what is happening to him. As far as doctors have made us understand is that this is because of acidity. So I tell him to take antacids and you will be all right, but he wants to call you and tell about his situation. He won't take the antacid because he wants to stick to your medicine though he is in trouble and shouting. So sometimes I jokingly tell him that why are you killing yourself, and suffering so much. You can take antacid now and continue homoeopathic treatment thereafter."

At this he got angry and said that I am suffering and you are taking it lightly and laughing.

Wife replied that I am only trying to lighten your mood.

Then he said, “doctor, I expect my wife then, to immediately call you and tell about my situation.” To which she said that yes, I called but you (doctor) were not available.

He said that in that case I expect my wife to at least give me some assurance and kind words to help me bear my situation. Instead of laughing she could tell me that don't worry, I am there for you if you need anything. I'll call the doctor again.

Just pay attention to these words of the patient.

During the attack, he wanted to communicate, and when I told him that I would have told you on phone that this is a process of cure you have to go through and bear it for permanent relief, would you have been able to endure it though it was troublesome? He said, “yes. Last time I called you when I was suffering for nearly a week but I could only contact you on the 8th day. You told me to wait for another one day; I waited without taking any antacid. Today also I just wanted to tell you everything what is happening to me and even now if you tell me that I have to wait and tolerate, I will”.

So I asked him, “ Why do you need me to tell you to tolerate”.

He replied, so that you know what is happening to me and you give me your care and advise. Same I need from my wife – some comfort to help me tolerate this situation”.

Now in this case, for perseverance again this man wants light and the method he is using is by communication. His other desires can be represented in this way-

This man during the crisis phase wants his wife to help him as he is struggling and is not able to pull himself out of this situation on his own. (CARRIED, desires to be) and wants that she should contact the doctor and if he is not available then could at least assure him and show him some care by saying that please don't worry, the doctor will be back soon and we will be able to talk to him for help. I am there for you, can I give you some massage or some other help, like a glass of water, milk etc.

This would help him in his endurance but instead she laughingly tells her husband that I have never ever heard of anyone dying of acidity. And why don't you take some antacid tablet.

Here this man doesn't only want to be carried but also to be handled with care. (Desire to be carried and caressed- acon, kreosote, puls)

- **JESTING, joke can't take a**
- **COMMUNICATIVE, expansive**
- **TORMENTING himself**

He keeps on tolerating acidity and headache though he can overcome it by taking antacid, but in hope of totally removing this problem he bears the suffering for so many days, in spite of his family members telling him to ease himself and them by taking the antacid and then continuing with the homoeopathic treatment.

Now we can move to Phosphorus

I came across a case in which the patient is having or showing patience. The person is under the treatment of a doctor who is giving him all the care he requires. He recognizes it and says that doctor, I am satisfied with your earnest efforts in my case. You are doing your best and I like your way of handling my case with

care and affection though there is no change in my condition. But I have patience; I will wait and would surely like to continue. But if you can show me some change in my condition, it would be wonderful, it would help me to continue your treatment.

Rubrics - CONTENT
PATIENCE
AFFECTIONATE
AFFECTION, desires
MESMERISM, amel
LIGHT, desire for

18. Next Combination (XVI)

(PERSEVERANCE. + DEL, sick he is)= lac-can, lyc, nit- ac, phos

In this one persever because he feels he is not well and to remove this he has to continue his efforts.

19. Next Combination (XVII)

(PERSEVERANCE + DEL. poor, she is)= NUX-V, (BRY?) In this he feels something is lacking, less, short. He feels not quiet fit, lack in general efficiency.

20. Next Combination (XVIII)

(PERSEVERANCE + DEL, PURSUED BY ENEMIES) = dros, lach, nat-c, nux-v, sil.

In this he feels disease like an enemy which is constantly chasing him and troubling him.

21. Next Combination (XIX)

(PERSEVERANCE + MOOD, repulsive) = acon, alum, caps, lyco, nit-ac, nux-v, phos, sil, sulph

SULPH

He is in repulsive mood wants to push the situation, sickness or the conditions which are pinning him down. Wants to remain perfectly healthy that why want to push the disease. And this gets reflected in his behaviour and mood.

22. Next Combination (XX)

(PERSEVERANCE+ SECRETIVE)=dig.,lyc.,nit.ac., phos.+(Out of these Phos. is not Hopeful But helpless like Lyc.)

+HOPEFUL = dig.,lyc., nit.ac.

22b. PERSEVERANCE+SECRETIVE + GRIEF, silent + = dig., lyc.

Secretive : - not open or out going in speech, activity or purpose, maintaining privacy, a disposition to conceal. He does not want to part information and would like to conceal as much as possible from others, Silently keeps taking treatment (goes on making efforts) though is deeply and heavily distressed and silently suffers from it.

23. Next Combination (XXI)

(PRESEVERANCE +RELIGIOUS)

=alum.,dig.,lach.,lyc.,nat.c.,nux.v.,sil.,sul.

In his efforts to get well, he is committed and devoted as to a religious faith, cause, principle or system of beliefs. Held to with ardon and faith, beliefs and practices of such faith.

24. Next Combination (XXII)

(PERSEVERANCE +PRAYING)= alum., sul.

To make request in humble manner, this is generally done to a person who can give, provide or has the power to remove the problems and suffering of the person who is making the request.

25. Next Combination (XXIII)

(PERSEVERANCE+DELUSIONS, wrong he has done + CONSCIENTIOUS)=dig., lach., lyc., sil., sul.

In this he persever because he feels he has done wrong and his conscience tells him that as he has done wrong he has to bear the suffering.

26. Next Combination (XXIV)

(PERSEVERANCE + HELPLESSNESS, feeling of) = lyc., phos., (Lyc. is hopeful)

They keep on making efforts because they have no other choice like if they are advised surgery for a particular problem and are told it is medicinally impossible to cure, now they have no other way to go than to try Homoeopathy.

27. Next Combination (XXVI)

(PERSEVERANCE + OBJECTIVE, reasonable) = alum., lach., nit.ac.sil. (except sil. all others (3) are hopeful also.)

If one has to get well he has to take proper treatment as well as precautions then only one can expect a cure.

28. Next Combination (XXVII)

**(PERSEVERANCE + HOPEFUL + DOUBTFUL)
= acon., alum., lach., lyc., nit.ac., sul. (No dig.)**

When they start the treatment they are generally hopeful but when the disease condition doesn't improve in spite of treatment which they continue they start doubting. They say "may be they will improve, but they are not sure".

डाक्टर साहब जब मैं आपके पास आया था तो मुझे पुरा विश्वास था कि मैं ठीक हो जाऊंगा, पर लगातार दवाई खाने के बाद भी जब आराम नहीं हुआ, अब लग रहा है कि शायद ही ठीक हूँ, पक्का नहीं हैं फिर भी इलाज तो करना है, कोशिश तो करता रहूंगा।

29. Next Combination (XXVIII)

**(PERSEVERANCE + DESPAIR recovery of BUT
HAS NO CHOICE (HELPLESS))= lyc., phos., (though
phos. feels injured and has patience and is contented.**

30. Next Combination (XXIX)

**PERSEVERANCE + DELUSIONS, injury, Injured of
being = bry., lach., phos., sul.**

PERSEVERANCE + DELUSIONS, dirty he is = lac.c.

PERSEVERANCE + DELUSIONS, diseased,
loathsome, horrible mass of disease, he were = lac.c.

PERSEVERANCE + FEAR, duties, she will become
unable to perform her = lac.c

HE BEARS SUFFERING AND PAIN BECAUSE OF
BUSINESS + PERSEVERANCE, THOUGH FEELS
INJURED = bry., phos., sul.

Now we can move to Phosphorus.

I came across a case in which the patient is having or showing patience. The person is under the treatment of a doctor who is giving him all the care he requires. He recognizes it and says to the doctor, I am satisfied with your earnest efforts in my case. You are doing your best and I like your way of handling my case with care and affection. Though there is no change in my condition, but I have patience. I will wait and would surely like to continue, but if you can show me some change in my condition. It would be wonderful, it would help me to continue your treatment.

Rubrics - **CONTENT**

PATIENCE

AFFECTIONATE

AFFECTION, desires

MESMERISM, amel.

LIGHT, desire for

Perseverance

(Table for ready reference)

PERSEVERANCE.+DEL, sick he is= lac-can, lyc, nit-ac, phos

Perseverance.+Light, desire for+Fear dark, of =acon, phos (no lac-can.)
Perseverance + Light, desire for + Anxiety, dark in= phos, calc(R.M.) Perseverance. + Light, desire for + Thinking complaints agg.= calc, lac - can, phos
PERSEVERANCE + CONTENT = Caps, Alum, Nat-c, Phos Out of these Phos. also has DELUSIONS, wealth imagination, of
PERSEVERANCE + DEL. poor he is =, Bry (r.m.), Nux-v
PERSEVERANCE + DEL. pursued, he is* (to chase or follow in order to overtake)= Bry., lach., dros., nux-v., sil., + MOOD, repulsive= Nux- vom., sil. + DELUSIONS, injury, being injured , is+ bry., lach. * In complete it is he is but in other repertories it is he was. The right one is he is.
PERSEVERANCE + DELUSIONS pursued, he is, enemies, by = Dros., lach., nat-c., nux-v., sil.
PERSEVERANCE + DELUSIONS wealth imagination, of = nit. - ac., phos., sulph. They keep on persevering as they feel they still have wealth (health and money)
PERSEVERANCE + FEAR poverty, of = Bry, Lach (r.m), Nux-v., Sulph. Even there is no relief they keep on making efforts with the fear of going down further.
PERSEVERANCE + LIGHT, desire for= acon., phos., lac-can. (Acon. is HOPEFUL and OBJECTIVE, reasonable and communicative, wants light for perseverance. Phos. - patience, contented, still wants light to persevere, LAC- C; (lac- c and Phos. are in DELUSIONS, sick being), but Phos. also feels INJURED).
PERSEVERANCE + MOOD repulsive= acon., alum., caps., lyco., nit-ac., nux-v., phos., sil., sulph
PERSEVERANCE+ PRAYING=alum., sulph.
PRESEVERANCE + RELIGIOUS=alum., dig., lach., lyc., nat-c., nux-v., sil., sulph.
PERSEVERANCE + SECRETIVE=dig., lyc., nit-ac., phos.+(Out of these Phos. is not Hopeful But helpless like Lyc.) + HOPEFUL = dig., lyco., nit- ac.
PERSEVERANCE +GRIEF. silent+SECRETIVE=dig. .lyc.

PERSEVERANCE+DEL; wrong he has done + CONSCIENTIOUS= dig., lach., lyc., sil., sul.
PERSEV + HOPEFUL = acon., alum., dig. , lach., nit-ac., Sul.
PERSEVERANCE + HELPLESSNESS, feeling of = lyco., phos. (LYCO is hopeful also)
PERSEVERANCE + OBJECTIVE reasonable = alum., lach., nit-ac., sil. (except sil all others (3) are hopeful also.)
PERSEVERANCE + DOUBTFUL recovery, of = acon., alum., bry., Lac-C., Lach., Lyco.,Nit-Ac., Nux-V.,Phos., Sul.
PERSEVERANCE + HOPEFUL + DOUBTFUL= Acon.,Alum., Lach., Lyc., Nit-A., Sul. (No Dig.)
PERSEVERANCE+DESPAIR recovery, of=Acon., Alum., Bry., Lac-C., Lach., Lyc., Nat- C.,Nit-Ac., Nux-V., Phos., Sil., Sul.
PERSEVERANCE + DESPAIR recovery, of, BUT HAS NO CHOICE (HELPLESS)= Lyco, Phos (though phos. feels injured and has patience and is contented *PERSEVERANCE+DEL. injury being injured, is=Bry., Lach.,Phos., Sul. *Though he is being injured (harmed) but still he perseveres
PERSEVERANCE+DEL., sick being=Lac-Can, Lyc., Nat-C., Nit.-Ac., Phos. * Out of these lyc. And Nit.ac. are hopeful so that they keep perservering. * Lyc. And Phos. feel helpless have no choice this is another reason for them to persevere. Lac. Can. PERSEVERANCE +DEL., diminished, short he is – Lac-C. PERSEVERANCE + DEL., dirty he is = Lac-C PERSEVERANCE + DEL. diseased, loathsome, horrible mass of disease, he were= Lac-Can PERSEVERANCE+ FEAR, duty, she will become unable to perform her= lac- can
He bears suffering and pain because of business that is why he perseveres though feels continuously harmed by the sickness. TALKS, business of + PERSEVERANCE+ DEL. injury, being injured, is = bry., phos., sul. (SEE BARTHEL FOR SULPHUR) PERSEVERANCE + FRIVOLOUS=Lach., Sil., Sul. PERSEVERANCE + DELUSIONS wealth, imagination of= nit-ac., phos., sul.
PERSEVERANCE + DEL. wealth, of + FRIVOLOUS + HOPEFUL = Sulph. * ↓ ↓ ↓ + +DOUBTFUL recovery, of = Sul. FEAR, poverty, of+ EMBARRASED ailments after +DESPAIR of recovery=Sul PERSEVERANCE + EMBARRASED ailments after=Sul. PERSEVERANCE + SADNESS, disease about= Alum., Sul. PERSEVERANCE +PLAYFUL →Lach.

PERSEVERANCE + GAMBLING (Passion for gambling) → Lyc., N.V., SUL

PERSEVERANCE –Make money, to →Lyc.,Nat-C., Sul.

PERSEVERANCE +YIELDING →Alum., Lyc., N.V., Sil.,

They are not persevering till the end –Why?

Because: Out of these 4 (Alum; lyc; N.V.,Sil) Lyc feels helpless whereas Alum and Sil are objective reasonable

(WE Persevered but after a reasonable time – period there was no relief, so we gave up)

PERSEVERANCE +POSITIVENESS → Lach; Nux.V.

PERSEVERANCE +CAREFULNESS→Bry.,Lyc.,Natc.,N.V.,Sil.,Sul., Lach., Dig.

PERSEVERANCE +CAUTIOUS →Acon;(C.C.); Dros., Nat-C., N.V., Nit-Ac.

PERSEVERANCE + MAGNETIZED am. → Acon ;(C.C.); lach; Nat-C., Phos., Sil., Sul.

PERSEVERANCE + MAGNETIZED desire for →(C.C.);Lach; Nat-C., Phos., Sil.

DEL is being injured → Bry; Lach; Phos; Sulph;

PERSEVERANCE +

Del inj. By surroundings by (LACH)

And Del; Suffered wrong

PERSEVERANCE + COMPLAINING, disease of à Lach; Nux-V.,

PERSEVERANCE + LAMENTING; about sickness àLach; Nux.V.

PERSEVERANCE + COMMUNICATIVE expansive- acon, alum, lach

PERSEVERANCE + DEL. wealth imagination, of= nit-ac, phos., sul.

LACH.. NUX-V.. PHOS.. SIL.

All desire **to be magnetized**, that's why they **persevere** and all the four of them get **ameliorated by mesmerism**, and on top-of this lach., phos. (caust., sep.) are **easy to magnetize**.

i.e they get easily charged up as LACH. is **quick to act**, and is **curious** (inquisitive) like sul. and lyc.

PHOS. is **impressionable** and **sensitive** and has **patience**, because of **DELUSIONS, wealth imagination of** and is **contented**

Though sul., lach. and phos. along with bry. **feel being injured**.

PERSEVERANCE

The remedies that persevere because they feel they

are, just about to be harmed, (DELUSIONS, injury about to receive injury is) they are lach., lyc., nux.v., sil., sul.

Out of these lach. and sul. feel they are being constantly harmed (DELUSIONS, injury being injured, is) and only lach. goes a step further where he feels he been harmed by the surroundings. (DELUSIONS, injury being injured , surroundings , by his) hyos. lach. naja.

LACHESIS

NUX-V

Important common rubrics

- 1) PERSEVERANCE
- 2) DELUSIONS, injury about to receive injury is
- 3) POSITIVENESS
- 4) REST, desires for
- 5) COMPLAINING, disease of
- 6) LAMENTING, sickness about his

Comparison of Lach. and Nux.v.

Lach.

Not only feels that he is going to receive the injury but also feels that he is being injured and that too by the surroundings for which first he complains, communicates expansively and finally laments about his sickness and condition.

Lach. feels he has suffered wrong, for which he complains and laments. Is careful and cautious in his approach but very positive and objective. He feels whatever, he is doing is right.

Lach. does not believe in yielding and is not contented, keeps making complaints and keeps on lamenting.

At other times he may be playful and frivolous, may

desire amusement and traveling. Other times he becomes playful and frivolous desires amusement and traveling.

Lach. has all the three states despair recovery, of, doubtful recovery, of and hopeful. During the stage of hopefulness he is frivolous and playful and in the state of despair and doubt he complaints and laments. Has a desire to be magnetized, which he can easily be (MAGNETIZED, desire to , MAGNETIZE, easy to magnetized.) And being magnetized amel. him. In the frivolous state he may refuse to take the medicine.

DELUSIONS, die about to, he is , exhaustion, from (Single lach.)

DELUSIONS, imagination, die , about to , he wishes someone would help her off. (lach.)

Nux. Vom.

Though is doubtful of recovery and may reach to a state of despair of recovery , but still perseveres as he has the feeling that he is poor (DELUSIONS, poor he is). If he does not do anything he may further lose his health, (as he has the strong fear of poverty). He keeps taking treatment because he does not want to go from poor to poverty. He can't afford to be sick and that is why he hates the idea of getting sick. He takes it as an interruption which angers him (ANGER, interruption from) and he loses his tranquility. Being fastidious and ardent by nature, he takes the treatment seriously with all the care (CAREFULNESS) and feels very much irritated and angry if he falls sick (ANGER, contradiction from). He never ever wants to be sick that is why he takes lot of care and is cautious. To him his tranquility is very precious so he wants to be quiet, for repose to have this tranquility.

Because of fastidiousness he keeps on making effort till the perfection in health is regained but as he also wants tranquility he may yield at a stage where he becomes hopeless. Pressure from family members also force him to abandon the treatment for some time as not listening to them causes loss of tranquility in the home, to preserve this tranquillity he yields. Finally a stage may come where he feels, he must die. It can be used two ways one, when he can't struggle and feels too much poor, then he feels he must die. On the other hand as he is fastidious and does not feel satisfied with others efforts, inspite of his poor health and suffering he wants to do the job or the work himself and can only attain the tranquility when he could perform it to his satisfaction. Symbolically the feeling comes to accomplish the perfection and tranquility, I must die.

डाक्टर साहब, मुझे ही मरना पड़ेगा, चाहे मेरी तबीयत खराब हो। तो भी मेरे किये बिना यह काम ठीक से नहीं हो पायेगा। तो चाहे फिर तबीयत खराब हो तो लगता है की तसल्ली के लिये खुद ही मरो और काम करो।

LACHESIS

PERSEVERERS, though he feels that he is about to be harmed and troubled (**Delusion, injury, about to receive, inj. is**)

- This situation or problem (disease) is causing damage continuously (**Delusion injury, being injured is**) and also is harmed by his surroundings (**Delusion, injury, being inj. is, surroundings, by his**)

डाक्टर साहब लग रहा है कि ये सर दर्द मुझे कोई न कोई नुकसान पहुँचायेगा, सर के अन्दर किसी ना किसी जगह कुछ तो खराबी करेगा। वैसे तो लग रहा है कि कुछ नुकसान तो कर ही रहा है। जैसे कि मेरी नजर कमजोर होती जा रही है। मेरे आसपास के हालात, लोग और चीजे भी परेशानी कर रही है। इन से भी मेरी सेहत को नुकसान पहुँच रहा है।

For this he communicates, in details (**Communicative, expansive**), does make complaints, if nothing is done starts lamenting about his problems

(**Complaining, disease, of - and lamenting diseases, about**) Is careful and cautious and has Positiveness (does not yield, and is not content) At other times he is frivolous, playful and hopeful, desires amusement and travelling. When he is doubtful he complains of disease, desires to be held, which, if

he gets amel. also desire to be magnetized, which he can easily be. Magnetized, desire to be, mesmerism amel.

He can reach to a state of despair of recovery may refuse to take the medicine becomes suspicious and cautious feels has suffered wrong has fear of being poisoned in the last stage may have a feeling that he is about to die and wishes someone would help her off (**DEL, die is, about to, from exhaustion (Singular) and Delusion imaginations; die; about to; he wishes someone would help her off**) For this also he complains and laments

NUX. VOM

ALSO PERSEVERERS, like lach. inspite of feeling annoyed by the disease constantly and feels it is going to harm him (**Delusion, persecuted, he is and delusion injury, is about to receive**).

Like lach. also careful and cautious, makes complains and laments about his disease (**Complains, disease of and lament, disease, about**).

Feels irritated and becomes angry and even quarrels as if feels disease is causing an interruption and is disturbing him (**Anger, interruption from and Quarrelsome, disturbed when**).

He also desire to be held like latested and wants to be quite, repose and tranquillity.

He is also careful and cautious but still can be playful gambling.

He does not feel injured or wrong sufered, but has delusion sick of being and for this reason will not work has repulsive mood and wants to be quite

NAT- CARB

Out of these nat- carb is CAREFUL as well as CAUTIOUS and has a strong desire to be MAGNETISED, and is AMEL by mesmerism, and is strongly DESPAIR of recovery, and feels SICK, DEL, body is heavy AND THICK(has inconsolable WEeping from consolation, and LOQUACITY, exhausted until.)

CHEERFUL, stools after- MAGNETISED, desire to be, MESMERISM amel,

CHEERFUL, exuberant, LOQUACITY, REVELRY, FEASTING PLAYFUL gambling, to make money and

AMBITION, Money not enough

INABILITY, TO CALCULATE

AVERSION, TO CERTAIN PERSONS

CAPSICUM

Weak lazy and indolent, fat, red, clumsy, awkward and unclear habits.

ANGER, chill during

EXCITEMENT, heat from

IRRITABILITY, heat before

INDIGNATION- acon, bry, caps, n.c, n.v, sul

FEAR, of being censured or REPROACHES of- dig, caps

DIRTYNESS, AND ELEGANCE

HOMESICKNESS (bry, acon, carb-an, dros, ign, nit-ac, phos)

ENNUI with HOMESICKNESS (caps, clem)

WITTY

ACONITE

COMMUNICATIVE

LIGHT, desire for

HOPEFUL, alt. with despair

PREDICTS, the time of death

CARRIED, desires to be

TORMENTS himself

AUDACITY

INDIGNATION

FEAR, touch of

BRYONIA

FEAR, suffering of
FEAR, poverty of
DISTURBED, averse to be
BUSINESS, talks of
BARGAINING
CAREFUL
DEUSIONS, injured being
DEUSIONS, strange land as in a
QUIET, wants to be
UNGRATEFUL, avarice from
DIRTYNESS, dirtying everything
RESIGNATION
CHANGE, desire for

DIGITALIS

SECRETIVE (aur, caust, dig, ign, lyco, nit-ac, phos, sep, zinc)
DISOBEDIANCE
SADNESS, disappointment from
SADNESS, pollutions from
WEEPING, disappointment from
WEEPING amel
FEAR, reproaches of- caps, dig
(reproaches- scolding or blame, rebuke. To reprove gently)
EXCITEMENT, stammers when talking to strangers
DULLNESS, painful (meny, n.c, phos)

DROSER

PLANS, carrying out insists on
PERTAINICITY
OBSTINATE
THINKING of complaint agg.
SADNESS, work-shy, in

Alumina

PERSEVERANCE= to persist in a state, enterprise or undertaking in spite of counter influences, opposition, discouragement/ failure. The action, condition or an instance of persevering (steadfastness) keeps making effort in spite of failure.

PERSEVERANCE + CONTENT= alum, caps, nat-c, phos (CONTENT- happy enough with what one has or is, not desiring something more or different, satisfied content implies a filling of requirements to the degree that one is not disturbed by a desire for something more or different).

Alumina; can persevere as he/she is content with efforts of his doctors as well as his own as regards to his treatment. But he will still like to tell his doctor in details with a feeling that if the physician would know everything in detail then he can be treated properly. By his talking he wants to help his doctor so that he can get right treatment for him. For this he earnestly prays to his doctor. (Praying is done to the authority or the person who is capable of giving or fulfilling that demand by the one who is praying). The objective is to be cured and that's why he parts with information plainly (**TRUTH** tells the plain).

During the phases of agg. they may get discouraged but some how they assure themselves and become

hopeful again. They remind themselves that this conditions when happen in the past how they tried to manage and were able to come out of it. This time also it is possible (Hopeful) this assurance comes from within, they don't need others' help for reassuring themselves and can manage to overcome discouragement with their own efforts most of the time.

- TIMIDITY alternating with assurance.

- HOPEFUL alternating with discouragement (#)

*****We will try to give in detail alumina and other drugs in one of the next coming books. Here a compact little reference is given though it is enough to reach the core of the remedy.***

COMMUNICATIVE, expansive- acon, alum, bar-c, choc, hydroc, lach, limbest- b. marb-w

PERSEVERANCE + COMMUNICATIVE, expansive= acon., alum., lach.

COMMUNICATIVE, expansive + CONTENT= alum.

COMMUNICATIVE, expansive + TRUTH, tells the plain = alum..

COMMUNICATIVE, expansive + YIELDING= alum.

COMMUNICATIVE, Expansive + MILDNESS= acon., alum.

(Cross reference: - COMMUNICATIVE, expansive + LIGHT, desire for- acon.)

COMMUNICATIVE, expansive + ENNUI= alum., bar.c.choc., hydroc.,lach.

COMMUNICATIVE, expansive + HOPEFUL= acon.

alum., lach.

COMMUNICATIVE, expansive + VIVACIOUS= alum.,
hydr., lach.

(Cross reference, COMMUNICATIVE, expansive +
CHEERFUL= acon., lach., hydr. + OPTIMISTIC-
hydr., choc.

COMM, expansive + FRIVOLOUS+ CAREFUL- bar-
c, lach

COMMUNICATIVE- willing to talk

EXPANSIVE- friendly and talkative, wide or extensive,
having a wide range or extent (psychiatry)- abnormal
euphoristic state, DELUSIONS, of Grandeur (R.M.)

Grandeur-(a quality or state of being impressive,
something that is grand)

Euphoria- (psychiatry)a feeling of well being
especially an exaggerated one having no basis

Alumina (Classical)

Faint and tired= must sit down

Seeing blood or knife, has horrid ideas of killing
herself, though she abhors the idea (compare ars,
nat-sulph, thuja)

Great desire for death with thoughts of suicide. Weeps
constantly without wishing it = (Weeping involuntary).

INTOLERABLE ENNUI, no disposition for any kind of
work.

I took two basic rubrics- COMMUNICATIVE, expansive
and PERSEVERANCE- acon, alumina, lach

There can be different ways of persevering-

PERSEVERANCE + AFFECTATION= alum., lyc.

PERSEVERANCE + ANGER, trembling with- alum,
nux-v., phos., lyc., nit-ac.

PERSEVERANCE + AMBITIOUS= acon, alum, (calc),
lach., lyc., nux-v., sil., sul.

PERSEVERANCE + AMBITION, for fame= alum.,
lach., nux-v.

See the PARADOX – alum wants to COMMUNICATE,
but is ANXIOUS, from conversation(ambra-g., plat.,
stram.) and equally has an ANXIETY, when speaking
alum., ambr., aq-mar., hell., n-c., plat., stram.) (R.M.)

ANXIETY, speaking when, in company- plat.

ANXIETY, speaking in public, when- acon., arg-n.,

PERSEVERANCE = P

P + AMBITIOUS → acon., alum., lach., lyc., nux-v.,
sil, sul ++ARDENT → alum.,n.v. sul.

P + AMBITIOUS, Employs every possible means →
lyc.

P + AFFECTATION →alum. and lyc.

And both are mild and yielding

PERSEVERANCE and YIELDING → alum., lyc, n.v.,
sil

They are not persevering till end. Why?

Because lyc. is helpless

Whereas alum. and sil. are objective reasonable they feel if no relief then one has to give up.

On the other hand Bell, N.M. (want light)

To N.V. tranquility is very precious..

→ Though, wants to communicate but has anxiety from conversation and has anxiety speaking when yet he persevere because of his objective reasonably that if he doesn't communicate how will the Dr. know about his condition and treat him . He want to remove sickness (MOOD, repulsive) this is his ambition for which he is ardent. He become sad, disease about (Sul.) in alum., thinking of complaints agg

THINKING complaints of agg + SADNESS disease, about → alum., sin.nig.

Differential study 1: of Alumina with Sinapsi nigra → (Black Mustard)

(Sin.nig. Is of use in hay-fever, Coryza and pharyngitis dry nasal and pharynx with thick & lumpy secretion) FEAR, coition during, (lyc., sin-n.,) FEAR , coition, during , impotency, causing

Differential study 2 : Sin.n. with lyc.

Fear coition – incontinence of urine causing prolonged lyc.(singular)

FEAR, coition of , indulgence , after too much. lyc. (singular)

→ Sin-n → Fear coition impotence causing sin-n (s)

→ANSWERS abruptly, shortly, curtly :- n.v., ph-ac., phos., sin-n., sul, tarent.

→ANSWERS snappishly :- ant.c., calc.p., cham., sin-n., staph.

→FEAR heart disease , of → acon., arn., calc.p., phos., sin-n., spong.

Alumina Meanings (M1)

Definations of some rubrics from alumina:-

CONVERSATION :-:Oral exchange of sentiments observations, opinions or ideas of an issue by representation of institution, Govt. or groups.

SPEAKING : That speaks capable of speech.

Speak : - To express thoughts; opinions; or feelings; orally to extend a greeting to be on speaking term. To express before a group. To address once remarks to the issue.

AGONY : - Very great mental or physical pain convulsive struggle ; a sudden; strong outburst (of emotion).

ANGUISH : - Great suffering as from worry , grief, or pain , great physical or mental distress at the present moment.

ARDENT : - (Passion, zeal), Intensely enthusiastic or devoted, zealous.

COMMUNICATIVE : - Willing to talk.

EXPANSIVE : - Friendly and talkative, wide or extensive, having a wide range or extent.

CONFIDENCE : - The fact of being or feeling certain; assurance, belief in own abilities.

CONTENT : - Happy enough with what one has or is, not desiring something more or different, satisfied content implies a filling of requirements to the degree that one is not disturbed by a desire for something more or different.

DEFIANT: - Open resistance or disobedience.

DISCOURAGED : - To deprive of courage; hope or confidence; dishearten; to prevent or try to prevent by disapproving or raising objections or obstacles.

DUTY - The conduct based on moral or legal obligation; or a sense of propriety.

FERVENT - Having or showing great warmth or feeling ; Intensely devoted or earnest, ardent.

IMPULSE - An impelling or driving forward with sudden force , sudden driving force or a sudden inclination to work.

OPTIMISTIC- Confidence in the future, the habit of taking a bright, hopeful view of things, someone who tends to take a positive view of things.

PATIENT- bearing or enduring pain, trouble etc without complaining or losing self control, refusing to be provoked or angered, as by an insult, forbearing, tolerant

PERSEVERANCE- the act of persevering or persisting continuously in anything undertaken, continued pursuit or prosecution of any business or enterprise

begun.

PERTAINICITY- The state or quality of being pertinacious, obstinacy.

-Holding or adhering to any opinion, purpose or design with obstinacy, persevering resolute (pertinacious in opinion)

-Resolute, firm, constant, steady.

TRUTH – In accordance with fact or reality.

TELLS – Make known, express in words, divulge information.

PLAIN – Clear, evident, simple, readily understood.

YIELDING – Bending easily; Flexible, Submissive; Obedient.

MILDNESS: Soft; gentle or kind in disposition, action or effect; not sever harsh; bitter etc.; not extreme in any way; moderate; temperate.

HOPEFUL – Feeling or showing hope; expecting to get what one wants; a person who hopes or feels likely, to succeed.

VIVACIOUS- Lively; Full of life and spark.

CHEERFUL – Full of cheer; gay; joyful.

FRIVOLOUS – Not properly serious or sensible ; silly and light-minded; giddy.

Alumina

ANGUISH, morning →alum.,calc., nux-v.,puls., verat.

ANGUISH; midnight, 4 h. → alum., nux-v.

ANXIETY; air in open; amel → alum.; calc.;cann-l.;
graph.;lyc;mag-m.; puls.; rhus-t.; spong.; sulph.

ANXIETY; house entering on → alum., rhod.

ANXIETY; room on entering a → alum (singular)

ANXIETY; conversation from → alum.; ambr.; plat.;
stram.

ANXIETY; speaking when → alum.; ambr. ;hell.; nat-
c; plat.; stram.

ANXIETY; conscience , as if guilty of a crime → alum.
bry., dig., lach., phos., sil., sul.

ARDENT (Passion; zeal) → alum.;caust.; nux-v.,
sulph

NARROW MINDED → alum.; am-c.; bar-c.; con

AMBITION much, ambitious → acon.; alum.; caust.;
con.; graph.; lach.; lyc.; nux- v.; plat.; puls; staph; verat.

BED desires to, remain in → alum.; ant-c.; arg-n.;
con.; hyos.; merc.; puls.; sil.

CARES, full of , morning → puls.; staph.

Morning –bed in → alum. (singular)

CARES , full of , walking on → alum. (singular)

Hydrocotyle Asiatica

(Indian pennywort)

Communicative - Willing to talk.

Expansive - Friendly and talkative, wide or extensive,

having a wide range or extent.

COMMUNICATIVE, expansive- acon., alum., bar-c, choc, hydrc, lach, limbest-b, marb-w.

COMMUNICATIVE, expansive + OPTIMISTIC= choc, hydrc.

Optimistic- confidence in the future, the habit of taking a bright, hopeful view of things, someone who tends to take a positive view of things..

COMMUNICATIVE, expansive + CHEERFUL- acon., hydroc, lach.

COMMUNICATIVE, expansive + VIVACIOUS- alum., hydrc, lach.

Vivacious : - full of life and spark.

Truth tells the plain :- alum., bov, choc., hyos., verat.

Truth : – In accordance with fact or reality.

Tells : – make known, express in words, divulge information

Plain – Clear, evident, simple, readily understood.

Bovista → CHEERFULI ,gay company in – bov (singular)

Sadnes : - despondency dejected- mental depression, gloom, melanopoly company- amel - in (singular)

(Cross reference :SADNESS, company agg. (sul., lyc.)

ANGER alternating with exhilaration – ant.t., bov., caps .,op., 2senag.

AVERSION to work with – bov, m- aust.

Arsenicum Album

From the time of Dr. Hahnemann to the present day Arsenicum Album has been one of the most frequently indicated and extensively used medicine.

In this series we shall study Ars. Alb. in a broader spectrum. The explanation is done purely on the basis of the data collected from our clinical findings.

In the last series IX we mentioned about King pin symptom (page No.11). It was one of the finest discoveries of Late, Dr.M.L.Sehgal. It helps in individualizing, understanding, and differentiating a remedy from other.

The king pin of Ars. Alb. is **REST, when things are not in proper place, cannot** – (please read page no. 52 of Roh IV) Dr. Sehgal simplified it to **“DISORDER things appear”** .

It means, this patient talks about the freedom. E.g. A patient says, “I can’t eat or lie down till I finish all my work. Only after finishing all my work that I feel relieved and then I can sit or lie down.”

Or

“A patient can’t be at ease till he gets relieved.”

CASE NO.1

A case, of an allopathic doctor, who had injured his back, it was badly injured after he had a fall from a height while he was tracking on a hill. His wife came to take medicine for him, as he was not in a position to move.

It was a hot summer afternoon my daughter came into

my chamber and asked me if I can spare some time for her. She complained to me that I never give her time. Immediately I stopped my work and requested my assistant Doctor – a lady doctor used to come to learn this method – to close the chamber.

Hardly 5 minutes had passed that she – The Doctor - came and asked me to attend to a lady. I did not want to annoy my daughter so I requested her to ask the lady to please visit again in the evening. She came back and said to me, “ The lady wants to meet you as it is very urgent and it is not for her but for her husband.” I requested her to please take the symptoms of her husband and let me know. After approx. 10 minutes she came and said to me, “ I could not find any other symptom except pain in the back. There is no marked mind symptom.” I asked her to tell me what lady had told her. She said, “ Nothing unusual some common things about patient’s behavior.”

I asked her to tell me about their conversation.

Doctor narrated to me the information she got from the lady about her husband.

The lady told her that they went for tracking on some hills where accidentally her husband got slipped and fell down due to which he had a very severe pain in the back. They had to rush back. On way back of their journey in train she gave him injections to relieve the pain. Only a few hours before they reached home then she tried hot water fomentation besides giving him injection for pain nothing helped him. Then her husband asked her to bring allopathic doctor immediately. She tried to contact allopathic doctors in the locality but no one was available as it was afternoon. She went back and told him about it and

asked him if she could contact homoeopathic Doctor. To this he became very angry and said, " Are you stupid, you think homoeopathic medicine could help me when the strong injections have failed to relieve me." She told him they had no choice but to try homoeopathic medicine for the time being. After some arguments he agreed to take homoeopathic medicine. She further told the doctor that after their arrival her husband was neither resting himself nor he was allowing her to take any rest. She said that her husband demanded for hot water bottle to relieve the pain. Just after a few minutes he had shouted at her and said, " Why she is taking so long to bring hot water." She told him that it takes time to boil the water. He said to her, " I am dying here and I know you are resting in the kitchen and taking refreshment." She could not sit even for a minute. He was asking her to do one or the other thing to bring him at ease. Any delay made him angry and rude towards her.

I asked the doctor to give her Ars.Alb. 30 for the patient and asked the lady to report to me after 3 hrs. In the evening patient himself came to report. He said, " After taking the dose, in half an hour the pain subsided to 50% and after that he slept. Now it is almost gone." He said to me, " I could not believe that homoeopathic medicine could work so fast." He was able to move and was calmed down. I gave him some placebo for three days. Within a week he recovered fully. I chose Ars alb on the basis of:

- 1) **CRUELTY, inhumanity:** He was shouting and getting rude to his wife who was trying her best to bring comfort for him. Instead of appreciating her efforts he was shouting at her and was not allowing her to take any rest.

- 2) **REST, until things are not in proper place, cannot:** He was getting rude as he was not getting freedom from his pain.
- 3) **CARRIED, desires to be fast:** Whatever he wanted he wanted, it without any delay.
- 4) **IRRITABILITY, pain during:** During the pain he was getting annoyed if things were not going according to him.

Generally Ars.Alb. Patient is full of desires. He can't be at rest till he fulfills them. He must get whatever he wishes or likes. If he admires something he must get it, no matter how much effort he has to make or money he has to pay for it. In case he is not able to buy or achieve due to some unavoidable circumstances his mind will not be at rest. Also if the need is to take physical help from some one then he needs it more than required. It is difficult to satisfy him. He shows no mercy towards the person who is trying his or her best to help him. He feels that he is not getting the help, as it should be given or the way he wants it.

‘जितनी मिलनी चाहिये उतनी नहीं मिल रही। या उस तरह से नहीं मिल रही जिस तरह से वह चाहता है।’

DESIRES, more than she needs

CASE NO. 2 :

I had received a call from an allopathic doctor also practicing homoeopathy in some cases. He asked me if I could help in his uncle's case. He briefed me that the patient would not survive for a long time.

He told me his uncle was suffering from cancer of Liver. He had treated him by allopathy, homoeopathy (by himself and also consulted almost all the best homoeopaths around the place). He told me to help

in the case (may be a painless death); he said, "I understand that at this stage of the case nothing much can be done.", He told me "The patient's whole body is like a skeleton and one can easily see the enlargement of liver; he also has ascities. His other problem is that he is not able to swallow anything. He has continuous sever pain in the legs. He is always demanding. He is not able to speak any word properly." Patient was administered food from ryle's tube as he was not in a position to swallow even water.

He asked me if I could personally go to see him though he felt that perhaps patient would not allow me that much time as I had to fly nearly 3000 K.M. and any time patient could die.

I asked him to give me some information about the patient on telephone. I could obtain the following data from him.

He said, " One prominent thing I have noticed in my uncle is that since he has become sick he is losing his temper very easily and gets irritated very easily.

IRRITABILITY, pain during

"He has lots of desires. **DESIRES, full of (S*)**. Which are more than he needs." **DESRIES, more than she needs** (*ars, ars-s-f, bar-s, bry, zinc-p*)

"It is difficult to satisfy him and his desires. He cannot wait for a minute for the thing he desires. A little delay makes him angry" **IMPATIENT, heat with.**

ars, bell, cham, chin-ar, ip, lyc, nat-m, nux-v, puls, viol-t

"He cannot tolerate any opposition to his idea.

CONTRADICTION, is intolerant of

acon, aesc, alco, aloe, alum, alum-sil, am-c, anac, ant-c, arn, ars, asaf, asar, aster, AUR, bell, bry, cact, calc-p, cann-i, cann-s, canth, caps, carbn-s, carc, cham, chin, cina, cocc, coff, colch, coloc, con, echi, elaps, ferr, flav, gall-ac,

glon, grat, hecla, hell, *helon*, hep, hura, hyos, ictod, **IGN**, kali-i, lach, lact, **LYC**, med, merc, mez, morph, mur-ac, *nat-c*, *nat-m*, nicc, nit-ac, nuph, nux-v, olnd, *op*, pall, petr, phos, plan, *plat*, prot, puls, sars, **SEP**, *sil*, *staph*, stram, *sulph*, syph, tarent, thuj, thyr, til, tub, *verat*

E.g. he is on restricted diet but he wants to eat his normal food, which cannot be given to him. He gets annoyed when we refuse to obey his wish. Also when he asks his wife, children to do something and they tell him that they will do the work later on he gets annoyed. He said, " He gets annoyed with me when he asked me to stay at his home and I refused him telling that I had another responsibilities also. In the morning when I visited him he did not talk to me".

ANGER, contradiction, from

aesc, aloe, am-c, *anac*, ars, **AUR**, aur-ar, *bry*, cact, calc-p, cocc, *ferr*, *ferr-ar*, gall-ac, grat, helon, hura, **IGN**, **LYC**, med, merc, nat-ar, nat-c, nat-sil, *nicc*, nit-ac, *nux-v*, olnd, *op*, petr, pitu-a, prot, **SEP**, *sil*, stram, tarent, *thuj*, til, *verat*

"He takes full hold of the person from whom he needs help." **CLINGING, grasps at others.**

"जो उसकी मदद कर रहा होता है या जिससे भी वह मदद लेना चाहता है उसको आसानी से नहीं छोड़ता। उस व्यक्ति से वह पूरी तरह से काम लेता है, बिना इस बात कि परवाह किये कि उस व्यक्ति को कितनी तकलीफ हो रही है। अगर उसको अच्छा लग रहा है तो वह खुदगर्ज हो जायेगा, उस वक्त उसको केवल अपनी पड़ी होती है।"

The patient wouldn't care how much inconvenience he is putting others to. **CRUELTY, inhumanity.**

abrot, absin, alco, **ANAC**, androc, ars, aur, bell, bry, calc, canth, carc, chin, choc, croc, cur, **HEP**, hyos, kali-i, kali-p, lach, lap-mar-c, med, nicc, nit-ac, nux-v, *op*, *plat*, sabad, sel, squil, *staph*, stram, sulph, tarent, *verat*

"He forgets all norms, he can shout, abuse on others

for slight contradiction. Many a time he has abused his wife in the presence of others". He tells his children that their mother does not care about him". "Actually she does her best despite of her suffering from joint pains. He takes full hold of that person." **CLINGING, grasps at others**

agar, ant-t, ars, *camph*, op, phos, puls

"Any other thing", I asked the Doctor he laughed, and said to me, " Presently my uncle is staying at his sister's house. It is a big bungalow, which she had offered him to stay, as it has good facilities. Now he thinks that his sister should gift him the bungalow for his family, as she owns a big house in other city for herself." **GREED, cupidity**

abies-c, acon, agar, all-c, all-s, ang, ant-c, ant-t, arg-n, *ars*, asaf, bry, calc, caps, carb-v, caust, cham, *chin*, chin-ar, cina, coff, euph, ferr, fl-ac, graph, hell, hep, *hyos*, iod, ip, kali-bi, kali-c, lob, *lyc*, mag-c, merc, mur-ac, nat-c, nat-m, nat-p, nat-s, nit-ac, nux-m, nux-v, op, petr, ph-ac, phos, plat, *puls*, rhus-t, sec, *sep*, sil, sol-n, spong, squil, stann, staph, sul-ac, sulph, tarent, thuj, verat, zinc

"He had complained of terrible pain in his legs, for this he used to ask his wife to press them hard by hands. His wife aged 68 yrs., herself suffering from Joints pain was not in a state to press his legs continuously and specially at night when it was not possible for her to sit for a long time. He did not want her to relax for a moment. He wanted her to be there all the time helping him."

DESIRES, more than she needs

CLINGING, held, wants to be

CARRIED, desires to be fast

I suggested him to give the patient *Ars. Alb.*30. One dose

- **Next day** I got a call from him that after the medicine the patient slept with ease for 3 hrs and at night he complained about pain in the legs but less.
- **On the 2nd day**, I was reported that he passed large quantity of filthy black color offensive liquid with stool, and the doctor was surprised from where it came out. The abdomen, which was swollen due to ascities, became normal. That day patient was on ease and demanded to remove the 'artificial food pipe' as he wished to eat from mouth, which was refused. Then he asked his wife if she could put a little bit of cooked food on his tongue so that he could taste what she was putting in his 'food pipe'. Other important change according to the doctor was change in patient's temperament. He became mild. Not too much demanding.
- **On 3rd day** they tried to give water orally which he swallowed. He was able to speak a few words. He was sleeping more. Slowly he was regaining his energy.
- **On 4th day** he did not ask his wife to press his legs, as was feeling better. The case started progressing well. He started passing loose stools.
- **After a few days** he asked the doctor that he wanted to talk to me. He asked me to prescribe some more good medicine (desire more than he needs) for the quick recovery. Patient was given placebo.
- **After one week** I was told that there is no further change in the patient, and slight irritation has also started coming again I asked the doctor to raise the potency to 200 one dose.
- **Mood became better.** After this they started giving him food orally in a liquid form. Patient said to his

wife, “ I wish to eat some tasty food not the bland liquid food.” (Again desire) .Pain in the legs got better. He was able to pass stool. Could speak but was feeling tired after speaking.

- The potency was raised further to Ars.Alb. IM one dose when case did not progress further.
- He survived for one and half month when actually there was no hope that he could survive for a minute.

Nothing more than palliation was expected at his stage of sickness. The main purpose of publishing this case is to show quality of the desires and demands of Arsenic alb patients. (More explanation is given on page No. 73 & 75)

In the above two cases we can observe the different mental state in spite they need the same remedy. The mental state varies from Individual to Individual and to the present state of health. For this we need to have the knowledge of a medicine from all angels.

We have already explained how the feelings get originated in a patient in Roh series I, page no. 20, line no.4. According to it a disturbance in the body influences on the mind in the form of feelings are reflected by a patient in the form of speech and action. It means every word said by a patient or any action done by a patient should be given importance.

(One of my colleague told me about an incident which happened while he was sitting in his friend's clinic – a homeopathic doctor –. He was sitting there when a patient talked roughly to his friend whom his friend was treating.

Actually he wanted to know what I could have done if I were in place of his friend.

He said, "One day a patient whom my friend was treating for a long time came and very annoyingly in a harsh language he said, " As to how long I should have to take the medicine. I am fed up with your treatment." He complained of having been told by the doctor that he would be better in a few days but now after taking medicine for so many months there was no change in his health."

He said, " My friend asked the patient to leave the clinic at once and told his assistant that if this patient comes again do not entertain him."

Here our friend felt insulted and did not give attention to what the patient is telling him. Patient was passing him very vital information, which he could not recognize.

If he would have known the rubrics:

NOISE, inclination to make a

acon, BELL, cham, cic, merc, op, verat

FEAR, extravagance, of op.

He would have arrived at Op. and the case could have been solved.)

Let us know Ars. Alb. as an Individual

When asked how are you during the sickness?

He or she will reply that he or she is well.

Normally it is taken as a common remark and neglected by physician but we have to keep in mind that this remark is from a patient who could really mean it.

Which may vary from an individual to individual according to their mental state during the sickness.

What is the need of a patient to say that he is well though he is sick?

It could be due to the false perception in their mind that nothing has happened to them. They don't feel any change in their state of health. This keep themselves satisfied that they are well despite others' feelings that they are not well.

A patient says, " My family members tell me that I am looking sick but to me everything seems to be normal with in me. I don't feel any problem. May be I am looking a bit tired or weak but I am internally satisfied that it is nothing. **DELUSIONS, well, he is , WELL says he is, when very sick.**

Chart - I

	Apis	Arn	Ars	Bell	Cinrb	Hyos	Iod	Kreos	Marc	Op	Puls
DELUSIONS, well, he is,	4	6	2	2	2	2	3	2	2	2	2
WELL says he is, when very sick	2	2	2	2	2	2	2	2	2	2	2
	4	6	2	2	2	2	3	2	2	2	2
	2	3	1	1	1	1	2	1	1	1	1
	2	3	1	1	1	1	1	1	1	1	1

**DELUSIONS, well, he is,
WELL says he is, when
very sick**

‘हो सकता है कि मैं दूसरो को थोड़ी कमजोर या थकी थकी सी लगती हूँ, लेकिन अपने मे मुझे ऐसा कुछ महसूस नहीं होता। मुझे तो लगता है कि मैं वैसी ही हूँ जैसे मैं पहले से हूँ। अब थोड़ा बहुत तो जिन्दगी मे लगा ही रहता है लेकिन मुझे कोई बिमारी नहीं है।’

With this state of mind they don't come to take the medicine.

If we combine Delusions well he is + Well, says he is, when very sick it will be like this:

We see that there are 11 remedies covering the two. How we can Individualize a single remedy out of 11 remedies → Chart - I. If we know our repertory and interpretation of rubric we can easily do it. Suppose if we add a rubric FRIVOLOUS → Chart - I

→ we get 5 medicines (Apis, Arn, Bell, Merc and Puls). Means it is due to their frivolous nature they have false perception that they are well and also feel so.

Chart - II

DELUSIONS, well, he is,
WELL says he is, when very sick
Frivolous

Apis	Arn	Bell	Merc	Puls
5	8	3	5	4
3	3	3	3	3
5	8	3	5	4
2	3	1	1	1
2	3	1	1	1
1	2	1	3	2

If we add a rubric HIGH, spirited to DELUSIONS, well, he is + WELL says he is, when very sick we get two remedies (Hyos., op.) from the 6 left (see chart no.!). Chart No.III Means they have more than the normal feeling of liveliness and are not affected by their problems.

Chart - III

DELUSIONS, well, he is,
WELL, says he is, when very sick
High, spirited

Hyos	Op
3	3
3	3
3	3
1	1
1	1
1	1

If we add a rubric 'INDIGNATION' to DELUSIONS, well, he is + WELL says he is, when very sick we get Ars. Alb. alone Chart No. IV.

Chart - IV

DELUSIONS, well, he is,
WELL, says he is, when very sick
INDIGNATION

Ars
4
3
4
1
1
2

What we have come to know from the above finding that it is the feeling of Indignation which could be there at the back of the mind due to which Arsenic has to tell others that they are well. They don't want to have bad feelings for them from others.

What is that indignation feeling?

Indignation means a feeling caused by what is considered as unworthy of one's dignity.

Ars. alb. patient fears to lose the commanding respect they gets from people, friends or relatives. For this they hide their sickness from others. They don't want that any one – except very close member of the family (husband, wife and children) – should come to know that they are sick. **HIDE, fear, on account of**

ars, bell, cupr, hyos, tarent

A patient told me that she has stopped going outside, as she doesn't want that other should come to know about her problem. She did not attend any family gathering since she has become sick. **HIDE, desire to**

acon, ars, aur, bar-c, BELL, bry, camph, chlol, choc, coca, cupr, elaps, eug, hell, hyos, ign, lach, lap-c-b, lap-mar-c, meli, op, oper, puls, rhus-t, staph, stram, tarent, verat

She said, "Recently I had attended a family function for the reasons that due to my problem I could not attend one earlier function and my husband had told the relatives that I was absent due to same sickness. So this time I visited there so that others do not think that I am a sick person."

When asked why she wants that they should not know about her problem.

she said, "They will carry a bad impression about me. They will start talking about me. They will laugh at me. I don't want to show them my sickness."

I asked her if somebody meets you and asks you about your health what would you answer?

She said, "Definitely I will say, I am well".

She told me that while talking to people on phone – which otherwise she avoids – she talks in such a way that the other person should not come to know about her sickness. **HIDE, desire to**

“मैं छुपाती हूँ इस डर से के किसी को मेरे बारे में पता ना चल जाये। वह मेरे बारे में क्या सोचेगा।”

It was very hard for the family members to bring her to me. She had a fear in her mind that what would I think of her.

“डाक्टर मेरे बारे में क्या सोचेगा।”

Differential :

INDIGNATION, discomfort , from general

Discomfort : Embarrassment

General : Overall

A patient says, “ In the beginning I ignored my problem because it was limited to a small part and no one could see it. Now I am noticing that it is increasing day by day. I am feeling discomfort – a sort of fear in my mind – that if it will spread further on my face or on any exposed part of the body then people can see it. At present no body knows about it and they behave very normally with me but when it will come to their notice they will not regard me as they do now.

Here the feeling of indignation is from general embarrassment.

‘जब यह चेहरे पर नजर आने लग जायेगा तो लोग मुझे नीची नजर से देखेंगे। मेरी पहले जैसी इज्जत नहीं करेंगे।’

Where as in Indignation, it is a concern for his dignity.

A patient wants that people should respect him. For this he wants to maintain himself.

‘मुझे लगता है कि लोग मुझे पहले कि तरह से नहीं पूछेंगे ।
बिमारी कि वजह से कोई मुझसे ढंग से बात नहीं करेगा ।’

This indignation feeling in ars.alb is due to there eagerness to maintain perfection and accuracy. They are. very much concerned about maintaining their life **STANDARD.** Quality, decent and an honorable persons are her sets standards for life during the sickness, which she likes to maintain in whatever way possible. **FASTIDIOUS.** These feelings come to his mind when he is sick otherwise in normal life he is not bothered about all these things.

Why it so happens that he gets so much concerned about all those things during the sickness?

This is what we call Mental state which changes from one state (normal healthy condition) to another state (during sickness) of the patient.

It is because of the feeling that others are looking at him or her attentively. **DELUSIONS, watched, she is being.** aq-mar, **ARS,** bar-c, calc, choc, hyos, med, meli, rhus-t

And if they come to know that she or he has become sick they will not give her or him that respect which they used to give him or her. Others will make bad impression in their mind about her. **SENSITIVE, mental impression, to.**

am-c, ars, aur, bar-c, calc, clem, croc, dig, gaert, graph, hep, iod, lyc, mag-c, nat-c, nit-ac, nux-v, phos, plat, sep, sil, tarent, zinc

“लोगों के दिमाग में उसके प्रति गलत धारणा बैठ जायेगी ।”

In order to maintain his or her dignity they develop

such a mental state. They become very sensitive about the feelings of others for them.

For this he or she keeps on doing their work as usual without showing any sign of fatigue or ailments. Though others can observe his or her condition that probably he or she is not well. They may advise him or her to take rest but he or she keeps on saying that they are well and there is no problem with them.

WELL, says he is, when very sick.

androc, apis, **ARN**, ars, atro, bac, bell, *cann-s*, cinnb, *coff*, hyos, iod, kreos, merc, op, plb, puls, stram, valer

By doing so, he or she tries to hide them self from other people.

‘लोग क्या कहेंगे कि मैं अपने आप को ठीक नहीं रख सकती ।
इससे उनको पता चल जायेगा कि मैं बिमार हूँ।’

A patient says, "Please (**PRAYING**) cure me immediately (**CARRIED, desires to be fast**) as I don't want people should see me in this condition". (**HIDE, fear, on account of**)

Why do you feel so?

"Sir, you don't know people around us are very attentive about others condition. They start talking about others problem. **They also have a feeling some one around me is keeping an eye on me**".

DELUSIONS, watched she is being

Ars. alb. have the impression that others are looking at her (**DELUSIONS, looking at her, that everyone is R.M.**), normal talking about her, laughing at her **SUSPICIOUS, talking about her people are** (s*, only ars.)

Also they don't show their anger, agony or frustration they are having due to the problem in front of others. They try to maintain their calm. **MILDNESS**

acon, *aln*, *alum*, *alumn*, *ambr*, *amph*, *anac*, *apis*, **ARN**, **ARS**, *ars-i*, *asar*, *aur*, *bell*, **BOR**, *bov*, *cact*, *calad*, *calc*, *calc-sil*, *cann-i*, *caps*, *carb-an*, **CARC**, *cast*, *caust*, *cedr*, *chel*, *chim-m*, *chin*, *cic*, *cina*, *clem*, **COCC**, *croc*, *cupr*, *cycl*, *euph*, *euphr*, *hell*, *hydr*, *hypoth*, *ign*, *indg*, *iod*, *kali-c*, *kali-cy*, *kali-p*, *lac-c*, *laur*, *lil-t*, *lyc*, *m-p-a*, *mag-m*, *manc*, *mang*, *mosch*, *mur-ac*, *murx*, *nat-ar*, *nat-c*, **NAT-M**, *nit-ac*, *nux-v*, *op*, *ph-ac*, *phos*, *plat*, *plb*, **PULS**, **RHUS-T**, *sac-alb*, *sep*, **SIL**, *spong*, *stann*, *staph*, *stram*, *sulph*, *sumb*, *thuj*, *tub*, *verat*, *viol-o*, *zinc*

and keep smiling even if they are in deep pain "

SMILING

alco, *alum*, *am-c*, *ambr*, *anan*, *arn*, *ars*, *ars-s-r*, *atro*, *aur*, *bar-c*, *bell*, *cadm-s*, *carc*, *chlol*, *cocc*, *croc*, *ferr-ma*, *galv*, *hep*, **HYOS**, *lyc*, *merc*, *nux-v*, *op*, *ozone*, *ph-ac*, *plat*, 1 *stry*, 1 *sumb*, *verat*

Probably they won't show this character with their family members. They can shout and abuse at them.

When asked why they do so to his wife, her husband or to their children?

They comment, "My husband, my wife or children never listen to me. If I don't shout at them they won't move." **ANGER, contradiction from**

They feel the way the events – one after the other problem - are taking place in their life are not a good sign for their overall health and they feel concerned about that. **ANTICIPATION, complaints from, ANXIETY, health about.** A patient says, "I had experienced such horrible problems in the past and I know how troublesome they are. When I recollect of those problems I get terrified." **HORRIBLE, things, sad stories, affect her profoundly.**

ars, *aur*, *aur-m*, *benz-ac*, **CALC**, *calc-s*, *carb-v*, *carc*, *caust*, *cench*, *chin*, **CIC**, *coca*, *cocc*, *con*, *ferr*, *gels*, *hep*, *ign*, **IOD**, *kali-c*, *lach*, *lap-c-b*, *lap-mar-c*, *lyc*, *manc*, *nat-c*, *nat-m*, *nit-ac*, *nux-v*, *op*, *ozone*, *phos*, *plat*, *prot*, *puls*, *sep*, *sil*, *staph*, *sulph*, *teucr*, *zinc*

Patient says, "Doctor, frankly I tell you that now whenever I get some kind of pain it horrifies me to think of those traumatic pains I used to have before. I don't want to experience them again. it horrifies me to think of those pains." I fear If things go like this one day something (Unspecified) will happen which could be bad for their health. **FEAR, happen, something will, FEAR, disease, of impending, ANXIETY, hypochondriacal**

The patient further tells "If anything like that recurs then what would happen in the future. **ANXIETY, future about.** My kids are too young to look after themselves and my family members get worried about me. Every one at home gets tensed I don't want that due to me others get into any trouble. I am not totally concerned about my condition but I think of others also. **ANXIETY, others for.** I did not tell anybody at home that I have such a sever pain. Otherwise they won't have allowed me to visit you alone. I did not want that due to my problem any of my family member s have to leave their work."

ANXIETY, fear with,

‘अभी अगर मेरी ऐसी हालत है तो आगे चल के क्या हाल होगा मेरा, इससे तो बुरा ही होगा यही डर लगा रहता है।’

‘जरा सा कुछ हो जाता है तो मुझे इस बात का ख्याल आता है कि अब मेरा क्या होगा, क्या बनेगा, साथ ही डर जाती हूँ क्योंकि मुझे यह बात सताती है कि अब मैं बचूँगी नहीं।’

Ars. patients generally have discomfortt due to their concern for health, that it becomes a must situation for them to relieve or heal the disorder. This discomfort also compels them to do something for it.

ANXIETY, therapy from anxiety, wants a

ANXIETY, do something, compelled to

Due to their anxiety they can't be at rest till they get freedom from their problem.

REST, cannot until things are in proper place

DISORDER, things appears (S*)

To him or her everything seems to be in disorder.

Ars. Patient can tell you that they can't tolerate the sight of the bed and dislike to lie down **BED, aversion**

to, shuns b. बिस्तर को देख कर ही मैं परेशान हो जाती हूँ उससे दूर भागती हूँ।

They can tell you that the moment they lie down all kind of negative thoughts, like what would happen to their health, future, and what kind of disease they are suffering from, something bad would happen to them, what would happen to their family, enters into their mind. Some unconnected thoughts come into their mind, which she does not remember. They try to control thinking about them but they keep on coming into their mind. **ANXIETY, lying while, THOUGHTS, intrude, crowds around each other.**

‘बिस्तर को देखते ही मुझे धबराहट होनी शुरू हो जाती है। मुझे पता है कि लेटते ही बुरे बुरे विचार मन में आने शुरू हो जाते हैं।’

These thoughts make them restless and force them to move out of the bed (it could be anywhere where a person can sit, lie or rest) **RESLESSNESS, bed, driving out of.**

‘एक बार अगर वह बिस्तर पर लेट गयी तो फिर शायद उठ नहीं पायेगी इस डर से वह बिस्तर पर लेटते ही उठ बैठती है।’

A patient says, “ When I can not lie down then I get up and start working which gives me some kind of relief as

my mind gets diverted from the pain for a while.

OCCUPATION, diversion amel.

The attendant of the patient can tell you that he or she becomes very fussy about his or her work or wish. He or She will keep on working even if it is difficult for him or her to do. He or she will not ask someone to help them. They refuse to take help firstly because he or she thinks that It is not a right thing to do **so**. Why should he or she depend upon others? They also don't want to trouble others for their work. Neither they like to bother others for their work nor they like that others should bother them for their work.

FASTIDIOUS (THIS IS ONE OF THE SHADE OF FASTIDIOUSNESS). Secondly they feel that the other person won't do or able to do things as he or she wishes. If they are not able to do their work then they may ask someone to do it but they will never be satisfied with others way of working. They can further tell you that to keep busy they engaged themselves by taking up work, which is of no use. **BUSY, fruitlessly**

An ars.lady can't rest if she sees the work pending. For example: " She never washes utensils as she has a maid servant to do. Even if someday maid takes leave she won't wash them but during the sickness if maid does not come then she starts washing the utensils even if next day maid will wash them. She will say that she can't tolerate to see this mess around."

FASTIDIOUS, DISORDER, things appear

Due to their restlessness they create physical and mental problem for others. (Like in case no.1, husband gave his wife so much trouble that his behavior frustrated her). **TORMENTS, those around him (R.M.)** They become fussy about everything. They

become irritated on every small thing. **IRRITABILITY,** pains during.

Ars. Patient prefers to do her work on her own. Because

- 1) They won't like the work done by others.
- 2) If they ask then it should be done as they like
- 3) It should be done immediately
- 4) They can not tolerate any sort of contradiction

ANGER, contradiction from

CARRIED, desires to be fast

During the problem the patient may forget all good norms and may become rude to others, which is not there if the need is not so strong or if he or she is able to bear the problem.

They can behave nicely **AFFECTIONATE**, and if needed they can care for others **CARES, others, about** they also feel concerned and think for others' problem **ANXIETY, others for**

Prescribing **Ars.Alb.** In cases of children.

In children we observe that during the problem they keep on asking the things and will not be quite till they get it. If a child wants ice cream he wants it and if mother tries to divert his mind he will not agree and get furious.

CASE NO. 3

One day a mother came to me for her son. She was terribly horrified. She asked me if I could help her 7 years' old son who she thought had got affected by some supernatural power. She said to me, "Doctor you are my last hope, I have tried everything for my son. I had been to **पीर बाबा**, (religious healer)

PSYCHIATRIST but nothing helped him.”

She told me that since 3 weeks she had been noticing a sudden change in his son’s behavior. She said, “ my son was a well behaved boy. He used to listen to me and obey my instructions. But since 3 weeks he has started behaving abnormally. He gets angry very easily if I refuse to buy him anything. In the beginning I thought that it would get better by itself. But today what he did has scared me a lot. I thought of visiting to an another साधू (A person who people believe has the knowledge to get rid of supernatural powers) but then I thought of consulting you.”

She told me today around 4 p.m. her son asked her for an ice cream. She told him that it is very hot outside and after 2-3 hrs when it will become a little better she will buy him an ice cream. He insisted he wanted to eat and can’t wait till evening. She said to him, “No, we will go later on.” To this he started abusing her and went into the kitchen and brought a knife. He pointed the knife towards her and said, “I will stab you with this knife if you don’t buy me an ice cream now.” She got so much afraid that immediately she took him to the market and brought him an ice cream.

She started weeping and said to me, “I have never before seen this sort of behavior in my son.” She believed some body had done something to her son.

I asked the mother if she knows some particular reason behind his sudden change in behavior.

She said, “There is no apparent reason she could tell me for her son’s sudden change in behavior.”

Did you ask him later on why he behaved like this to you?

She said, “ Yes, I asked him to which he replied I did

it because you were not buying me an ice cream.”

While analyzing the case I tried to understand the mental state of the boy. In my opinion he did not bring the knife with the intention to kill his mother. It was his anger upon her mother as she refused to give him what he wanted. He forgot whom he was pointing the knife and in ignorance that he can harm his mother who feeds, cares & love him.

BITE tumbler, bites his

He reacted with an impulse to strike his mother so that she must bring him an ice-cream.

IMPULSIVE

He could not tolerate the refusal from his mother to buy an ice cream when he wanted to have.

CONTRADICTION, is intolerant of

IMPATIENCE, heat, with

His mother told me that once he likes something then he must have it. Till he gets its, he will keep on asking her when she is going to buy him that thing. His mood remains bad and he could only be quieted after she fulfilled his demands.

QUIETED, carried rapidly, on being

A few common observations about Ars.Alb in cases of children:

While reporting, the mother of the Ars. child shows the signs of irritability and exhaustion. May be she starts weeping.

She says, “ I am tired of my child. I can’t handle him or her anymore. Since morning I am standing on my foot. I did not sit for a moment. He or she did not allow me to eat or do my routine work. I haven’t taken bath today.” Instead of asking for medicine for her or his

problem she could ask the doctor to first improve the mood of her child.

डाक्टर अगर यह जल्दी से ठीक नहीं हुआ तो मैं जरूर बीमार पड़ जाऊँगी। दुखी हो गई हूँ मैं इस तकलीफ से।

Ars.alb .child does not leave the person who is carrying him or her . He or she not only wants to be carried but also to be moved) rapidly and constantly-non stop. A little pause and he or she gets irritated and starts weeping.

It becomes difficult for the parents to handle the child as he or she constantly changes the position while he or she is in their arms. He or she does not know what he or she wants. He or she points out at one thing which he or she wants immediately without delay of even a second. He or she holds the things for a while probably a few seconds- and throws it on the person or floor and then wants something else.

It also annoys the mother who fails to understand what he or she wants.

CAPRICIOUSNESS

THROWS, things away

They shift quickly from one person to another person.

ANGUISH, driving from place to place, restlessness, with

This they do when they realize that the person who is carrying them has no more strength to carry them or is not fulfilling their demands as they wish. And they cannot rest till their demand is fulfilled. If a child who is grown enough to understand the difficulty of the mother that she can't carry or move him or her continuously would not agree to any of her requests to lie down on his or her own for some time as she has got tired. This is ars. who never shows any mercy

at the time when they need help from others. This sort of behavior is not particular in children but elders can also show this sort of behavior during sickness but in some other way.

UNSYMPATHETIC, unscrupulous

It becomes difficult for the mother to prepare the food for an ars. child. She has to rush to prepare the food.

CARRIED, desires to be, fast

QUIETED carried rapidly, only by being It makes her nervous due to which she may make some mistakes. Like she may forget to put sugar in the milk or because of lack of time she could not prepare the bottle to the desired temp. Or if the food is not according to the child's taste he will spit it out quickly and then he is totally out of control. Child starts weeping loudly and on the second attempt refuses to accept the milk in anger. **ANGER face, with pale, livid** Child starts weeping while eyes are closed. A mother has to make a lot of efforts to calm the child.

‘आँखे बंद हैं और वह रोये जा रहा है चुप होने का नाम ही नहीं लेता, एक दम अपने आप को लाल, पीला कर लेगा, कुछ नहीं सुनेगा बस रोता ही चला जायेगा।’

While the ars.child wants the person to move constantly **RESTLESSNESS, move, must constantly** while carrying him or her but the person should be careful that his or her body should not shake or get jerks. His or her body has to be close to the body of the person carrying him or her but not away from them while the person carrying is moving fast. He or she reacts to it and gets annoyed due to it which a mother fails to understand that why he or she is reacting in such a manner while she is making best efforts to do as the child wants.

ROCKING, agg.

CASE NO. 4

A girl 4 yrs. Old was brought to me for Eczema on her right cheeks and scalp. Her father brought her to me. He told me that it had developed after she had been given Pencillin injections for fever. After two days fever had subsided but her skin on face and scalp started getting worse. She got some eruptions on her face and scalp. Because of itching she scratched and wounded the area very badly. Due to this they removed hair from her scalp as she did not allow them to wash. They reported about it to their Allopathic doctor who prescribed medicines but they did not help her.

I asked the father to tell me about the girl. He said to me, "What I knew I told you, I don't know anything more about it." He said, "In the morning I leave for my shop and in the evening I return, so I don't know how she reacts or what she does the whole day. Today my neighbor suggested me to carry her to you. Now you can see yourself and give her medicine."

I asked him may be your wife had told you some thing or somebody in the family mentioned about her to you.

He said, "One thing I can tell you that now a days she likes to stay with her grandmother. She does not allow her grandmother to go anywhere. Now she sleeps only with her during the night. Or sometimes she hides herself behind the furniture to scratch it, as she knows that we will beat her." **HIDES, fear, on account of, CLINGING, grasp at others , held wants to be**

Any reason for that, I asked him.

He said, "Because we stop and sometime scold and slap her for doing scratching. And my mother allows

her to do it. My mother even sometimes helps her in scratching. Now whenever she has to scratch she goes to my mother.” **CLINGING, held am., being**

He said, “Doctor her problem is when blood starts oozing after scratching the area. Her clothes get spoiled and then she wants them to be changed immediately. **IMPATIENCE, CARRIED, desires to be fast.**

My wife is very much annoyed with this habit. of her's. Sometimes she has to change her dress 8 –10 times a day. Sometimes she beats her after she tells her that there is no need to change the clothe as there is only a minute blood mark. Even after getting harsh treatment from my wife she keeps on asking for changing her clothes and ultimately my wife has no other option but to change them. She can't be at rest till her clothes get changed. She wants them to be changed within seconds. **FASTIDIOUS, QUIETED, carried, only by being, REST, until things are in proper place ,cannot, QUIETD, carried, rapidly, only by being.**

Also while eating if she starts scratching and she spoils her hands with blood stains she won't eat and immediately ask to wash her hands first.

According to me Ars. Alb. patient (especially children) are like a bee. A bee continuously moves around a thing till it gets what it wants or settle down after it gets a proper place. I hope readers can understand the annoyance a bee creater when it moves around a person.)

‘मक्खी की तरह भिन भिनाना जब तक उसको बैठने की जगह नहीं मिल जाती। इसी तरह से बच्चे भी माँ, बाप या ऐसे व्यक्ति के आस पास मंडराते रहते हैं जिससे उनको

कुछ लेना होता है। और तब तक मंडराते रहते हैं जब तक उनको उनकी इच्छा वाली चीज मिल नहीं जाती।'

I prescribed the child Ars. Alb. 30, one dose. After one week itching was much reduced and patches started healing. In another one week it was completely healed. After the 2nd day of healing she was brought to me with high fever (104). The fever came back again. I gave only placebo and told the father that in 24 hours it will come down but very slowly. Next evening fever settled down. The child did not have any problem of skin after wards till today.



Before the Medicine



After the Medicine

Let us study the change in Mood of Ars.Alb.

In most of the cases the presentation of Ars Alb. in front of physician is with a smiling expression. The reason in my opinion is this patient does not want to present himself or herself in an unpleasant manner.

SMILING

Ars. Is concerned about **STANDARD**. He won't talk, do or indulge in any sort of activities, which are below his standard. He believes in a good presentation. It is not for fear of his position but for dignity. If a work has to be done it should be done to its worth. He would not tolerate to be seen as an unworthy person.

INDIGNATION, feeling

The mental state of an individual gets changed with the onset of the problems. Which we can observe through the changes in his behavior and attitude. Unlike a person in a normal state** who can tolerate

*(** foot note : In normal condition a person is free from any restrictions. He or she can work as he or she wishes, he or she could eat as per their liking, and also he or she can adjust their routine according to their own choice.*

But when he or she gets sick he or she may has to follow certain restrictions. He or she has to adjust his routine according to the problem. Like, after the problem he / she could not move, eat or enjoy his / her drinks freely. A person suffering from ineffectual desire to pass stool can only be relaxed after passing stool 2-3 times in the morning , for that reason he / she won't be able to take any appointment in the morning.

He / she can only start his / her day after 11 A.M. but before this problem he / she could start his / her day at 9 A.M.

In the same manner his mental state also gets changed. Before the sickness he does not bother about things around him but when he becomes sick he can not tolerate if things are not in their proper place or if not moving according to his wishes.)

any sort of mess or delay or even during the sickness. But as soon as Arsenicum gets some problem he loses the patience and get irritated upon the mess. In prolonged recent cases we can see this sort of changes more predominantly as compared to usual cases, which skips from the observation of a physician.

According to the severity of the symptoms or progress of the sickness their mood gets changed. They easily get annoyed on every small matter. Their tolerance power goes low. They want to be on their own. If they have to lie down then they won't tolerate any noise or activity around. A little bit of noise or activity annoys them to which they can shout at the person.

QUIET, disposition

QUIET, wants to be

IRRITABILITY, pain, during

No one is allowed to talk in his or her room. But if the discussion or talk is going on for his or her own benefit then it is o.k.

They can't rest and won't like to be on the bed for a long time. They request the Doctor to give such a medicine, which can at least help in restoring their movements.

IMPATIENCE, cures him at once, the patient insist that the doctor

He says, "Sir, please do something, **PRAYING** to bring me out of this crisis." "I am depending upon you. You are the only one who can bring me out of this crisis."

CARRIED, desires to be. "I am afraid of my survival.

First you cure my this problem later on I will take treatment from you for my other problems or recovery for the same problem." Ars. Patient don't show their

keenness in the full recovery. They get angry when family members advise them to take more rest till they achieve complete recovery.

‘डाक्टर साहिब सब कहते हैं कि आराम करो, जब पूरी तरह से ठीक हो जाओ तो ही काम के लिये उठना। आप ही बताओ ऐसा क्या मुमकीन है। घर का सारा काम कौन करेगा। इस बात पर मुझे गुस्सा भी आता है जब वह बार बार मेरे पूरी तरह ठीक होने की बात करते हैं।’

INDIFFERENT, recovery , about his

ANGER, recovery, if one spoke of her complete

“They can tell you that they get angry if somebody asks them to take more rest till they recover fully.” “They can’t tolerate such remarks. Such remarks make them restless.”

MOOD , repulsive

TOUCHED, aversion to being

A different view of ars.alb. through a case.

CASE NO. 5

On 07.12.02 a lady aged 40 came to me for low grade fever since July 2002. She had the same problem between July – sep.2001 with the same symptoms and got cured by allopathic medicines.

When she came this time to me she was on allopathic treatment for tuberculosis. Except one medicine Forecox no other medicine responded on her.

Her other symptoms were :

- Shivering accompanied by fever.
- General weakness. She used to get tired after least exertion

- Continuous dry cough – 1 month
- Pain in throat with and without cough
- Dryness feeling in the throat
- Loss of appetite < after allopathic medicine
- Pain left side below the breast > if she press it with her hand or lying down < by movement , least exertion and standing.
- Sleep : Increased after the allopathic medicine
- Urine : Normal
- M/c : Normal .
- Stool : Constipation < after allopathic treatment
- Thirst : Normal.
- Taste : Bitter taste (water)

She told me that she covers herself with quilt even in summer (July is the hot time in India) because of chill.

Personal history : Pure vegetarian .

Family history : No history suggestive of any major disease in her family.

Her first statement was last time when she had suffered from the similar problem she got cured by allopathic medicines. This time same medicine had failed to cure her. She said , “I have a feeling that I am not going to survive.”

पिछली बार जब मुझे यह तकलीफ हुई थी तो मैं ठीक हो गई थी ।
इस बार तो बहुत दवाईयाँ खाने पर भी मेरे ऊपर कुछ असर नहीं
पडा । लगता है कि अब बचूंगी नहीं ।’

DELUSIONS, injury, is about to receive (ars., bell., cannb.ind., carbn.s., con., hyos., lach., lyc., merc.,

nux.v., op., sil., stram., sul.)

Why do you think so, I asked her?

She said, "I can feel it from my condition." "Last time I did not feel this much of weakness but this time as I am feeling and due to some other symptoms I can foresee that I shall not survive."

ANTICIPATION, complaints from (ars., arg.n., gels.)

She said, "Please give me some good medicine so that I can get rid of this problem as soon as possible."

CARRIED, desires to be fast (ars., bell.. brom., rhus tox., verat.)

She said, "I have a doubt if there is some solution to my problem. Would it be cured?" Other feeling, which was causing discomfort for her, is about her future. She used to feel that something would happen to her.

She said, "due to the weakness I have lost my interest in doing house hold work. I only do the things, which are very necessary, or I do only my personal work." She said, " I don't like some other person to cook for my family. So I was cooking the food inspite of pain in the abdomen."

‘कमजोरी इतनी है कि कुछ काम करने का मन नहीं करता। फिर भी जितना हो सकता है लगी रहती हूँ। काम सामने नजर आ रहा हो या पड़ा हो तो फिर मैं उसको निबटारये बगैर बैठ नहीं सकती। जब बिमारी हल्की थी मैं कोई काम छोड़ती नहीं थी। अब किसी चीज में मन नहीं लगता।’

She said, "I have no interest towards my children. I don't care about them. I don't want to talk with them."

She did not want to talk at all even if somebody comes. She only speaks a few sentences.

She did not want to talk for a long time.

She said, "It is mainly because she is not happy from her own health and failure of medicines to cure her."

‘जब अंदर से ही आदमी को खुशी नहीं हो तो फिर बात करने का मन कहाँ करता है।’

SADNESS, talk, indisposed to

(**ARG.N.**, **ars.**, bar.c., **cact.**, ign., mag.c., nit.ac., ph.ac., **puls.**, stann., verat.a.)

She neither wanted to have any activity around her nor liked to do or involve in any sort of activity, particularly during shivering which used to come with fever.

QUIET, wants to be

(**ars.**, bell., **BRY.**, cadm.s., cann., coca., cupr., dios., eryt.j., euph., **GELS.**, salac.)

chill during (ars, BRY.,kali.c.)

She told me one of my patients has highly praised about me and strongly recommended her to visit me.

She said, " Doctor I doubt if there is any possibility that I may be able to get back to my normal state of health. I doubt if any cure is possible in my case. Frankly I have lost all my hopes."

DOUBTFUL, recovery of (acon., agn., alum., arn., ars.,ars.h., aur., bry., calc., calc.sil., cecr., ign.,kali.c., kreos., lac.c., lach., lept.,lil.t., lyc.,merc.,nat.s.,nit.ac., nux.v., ph.ac., phos., psor., puls., sep., stann., sulph., syph.)

DESPAIR, recovery of (acon., ALUM., ARS., aur.ar.,aur.i.,a ur.s. ,bapt .,b ar.c., bry., CALC. ,calc. ar.,ca lc.s.,cann .i., caust., cham.,ch lol.,cimic., hell., hura., ign., kali.ar., kali.br., kali.c., kreos., lac.c., lach., lyc., mag.c., med., merc., nat.s., nit.ac., nux.v., psor., sep., sil., SYPH., ther., verat., zinc.)

आप को लगता है की मैं ठीक हो जाऊंगी, मेरे को तो अब कोई उम्मीद नहीं लगती ।

She said, "I could not tolerate allopathic medicine." "I hate to consume them."

She used to lose her temper when her husband and in-laws asked her to take medicine." She asked them not to even mention about it in front of her. She said, "They insist me telling me that I have to consume as I have no other options."

‘कहते तो वो मेरी भलाई के लिये ही हैं पर मेरा तो दिमाग एक दम गरम हो जाता है गुस्से के कारण जब भी कोई मुझे सलाह दे या दवाई खाने को कहे । मन करता है कि उसको कहुँ के तू ही खा ले ।’ **ANGER, eat, when obliged to (ars. alb.)**

She said , "I have lost interest in everything. I have no desire. Even I don't like my family members."

‘मुझे अब कोई भी अच्छा नहीं लगता । अपने बच्चे और घर के दूसरे लोग कोई भी अच्छा नहीं लगता ।’

AVERSION, to those around her (ars. alb.)

I prescribed her ars.alb 30, one dose.

IIInd consultaion : on 14.12.02

- No shivering before the fever
- No desire for lying down
- Pain in throat with cough same
- Intensity of pain near the left breast reduced.
- She could work with ease.
- Stool : Improvement in the bowel movement
- Sleep : Sleepiness gone.

Placebo was given for a week.

IIIrd consultaion : on 20.12.02

- No fever in the morning time.
- Sleep : started becoming normal
- Body ache : mild
- Cough : duration less
- Pain in the throat : intensity reduced

Placebo was given for a week.

IVth consultation : on 28.12.02

- Fever only in the evening time.
- No shivering at all
- Pain under the left breast reduced
- Cough almost 50% better in intensity, duration and frequency.
- Pain in the throat 50% reduced

Placebo for one week was given.

Between the period from 28.12.02 to 20.01.03 her condition started improving with much energy.

On 21.01 .03 she reported :

- Pain in the throat only while swallowing solid food
- Cough mostly night
- Weakness got better but still some left
- Pain in the region of back of the shoulder (according to the patient it could be due to work she had done after a long time)

Patient reported that there is no further change in her condition.

Ars. alb. 200 one dose was given

On 28.01.03 she reported

- No fever for the first time since she had been sick

- She had bodyache for 3 days which was gone completely
- Pain in the epigastrium with eructation
- Cough 70% better
- Pain in the throat 85% better
- Pain in the legs for the first time.

On 04.02.2003 she reported

- Unbearable pain in the legs
- Pain in epigastrium reduced

Ars. alb. 1M, one dose was given.

On 11.02.2003 she reported

- Pain in the legs relieved immediately after the medicine. Overall she felt better.

On 28.02.2003 she reported

- No fever
- No bodyache
- No pain in abdomen
- No cough
- No pain in the throat

Placebo continued and the case remained under my observation till 15.04.2003 with no problem.

Test for T.B. normal

Ars.alb. - Anac. *A Comparative Study*

We must widen our knowledge of methods to individualize a remedy from another when we conclude a rubric having 2 or more remedies.

Suppose from the common version of a patient we arrive at the rubric **Rest, when things are not in proper place, cannot** - Earlier there were two remedies *ars. alb.* and *anac.* (Now more drugs have been added like *carc.*, *sep.*, & *sulph.*) – then how shall we differentiate between two drugs *ars. alb.* and *anac.*

Ars.alb. we have already discussed in the earlier chapter (No.5) of this book.

Anac. has the same KING PIN rubric **REST, when things are not in proper place, cannot** which is also of *ars.alb.*

The meaning and the interpretation of the rubric for both the drugs will be the same. The difference will be the way a patient is going to express it. Why he can't be at rest? For this the most important is to keep our observation on :

HOW HE SAYS,

WHAT HE SAYS,

WHY HE SAYS

WHEN HE SAYS (a new dimension for the observation of a patient)

This feeling comes when an individual becomes sick.

Anac. : - 'अब मन में यही इच्छा है कि चैन (a peace of mind) मिल जाये और यह तभी मुमकीन होगा जब यह तकलीफ हटेगी, जब तक यह हटेगी नहीं चैन नहीं मिलेगा।' (Cannot achieve rest till disorder is there)

A patient says, "**I wish to have a rest** (a peace of mind) which I can't achieve till this problem is with me (a disorder). If you could remove this **disorder** (अव्यवस्था, आकुलता) from my life, I would be able to get my peace of mind."

This patient finds so many disorders around him or her, which does not allow them to settle.

REST, desire for

aesc., *alum.*, *anac.*, *arn.*, *bell.*, *brom.*, **BRY.**, *clem.*, *coca.*, *colch.*, *eug.*, *haem.*, *kali-bi.*, *lach.*, *lyc.*, *mez.*, *morph.*, *nux-v.*, *op.*, *ph-ac.*, *sabad.*, *stann.*, *vesp.*

+ **REST, when things are not in proper place, cannot**

anac., *ars.*, *carc.*, *sep.*, *sulph.*

(**Differential Study** I could only get settled if you can remove this **disturbance** (अड़चन). Till this problem is causing disturbance I can't be all right.

(In the above example a patient wants to settle down but the problem is not allowing him or her to settle down) A patient says, "I don't like this situation of unsettlement". **DISTURBED, av. to being** A patient says, "I have come to you to have a permanent solution of this problem." "I am tired (**TORPOR, feeling**) of facing this problem everyday." (**EMBARRASSMENT, ailments, after**). Medicine for this kind of expression would be **Gels**.

‘यह बिमारी थोड़ा ठीक हो तो मैं टिकूँ। कभी दर्द यहाँ है तो कभी वहाँ है, मैं आराम करूँ तो कैसे। यह बिमारी के होते तो मैं आराम नहीं कर सकती। यह रोज रोज की तकलीफ से होने वाली अड़चन मुझे पसंद नहीं है।’

Anac. has a desire for rest, which he cannot achieve when things are not in proper place.

‘मन तो करता है आराम कर लूँ, पर जिदंगी में इतने झंझट हैं की आराम कहाँ से मिल सकता है।’ **DISORDER, things appear (s*)** ‘जब काम पड़ा हुआ देखती हूँ तो घबरा जाती हूँ कि इनको कौन करेगा। पता है खुद ही करना है किसी से मदद माँगना बिल्कुल भी अच्छा नहीं लगता। काम भी खुद ही करना है तो फिर आराम कहाँ से मिलेगा।’

A patient says, “Doctor, you ask me to take rest and I also wish to have it, but how is it possible when there is so much disorder in my life. Like my son he does not listen to me, my husband he never shows any affection to me. Also my problems are not getting cured. It is not possible for me to have rest when I see so much disorder around me.”

Ars. Alb. : - ‘जब तक मैं इसमें से निकल नहीं जाती या जाता मैं चैन से नहीं बैटूँगा/बैटूँगी।’ (can’t be at rest).

A patient says, “**I will not rest** till I come out of this problem. Please remove this disorder as soon as possible no matter how it could be possible. Any method, any strong medicine, I am ready to go for it.”

CARRIED, desires to be fast

acon, **ARS**, bell, brom, cham, lob, rhus-t, verat

+ REST, when things are not in proper place, cannot.

Although there are many rubrics common and

uncommon to the two drugs but for the finer understanding we have selected those rubrics, which shows their predominance in most of the cases. (It does not mean that we can ignore or should not use other rubrics. One should not limit oneself. He or she should keep on working on each and every rubric. We sincerely welcome whatever experiences our friends' get in their practice for our future research.)*

Some of the selected common and uncommon rubric of **ars.alb** and **anac.** are :

Common

AFFECTIONATE

SENSITIVE, external impressions, to all

REPROACHES, himself

AILMENTS, from mortification

MOOD repulsive

ABUSIVE, insulting

CRUELTY, brutality, inhumanity

FASTIDIOUS

IMPATIENCE

ANGER, contradiction from

Uncommon

ARSENIC

- 1) ANTICIPATION, complaints from
- 2) ANXIETY, health about
- 3) ANXIETY, hypochondriacal
- 4) AVARICE
- 5) ASKS, for nothing
- 6) BEGGING, entreating, supplicating
- 7) CAPRICIOUSNESS

ANACARDIUM

- 1) ANTAGONISM, with herself
- 2) BUSINESS, averse to
- 3) CARESSED, caressing, husband and child, then pushes away
- 4) CONFIDENCE, want of self
- 5) CURSING, restrain himself in order not to curse, has to
- 6) DELUSIONS, right, does nothing
- 7) EGOTISM, self esteem

- | | |
|--------------------------------------|--|
| 8) CARES, others about | 8) FORSAKEN, isolation, sensation of |
| 9) CARRIED, desires to be fast | 9) GODLESS, want of religious feeling |
| 10) GREED, cupidity | 10) HELPLESSNESS, feeling of |
| 11) INDIFFERENCE, recovery about his | 11) INDIFFERENCE, religion to his |
| 12) PRAYING | 12) JEALOUSY |
| 13) PLAY, passion for gambling | 13) RELIGIOUS, feeling want of |
| 14) QUIET, wants to be | |
| 15) REVERENCE, lack of | 15) QUIETED, carried , only by being |
| 16) RUDENESS | 16) REFUSES, treatment, every, sick , in spite of being very |
| 17) SHRIEKING, pain with the | 17) SHRIEKING , must shriek, feels as though she |
| 18) WELL, says he is when very sick | 18) TALKING, agg. all complaints |
| | 19) THOUGHT two trains of thought |
| | 20) WILL, contradiction of |

In the new repertories , under some rubrics *ars.alb.* has been added which originally was not present in the Kent's repertory like in helplessness.

HELPLESSNESS, feeling of

aether, am-c, anac, ant-t, arg-n, ars, bamb-a, *calad*, cench, *gels*, germ, hecla, hell, hydrog, jasm, kali-br, lith-c, **LYC**, *med*, ozone, petr, phos, puls, rhus-t, sang, sep, stram, tax

If we study *ars.alb*'s helplessness (असहाय) it comes when he feels helpless to manage the situation anymore then he has no other option but to take help – which other wise he does not like to take from someone or any therapy, to come out of the situation.

Where as anac. feels helpless due to his health, which he thinks is not coming under control and he fears paralysis – total stagnation of mobility.

Other rubric, which is common to both, is:

FASTIDIOUS

alum, *anac*, androc, arg-n, *ars*, asar, aur, aur-ar, bar-ar, bufo, calc-p, calc-sil, **CARC**, con, cupr, *graph*, iod, kali-ar, kali-bi, *kali-c*, lac-ac, lac-c, lac-eq, lac-h, *lob*, med, morg-g, nat-ar, nat-c, *nat-m*, nat-p, nat-s, *nux-v*, oro-ac, phos, pip-m, plat, plb, **PULS**, sep, sil, sulph, thuj

An *ars.alb.* patient is fastidious about maintaining the civil code. – means they are very much conscious about their way of living in the society. A standard - (which *cham.* does not have). Like they feel that their house should be neat and clean, as it will carry a bad impression among people who visit them if they see their house in a bad condition. *Ars.alb.* is not eccentric. They believe in following the norms of living in a society. They become fussy about law and order. They bring into the notice of others about their mistakes or errors even if they are very minor. And they want others to amend their mistakes or error immediately.

‘क़ायदा + क़ानून क़ पक्क़ होना चाहिये। दूसरो क़ी क़ोई भी ग़लत हरक़त से उसको खीज़ चढ़ जाती है।’

They cannot tolerate any nonsense around them. They see much disorder around them (**DISORDER, objects appear**).

‘यह चीज़ ठीक नहीं है, वह चीज़ ठीक नहीं रखी है, यह ऐसे क्यों रखा हुआ है, उसको वैसा क्यों रखा, तुम लेटे क्यों हो, कुछ काम क्यों नहीं करते, ऐसे ही वह दूसरों के काम में मीन मेख और ग़लतियाँ निकालते रहेंगे।’

It does not mean that they want to project themselves at higher position but they feel that it is the right conduct. They are highly conscious about their **dignity**

(no body should come to know that they are sick, they feel bad about moving in the society with a sick face, it affects them badly, it can cause depression in them with the fear that there status will be harmed if someone will come to know **about** their problem so they hide it) (*We have studied **about** the Hiding of Bell. Bell hides but they don't mind if they get exposed, they don't feel depressed or have any kind of fear or conscious about their status) and **moral** (they should not bother others, nor ask for any help for their problem. They feel guilty if they couldn't maintain it or have to ask for help from others).*

Anac. Is fastidious about his mobility (free movement), means when he gets sick he is mainly concerned about MOBILITY of his body. He fears that due to the problem there can be danger to his mobility (means not been able to move freely or easily). **FEAR, paralysis of.**

anac, arn, saf, bapt, bell, kali-p, med, syph

He has apprehension about his survival in the future once he becomes immobile. He suspects that no one will help him when due to the problem he gets bed ridden or not able to help himself. He has lack of trust for his family members. **SUSPICIOUS, mistrustful**

ACON, act-sp, ambr, **ANAC**, anan, androc, ang, anh, ant-c, apis, *arn*, **ARS**, ars-s-f, *aur*, aur-s, *bapt*, bar-acet, **BAR-C**, *bar-m*, *bar-s*, *bell*, *bor*, **BRY**, bufo, *cact*, cadm-s, calc, *calc-p*, calc-s, **CANN-I**, cann-s, canth, caps, carb-v, carbn-s, carc, **CAUST**, **CENCH**, 1 cham, 1 chin, chin-ar, **CIC**, *cimic*, coca, *cocc*, con, *crot-h*, croto-t, *cupr*, **DIG**, *dros*, *dulc*, eup-a, graph, *hell*, hydrog, *hyos*, ign, ip, **KALI-AR**, kali-bi, kali-br, *kali-p*, **LACH**, lap-gr-m, 1 lap-mar-c, **LYC**, *lycps*, macrin, *med*, meli, meny,

merc, mez, morph, mur-ac, nat-ar, nat-c, nat-p, nat-s, nit-ac, nux-v, op, pall, ph-ac, phos, plat, plb, psor, PULS, RHUS-T, 1 ruta, 1 sanic, sarr, SEC, sel, sep, seq-s, sil, spig, stann, staph, still, STRAM, sul-ac, sul-i, SULPH, syph, thuj, thyr, verat, verat-v, viol-t

A patient says, "At the time of need your own people with whom you are having blood relation may refuse to help you or support you. They can leave you to die. He fears that who is going to help him. He comments that no body (even her own— children, wife , mother or father) will be there to give him a glass of water. Such feelings makes him fearful. Which causes a negative thinking towards life and for others.

Due to their this fear they get over conscious about their problem that even a mild fever make them very much concern about their health. **ANXIETY, hypochondriacal**

acon, AGAR, agn, aloe, alum, am-c, anac, arg-n, arn, ars, asaf, asar, bar-c, bell, bry, calad, calc, calc-sil, cann-i, canth, caust, cham, con, cupr, dros, ferr-p, graph, grat, hyos, ign, iod, kali-ar, kali-c, kali-chl, kali-p, lach, lob, lyc, m-arct, med, mosch, nat-c, NAT-M, nit-ac, nux-v, ol-an, ox-ac, ph-ac, PHOS, plat, psor, puls, raph, rhus-t, sep, squil, staph, sulph, SYPH, valer

They immediately call the doctor to ask if some step has to be taken before it aggravates further.. **CAUTIOUS, anxiously cautious.**

am-c, bar-c, carc, caust, lyc, puls, sil, sulph

“ऐसे वक्त पर अपने भी हाथ खींच लेते हैं, कोई साथ नहीं देता।”

This feeling is there in bell. also. "They also fear about their mobility - **FEAR, paralysis of** - but it is not very

much constant in their mind. They take of this burden immediately out of their mind by thinking that they will see or manage if such a situation will come into their life. Why to ruin your present now.

‘जिन्दगी चलनी चाहिये, कहीं भी रुके नहीं, फिर वह तकलीफ की भी परवाह नहीं करता ।’

Case No. 6 : Case of a lady 36 yrs old, a teacher by profession. She came to me with the following complaints :

1. Joints pain – both Knees and fingers - (sometime in shoulder and elbow joints too). Though it remains throughout the year but mostly aggravated during winters. Pains started with fingers followed by pains in both knees. Slowly they spreads to shoulder and elbow. 8 yrs. R.A. Factor was negative.
2. Recurrent throat infection, nearly every week. In the beginning it used to happen once in two to three months. Sensitive to pickles, cold air. 6 yrs.
3. Cyst in the right thigh – approx. 5 yrs Could be earlier than that but it came to her notice only at that time.
4. Flatulence. Mostly aggravated by slight overeating 3 yrs. If by chance she ate ½ chapati or small portion of vegetable extra then immediately she used to feel the heaviness in the stomach and for two to three hrs. she had sour eructation.
5. Irregular menstrual cycle. Periods profuse only after 2-3 months. – 8 months

For her above ailments she had taken only allopathic treatment. She left the treatment as there was no relief. Remained without any treatment for the last 6 months. The patient presented herself with the following mental state.

- Fearful whether she will get cured or not.
- Occupied by negative thoughts through out the day.
- Fear of consequences of her ailments.
- Had no interest in her job but doing it because only of getting good salary. She had desire to remain in bed and gets annoyed if children make any demand
- Annoyed from her son who did not obey her.
- Curious to know about her problem but fear to go for investigation as she had apprehension of some serious outcome
- During the case taking she enquired repeatedly if there is something serious in my opinion, whether she was curable (आप की तरफ से क्या लगता है कुछ घबराने वाली बात तो नहीं है। मेरा मतलब मैं ठीक तो हो जाऊँगी। कोई डरने की बात तो नहीं है।)
- She always had negative forebodings about her problems. Because of her this state she always remains under fear. A slight fluctuation in her problem makes her uncomfortable and negative thoughts again start coming into her mind.
- Despite my assurance she kept on asking my opinion about her problem. (डाक्टर साहब आपका क्या ख्याल है मैं ठीक तो हो जाऊँगी न।) She told me that the whole day she was occupied in thinking about it.
- She was very doubtful about her condition that it may betray her.

- A little bit idea I had about this lady. She used to call me for her husband who was my patient. If he used to get some trouble she got more worried than him. She used to ask me many questions related to his ailment. Sometime she used to accompany him. That time she was the one who asked many questions about his ailment than him. This time her husband wanted to tell about her. He told me that by nature she gets tensed very easily. As soon as something happens to any member of the family all negative thoughts starts coming into her mind.
- In a nutshell two symptoms were more predominant in her case : one was suspicious (about her health and also regarding my careful case recording of all cases pertaining to all members of her family including her own.) and her negative thoughts (which kept her always fearful)

On the basis of above I selected the Following rubrics:

1. **SUSPICIOUS, mistrustful**
2. **FEAR, betrayed , of being**
3. **BUSINESS, neglects her**
4. **LIGHT, shuns**
5. **BED, remain in , desires to**

I prescribed her HYOS. 6 one dose.

Next day I received a call from her. She said, I am sorry Dr. but I wanted to confirm from you if you have noted down all my problems. This was enough for me to be sure that she was hyos. I assured her that everything will

be fine and I have noted all her symptoms.

After one week she reported me that after 3 days of taking the medicine :

- Her menses appeared after a gap of three months. The bleeding was profuse.
- She felt slight relief in her flatulence
- No change in the size of cyst.
- Pain in fingers and knee joints were slightly better.

On the basis of this report I gave her placebo for 2 weeks. For nearly two months the case was static. I kept on giving her placebo. On some days there was relief in one or two symptoms next time the same were worse and other symptoms got better.

I raised the potency to Hyos. 30, one dose.

- First relief she got that her menses regularized, with normal bleeding.
- Flatulence much less.
- Pain in joints relieved.
- She continued to get recurrent throat infection.
- Acidity increased.
- General efficiency – no improvement. The case remained on placebo – no repetition of medicine - for another two months. The patient told me again that she had relief. But not the well being feeling. Normal feeling lived for very short span in between during these two months.

After that I raised the potency to Hyos.200, one dose.

- Menses normal.
- Pain in joints sometime relieved.
- But the feeling was always there. This time I did not wait for long. When I realized that relief was not coming in a proper way I raised the potency to Hyos.1M I could have changed the remedy but I did not. As from my practical experience I learnt that sometime we change the remedy in haste and don't look for the right potency. As I was convinced that hyos. was the right remedy for her. Why?
- She was never sure whether she reported me about her symptoms accurately. She came back nearly every time after taking the medicine to ask me if I had noted down her particular symptoms as she was not sure if she had narrated her condition completely.
- She often called me on the same day or after one or two days of taking the medicine to inquire whether she had told me about her particular symptoms. She was also suspicious about my careful listening of her story. She called me immediately if she had noticed any thing new or worse in her symptoms if there was some appearance of new symptom or some aggravation. She wanted to know the reason saying it did not happened to her before or this sort of feeling she never had earlier.

Because of the above two strong feelings I was convinced that she was a patient of Hyos.

I continued with the same medicine and I kept raising the potency at quicker intervals. I exhausted the

potency of hyos. from IM –CM. I switched from IM-10 M-50M-CM just in a time span of 20 days.

The patient kept on stressing that inspite of symptomatic relief the normal feeling was missing. Then I concluded that hyos. had worked but its action was limited. I gave her another sitting and reanalyzed her case.

I probed about her fear and suspicious behaviour which were persisting in her case.

Q. I asked her what kind of fear she was having.

A. Related to my sickness

Q. What exactly is that?

A. I have an apprehension that one day it shall render me non – functional.

I have fear that one day I will become bed ridden. Who will look after me in that event.

Q. I asked her why she did not express about this feeling to me before?

A. I never thought like it before. Before that I was more worried about its consequences. Which I think got better by your medicine. It means hyos. worked.

She told me that the medicine had worked on her but not in the way she had expected.

She told me that a normal feeling, which had to come in a patient after the medicine, was missing. Physically and mentally medicine gave her some relief but not the stability.

She further said, "Who will look after me in that event?"

"Sir, once I get bed ridden, no body is there to give me support".

"I have no faith in my children. They won't help me in

this state what would they do later on".

"Also I can't think of taking help from any body. Even though I am sick but still I like to do my work on my own. It is only when I feel tired that I take rest. But it is impossible for me take rest for long time when I see work around."

Q. How do you feel when you see work around you.?

A. I get very restless.

‘मुझे घबराहट सी होने लगती है जब मुझे काम पड़ा हुआ नजर आता है।’

"From inside I don't like to work. I wish to take some rest in between. But I could not rest till I finish it. When I lie down my mind gets occupied with the negative thoughts. To avoid them I think it is better to occupy myself in work. When I work I get tired very easily. Then I get irritated. That time I don't like to fulfill the demand of my children".

"I like that they should help themselves and don't bother me."

"It doesn't mean I don't care about them. I keep everything ready for them. But I don't get worried or take it more seriously if I could not prepare food for them."

‘मुझे लगता है कि वह अपने आप खुद काम संभाल लेंगे। इतना ख्याल जरूर रखती हूँ कि उनके कोई दिक्कत ना हो। पर ज्यादा इस बारे में सोचती नहीं हूँ।’

"My son is a totally obstinate. There is always an argument between us. He doesn't care about his studies. I am worried about him. He never listens to me. I get very angry about it and feel very sad that he does not listens to me. I can't tolerate If he says I would study later on. I like that he should obey me at

once.”

“I feel very sad when he misbehaves with me. Then I tell to my self why I shall worry about him let him bear the consequences.”

“I like my children to be perfect. I wish that when I come back from my duty I see my house as I left it in the morning i.e. neat and clean. I expect my children to keep it as it is. But they never do like that. “

Q. What do you do then?

A. I have to do it myself. Who else would do it. I curse them and get irritated on them.

‘गुस्सा भी आता है, सुना भी देती हूँ, कभी पिटाई भी कर देती हूँ। कई बार मैं अपने आप को रोक्ती हूँ की मैंने अगर इतना जोर दिया तो चीजे मेरे हाथ से ना निकल जायें।’

“I am not able to reach at any decision. If I curse them then I could not decide if I was wrong or right.”

“I am never able to reach to any decision. I always fight myself for my negative thoughts. But I am not able to control them to coming into my mind.”

On the basis of her that state I chose these rubrics:

FEAR, paralysis, of

HELPLESSNESS , feeling of

BUSINESS, averse to

REST, desires for

REST, when things are not in their proper place, can not

CURSING, restrain herself in order not to curse, has to

ANGER, contradiction from

ANTAGONISM, with herself

WILL, contradiction of
THOUGHTS, two trains of thoughts
WILL, two will, feels as if she had
SUSPICIOUS, mistrustful
CARES, worries, full of others
EGOTISM
IMPATIENCE
CONFIDENCE, want of self
FORSAKEN, isolation, sensation of

I prescribed her Anac.30 , one dose. After a week she came and said to me, “ Why haven’t you given me this medicine before.” She felt relaxed. This case showed overall progress. Her acidity and flatulence problem went away with in two weeks of the medicine. 3-4 times she had reported for throat infection. Placebo was given. After a while it stopped. No joint pain. No cyst. After a few months treatment – on placebo – she used to send some one from home to pick medicine for her whereas earlier she could only be satisfied after talking to me personally. Last she called me for fever, I gave placebo – no medicine, no repetition of remedy or potency– and she got better in 2 days.

Further study about Anacardium

Why are they so concerned about the mobility?

The reason behind it is their fear, that if they become immobile then they have to depend upon others, which they can’t tolerate, as it will make their position lower to others. So even if they require help they won’t ask. And if somebody tries to help they feel bad about it. A patient says, “My friend so many times has offered his help but I have always refused to take the help. I don’t know but inspite of the fact that he is my best

friend I can't take help from him. I don't want to feel low before him." **EGOTISM.**

act-sp, agar, alco, anac, anan, androc, arn, aur, bufo, calc, cic, cemic, croto-t, cur, hydrog, lach, lap-gr-m, lap-mar-c, lyc, med, merc, nux-v, pall, par, phos, **PLAT**, sil, staph, stram, sulph, verat

"They want it but they can't take it."

‘मुझे नहीं अच्छा लगता के कोई मेरी मदद करे या किसी से मुझे मदद लेनी पड़े।’

"They should take help or they should not take help. These two thoughts run simultaneously in their mind."

THOUGHTS, two train of thoughts

acon, ANAC, anh, ant-t, aur, bar-c, cann-i, cann-s, caps, irid, kali-c, lac-c, lach, lyss, naja, op, paro-i, sep, sil, verb

"On one side in their mind they think that there is nothing wrong in asking help from others" –they should take the help – "but on other side they think how can they ask for help as it will put them low" – they should not ask for help – **WILL, contradiction of.**

acon, **ANAC**, anh, ant-t, aq-mar, aur, bar-c, cann-i, cann-s, caps, irid, *kali-c*, lac-c, *lach*, lyss, naja, op, paro-i, sep, *sil*, verb

WILL, two will, feels as if he had

Divided between the two thoughts they get confused and feel helpless to reach to a conclusion.

HELPLESSNESS, feeling (It is a state where one feels that nothing can help them or they are in a situation where it is not possible for any one to help them or they feel struck to bring themselves out of a situation.)

They curse themselves – “I am a stupid, I am an idiot, to think like this” - for this condition. **REPROACHES, himself.**

acon, ambr, anac, ars, aur, aur-ar, calc-p, cob, con, cupr, cycl, dig, germ, gink, hell, hura, hydrog, hyos, ign, lach, lap-c-b, lyc, m-arct, med, merc, myric, nat-ar, nat-m, op, ph-ac, plb, puls, sarr, sil, stram, sulph, thuj, verat

There goes a fight inside them against their own thoughts **ANTAGONISM with himself**

acon, ANAC, anh, ant-t, aur, bar-c, cann-i, cann-s, caps, irid, kali-c, lac-c, lach, lyss, naja, op, paro-i, sep, sil, verb

In their mind there are always two options runs simultaneously to fulfill a wish or work. For this reason they believe and which actually happens also that they are not capable of doing anything right, **DELUSIONS, right, does nothing** *anac, arg-n, aur, nat-c*

‘कोई भी काम से पहले मन में दो इच्छायें रहती हैं, एक इच्छा होती है वह काम कर लूँ, दूसरी इच्छा होती है की ना करूँ।’ और इस वजह से ऐसा होता भी है और मरीज को लगता भी है कि वह कुछ भी ठीक तरह से नहीं सकता।

Because of their this instability of mind on one side they curse their own blood relations and on the other side they show lots of affection towards them. One time she becomes gentle towards her husband and children and at other time she moves them away **from her. CARESSED, caressing, husband and child, then pushes away** *anac*

‘उसको पहले दूसरो पर बहुत प्यार आता है फिर वह उनको उतना ही अपने से दूर हटाती है।’

The family members of the patient are not able to understand her this behavior that one time she becomes so gentle and showers so much of affection and next time it follows by repulsive attitude of pushing away. At one moment she is talking normaly to a person and the other moment she starts cursing the same person.

A patient says, "Several time in the past it has happened that I have attempted to do a new thing and I failed miserably. But I did not feel anything bad about it. Now since this problem has started I assume before starting the work that I won't succeed, I will fail". **ANTICIPATION, examination before.**

acon, aesc, aeth, agn, alum, am-c, ambr, anac, androc, apis, ARG-N, arist-cl, ARS, aur, bamb-a, bar-c, bell, bor, bry, calad, CALC, calc-p, calc-s, camph, cann-i, canth, carb-v, CARC, CAUST, cench, chin, chin-s, cic, cina, cocc, coff, crot-c, crot-h, cupr, cypr, dig, dys-co, elaps, epip, ferr-p, fl-ac, GELS, GRAPH, hyos, IGN, iod, kali-acet, kali-br, kali-c, kali-i, kali-p, lac-c, lach, lec, levo, LYC, lyss, MED, merc, MEZ, mosch, mur-ac, naja, nat-c, nat-m, nat-p, nat-s, nux-v, ox-ac, ozone, petr, ph-ac, phos, pic-ac, plat, plb, PSOR, PULS, rhus-t, sec, sep, sil, spig, spong, staph, still, stram, stront-c, stroph, sul-ac, sulph, syc-co, syph, thuj, tub, verat, visc, zinc

"Now I have lost the confidence which I used have earlier before starting anything new." **CONFIDENCE, want of self .**

agn, alum, am-br, am-c, am-m, AMBR, aml-n, ANAC, anan, ang, anh, aq-mar, arg-n, arist-cl, ars, aur, aur-i, aur-s, bamb-a, bar-acet, bar-c, bell, bry, buth-aust, calc, calc-sil, canth, carb-an, carb-

v, carc, caust, *chin*, chlor, choc, cob, cocc, dros, *dys-co*, foll, gall-ac, gels, germ, graph, hydrog, hyos, ign, iod, *kali-c*, kali-n, kali-s, kali-sil, *lac-c*, lac-h, lach, lap-c-b, lap-gr-m, *lyc*, manc, *med*, merc, mur-ac, naja, nat-c, *nat-m*, nat-s, nat-sil, nit-ac, nitro-o, nux-v, olnd, op, ozone, pall, *petr*, *ph-ac*, phos, pic-ac, plb, prot, *puls*, ran-b, rhus-t, ruta, *sac-alb*, sant, **SIL**, spong, staph, stram, sul-ac, sul-i, sulph, sumb, syph, tab, thea, ther, verat, verb, viol-t, zinc

“Now before starting anything I have a feeling that its end would be the same as I had experienced with my last assignment. It is a fact that now I can’t handle the things properly”. A patient says, before starting something I feel that there is already something in me due to which I can not decide which way I have to go. should I do this work or not do this work”. **WILL, contradiction of** “Now I have a belief that everything I do is wrong and I can’t succeed in life”. **DELUSIONS, succeed, he cannot, does everything wrong.**

anac, *arg-n*, arn, *aur*, bamb-a, bap, bar-c, gels, naja, nat-c, nat-m, ozone, phos, sulph

“Due to this reason I don’t like to invest or start any new project.” **BUSINESS, averse to**

acon-l, agar, aloe, am-c, anac, androc, arg-n, arn, ars, ars-h, asar, aur-m, bap, *brom*, calc, carb-v, chel, *chin*, chin-s, cemic, *con*, cop, cycl, fl-ac, graph, ham, hipp, kali-ar, kali-bi, kali-br, kali-c, kali-i, kali-s, lac-ac, *lach*, laur, lil-t, lyc, mag-s, nat-ar, nat-c, **NAT-M**, nux-v, opun-a, *ph-ac*, phos, *phyt*, psor, *puls*, rhod, rhus-t, **SEP**, stann, *stram*, sulph, syph, ther

‘डाक्टर साहिब जब पिछली बार भी यह तक्लीफ हुई थी तो मैं कुछ भी नहीं कर सकी थी, मुझे ऐसे लगता है कि इस बार भी मैं कुछ

नहीं कर सकूँगी।’

A patient says, “Since this problem has started I am noticing remarkable change in my behaviour. Earlier I used to be religious and mild. I used to talk nicely with others and give respect to my elders. Now I have become impolite”. The patient told me that he has slapped his daughter who refused to obey him which he had never done before. **RUDENESS**

ambr, *anac*, androc, ant-c, aran-ix, arn, aur, aur-s, bar-c, bell, bufo, canth, carc, *cham*, *chin*, cina, dulc, eug, ferr, gall-ac, graph, hell, *hyos*, ign, *lac-c*, lach, lap-gr-m, **LYC**, lyss, med merc, nat-m, nit-ac, nux-m, *nux-v*, op, pall, par, petr, phos, **PLAT**, *psor*, rauw, rheum, sieg, spong, staph, *stram*, **VERAT**

“Now everything is changed I don’t have any feeling for God”. **GODLESS, want of religious feeling** “Many a time I curse my family members without caring about their age. I try to keep myself away from them. I feel that if I don’t face them I won’t do such things.” **CURSING, restrain himself in order not to curse, has to.(#)**

Another observation from Anac. patient :

A lady told me that sometime she feels that she is not able to express her self properly to others. OR she feels that others are not listening to her properly. For this she put some more stress in her voice so that they can hear her. This annoys the other person.

She said, “ My husband has asked me many a times to stop doing so. I am listening to you then why are you speaking to me in such a tone.”

SHRIEKING, must shriek ,feels as though she

‘मुझे लगता है शायद मैं अपनी बात दूसरो को पूरी तरह से समझा नहीं पा रही हूँ, फिर मैं थोडा जोर देकर उस बात को दोहराती हूँ, ताकि वो मुझे सुन सके । पर दूसरा आदमी मेरी इस बात से परेशान हो जाता है कि इसमे इतना चिल्लाने की क्या बात थी। आराम से या धीरे से भी तो कह सकती थी। मुझे लगता है शायद किसी ने मेरी बात सुनी ही नहीं या उन लोगों के कान तक मेरी बात पहुँच ही नहीं रही है। मुझे लगता है की शायद चिल्लाने से उस बात का वजन बढेगा और वह मेरी बात अच्छे से सुन लेंगे।’

SHRIEKING, must shriek ,feels as though she

ANACARDIUM : - Some important rubrics :

REST, when things are not in proper place, cannot

REST , desire for

FEAR , paralysis, of

WILL, two wills, feels as if he had

WILL, contradiction of

THOUGHTS, two trains of thought

ANTAGONISM, with herself

HELPLESSNESS

EGOTISM, self esteem

FASTIDIOUS

ANTICIPATION, examination before

DELUSIONS, right, does nothing

DELUSIONS, succeed, he cannot, does everything wrong

CURSING, restrain himself in order not to curse, has

to

INDIFFERENCE, religion, to his

RELIGIOUS, feeling, want of

SHRIEKING, must shriek, feels as though she

RUDENESS

GODLESS, want of religious feeling

CARESSED, caressing, husband and child, then
pushes away

AFFECTIONATE

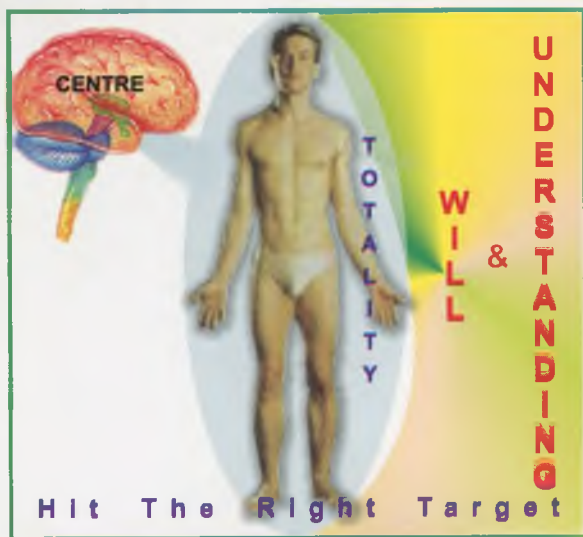
BUSINESS, averse to

REPROACHES, himself

REVERENCE, lack of

ROH BOOKS SERIES X

Dr. Sehgal's
**REDISCOVERY
OF
HOMOEOPATHY**



In Depth study of Mental State of a patient

- *Wider explanation of a rubric PERSEVERANCE*
- *Vital points to observe in a patient*
- *Clinical explanation of medicines
(Arsenicum album & anacardium orientale)
through cases and comparative study*

**By : Dr. Sanjay Sehgal
Dr. Yogesh Sehgal**

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Seminar in Zurich (Switzerland)

Rediscovery of Homoeopathy

*Keynotes of 17 medicines
with their most important rubrics*

ROH BOOKS SERIES 12

Dr. Sehgal's

**REDISCOVERY OF
HOMOEOPATHY**
(keynotes of 17 medicines
with their most important rubrics)

**Based on Series V by
Late Dr. M. L. Sehgal**

**Indian Books & Periodicals Publishers
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Rediscovery of Homoeopathy Books Series XII

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Light Inference and versions of the Patient

1

1) Inference:

कहने का तात्पर्य

Something which is not heavy, does not burden.

Version: "I like light work, I like to eat something light, I like to talk something light, I like something which lightens the already burdened mind."

मैं पहले से ही अपनी तकलीफ की वजह से इतना भारी महसूस कर रहा होता हूँ कि उस समय किसी भी तरह की बोझ वाली बात या चीज लेने की ईच्छा नहीं होती।

2) Inference:

Something which should have cooling effect that neutralizes the stress.

Version: "Sometimes due to the problem I get angry upon myself or on my mistakes. I had never imagined that, I shall have to suffer so much for my mistake. Then I try to neutralize or make myself light by consoling that next time I will take care or it is still under control or not so bad."

3) Inference:

Something which neutralizes the affect of darkness and bring the things to visibility or the facts to surface.

Version: "Dr. what is it that I am suffering from?"

एक बार पता चल जाये की मुझे हुआ क्या है तो मन में तसल्ली हो जायेगी ।

4) Inference:

Wants positive result.

Version: "Patient will ask if his disease is curable or not. How much time it will take?"

- मेरी तकलीफ ठीक तो हो जायेगी ।
- और कितना समय लग सकता है तकलीफ ठीक होने में ।

5) Inference:

Wants some hope to be given.

- आप एक बार तसल्ली दें देगें तो मन में चिंता नहीं रहेगी ।

Version: Patient says, "In allopathy there is no treatment for my problem so, I want an assurance if in homoeopathy there is some treatment for my problem."

Or

"Dr. if you simply say I will be alright I shall feel satisfied and I can continue your treatment for a long time."

6) Inference:

Wants to see only the brighter side of the things.

Versions:

- “Dr. are you sure I shall be cured?”
- “Have you cured any similar case?”
- “I don’t want to die will you be able to help me.”
- “I want to enjoy my life before I die.”

मन में एक विचार सा आता है अगर आप बुरा ना माने तो कह दूँ , आप को क्या लगता है मैं ठीक तो हो जाऊँगी , आपने ऐसे और भी मरीज देखे होंगे और ठीक किये होंगे आपको क्या लगता है मैं ठीक हो जाऊँगी।

7) Inference:

In the habit of knowing about everything in general.

Searching about their problems in medical books, journal or internet.

जब तक बीमारी का पता नहीं चल जाता तस्ल्ली नहीं होती।

Version: “During sickness, I become curious to know about my disease and also about the medicine I get from the doctor. I surf into the internet or read medical journals or articles related to my sickness.”

8) Inference:

Only wants to know the cause of the disease.

मेरी अपनी बीमारी के बारे में पुछने का एक ही कारण है वह यह की आगे जिन्दगी में ऐसी कोई समस्या दूबारा ना आ जाये।

Version: Patient says, "if I know the cause of my problem then I will take precaution so that in future such problem don't occur."

9) Inference:

Wants to live with hope.

ईलाज में समय जितना भी लग जाये बस आप एक बार तसल्ली दें दे की यह ठीक हो जायेगी तो फिर चिंता नहीं रहेगी।

Version: "I could stay without relief but if you just tell me it will get better I can stay with you for a long time."



2

What is the Need of 'Light' for a Patient?

After getting light from any source which, can either, come from (Sun, moon, or electricity like from bulb or tube etc.), or, from getting knowledge or collecting information by (asking, reading, or internet surfing, etc.) a patient can feel as if some burden or heavy thing has got removed from the already burdened or heavy mind. He can relax, sleep or work in a better way.

It's one of the common symptoms, that, after becoming sick or in some cases even before getting sick, there comes a general feeling among patients to know about certain things related to their sickness or what if they become sick? It could be related to the cause of sickness, reason how he has got sick? How he is going to get better? Or in how much time he will get better? etc.

Every individual patient has her/his own way to collect or gather information. They can do so by reading a medical book, an article related to his sickness etc., by visiting a doctor to clear their doubts, wish to have thorough check up of body, or surfing in the internet. The degree of getting information can also vary with the severity of the problem.

Light, can help in removing the darkness as a whole or in some parts. It depends upon the power or strength in light. If the light is dim then, its focus is limited to some area, object, or part. If the light is bright then, it can cover the wider area.

But, light can also become a burden in case it's too much.

SENSITIVE, to light

Too much light can prevent the eyes to open fully due to which, one cannot visualize the things properly or a patient doesn't want that entire focus should be on him /her.

So we have to keep in mind that, it's not that any amount of light is good for the patient, but, it should be according to the need. If, a patient needs 10% of light then he/she will avoid or show no interest if the light coming from the source is more than 10%. In the same manner if a patient needs the light 100%, but he is getting 10% then, he will search more or switch on more lights in room, till he gets the desired amount of light. Light can help in removing the loneliness feeling. A patient feels secure in the presence of light.

In practice we have seen that not all patients gets fully satisfied when a doctor provides them information or answer to all their queries or when they themselves try to gather information through books or some other sources. It means, if we switch on the light in a dark room one can see the things. But, still there are place like under the bed, table or chair etc. or behind something where the light can't reach. To see things there we need

extra light, in the same manner a patient comes to the doctor to get desired information which they could not get by themselves. So, some darkness always remains there. This small amount of darkness causes discomfort in a patient. Till, that doesn't get removed he remains upset, full of anxiety, fear, nervousness, or discouraged. They can even travel (visiting from one doctor to another) far (different place) to get the clear idea about their sickness.

What is dark which makes patient to look around for light to get rid of it?

Dark: Having no knowledge about the contents of anything. Bad results. Entirely or partly without light. Any close, hidden or secret things. Not easily understood, hard to make clear. Hopeless, ignorant, unenlightened, or uninformed. No hope or no promise.

If we re-perteries "light" and "dark" together we have some interesting facts like:

1) Light desire for + fear of dark:

acon., stram., bell., calc., gels., am.m., cann.s., carb.an., phos., nat.m., sanic., valer.

The fact is there are some medicines which, need light but, they have no fear of dark.

Light desire for but no fear of dark:

asar., lac., plb., ruta.

2) ANXIETY, dark in + LIGHT desire for:

Calc., carb.an, nat.m., phos., stram.

Here we see more than anxiety a patient has more fear when he is in dark.

3) Darkness agg. + Anxiety dark in + Fear dark of:

Calc., carb-an., carb-v., phos., puls., rhus.tox., stram, zinc.

And if we add light in the above combination then:

4) Darkness agg + anxiety dark in + Fear dark of + Light desire for:

Calc., carb-an., phos., stram.

5) Fear dark of + Light sensitive to:

stram.

In this last combination it's clear that here the light is out of proportion which becomes uncomfortable and patient likes to avoid it.



**Study of different medicine as why, how,
when and in what way they need
LIGHT covering the rubric
LIGHT, desire for.**

**Only those medicines are taken which
are already given in ROH book
series V written by**

Late Dr. M. L. Sehgalji

Rediscovery of Homoeopathy Books Series XII

Aconitum Napelius

3

The wish of this patient, is to know the cause of the disease.

He says, "If my problem will not get better then the result will be death for which I am not ready."

Other thing about aconite is, he likes to pass information about his problem to others. He doesn't want to conceal any type of information. He wants to provide more and more information to the doctor so, that he can get good medicine.

COMMUNICATIVE, expansive

Communicative: Inclined to give information unreserved.

Expansive: Spread out, Extending.

मेरा मन करता है कि मैं खुलकर अपनी तकलीफ के बारे में डाक्टर को बताऊँ ताकि मेरी दवाई सही ढंग से निकल सके।

But, when he comes to know that his problem is not dangerous to his life then he becomes hopeful, and confident that there is no danger to his life. He starts believing that he can easily tackle his problem.

DELUSIONS, sheep driving

Sheep: A meek unimaginative and easily lead person.

Driving: Forcing along, pushing briskly.

Many times I feel I am well. I have no disease. I start reasoning with myself perhaps the increase in heart beat was for some ordinary reason. May be my worry is imaginary, so I push myself thinking that there is no danger to my life.

I am not worried about the pain in the throat. I will bear it. What I want to be sure about is that it is not cancer. (As if he wants to say if it is sheep he is not worried but if it is snake he is afraid).

Aconite just wants hope. He can live on it even if it is false.

EXHILARATION

Exhilaration: The state of joyousness derived from internal feeling of being in the state of happiness.

It is to enjoy at the thought of present or past happy experience or like under the influence of an intoxicant or joy through the feeling of fulfillment.

Dr. if you will just say I shall be alright, that will be sufficient to keep me alive. I don't want anything else but just a word of assurance from you. Otherwise also I have full hope that you can cure me.

HOPEFUL

Rocking amel.

Rocking: Means a state of being carried to and fro. The faith in the hands, that rock is so great, that the fear of falling diminishes.

Light gives hope, and with hope he becomes defiant to continue the treatment.

PERSEVERANCE

ANXIETY, cold drinks amel.

Cold means anything which is not irritant or disagreeable. Something without heat and having cooling effect.

It means mind accepts only those thoughts which are agreeable and satisfying giving calming effect on it. Here the cooling effect is something which carries (light) ray of hope of recovery, a promise from anyone who can assure of some hope for cure (cold drink).

CARRIED desires to be, caressed and

This rubric usually we use for children or someone needs to be caressed. The other way is a patient can ask the doctor I want to remain in your contact as I feel secure.

I always feel good if I have an access to my doctor. Once doctor will hear me nicely I feel good.

But aconite is a cautious patient.

Some important rubrics:

- **COMMUNICATIVE, expansive**
- **WEEPING, anxiety, after**
- **PERSEVERANCE**

- **DELUSIONS**, sleeping while awake, insists that he was
- **HOPEFUL**, alternating with despair

Ammonium Muraticum

4

LIGHT

Wants to know if there is a chance to be come out of the problem out of the present difficult situation. His sadness gets reduced when he gets fed with the knowledge.

SADNESS, eating after amel.

Nothing satisfies me unless I am assured that the crisis ahead is going to be remedied and there is no danger of my being killed.

But he does not get satisfied with the knowledge as his aim is to find someone who can save his life. Here the aim is to avoid the crisis he had or to get out of the present crisis.

If there is a hope I will start taxing the sources to induce it towards practical action in the direction. If there is no hope I will still try to find the way out of the threatening situations.

TRAVEL, desire

Travel: To go from one place to another with a fixed aim.

He also likes something which can keep him pleasant.

MUSIC, amel.

Music: Any sweet sound which pleases the ear.

This patient feels relieved if someone feeds him with the hope of recovery. If someone tells me don't worry there is an answer to every question. These words work to soothe my mind and please the ear. But, he becomes restless because he wants to achieve the result.

"I am anxious to know whether it will be possible to overcome the present situation."

Some important rubrics:

- **DELUSIONS, enemy under, the bed is**
- **IRRITABILITY eating, amel.**
- **ENVY, hate and**



Asaram Europaeum

5

The light feeling of this medicine is that he does not want anyone to force him accepting worldly ties.

सैस्कारीक बंधन .

DELUSIONS light, incorporeal, he is

Incorporeal: Without body, spiritual, free from any bond or restriction of movement etc.

Patient says, "I don't feel I am born to live an ordinary life full of wordily restriction".

He wants to fulfill his responsibilities so that he can live a free life.

Sometimes he realizes that he is living in a falsehood and living with a feeling of well- being has no basis but still he enjoys.

DESLUSIONS, body lighter than air is

Body: The physical structure and material substance of an animal or plant.

Lighter than air: Weighing less than the air it displaces hence obtaining lift from aerostatic buoyancy.

Patient starts feeling so light in the body, that it gives him such pleasure as if he is in heaven.

EUPHORIA, feeling of lightness as after an anaesthesia

Euphoria: A feeling of exaggerated well-being without real basis.

He likes to live in the world of his imagination and pleasing himself like the person under the intoxication.

DELUSIONS, flying sensation of

Flying: Moving freely in the air. Passing through the air, moving swiftly or hastily.

A patient says, "Sometimes I feel I am much relieved and there is nothing the matter with me, which gives me a pleasant feeling".

There is an urge to find out the way to get rid of the falsehood. He realizes that he is in the dark means on the wrong path and likes to be guided to safety.

But when he finds no way out then he tries to live with the situation in the spirit of feeling of well being without bothering for reality. It gives him some satisfaction and soothing at heart for the time being. Let me not worry about the future and enjoy the present state.

MOROSE, air in open amel.

Morose: Clouded happiness, heaviness of mind, dimly light.

Air, open: An atmosphere free from restriction.

Patient says, "If I am not allowed to express my feeling properly, free from the fear of being objected my sourness remains as it. It is only after I have the chance to

openly say what I feel that I regain the normal state of mind".

Some important rubrics:

- **DELUSIONS** air, he is hovering in, like a spirit
- **DELUSIONS** floating in air, walking while
- **EUPHORIA** feeling of lightness as after anaesthesia by chlorethylene
- **DULLNESS**, vomiting amel.
- **EXCITEMENT**, pregnancy during





Belladonna

Is one of the drug which has a slight difference from all other medicines under the rubric light desire for, and that is, 'The impact of the fear (of any kind) is short lived and temporary on the mind of belladonna'.

This patient only makes small enquiries under the influence of dark:

- What is this?
- How it has happened?
- Is it serious?
- Just to know the name and cause of disease.

Why he does not take interest in long enquiries about his disease?

- He does not want to think more about the dark side of things.
- He wants short and quick answer.
- He laugh and take the negative answer lightly.
- He may also take the idea of incurability with ease because he wants to remain in the light mood.

Some important rubrics:

- **FRIGHTENED, easily**

- **ESCAPE**, attempts to
- **CARRIED**, desires to be fast
- **DELUSIONS**, poor he is
- **DELUSIONS**, possessed being

But when he is under the influence of light:

- He laughs while speaking.
- He imagines he is short of nothing.
- He lives with a feeling that he has a minor problem and does not give weightage to shortage.
- Everything around him seems to be friendly.
- Exaggerates his achievements and tries to be kind to other, taking life easy.

Some important rubrics:

- **LAUGHING**, speaking when
- **DELUSIONS**, wealth imagination of
- **DELUSIONS**, surrounded by friend, is
- **POMPOUS**
- **EXUBERANCE**: A state of extreme joy and vigor.
- **FRIVOLOUS**





Calcareo Carbonica

7

This patient fears dark and especially, if that dark is evil. But unlike bell., he has no poor imagination rather, he lives with a feeling of wealthy in all respects.

This patient has the dominant feeling (obsession) that, 'he is deficient in nothing and possesses the necessary resources and means to obtain anything'.

This patient is fond of reading articles related to his sickness and also medicine (prescribed by doctor).

So, a patient of calc. carb. says, "I don't like to sit idle". He likes doing something more. He feels uncomfortable without work. It does not mean he is dutiful. He does it because, "he does not want that anyone should observe him in the sick state".

He does not want to be looked at as a sick person all the time and be treated as such.

So what light desire is for calc.?

It is that, he should not be observed by others as a sick person. So his concern is, to get better and he is not bothered if he gets cured permanently or not.

So in calc. the light desire is to live in an atmosphere of joy, and no suffering.

Other thing which, a calc. patient likes is to attain the quality of magnet.

This patient has a feeling of being single or sole of his kind.

Some important rubrics:

- **DELUSIONS, wealth of**
- **MAGNETIZED, desires for**
- **SADNESS, idleness while**
- **ANXIETY, work a. with inclination to**
- **EXCLUSIVE, too much**
- **FEAR, observed of her condition being**
- **READING passion to read medical books**
- **DUTY, no sense of duty**
- **DISHONEST**
- **INDIFFERENCE, recovery about his**



Cannabis Sativa

8

मस्ती के mood में रहता है।

The thing which helps this patient to feel light is to take things in a humorous and funny way. Things seem to him like a game. He exhibits lively supportiveness.

He likes to express his feeling through whistling and in a gesture like spinning around on the foot.

But this energetic moment goes away when things seem to him unreal and a fear arises from stomach.

Some important rubrics:

- **LUDICROUS**, things seems

Ludicrous: Something that serves for sport and adopted to excite laughter.

- **DELIRIUM** gay, cheerful

- **VIVACIOUS**

Vivacious: Lively or animated, full of life, active participation in joyful activities.

- **GESTURES**, spinning around on the foot

- **FEAR**, stomach, arising from



Carbo Animalis

9

By nature he is affectionate, loves home and his people. He has an unceasing desire to be in home. He cannot live separated from the other members of his family, in the company of whom he grew and learnt how to eat and enjoy eating.

There is one typical situation with carb.

And it is that, "while enjoying his meal tears starts rolling from his eyes by remembering how his mother used to feed him". "How everyone in the house sits together and enjoys their meal". While he is alone he misses all this.

Some important rubrics:

- **HOMESICKNESS**
- **WEEPING, eating while**
- **FORSAKEN, feeling**

So, while he lives alone he feels himself covered with darkness. He tries to divert his attention by meditating over his circumstances and understanding them to remove darkness which is surrounding him.

To remove his restlessness due to the dark situation he wants to know that why all this has happened to him.

When he comes in light and gets to know the exact reason for other's behavior against him he keeps his cool and does not raise his voice.

Some important rubrics:

- **AFFECTIONATE**
- **MILDNESS**
- **MEDITATION**



Gelsemium Sempervirens

10

For Gels. patient light means, 'getting positive feeling and it is a must for him'. He fears the negative result. He is interested only in that physician who gives him hope of recovery. And once he gets this hope he gets clung to that physician. On his visit he keeps on asking the same question and likes to have the same answer till he remains with the same physician.

"Doctor are you sure that I shall be well?"

When a gelsemium patient is assured that his physician can help him, he starts treating him as a mother and tries to cling to him. He will give himself to the physician as a child to its mother and looks upon him with the same respect and reverence.

One thing is to remember that physician is like an adopted mother because he holds a promise, a ray of hope.

The psychology is to cling to the source of security at all cost, by hook or crook, by love or war.

This patient wants to know "If he will be alright?"

When told, "Yes".

He will ask again, "Are you sure, sir?"

Doctor: Yes

He goes away up to the door and comes back, "Sir, your assurance works a lot. Please repeat it once more."

Some important rubrics:

- **CLINGING, promises to (* Dr. Sehgal)**
- **CLINGING, held amel. Being**
- **FEAR, falling of, child holds on to the mother.**



Grindelia Robusta

11

This patient has a strong desire to enjoy life which he is not able to do because of his sickness.

This patient says, "I was like a free bird flying from place to place. I never sat at home. Always on the move, meeting people and enjoying their company.

"Doctor are you sure that I will get freedom from this problem, and I can restart my life again or free from all the restriction which I have been facing due to this problem."

This patient does not want to live a life of slave. He says, "Let me have relief at least to be free to look after myself and my home."

This patient tries to extract the promise to get cured from the doctor.

He says, "If this is destined I should quietly accept it and if it is 'HIS' wish I must take it."

Some important rubrics:

- **LONGING, sunshine, light and society, for**
- **LIGHT, desire (+ve) s***
- **FEAR, dark of**

- **MUST, sit up to breathe**



Lac Caninum**12**

This patient remains under the impression that he is suffering from an incurable disease which will prove fatal. To him death means denial of performing his duties towards his family, this he does not want. He says, "I have small children and before I die I want to fulfill my duties towards them. From inside he knows he is not sincere in his duties towards his dependents."

He wants to live.

This patient has a hope against hope.

He wants to know if there is some treatment to save him from this fatal disease.

- This patient is mostly self critical, self contempt, looking down upon himself.
- He feels he does dirty things. He has lost his respect.
- He condemns himself due to his thinking that he is deceiving others.

Some most important rubrics:

- **FEAR, consumption of**
- **DELUSIONS, dirty he is**

Dirty: A bad person at heart full of filthy and undesirable intentions.

- **DELUSIONS, disease incurable has**
- **FEAR, disease incurable has**
- **FEAR, duties she will become unable to perform the (lac. can.)**



Natrum Muriaticum**13**

One thing which a nat. mur patient lacks is determination. He says, "I have good command over many things. I am good in studies and accomplish any work but, I cannot perform to my potential due to lack of will.

Nat. mur. light desire is not constant.

The main feeling of this patient is to remain absorbed, means when she gets the reminder she starts thinking over the idea if the same state of affair continue what will happen to her.

The fear of dark (absence of knowledge about the cause of disease) and light desire for (an urge to know the cause of disease and remove it), are constantly in their mind.

Light desire for, come into the picture when she is reminded of her sickness.

The state of pregnancy is again a reminder of additional sickness and the miserable condition tagged on to it.

But the overall feeling is hopeful somewhere an assurance comes into her mind that nothing serious is going to happen and she will be well one day.

This encourages her to make effort.

Nat. mur. has two states one is concern and other is no concern for future.

Some important rubrics:

- **FEAR, of dark**
- **INDIGNATION, pregnant while**
- **ABSORBED, as to what would become of him**
- **HOPEFUL**
- **LIGHT, desire for (means she assures herself)**
- **ANXIETY, alternating with indifference**





Phosphorus

14

When the problem doesn't get better then he wants to get out of the situation but the situation is not leaving him.

Phosphorus is an intelligent patient and cannot accept things blindly. He may continue to ask till he does not get satisfied or things are not clear to him. But, he is slow in understanding and needs time to act upon the proposals for remedial measures. He says, "I need time to explain properly as to how I feel internally but let me try if I can tell you."

The other thing is, he thinks that, he is a great and distinguished person, means, he possesses some qualities which others don't have.

Next thing about phos. is there is an overall feeling of no problem that she is plus in everything there.

Phosphorous patient are slow in understanding and takes longer time to reach into the depth of the things.

Some important rubrics:

- **CONFUSION, eating after, amel.**
- **CONFUSION, air, in open, amel.**

- **DELUSIONS**, seized, as if
- **DULLNESS**, understands the question only after repetition
- **DELUSIONS**, great person he is
- **DELUSIONS**, distinguished he is
- **DELUSIONS**, wealth imagination of





Plumbum Metallicum

15

The feeling of Plumbum patient is that he has no direction in life. So, he gets excited and happy when some solution seems to be in sight.

He feels no charm inside.

Everything seems to him mechanical that is without emotions.

He looks for someone in whom he can tell his problem without any hitch.

Because he is secretive he cannot open so easily.

So what he needs is a friend in whom he can believe and can express himself with freedom.

Other important factor for this patient is that he gets bored very easily due to this he thinks he has been involved in ordinary business.

Some important rubrics:

- **DELUSIONS**, business, ordinary they are pursuing
- **CONFUSION**, loses his way in well known street
- **COMPANY** desires, for friend, of a

- SECRETIVE
- ENNUI





Ruta Graveolens

16

The basic thing with Ruta is lack of strength and energy due to which he feels he is no more useful which makes him hopeless and discouraged.

He weeps upon his miserable condition and wonder how it has happened to him.

His situation makes him confused and depressed as it becomes difficult for him to pin point his ailment. He wants to express his grief with others.

But while asking help he is not aware of his actions and words, as he wants to keep command and domination over others due to which instead of getting sympathy he gets accused by others for being unreasonable.

But he realizes his fault and wants to amend it because later he understands that he has to take care of himself.

Some important rubrics:

- **WEEPING** waking, on
- **DELUSIONS**, feeling of lassitude, weakness, and despair intense

Lassitude: Weariness of body and mind from strain (cares, worries).

- **WEARY, of life**
- **DEFIANT**

9999

Light of this medicine is to be helped and allowed to do thing his way without any objection. He likes to live the life without any responsibility or work to shoulder.

It shows the high sense of immaturity and delicacy of the person's mental set up.

This patient's mind works in one direction that is to have something new positively every day and every moment without self-effort.

He does not want to apply the mind to anything serious to do something constructive.

He is happy when he is not given any work.

He does not show interest in earning his livelihood. He likes to work at his discretion, convenience and liking. Those who share his responsibilities should do it as supporter and boost him.

Some important rubrics:

- **CARRIED, desires to be**
- **WORK, aversion to mental**
- **FEAR, work dread of**

- FEAR, downward motion of

☞☞☞



Stramonium

18

Three things are important for Stram.:

- Light
- Sunshine
- Society

This patient is conscious of his weakness but he tries to show as if he is strong, as if he is not much bothered about his poor health. He tries to copy boldness of others in the same situation and prove that the circumstances have no bearing on his mind. He covers his weakness with affectation. When he realizes that other people have come to know about his weakness he exposes himself frankly.

But, when the suffering gets intense and he feels helpless to expose himself. He starts crying, begging and praying.

Light for stram. is to have full knowledge about his problem. He would make extensive search to find out the reason and the treatment of his problem. He likes to go for proper bodily investigations like X-ray, MRI, ECG. The interesting fact is he may avoid to get blood investigation as he is afraid of syringe or needle.

He gets satisfied once he gets the light means knowledge.

He enjoys the company of like-minded people.

Some important rubrics:

- **HELPLESSNESS**, feeling of
- **AFFECTATION**
- **NAKED**, wants to be
- **DELIRIUM**, crying help for
- **PRAYING**
- **LONGING**, sunshine, light and society, for
- **SHINING**, objects amel.
 Shining: Glittering, bright
- **DELUSIONS**, pure she is
- **DELUSIONS**, pleasing





Valeriana Officinalis

19

The predominating thing about Valeriana patient is that he does not lose his balance of mind in any circumstances, even in adverse situations. He is very strong in his conviction. He sticks to his point like if he thinks he is right then no one can change it. He becomes wild on slight contradiction. He is poor in one respect only and that is, his adjustment or accommodation with the members of his family, still he loves his home.

That time he will even forget the norms of civility. But he gets cool down as he could sense the reality of the situation and tries to take thing lightly and decide not to bother much about what others do. He feels that to keep away from involvements in unpleasant things the best way is to remain free from fear and anxieties which helps in attaining the peace of mind.

Some important rubrics:

- **EMOTIONS, predominated by intellect**

Emotions: An effective state of consciousness in which joy, sorrow, hate is experienced.

Intellect: The faculty of mind by which one knows or understands.

- **FEAR**, air in open amel.
- **RESTLESSNESS**, air in open amel.
- **TWILIGHT**, agg. mental symptoms



**“Homoeopathy is the latest
and refined method of treating
patients-economically and non-violently
Government must encourage and
patronize it in our country”**

Mahatma Gandhi
“The Father of Nation”

ROH BOOKS SERIES 13

Dr. Sehgal's

REDISCOVERY OF HOMOEOPATHY

Unearthing (*Bring to light*)
The Missing Links

Based on:

Sehgal's Method

Founder, Late Dr. M. L. Sehgal

by:

Dr. Sehgal Brothers



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Dedication

This book is dedicated to
Late Dr. M. L. Sehgal
Founder, Dr. Sehgal's School
of Revolutionized Homoeopathy

Preface

Dr. Sehgal's School of Revolutionized Homoeopathy

Firstly, the word, 'Revolutionized' itself invites the doubt/criticism and create a block in the mind. For those, who have been practicing homoeopathy, on the basis of totality, that is, collecting all the symptoms from Mind and Body, it was astonishing or it was rather reversal of their day to day thinking. The main intention of Master Dr. M. L. Sehgal to give name Revolutionized was, only, to bring attention of homoeopaths around the world to his work for the benefit of the humanity. It was not his motive to get fame and name but, his aim was to achieve results. Criticism had never bothered him in any way. It is important to understand that it was to make homoeopathy competitive and parallel and somehow better to allopathy. He had used his own body as experimental tool to perfect the art of using mind rubrics. In my opinion, it is far easier to note physical and mind symptoms in proving than, to note the changes takes place at the mental state.

To describe Revolutionized Homoeopathy in simple terms is, it is the next step in proper application of

homoeopathy as enunciated by the original work of Master Hahnemann.

We can call his work revolutionized, as it gave us a new view to look into the cases i.e., on the basis of mind only. Let us make it clear that, 'we don't claim that before this discovery no one had used mind rubrics or mind symptoms in their cases but, unlike this approach, mind had never been used or is being used as a sole tool to finalize the medicine, as comparison to the importance given to the other tools like modalities, generalities or thermal etc. The other aspect of revolutionized method is that basic principles and law given by Master Dr. Hahnemann are not compromised. The main focus in this approach is on Center, and not the Totality of symptoms.

The books and lectures presented by Dr. M. L. Sehgal have clearly requested the readers to keep an open and clear mind of principles of totality in order to understand the implications of it.

The revolutionized method has been very widely appreciated and being practiced in many parts of the world, still some have failed to apply it properly or used it half-heartedly without achieving any results.

By curing several rejected cases from allopathic medicine, he had proved the efficacy of his research. It is the work of sheer dedication and selflessness of Master, Dr. M. L. Sehgal that, several homoeopaths all around the world are now practicing his system with a great success, thus helping humanity.

Author

Biography of
Dr. Madan Lal Sehgal





Doctor, **Madan Lal Sehgal**, (23rd February 1929 - 29th May 2002), born and raised in a Hindu family (Father, Shri, Diwan Krishan Lal sehgal- *The title Diwan, refer to a number of Middle Eastern titles used in various languages for high officials, especially of cabinet rank, or as a rank of high nobility in South Asia-* and mother, Smt. Vidyawati Sehgal) in Pindigheb near the border of North-West frontier province now in Pakistan.

Religion: Hindu, Kshatriya (from Kshatra, "rule, authority") is one of the four Varna (social orders) of the Hindu society.

Traditionally, the Kshatriya constituted the ruling and military elite. Their role was to protect society by fighting in wartime and governing in peacetime.

His father, an idealist, was a school teacher against the wishes of family who wanted him to choose some other means of income. Because of the sickness of mother, Dr. M. L. Sehgal was taken to another town to be looked after by his maternal grandparents when he was 40 days old. He grew up in an atmosphere of love and care by his grandparents. He was the eldest of two children. His younger brother (Mr. Suraj Prakash Sehgal) got settled in Great Britain with his family and worked

there in Income tax department. In the year 1945, he had completed his studies till matriculation (10th standard) in village school and later for further studies he shifted to another town (Rawalpindi-now in Pakistan). To continue his studies he did some small jobs.

As the family was not affluent, his father asked him to find some job. He took up a small job in a defence set up in Rawalpindi. Soon came the partition during which his family got settled in Delhi, but while migrating he could not accompany his family due to living in separate cities. For almost six months his family had no clue about him. Upon reaching India, for a short time he stayed in his friend's house in Jalandhar (border area in India).

It was a hard time for him to start life in an entirely new place and continue his studies. He did his graduation (Bachelor of Arts) in Delhi. His love for Hinduism was strong. In his youth he remained active in many field like politics, working in Arya Samaj temple and joined Rashtriya Swayamsevek Sangh (National Volunteer Organization).

He married Bimla Makol on 4th December 1955. It was an arranged marriage.

He joined M.T.N.L. a telecommunication company, but he had only a desultory interest in his job. At heart he wasn't happy with the job.

He was a man of honesty and dignity. Whatever assignment he took in hand, he would do it with full determination and honesty.

In his service, he was also an active member of Trade Union and would fight for justice. His senior officers liked him for his dedication and for that when all other Trade union members were suspended due to some official reason, his seniors told in the court that they have no grudges against him and he can join the office. They didn't put any charge against him. But, for the sake of his other colleagues he refused the offer, and told the management that he will only join the office when all his colleagues will be taken back. Eventually after 6 months, they won the case and he joined the office with other colleagues.

Internally he wasn't happy to do 9 am to 5 pm job, as there was no creativity and no help for humanity. He was in search for some real work by which he could help people.

It was by chance that, he befriended a doctor practicing homoeopathy. After office hours in the evening he would visit him and read books and other homoeopathic literature. Seeing his interest in homoeopathy, the doctor advised him to study homoeopathy. As he was looking for something creative, his doctor friend helped him joining a Homoeopathic course. He kept on visiting his friend's clinic in the evening and on weekend with his doctor friend he used to visit nearby villages to treat patients with homoeopathy (between, the period 1971 to 1973).

Impressed by his dedication and zeal to study homoeopathy, his doctor friend advised him to leave the job and start homoeopathy as a profession.

It was a turning point in his life. He grasped the opportunity. It was like a dream come true to serve humanity. Due to financial compulsions, he started studying and practicing homoeopathy along with his job.

His passion to learn was so much that he would save money to buy books and medicines from his own savings. He would walk 7 K.m. to office, buy new clothes when necessary and meeting friends for movies once in 2-3 months in order to save the money so that his family would not have to compromise with their lifestyle.

Finally, in 1983 he left his job and dedicated his life for homoeopathy.

In the same year he laid down the foundation of Dr. Sehgal's School of Revolutionized Homoeopathy in Paharganj, New Delhi. His work is known as '**Sehgal Method**'.

His research on understanding the mental state of the patient and mind rubrics was supported by learned and famous homoeopaths like Dr. H. L. Chitkara, Dr. R. K. Kapoor and Dr. D. P. Rastogi, Dr. Med. Gerhardus Lang (Germany) and many more national and international doctors. Besides support there were lots of criticism but it didn't lower his spirit as he was confident about his work. He was always ready to share his knowledge with others.

He had spent a simple life dedicated to homoeopathy. His motto was that till his last breath he would serve homoeopathy. He asked all his followers that if they get benefited by his work then they should

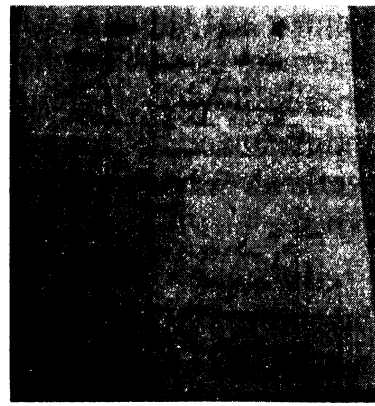
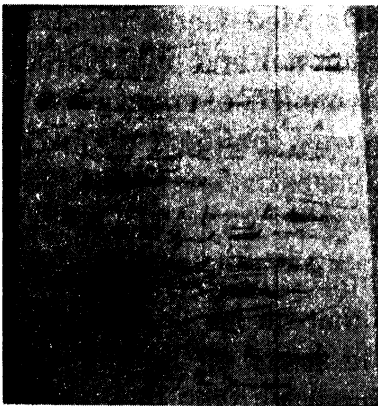
pass it to at least 5 physicians as his fees. He would study for hours and keep on writing.

He started getting invitations from different organizations to present seminars. He presented his first seminar abroad in 1994 Netherlands. From 1991 till 2000, he had presented several seminars in different cities of India, Germany, Italy and Great Britain.

He authored ROH books series I to VIII.

In his lifetime, he enjoyed a large following and was widely admired across the world for his original work in Homoeopathy. His birthday, 23rd February is celebrated in Delhi (India). Every year on his birth anniversary, we have been organizing a seminar in Delhi which is attended by homoeopaths from all over India and neighbouring country (Bangladesh).

His health began declining steadily after 2001. Even, in his bad health he kept on writing. On 29th May 2002, around 4.30am he died. The cause of his death is believed to be natural.



Notes found in one of his books

“Who is a Physician?”

- a. Physician is born and not made. The one who, apart from finding suitable medicine for his patient’s ailment has, the power and imagination to perceive, what other than the medicine he (patient) needs.
- b. Physician has the power to understand from the patient’s speech, action and gesture, the signals indicating the remedy.
- c. Physician is the one who also acts as a father figure and give confidence to his patient, that he is a person, who is capable, and assures to take away all the pains and suffering and that patient needs not have any worry so long as his hand is on his head.
- d. A physician also acts as a mother in whom the patient has the confidence that he is the only person who understands patient’s problem and has the right solution to helping him in solving them.

The loss to humanity that is caused by his death cannot be recouped.

We All Miss You

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Background of Revolutionized Homoeopathy

In the year 1976, Late, Dr. M. L. Sehgal, had discovered an original and practical approach in homoeopathy. That approach was comprised of, understanding the common version of the patient, interpreting the feeling behind, 'what the patient has to say about his problem' and, choosing the appropriate mind rubrics.

In the very beginning of his practice he had a feeling that, he is missing something. While going through the repertory for solving the cases in usual classical way of repertorizing the case and, prescribing the medicine on the basis of totality, curiously he would look upon the mind rubrics given in the front pages of Kent Repertory. He wanted to learn and use them but, he had no clue how to use it as no literature was available on the understanding of mind rubrics except, some references in *Materia Medica's*.

He made a pledge that he will not practice till he finds the answer to the mind rubrics. After an initial struggle to understand the depth of mind rubrics, he started to solve cases only on the basis of mind rubrics. With a mixture of success and failures, he kept on studying day and night to understand and apply mind rubric in a simple and practical form. Inside he knew that, he has found a vital key to make homoeopathy treatment more successful. After years of hard work, he had started applying mind rubrics in every case invariably if it is an acute or chronic/mental or physical problem.

It was not an easy task for him to decode the language of the rubrics. First task for him was to come out with the right meaning of every word from a rubric, after clubbing every meaning then to understand the sense of whole rubric. After solving few cases only using the mind rubrics he got what he was looking for, a key to decode the rubrics given in the mind section of Kent Repertory.

His approach of understanding and using the mind rubrics is entirely different from other homoeopaths of his era and present era. In the beginning when he shared about his idea of using mind rubric with his colleagues, some of them had mocked, straight away rejected, or they told him it's impossible to apply in every case. It didn't kill his spirit and, he kept on making efforts without bothering about any criticism, as he was confident that his discovery is going to bring a revolution in homoeopathy.

He was the first who had considered using the common and usual version of the patient rather than usual application of rare, uncommon, and peculiar symptoms of the patient. He taught us how to understand the mental state of the patient by interpreting the common version of the patient and converting them into the rubric.

Because of his revolutionary research, thousands of homoeopaths are able to understand and use the mind rubrics with success.

This book is an effort to give more of an in site picture about his approach which has been named by his devoted followers as 'Sehgal Method'.



Rediscovery of Homoeopathy Books Series XIII

Finer Points about Sehgal Method



To understand how this method works, it is important to know, the difference between, mind, mental, and mental state, and role of emotions in a sick state.

Mind:

- The seat of awareness, thought, will, feeling; understanding and emotional phenomena and powers as constituting a controlling system.
- The faculty of memory.

Mental:

- Disorders or illnesses of the mind.

Mental State:

- An emotional condition experienced by a person at a particular time.
- An emotional condition reflected by person's Manner, conduct or feeling.

In a case taking, a physician may come across different types of emotions from patients. An individual patient exhibits emotions pertaining to his sickness in his own way. Some patients have no difficulty in sharing their emotions and, some are hesitant to talk about it.

It is also possible that some patients are not sure or feel weird when asked about their emotions, especially, in those cases which predominantly belong to physical problems. Surprised by emotional inquiry, they may ask the physician the reason to talk about their emotions which, for them are not necessary as their problem is only physical and mentally they are sound. It is not an easy thing for a patient to understand the role of emotions in finding remedy especially, when they are visiting first time in their life for homoeopathic treatment. To such patients we can say that, 'With any disturbance in the mind or body emotions are the first to get influenced, and with the help of emotions finding a remedy is easier and more accurate.'

For example, in some cases a physician notices that, while narrating symptoms a patient exhibits some emotions, like, weeping, laughing, smiling, frowning, shying, or blushing etc. Only in Sehgal's approach such emotions are probed further to understand the right feeling behind every individual emotion.

For example, "A patient while telling about his pain starts weeping."

When asked the reason to weep, he may say, "It's natural that, "A patient, may weep in pain."

Up to this level we can use the rubric, 'WEEPING, pain with the'.

WEEPING; pains; with the (24) acon, adam, ars, asaf, bell, canth, cham, cina, *coff*, glon, kali-c, lach, lyc, merc, merc-c, mez, mosch, *nux-v*, op, plat, puls, staph, stram, verat.

First thing, before applying the rubric is to understand the word 'WITH'.

With: Accompanying. *I am staying with my brother. I am traveling with my son.*

Second thing, to understand why, he has to weep with the pain?

D.: Why do you weep with the pain?

(Here we are trying to understand the connection between weeping and pain, and also the feeling behind pain which brings weeping.)

For this particular rubric a patient says, "The reason of my weeping is, "This pain is not going away," "it is with me all the time and I want to get rid of it."

"The feeling of the patient is, of getting possessed by pain."

After understanding the meaning of the rubric, the other task is to understand the reason of each medicine for weeping with the pain, as we see in the rubric, WEEPING, pain with the.

Dr. Sehgal was the first who not only understood the Delusions (Page No. 115) and Delirium but gave the homoeopathic fraternity a right way to apply them (please refer to ROH books series 1, 1A).

From the above example, we can learn that, how significant it is to understand the feeling* related to pain.

*Feelings:

- Outcome of any kind of problem occurring at physical or the mental level.
- A patient expresses it in a natural way as it comes. Once the feeling gets created in the mind for one object it's difficult to change it.

So, in the Sehgal approach, we concentrate in *understanding the present mental state* of a patient in every disease and interpret the common version used by the patient to express his state into the rubrics of the Mind.

Why it happens that while narrating the symptoms a patient starts weeping or crying?

For that we have to understand the functioning of the Mind.

Mind has two faculties' which are, "intelligence and emotions."

During a healthy state, intellectual faculty rules the emotions, For example, after some wrong happening/s or when a person is in a stress due to family, work, friend etc. with the help of strong intellectual, a person can keep his emotions in balance and he reacts under a limit.

In contrast to this, during the sick state emotions starts ruling the intelligence. For example, a physician may observe that, a patient suffering with fever, cough, hypertension, or any acute or chronic problem, starts,

weeping, crying or laughing and when asked, "Why is he weeping or crying or laughing"? He may answer, "I don't know or I try not to weep or cry but, I am not able to control it.

Upon asking if he or she has tried to control it?

Patient may answer, yes I try to control it but, I fail to control it.

Patient may say, "Doctor, I tell to myself that, it is not good or I must not weep or laugh but, I fail to do so and, it has started after I became sick. Earlier, before becoming sick I was able to control my emotions."

Another example:

A patient comes and says, "Doctor, I don't know but, these days after I have become sick, I am getting irritated very easily, on a slightest provocation or on some matters which generally I used to ignore when I was healthy".

Next focus was what is more important for the patient?

Dr. Sehgal was the first who gave the idea that present, predominating, and persisting symptoms are the most important part of a case. (Please refer to the ROH book series 1 and 1A)

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Rediscovery of Homoeopathy Books Series XIII

Unearthing (Bring to light) Missing Links (Understanding of Man)

3

The missing links are those issues, which create a gap between the understanding of physician and a patient. Many a times a physician feels he has understood a patient and prescribes the medicine but, patient doesn't feel better by it. Physician tries and tries and still no success and, ultimately he loses the patient. It's not possible or there is no guaranteed or assured way, to hit the right target every time with the success. Sometimes we fail to understand the missing link due to which, we could not solve a case. Apart from physical or mental symptoms, there are certain issues which, get ignored or are not given importance in case taking. The mismatch is, patient has his or her own way to communicate about his or her problem and, physician has his or her own way to look into the symptoms. In this chapter, focus is given on those missing links which play a vital role in understanding the state of mind and can help in minimizing the failures.

It is not necessary that a patient will come and speak about his problem, or show his concern about his sickness. He may come and speak about social issues, business, family matters, etc. which, may be the direct cause of sickness or get elevated or decreased with the onset of sickness.

Every individual patient, has his own way to express his or her problem whether, it's related to sickness or any other issue in a special way or in a common way. During case taking, a physician looks for rare, uncommon expressions and don't pay attention to common expressions like, "Doctor, what is the cause of my problem", "Please tell me Doctor in how many days I shall get better." Or "Please give me a strong medicine by which I can get quick relief", "He has come with lot of hopes/or with faith that his problem will get solved by homoeopathy" or "he wish to know in how much time his problem will get better" etc.

All and same like the above mentioned common expressions could be used as an entry points to a case.

Likewise, there are many other simple ways we can work on to understand a MAN. Following are some examples:

1st Point: How a patient has come.

- i. With reference
- ii. Without reference

i. If a patient visit to a doctor after he gets reference:

In the first interview if we ask a patient, "how he has decided to visit you or how he has come to know about you?"

He may say, "He has got reference from someone close to him or a friend or a patient who was treated by you."

When a patient tells you, he has come after he had got reference from someone, this point we can use as an entry point to the case.

Doctor: What was that you heard, that you decided to visit me?

Patient: I was told that you are an experienced doctor and, have cured many cases similar to me or you give ample time to a patient or you are a kind doctor etc.

Doctor: After you got reference have you verified about me, or you just thought to visit without any verification about me?

Patient: I haven't done any verification. The moment I came to know about you, I had immediately decided to visit you. I called you and fixed the appointment.

Doctor: Why you did not verify about me?

Patient:

- a. I didn't feel the need to do so.
- b. I have a trust on the person who referred me to you.
- c. It's not hard for me to trust others especially if someone close or a friend recommends me.

Certain rubrics can be used for above versions:

- **CREDULOUS (4)** *bar-c, bell, puls, staph*
- **NAIVE (6)** *bell, bov, cic, falco-p, lava-f, stram*

ii. **If a patient visits a doctor, on his own without any reference then:**

And, if a patient says, "No one has recommended him, it's my own decision."

Doctor: How come you know about me?

Patient may say, "While searching for a doctor in the internet I came to know about you or while walking around I saw a name plate with your name and below its written Homeopath, that moment I thought maybe I can visit you for my problem or I have a habit of reading medical articles or journals or I called a helpline number to know if there is a homoeopathic doctor nearby etc."

Rubrics which can be used for a patient who visit a doctor without any reference are:

- **READING; passion to read medical books (5)** *calc, nux-v, puls, staph, sulph*
- **LIGHT; desire for (21)** *acon, am-m, asar, BELL, calc, cann-s, carb-an, choc, GELS, grin, haliae-lc, irid, lac-c, nat-m, phos, plb, ruta, sanic, STRAM, stront, valer*
- **INQUISITIVE (11)** *agar, aur, choc, hyos, lach, laur, lyc, puls, sep, sulph, verat*

2nd Point: What is need of the patient to visit a doctor?

One of the painful things for a patient is that, “he doesn’t get enough time from a doctor or he never got the opportunity to tell what he needs or what is the reason for him to visit a doctor is.”

So it’s good to ask the patient after he tells you about his sickness that, “what he needs from you or what is his expectation from treatment or what according to him should get better.”

It means while focusing on the disease part as a physician we must also focus on what is the need of a patient or we must listen to his demands. We should not speculate, assume or imagine beforehand that, we know the reason or need of a patient who visits us. We have to be unprejudiced and let the patient decide or tell his need or expectation from treatment.

This can help him to bring out his natural feelings.

Following are certain issues, which a patient may ask a physician to focus on with or without giving importance to his actual sickness. A patient may ask a doctor if it is possible that, with the treatment one of the following points may also be taken care of like:

- Bring me out of this problem.
- I want to live.
- I want to be healthy.
- I don’t want to be in the bed always.
- I want my freedom or I want to be free from all problems in my life.
- I can’t hear remarks like “I am a sick person”.

- I don't want to show others that I am a sick person.
- I want to be productive.
- I don't want to be dependent upon others.
- I want my independency.
- I want to enjoy.
- I can't tolerate it.
- It's enough.

If we just try to go into the depth of his need or demand we can easily understand the HIDDEN emotions (which a physician failed to see or judge) which we may MISS and are the actual reason for his sickness.

If a physician could be able to decode the hidden emotions, it will help coming closer to a patient's need and make it easier to find similitum.

After learning about the MISSED OR HIDDEN emotions the next job is to interpret them and then to convert into a right rubric.

For example:

Patient says, "I want to be healthy"?

Doctor: What do you mean by healthy?

Patient: Healthy means, I can perform my duties, I can eat what I want, I can go where I wish to go, to be look nice, to be good looking or I can concentrate on my work without any effort.

Doctor: So you don't think you are healthy?

Patient: After getting sick I think I am not healthy. My energy level has gone down.

Doctor: For what you have come to me?

Patient: Basic reason, besides, getting medicine for my other complaints, is, to get my healthy feelings back.

(Here we come to learn that the concern of the patient or the hidden need of the patient is not only his physical or mental problem but to get back his healthy feeling)

What is predominating in the mind of the patient is "Healthy feeling".

And feeling behind being healthy could be, freedom, independent, happy, etc.

The question here is why a physician should give importance to healthy feeling?

Answer is, till this feeling of healthy remains in the mind of the patient, he will remain in a sick state even if physical or mental symptoms gets improved. So, to say a patient keeps on asking the doctor that, "even though his symptom has got improved but inspite he is not feeling well as the healthy feeling still remain there".

General Rubrics:

- **ANXIETY**; health; about (56) acet-ac, acon, adam, agar, alum, alum-p, alum-sil, am-c, androc, *arg-m*, arg-n, arist-cl, arn, ars, ars-h, brom, bry, *calad*, *calc*, calc-ar, calc-p, calc-s, calc-sil, carc, *chin-ar*, choc, cocc, cop, glon, grat, ign, **KALI-AR**, kali-c, kali-p, kali-sil, lac-c, lach, **LYC**, mag-m, nat-c, nat-p, **NIT-AC**, nux-m, nux-v, *ph-ac*, **PHEL**, *phos*, poddo, posit, psor, *puls*, sel, *sep*, sil, staph, sulph
- **DESPAIR**; health; of (3) adam, calc, staph
- **LOQUACITY**; health; about his (1) **NUX-V**
- **SADNESS**; health; about the (3) acon, *sep*, staph

But the in depth rubrics behind feeling of being healthy issue are:

- **DELUSIONS**; poor; he is (10) *bell, calc-f, hep, mez, nux-v, psor, salx-f, sep, stram, valer*
- **FASTIDIOUS** (18) *alum, anac, ars, CARC, con, cynic-g, dream-p, falco-p, graph, haliae-lc, lac-ac, lac-h, nat-m, nat-s, nux-v, posit, PULS, thuj*
- **FEAR**; society; of his position in (3) *sep, staph, vat*
- **FEAR**; observed; of her condition being (8) *atro, CALC, chel, choc, falco-p, lap-c-b, lap-mar-c, salx-f*
- **VANITY** (8) *bell, lap-mar-c, lyc, merc, nux-v, plat, puls, sulph*

3rd Point: What a patient thinks about his problem?

Next point is not what a doctor thinks about patient's sickness rather it's more important to know/understand what patient thinks about his problem like".

Is the problem is curable or incurable?

Is there any remedy for his problem in homeopathy?

Before decoding the above points we must ask the patient:

If he thinks about the above issues all the time or when he is free or without any specific reason etc.

Patient may say, "I don't think all the time but when it pains then I think if it's curable or not"?

Normally, I don't think about it but, sometimes while talking or some topic related to my sickness comes that time I start thinking about my sickness.

And what kind of thoughts appears in his mind?

Thoughts like, if I will get better, if yes, then in how much time and if not, then what are the options.

Further we can probe about:

Are the thoughts negative or positive?

It means, even if a patient feels the problem is curable still he can be negative and on the other hand if a patient feels there are chances that his sickness will never get better still he can be positive.

A negative patient gives up easily or needs a lots of boosting to fight back, even if he is getting response from treatment, but he is not satisfy with the kind of result as his expectations are not fully met, whereas, a positive person is always hopeful or keeps on fighting back in spite of no result from any treatment.

It is another unbiased way of looking into a case.

Rubrics for negative state, with no hope, incurable feeling, when there is no change in sickness or even if there is a little or substantial improvement in the case.

- **DELUSIONS;** fail; everything will (7) act-sp, aq-mar, *arg-n, aur, merc, nux-v, sil*
- **DESPAIR;** recovery; of (49) *acon, adam, agath-a, ALUM, aq-mar, ARS, aur-ar, aur-i, aur-s, bapt, bar-c, bry, CALC, calc-ar, calc-s, cann-i, carc, caust, cham, chlol, cimic, coloc, germ, hell, hura, ign, kali-ar, kali-br, kali-c, kreos, lac-c, lach, lyc, mag-c, med, merc, nat-s, nit-ac, nux-v, plut-n, psor, salx-f, sep, sil, SYPH, ther, thyr, verat, zinc*

- **DESPAIR**; recovery; of; convalescence; during (1) *psor*
- **DISCONCERTED** (2) *brom, ign*
- **DISCONTENTED**; displeased; dissatisfied (169) *acon, adam, aeth, agar, agath-a, agn, aids, alet, all-c, aloe, alum, alum-p, alum-sil, am-c, am-m, ANAC, androc, ang, ant-c, ant-t, apis, arist-cl, arn, ars, ars-i, ars-s-f, asaf, asar, aur, aur-ar, aur-m, aur-s, bar-c, bell, berb, bism, bor, bov, brom, bry, calc, calc-ar, calc-i, CALC-P, calc-s, calc-sil, cann-s, canth, caps, carb-ac, carb-an, carbn-s, carc, caust, cham, chel, chin, chin-ar, cic, cina, cinnam, cinnb, clem, cob, cocc, coff, colch, coloc, con, croto-t, cupr, dream-p, dulc, eug, ferr, ferr-ar, ferr-p, fl-ac, goss, graph, grat, ham, hell, hep, hipp, hura, ign, indg, indol, iod, ip, jug-r, kali-ar, kali-c, kali-m, kali-n, kali-p, kali-s, kali-sil, kreos, lach, laur, lava-f, led, lepi, lil-t, lyc, lyss, mag-c, mag-m, mag-p, mag-s, manc, mand, mang, m-aust, meny, MERC, merc-c, mez, moly, mur-ac, nat-ar, nat-c, NAT-M, nat-p, neon, nit-ac, nux-v, ol-an, olnd, op, orig, pall, plb, posit, prun, psor, puls, ran-b, rheum, rhod, rhus-t, rob, ruta, salx-f, samb, sars, sel, sep, sil, sin-n, spong, stann, staph, stram, stront-c, sul-i, SULPH, syph, tab, tarent, teucr, ther, thuj, til, tub, viol-t, zinc*
- **DISCOURAGED**; impatience; with (1) *calc*
- **DISCOURAGED**; pain; from (4) *colch, hep, lach, nux-v*
- **DOUBTFUL**; recovery; of (31) *acon, agn, alum, arn, ars, ars-h, aur, bry, calc, calc-sil, cecr, ign, kali-c, kreos, lac-c, lach, lept, lil-t, lyc, merc, nat-s, nit-ac, nux-v, ph-ac, phos, psor, puls, sep, stann, sulph, syph*

- **DOUBTFUL**; recovery; of; medicine is useless (2) *alumn, ars*
- **FEAR**; disease; incurable of being (15) *acon, alum, arg-n, arn, cact, calc, calc-sil, carc, cecr, cimic, ign, lac-c, lach, lil-t, stann*
- **INDIFFERENCE**; recovery; about his (3) *ars, aur-m-n, calc*
- **PESSIMIST** (19) *agar-st, ars, aur, bar-c, calc, caust, cecr, falco-p, halo, hyos, lach, nux-v, pers, plut-n, posit, psor, sep, stann, vip-a*
- **RESIGNATION** (15) *agar, agath-a, agn, anh, bry, chin-b, hydrog, lyc, nat-m, nit-ac, ph-ac, pic-ac, posit, sulph, tab*
- **SUICIDAL** (100) *adam, alco, alum, ambr, am-c, anac, anath, anh, ant-c, ant-t, arg-n, arist-cl, ars, asaf, AUR, aur-ar, AUR-M, bell, buni-o, calc, calc-sil, caps, carb-v, carc, caust, chel, chin, chin-ar, cic, cimic, clem, crot-h, cur, der, dros, falco-p, fuli, gels, graph, grat, haliae-lc, hell, hep, hipp, hydr-ac, hyos, ign, iod, iodof, kali-ar, kali-br, kreos, lac-d, lach, lap-mar-c, lil-t, lyc, med, meli, merc, merc-aur, mez, morph, naja, nat-m, NAT-S, nit-ac, nux-v, op, orig, phos, plat, plb, plut-n, posit, PSOR, puls, rauw, reser, rhus-t, sarr, sec, sep, sil, spig, staph, stel, stram, sulph, tab, tarent, ter, thea, thuj, thuj-l, tub, ust, verat, zinc, ziz*
- **UNFORTUNATE, FEELS** (20) *bry, carb-v, carc, chel, chin, cub, graph, hell, hura, ip, kali-c, lyc, plut-n, rhus-t, sars, sep, staph, sulph, tab, verat*

Rubrics for positive state, with hope, curable feeling, when there is change in sickness, or get assurance or belief in God or even if there is a no, little or substantial improvement in the case, the positive feelings remain intact, for such state rubrics are:

- **DEFIANT** (25) *acon, agath-a, alum, am-c, anac, androc, arn, bell, canth, CAUST, cina, guai, ign, irid, kreos, lava-f, lyc, nux-v, ph-ac, salx-f, sec, sep, sil, spong, sulph*
- **HOPEFUL** (14) *acon, aids, androc, aur, calc, falco-p, ferr-ma, hydr, nat-m, sang, seneg, sulph, tub, verat*
- **OPTIMISTIC** (20) *aids, androc, anh, calc, choc, dream-p, falco-p, ferr-m, fl-ac, hydr, hydrog, lap-mar-c, lava-f, lyc, nep, nux-v, puls, sil, sulph, visc*
- **OPTIMISTIC**; in spite of the weakness (3) *falco-p, gali, kali-c*
- **PERSEVERANCE** (12) *acon, bry, caps, dig, dros, guare, lyc, nat-c, nit-ac, nux-v, phos, sulph*
- **POSITIVENESS** (17) *adam, aids, androc, ars, camph, caust, choc, ferr, hydrog, lach, lac-h, lava-f, merc, nux-v, posit, salx-f, sep*
- **REST**; when things not to proper place; cannot (3) *anac, ars, CARC*

4th Point: How the problem is affecting the life?

Patient may say, "Since he has become sick, lots of changes have appeared in his life which could be related to his personal or professional life. Like, he doesn't feel enough motivated for his job or business or no desire for

any kind of interaction, company with family members or friends.

What is the reason for losing motivation or disliking for company?

It could be tiredness, fatigue, exhaustion, lethargy or prostration due to sickness which doesn't allow patient to concentrate in his work or he feels stressed in the company as he has no energy to talk or take part in conversation.

We can ask the patient if there is a complete loss of motivation or there is motivation but due to loss or lack of energy he doesn't get enough motivation to move or work.

Patient may say, "He has no interest at all in work or business or he has interest but has no energy to take part in work or business."

- **BED**; remain in desires to; (18) adam, alum, alumn, ant-c, *arg-n*, choc, con, dream-p, *hyos*, merc, plut-n, psor, puls, rob, salx-f, sep, sil, verat-v
- **DUTY**; aversion to domestic (4) cench, cit-l, falco-p, sul-i
- **DUTY**; no sense of duty (12) alum, ambr, anac, ars, **CALC**, coloc, hep, lach, merc, nat-m, sil, sulph
- **EAT**; refuses to (22) ars, bell, *bor*, caul, caust, cocc, croc, grat, **HYOS**, *ign*, **KALI-CHL**, kali-p, lach, op, **PH-AC**, *phyt*, plat, puls, sep, **TARENT**, **VERAT**, **VIOL-O**
- **INDIFFERENCE**; lies with eyes closed (3) *arg-n*, cocc, *sep*

- **INDIFFERENCE**; life; to (14) absin, *ars*, bov, cham, lap-gr-m, lyc, *merc*, phos, *phyt*, plut-n, *sep*, sulph, *tab*, *xan*
- **INDIFFERENCE**; pleasure; to (46) alum, anac, androc, *arg-n*, *ars*, calc-ar, *cham*, chin-ar, *chin-s*, cocc, croc, ferr-p, graph, **HELL**, hep, hura, ip, kali-ar, kali-c, kali-m, kali-sil, mag-c, mag-m, meph, mez, mur-ac, nat-ar, nat-c, **NAT-M**, *nit-ac*, **OP**, petr, plut-n, posit, prun, *puls*, salx-f, sars, *sep*, spig, stann, staph, stram, **SULPH**, *tab*, *ther*
- **TORPOR** (27) am-c, apis, berb, carc, *cic*, *crot-h*, cupr, dream-p, *gels*, *hyos*, *iod*, kali-bi, kali-br, lepi, lob, *lyc*, *mag-m*, *merc-c*, **NAT-M**, **NUX-M**, **OP**, *plb*, polyg, *puls*, sang, *stram*, vip

5th Point: Asking about temperament or mood during the sick state.

Some patients have clear idea about their behavioural changes occurred during the sickness and some, have no idea about any changes occurred in their behaviour during the sickness.

For those who can clearly communicate about their behavioural changes it is easier for a physician to understand their mental state but, for those who have no idea as what to answer when asked, "If they, have noticed any behavioural or mood change with the sickness or whenever they get sick."

For those who have no clue as what kind of change they should have noticed or they get confused why physician is asking about change in the mood due to

sickness, it gets important to give a clue like, their reaction if someone provoke them, if they like to talk, if they tolerate noises, if they feel alone, etc .

After getting clue it has been seen that patient affirms that, "He has noticed some changes like this in his attitude or behaviour, but, he didn't realize if it is associated or part of the sickness."

- *It has come to our notice that some times in our practice we feel hesitated about asking some personal or professional question to a patient thinking that it could offend the patient. It could be true, but after an initial hesitation on both parts things get settled down and patient starts speaking about his emotional issues more easily.*
- **ADMONITION;** agg (9) *bell*, calc, carc, kali-c, lac-leo, nit-ac, *nux-v*, plat, salx-f
- **ANGER;** trifles; at (59) *acon*, adam, anac, *ars*, atro, aur, bell, bry, cael, calc, calc-i, cann-s, caust, cere-s, cham, *chel*, chin, cina, clem, *cocc*, con, croc, dig, dream-p, dros, hell, *hep*, ip, kali-bi, kali-sil, kreos, lach, lyc, lyss, mang, meph, *mez*, nat-ar, nat-c, *nat-m*, nat-p, nit-ac, *nux-v*, petr, phos, plat, plut-n, posit, rhus-t, sabad, sarcol-ac, sel, seneg, sep, *staph*, stram, sul-ac, thuj, zinc-p
- **CARRIED;** caressed and; desires to be (3) *acon*, kreos, puls
- **CARRIED;** desires to be; shoulder; over (3) cina, podo, stann
- **COMPANY;** aversion; avoids the sight of people (17) *acon*, *ars*, calc, **CIC**, *cupr*, cur, cyni-c-g, ferr, *gels*, hydrog, *iod*, lac-d, led, nat-c, posit, sep, thuj

- **COMPANY**; desires; alone agg while (47) aeth, agar, ambr, ant-t, *apis*, **ARS**, asaf, bell, bism, bov, brom, bufo, cadm-br, calc, *camph*, carc, cedr, clem, con, *dros*, elaps, *fl-ac*, gels, haliae-lc, **HEP**, *hyos*, irid, *kali-c*, lach, lil-t, *lyc*, *merc*, *mez*, nat-c, nat-m, *pall*, ph-ac, **PHOS**, plb, ran-b, rat, sep, sil, stann, *stram*, tab, zinc
- **DWELLS**; on past disagreeable occurrences (44) aids, *ambr*, am-c, arg-n, asar, *benz-ac*, *calc*, *cham*, *chin*, cob-n, *cocc*, con, cop, form, glon, goss, haliae-lc, hep, hydrog, *hyos*, kali-p, kiss, kreos, *lyc*, meny, *mez*, **NAT-M**, neon, nit-ac, op, phos, *plat*, posit, psor, rhus-t, salx-f, *sep*, spong, staph, *sulph*, syph, thuj, verat, visc
- **FORSAKEN, FEELING** (67) agath-a, *aids*, allox, alum, androc, *arg-n*, arist-cl, **AUR**, bar-c, brass, buteo-j, calc, *camph*, *cann-i*, carb-an, carb-v, carc, chin, chin-b, choc, coff, cortico, *cycl*, *dros*, falco-p, germ, haliae-lc, hell, hura, ip, kali-br, kali-c, keroso, lac-d, *lach*, lac-h, lact, lam, lap-c-b, lap-gr-m, laur, lil-t, lith, lyss, *mag-c*, mag-m, m-aust, *meny*, *merc*, nat-c, neon, *pall*, *plat*, plut-n, posit, **PSOR, PULS**, rhus-t, sabin, salx-f, sars, sec, *sep*, spig, *stram*, valer, verat
- **FRIGHTENED**; easily (120) abrot, *acon*, aether, ail, alum, alumn, alum-sil, am-c, am-caust, am-m, *anac*, ang, ant-c, ant-t, **ARG-N**, *arn*, **ARS**, *ars-s-f*, aur, aur-ar, aur-s, **BAR-C**, bar-s, **BELL**, benz-ac, berb, bism, **BOR**, *bry*, bufo, cact, calad, *calc*, calc-p, *calc-sil*, calen, *cann-i*, *cann-s*, canth, *caps*, carb-an, carb-n-s, carb-v, *caust*, cham, chlor, cic, *cit-ac*, clem, cob, *cocc*, coff, con, cupr, cupr-ar, daph, *dig*, glon, **GRAPH**, guai, *hyos*, hyper, iber, *ign*, iod, iris, juni-v, kali-ar, kali-br, *kali-c*, kali-i, *kali-p*, kali-s, kali-sil, *lach*, led, **LYC**, *mag-c*, mag-

m, m-aust, *merc*, *mez*, *morph*, *mosch*, *mur-ac*, **NAT-AR**, **NAT-C**, *nat-m*, *nat-p*, *nat-s*, *nat-sil*, *nit-ac*, **NUX-V**, *op*, *orig*, *petr*, *ph-ac*, *phos*, *plat*, *plb*, *puls*, *rhus-t*, *sabad*, *samb*, *sarr*, **SEP**, *sil*, *spong*, *staph*, **STRAM**, *stront-c*, *stry-p*, *sul-ac*, *sulph*, *sumb*, *thea*, *ther*, *verat*, *xan*, *zinc*

- **MOOD**; repulsive. (41) *acon*, *alum*, *ambr*, *ant-c*, *arn*, *ars*, *aur*, *bell*, *camph*, *caps*, *carb-ac*, *caust*, *con*, *croc*, *hep*, *ign*, *ip*, *kali-c*, *lact*, *laur*, *lava-f*, *led*, *lyc*, *mag-c*, *mag-m*, *merc*, *neon*, *nit-ac*, *nux-v*, *petr*, *phos*, *plb*, *psor*, *puls*, *samb*, *sars*, *sep*, *sil*, *spong*, *sulph*, *thuj*

QUIET; wants to be (20) *aids*. *ars*, *bell*, *brass*, **BRY**, *cadm-br*, *cann-i*, *choc*, *coca*, *cupr-s*, *dios*, *dream-p*, *eryt-j*, *euph*, **GELS**, *irid*, *lap-mar-c*, *posit*, *sal-ac*, *salx-f*

- **TALK**; indisposed to; desire to be silent; taciturn (208) *abrot*, *acon*, *adam*, *aeth*, *aether*, *agar*, *alco*, *aloe*, *alum*, *alum-p*, *alum-sil*, *ambr*, *am-c*, *am-m*, *anac*, *androc*, *anh*, *ant-c*, *ant-t*, *apoc*, *arg-m*, *arg-n*, *arn*, *ars*, *ars-s-f*, *ars-s-r*, *arum-m*, *arund*, *aster*, *atro*, **AUR**, *aur*, *aur-s*, *bapt*, *bar-c*, *bar-m*, *bell*, *berb*, *bism*, *bor*, *bov*, *brass*, *brom*, *bry*, *bufo*, *bufo-s*, *buth-aust*, *cact*, *calc*, *calc-p*, *calc-s*, *calc-sil*, *camph*, *cann-i*, *cann-s*, *canth*, *caps*, *carb-ac*, **CARB-AN**, *carbn-s*, *carb-v*, *carc*, *carl*, *cast*, *caust*, *cham*, *chel*, *chin*, *chin-ar*, *chlol*, *cic*, *cimic*, *cina*, *clem*, **COCC**, *coff*, *colch*, *coloc*, *con*, *cortico*, *crot-c*, *croto-t*, *cupr*, *cycl*, *dig*, *dios*, *dirc*, *dros*, *euph*, *euphr*, *fago*, *ferr*, *ferr-ar*, *ferr-p*, *fl-ac*, *gels*, *gent-c*, *germ*, **GLON**, *graph*, *grat*, *guai*, *haliae-lc*, *ham*, *hell*, *helon*, *hep*, *hipp*, *hist*, *hydr*, *hydr-ac*, *hydrog*, *hyos*, *ign*, *iod*, *ip*, *irid*, *jab*, *jatr*, *jug-r*, *kali-ar*, *kali-bi*, *kali-c*, *kali-m*, *kali-p*, *kali-s*, *kali-sil*, *lac-c*, *lac-d*, *lach*, *lap-gr-m*, *led*,

lil-t, *lyc, lycps*, mag-c, mag-m, mag-s, manc, mang, m-arct, meny, merc, mez, moly, mosch, mur-ac, murx, myric, naja, nat-ar, nat-c, nat-m, nat-p, nat-s, nat-sil, nicc-c, nit-ac, nux-m, nux-v, ol-an, onos, op, orig, ox-ac, oxyt, petr, **PH-AC**, **PHOS**, phys, pic-ac, pip-m, **PLAT**, plb, plumbg, plut-n, ptel, **PULS**, rheum, rhus-t, sabad, sabin, sars, sec, sep, sil, spig, spong, squil, stann, staph, stram, stront-c, sul-ac, **SULPH**, tab, tarax, tarent, thea, thuj, tong, tub, ust, **VERAT**, viol-o, viol-t, **ZINC**, zinc-p

- **MUSIC**; agg (41) **ACON**, aloe, ambr, anac, bry, bufo, cact, calc, carb-an, carc, carn-g, caust, cham, coff, croc, dig, **GRAPH**, ign, kali-c, kreos, lyc, med, merc, **NAT-C**, nat-p, nat-s, **NUX-V**, pall, ph-ac, phos, phys, puls, sabin, **SEP**, stann, staph, sulph, tarent, thuj, viol-o, zinc
- **MUSIC**; amel (17) am-m, androc, anh, **AUR**, aur-m, cann-s, carc, croc, hydrog, mang, nat-m, posit, sul-ac, sumb, **TARENT**, thuj, tub

**There could be more rubrics which are not included in this chapter so; reader has a choice to add more with his/her own experience.





Understanding of Man
(Unprejudiced Observer)

Cases

No Speculations
No Imaginations
No Assumptions

Only True Feelings from Patient

“Important Quotations”

“The physician must study the homoeopathic principles until he learns what it is in sickness that guides to the curative remedy.”

“He must study the materia medica until he learns what is needed to meet these demands.”

“He must then study the repertory until he learns how to use it so that he can find what he wants when he needs it.”

***Reference:
Dr. Kent's Lesser Writing chapter
'The Language of the Repertory'***

P. = Patient

D. = Doctor

Case No. I

Name: C/Female

Age: 44

Patient lives in Poland.

Occupation: Tarot reading.

D.: If you have checked your own horoscope?

P.: No, as it's hard to see oneself objectively. Like, in your profession a doctor can't treat oneself.

D.: For what have you visited me?

P.: I have a very big pain in abdomen.

D.: What do you mean, by 'very big'?

P.: Very big means, first I had pain in the back of the neck only, then I started having pain in upper abdomen, then lower abdomen and then the whole abdomen.

D.: Now where do you feel the pain?

P.: Now sometimes pain in the back of neck, and pain in upper abdomen. At present the pain is in the neck only.

D.: If the pain shifts or changes?

P.: Sometimes it's changing.

D.: Since how long have you been suffering from pains?

P.: Neck pain has started two years ago.

Patient told me that, "Since childhood she has constipation problem and, she had undergone surgery for appendicitis 10 years ago."

P.: Pain in whole abdomen in the last 2 years, but upper abdomen pain is always there like a constricting pain.

D.: What have you done for this constricting pain?

P.: I got treated by allopathic for duodenal ulcer, which helped me for a short period.

D.: Apart from allopathic treatment, have you taken any other medicine / treatment?

P.: I took some herbal medicine for natural relief. I had also tried to change the diet but, it didn't help. Then I started feeling fattening of the abdomen.

Patient told me that, 'even though she has been suffering from abdominal pain for the last 8 years, but in between she started getting allergy (eruption) on the face and then, she started focusing on her face instead of abdomen pain.'

D.: Why your focus went to face from abdomen?

P.: Because the treatment wasn't effective for abdomen, that's why I changed my focus to face.

D.: How's the face allergy now?

P.: Not 100% gone, but, it is slightly better. Earlier, it was like burning on the face. Now it's not like that.

D.: What is your present problem?

P.: It's like heat is coming from cheeks, a burning feeling. It's not there every day.

D.: What kind of treatment are you taking for that?

P.: Nothing, I am just waiting. Someday, it gets disappear very quickly (in an hour).

D.: So you are not doing anything for your skin problem?

P.: Yes.

D.: Do you wish it to go away or it's not your concern if it gets better temporary?

P.: I want it to go away, as I feel ashamed when it appears.

D.: What do you mean, ashamed?

P.: That I look bad.

D.: Is it your feeling or someone has remarked that, "You look bad"?

P.: It's my personal feeling.

D.: If this feeling is affecting your personal life like, you meet people or go out in public?

P.: When I am with my family members then it's ok, but I avoid contacting people outside the family or going out in public places.

D.: Have you completely stopped going outside or meeting people?

P.: Only for new situation but, I have no problem at work.

D.: If there is any factor due to which the skin problem gets worse?

P.: Sometimes it happens in the stressful situation beside the work.

D.: What creates stress?

P.: For example, to go at a new place or, meeting with new people, for example, today I was stressed due to

my meeting with you. I knew nothing bad will happen but still I got stressed up.

D.: If this stress problem is there after you have become sick or, is it normal for you to be stress in your general life?

P.: No, it is always there when there are too many people.

D.: So it's nothing new?

P.: Yes.

(The above point that, the patient gets stressed is not valid or to be considered for the selection of the medicine as it's not solely related to sick state).

D. So, please only tell me those points (new or old) which have started appearing with the onset of the sickness?

P.: Shall I tell you about my emotions?

D.: Yes.

P.: During the sickness there is a general feeling of fear and anxiety.

D.: Fear about what?

P.: Generally, fear of future. It sounds silly.

D.: What is the fear of future?

P.: I don't know.

D.: If you don't know the reason, then it's not fear?

P.: I don't know and can't name it.

D.: To this we say, anxiety.

P.: Ok.

D.: Have you taken any medicine for your anxiety?

P.: No.

D.: Why?

- P.: I haven't felt the need and, also I have no idea if there could be any treatment or medicine for it.
- P.: I want to know on my own from where this anxiety is coming from?
- D.: Why on your own?
- P.: As earlier attempt to cure my other problems were not effective so I tried on my own.
- D.: Have you tried to find out any other source to get help for your anxiety?
- P.: I had tried homeopathy on my own by reading the books and took some herbal supplements.
- D.: Why have you tried to treat yourself by only reading books where on the other side, you said your own knowledge in tarot can't help you?
- P.: I made an experiment.
- D.: Do you think homoeopathy is safe for experiment?
- P.: I don't think so. Due to one of the allopathic treatment, I had lost the sense of taste, and then I realized it is also not safe to treat oneself by homoeopathy.
- D.: Today what is the need for you come to me? And who told you about me?
- P.: Today I have come to you for the stomach pain, and bloating in the abdomen. I was looking for something to get help for my problem and by chance a close friend advised me to visit you.
- D.: What were you looking for?

P.: Looking for somebody who can treat homeopathically, to make milder or cure my symptom. The best is to cure that is my desire.

D.: On one side you wish to have cure, but, on the other side you are telling me that, 'you may get content if the symptoms get milder, what that means?'

P.: This I say, because of failure of earlier treatment by allopathic medicine. I think cure may not be possible but, hope is still there.

D.: How strong is the hope for cure?

P.: 100%

D.: How can you have 100% hope, when already the last treatments have failed to show any result?

P.: May be this is my feeling from inside that there must exist a method to help me control these symptoms but, doesn't know from where the help will come.

Patient told me, "She thinks that, by looking for some new methods, there is a possibility to learn something new."

P.: I am not disappointed by the failure of earlier treatments, but, looking for some ways to come out of it.

D.: What is your priority, your symptoms gets milder or you wish to have complete cure?

P.: The best will be complete cure.

D.: What is the motive to make it cure?

P.: Good question, "The main motive is to come back to the company or society as, and I don't feel

comfortable while eating with the family in a restaurant or joining my friends for coffee or lunch.

D.: Is there anything which can spoil or excite your mood?

P.: I feel too much tension from others. And it's like this tension from other is causing problem.

D.: What kind of tension they give you?

P.: When the people around me behave calmly, in a normal way I feel comfortable but, if someone is showing bit nervousness or tense in behavior then I feel immediately pain in abdomen.

D.: How can you say that, pain in abdomen appears because of tension of others?

P.: When someone is starting with the bigger tone of voice (means getting harsh) then immediately I feel pain in the abdomen.

D.: As you haven't got satisfactory results in the last 10 years, what is making you to keep making effort?

P.: It's stopping my life, and making me tired. Life is not smooth.

D.: Is it making you restless?

P.: Yes.

D.: If you are worried about your problem or you simply want it to go away?

P.: Not much worried but, I simply want at least something to go away.

D.: Why are you not worried?

P.: It's like, I am used to it.

D.: Do you believe it will go away?

P.: Belief is there.

D.: From where this belief is coming?

P.: From inside I am convinced that, one day I should be healthy again.

D.: To get better if you prefer to take allopathic medicine or, any particular medicine or natural way of getting better?

P.: I avoid taking allopathic medicine, apart from this; I would prefer to take anything like herbal or homeopathy. Since, childhood I was throwing the medicine out (vomiting). I always had problem with swallowing the medicines.

D.: In childhood it could be a problem but, now as you are an adult why do you face problem in swallowing the medicine?

P.: I agree that allopathic medicines are effective but, for me they are harmful.

D. Any other issue/s?

P.: I feel my family is not honest in their behavior.

D.: Since how long have you been feeling this?

P.: This feeling is there from a very long, but it has become intense now.

D.: What have they done to you?

P.: I had to leave the house, as they told me that, "I am a person with whom it's difficult to live in daily life."

D.: If you think they are wrong or something was really wrong with you?

P.: They didn't accept my thinking. They don't agree to my suggestion.

D.: So what's wrong in it, it's normal that people don't agree to each other?

P.: There is nothing wrong but, if someone treats you worse, with disrespect or disregard then it's bad.

D.: If it is affecting you the way they have treated you?

P.: Yes, they continue to do so. Mentally I can cope with it now, but, physically it is causing symptoms to me.

D.: How do you feel about it?

P.: I am not angry but, grieve.

D.: Why not anger?

P.: It was there, but not any more after my mother passed away.

D.: Do you think, if your family has given respect to you, things would have been different?

P.: Yes, maybe I shall be living in a better way.

D.: How's your sleep?

P.: Very bad.

D.: How's your energy level?

P.: Medium.

D.: How's your appetite?

P.: No appetite or, sometimes more appetite.

D.: Any problem with stool now?

P.: Last 10 years stools are regular.

On the basis of following rubrics **Lachesis C5***, was given one time:

(* In Europe potency range from C5, C9 so on)

- AILMENTS from; reverses of fortune (6) ambr, con, dig, lach, stann, staph
- DELUSIONS; wrong; suffered has (6) adam, **HYOS**, lach, *lyss*, naja, posit
- POSITIVENESS (17) adam, aids, androc, ars, camph, *caust*, choc, ferr, *hydrog*, *lach*, lac-h, lava-f, *merc*, nux-v, posit, salx-f, sep
- INQUISITIVE (11) agar, aur, choc, hyos, lach, laur, lyc, puls, sep, sulph, verat

Medicine Lachesis Muta

- 1 AILMENTS from reverses of fortune
 2 DELUSIONS wrong suffered has
 3 POSITIVENESS
 4 INQUISITIVE

Rubrics Count
 Grade Total

	lach	hyos	adam
1	2	2	2
2	1	2	
3			
4	3		
5			
6			

Follow Up

Report after 3 weeks:

Patient:

After taking the medicine the bad pain of legs and headache woke her up at 4 a.m.

The pain lasted for three days. The pain of legs started from the calves and then it included whole legs. It seemed to be as poisoning ache, the legs gave impression of pulsation of muscles and internal bursting. It is

possible to compare with the pain after too much sports training.

After three days everything passed away.

I have begun to sleep well by whole night. I didn't awake with headache, pain of stomach passed away too. I still have wind colic and flatulence but, it wasn't a big problem.

After two weeks, I had to attend a whole day lecture. Everything was well, until a very stressful situation appeared and immediately internal vibrating, fear and pain in bottom of stomach on the left side and under the navel came. After coming home and having rest, all the symptoms passed away.

Report after 3 weeks:

Next two weeks passed and again I had to attend another lecture and, the symptoms appeared again. Like before all the symptoms passed away after coming home.

At present, I don't have headache or stomach ache but I still have wind colic and flatulence. I am getting fat although I am eating the same food, not more.

In general now I am sleeping well.

Next report after 3 weeks:

In my next meeting I had no stress and no symptoms appeared. In general I feel better mentally and physically and I have more energy. My sleep is better, without waking up during the night.

Till January 2015, patient reported well.

Case No. 2

Name: B, (Male)

Age: 31 years

Occupation: Software engineer

Problem: Ulcerative Colitis-3 years

Symptom: Presently loose stools, 7 times in a day with blood.

(In the beginning it was 15-20 times with blood: 3 years ago)

D.: What was the problem in the beginning?

P.: Only diarrhoea, 15-20 times every day.

D.: And then?

P.: Bleeding started after 10 days

D.: What have you done (treatment / medicine)?

P.: I did nothing in the beginning, just waited.

D.: Waited for what?

P.: I wasn't sure what to do. After the bleeding started I had visited the hospital.

In the hospital, colonoscopy was done, and medicine was given.

D.: What was the result of medicine?

P.: After the 3 months of medication the frequency of the stool was 5 -6 times, after 6 months bleeding stopped. Then only problem was stool 2 times a day.

D.: Then?

P.: After 3 months, it reoccurred, and it was same like before taking the medicine (8 times with bleeding).

D.: Any pain with that?

P.: No pain.

D.: What did you do?

P.: I visited the doctor and, he had changed the medicine.

P.: After 4 months of new medicine there was no effect. On the 5th month, I started to feel slightly better.

D.: What was the change?

P.: No bleeding, no diarrhea.

P.: After 2 months of betterment, I had suffered again for 4-5 months. During this period doctor had changed the medicine and, then for 2 months I remained better, and then the problem reappeared.

D.: What is the present situation?

P.: Now, in this period I am in the phase of 1 month betterment. It may get worse again after the 2nd month. The doctor has changed the medicine again, due to which I see faster progress.

D.: Faster progress in what sense?

P.: It's now getting better after 2 months than 4 months instead of 4-5 months. At the moment stool comes 4 times a day with blood.

D.: How's your appetite?

P.: I have no problem with appetite.

D.: Any other problem at the physical level?

P.: I have lost weight. 3 years ago my weight was 105kg. and, now my weight is 78kg.

D.: What do you like to eat?

P.: I don't have any especial choice, but don't like to eat fast food. I like to eat meat.

D.: Any food which makes the situation worse?

P.: I have noticed that when I eat fried food then it gets worse.

During the bad times patient avoids eating fried food.

D.: If the problem affects your work?

P.: it's not so easy now than before. The worst thing is travelling to work. Everywhere I go, the first thing I have to do is to look for the toilet. I don't walk to the market or visit anywhere with the family if I am not sure about toilet nearby.

P.: In the bad days, before going to work, I have to pass the stool at home 3 times in the morning and, then in the work 7 times and 7 times after work in the evening and few more times at night.

And now without the bad times, in the morning 2 times, in the office 2 times, and after work 1 time.

In the bad days it's with more bleeding, and now less bleeding.

No pain in bad and good days.

D.: What is the difference between the Bad and good days, regarding the power or efficiency?

P.: In good days, feeling is better. But still it's a problem for me to go out due to the fear of getting the urge. In the bad days, the feeling of not able to walk or go out of the house is worse.

- P.: My office is 20 minutes from home. In the bad days, I stop in between to pass the stool at my grandmother's house.
- D.: What about your energy and mood during the bad days?
- P.: Very depressed, nervous, stressed. Don't feel like doing anything. I like to lie in the bed most of the time.
- D.: Lying in the bed means no power or you have no desire to go outside?
- P.: It's not because I can't move but I feel like lying in bed.
- D.: If you do anything while lying down?
- P.: No.
- P.: Feel depress and sad.
- D.: What is the sadness? Not getting better or just the problem?
- P.: The problem.
- D.: What is there in the problem which makes you sad?
- P.: Not able to play with my son or not able to go out with my family. They have to go alone.
- D.: Why can't you play with the son when you are at home?
- P.: The feeling of depression is so heavy that I don't feel like playing with my son and don't like to interact with other family members.
- D.: You don't have energy or desire?
- P.: Family is important for me but has no desire to talk. Just to hide myself.

D.: If you like to watch T.V. or listen to music?

P.: No interest. I don't want to interact.

On the basis of following rubrics *Cocculus Indicus* was prescribed in c 6 potency:

1. **INDOLENCE, aversion to work:** *cocc, corv-c, uran* (Complete Repertory).

INDOLENCE; difficulties; in face of: *cocc* (Barthel).

Indolence: Inactivity, the trait of being Idle out of a reluctant to work.

Face: Situation (unpleasant).

2. **AILMENTS from; anticipation; foreboding** (65) *acon, aesc, aeth, agn, alum, am-c, anac, apis, ARG-N, ARS, bar-c, bry, CALC, camph, canth, carb-v, CARC, caust, cench, chin, cic, cocc, coff, crot-h, dig, elaps, fl-ac, GELS, GRAPH, hyos, IGN, irid, kali-br, kali-c, kali-p, lac-c, lach, levo, LYC, lyss, MED, merc, mosch, naja, nat-c, nat-m, nux-v, ox-ac, petr, ph-ac, PHOS, PLB, PSOR, PULS, rhus-t, salx-f, sep, SIL, spig, staph, still, stram, stront-c, thuj, verat*

Foreboding: A strong inner feeling of a future misfortune.

Presentiment: A sense that something is about to occur.

3. **DISTURBED, AVERSE TO BEING** (5) *bry, chin-ar, cocc, gels, plut-n*

4. **RESERVED; morning; bed; in** (1) *cocc*

Reserve: to keep back.

His family has to go out alone.

5. SADNESS; diarrhea; during (7) apis, cocc, crot-h, ferr, gamb, lyc, merc

- 1 INDOLENCE difficulties in face of
- 2 AILMENTS from anticipation foreboding
- 3 DISTURBED AVERSE TO BEING
- 4 RESERVED morning bed in
- 5 SADNESS diarrhea during

Sub			
Grade Total	3	5	4
	2	3	3
	2		
	2	2	

First Follow Up

Patient:

After taking the medicine you prescribed me during our meeting, I did not notice a great physical improvement but rather mental change (my approach to the problem has improved, now I believe that my condition can be better).

My "good condition" remains more or less from about 2 weeks.

Second Follow Up

Patient:

According to your recommendations, I want to report you about my health condition. Generally I feel well. I pass stool two times a day, but I am still having a bleeding problem. I do not feel any pain and I don't have a fever. My body weight unchanged.

Doctor:

What do you mean 'Generally you feel well'? Do you mean after the medicine or it was there before the medicine? Have you seen any significant change after the medicine?

Patient:

By writing "Generally I feel well" I meant that my condition is not getting worse, on the contrary, I can even say that it has slightly improved.

Now, the numbers of stools are two per day. I feel better psychically, because I'm not so worried about it like I used to. Now I can go outside without the fear that, after 5 minutes I would have to go to the toilet. Unfortunately bleeding problem has not decreased.

Third Follow Up

My "good condition" remains more or less same from about 2 weeks.

Cocculus 30 was given.

Fourth Follow Up**Patient:**

During the last month, my condition has improved significantly. Number of stool is 1 or 2 per day. Bleeding was reduced when compared it with the previous month. I feel improvement and slowly begin to return to my normal life (going to the store, going for a walk, meeting friends).

Fifth and last Follow Up

Over the last few weeks my condition has improved. Bleeding temporarily stopped and it occurs very rarely- in small amounts, once for few days. Number of stools, 2 times per day.

My mental state is also good and I fell very well during long walks.

Patient is still better, after **Cocculus 30** and nothing has been prescribed further.

Case No. 3

Name: A from Germany

Age: 46

Occupation: Now housewife.

D.: If you have done some work/ job/ social work etc?

P.: Before being housewife I had worked in hotel and then joined an office where I did administrative job for 11 years.

D: Why did you left the job?

P: Due to children.

D: Are you happy with your decision?

P: Not always.

D: Why?

P: I want to earn my own money. I am bounded for taking care of children. It's not satisfying

D: Why?

P: It's not productive.

D: What do you mean not productive?

P: I means, no income just working at home.

D: How do you feel about it?

P: It makes me feel discontented.

D: For what you have visited me?

P: For my Problem:

Feeling of no way out and caring for children always.

No grandparents for the children.

D: How it's affecting you, (Physical or mental level)?

P: Last 10 years I have been suffering from pain in the left hip area. Sometimes more and sometimes it's not there.

D: After how many days it disappeared?

P: Minimum to maximum 4 weeks to 2 months

D: What have you done for it?

P: I am under an Osteopath, and also took many other treatments.

D: If it helped?

P: No.

P: I have been doing physical training since April 2013.

D: How the pain comes?

P: Sometimes out of the blue and sometimes by lifting something.

D: How it has started?

P: No idea.

D: If any investigation has been done?

P: Yes, but nothing abnormal detected. It started after the birth of first child

D: Any other problem?

P: Tension in back and painful when breathing.

D: Since when?

P: Around 8 years. It comes very suddenly, and lasts for 5 days.

D: What are you doing for it at present?

P: Taking Magnesium or Sometimes pain killer

D: Any other problem?

P: Before first child was born I had an abortion. That time we had moved to a new house, and I felt palpitation but, I have no idea why did it happen?

D: What do you want from me?

P: I don't know, may be something is missing.

D: What do you think is missing?

P: May be some mineral or vitamins are missing.

D: Why do you think so?

P: Because things are not getting better. I have tried so many things nothing gets better. Inside, I am not happy with the kind of life. It's important what I am doing but it's exhausting.

D: Any reason for exhaustion?

P: There are many reasons behind it. I feel not appreciated.

D: Not appreciated by whom?

P: From the society.

D: For what reason?

P: Other people are going to work and I am staying home. I love to be independent on my own.

On the basis of above rubrics **Platina C9*** was given.

(* In Europe potency range from C5, C9 so on)

- **AMBITION**; means employed every possible (3) lyc, plat, *verat*
- **SHRIEKING; aid; for** (6) *camph, ign, kali-c, laur, levo, plat*
- **SOLEMN** (2) *hyos, plat*
- **Solemn**: Dignified, purposeful, serious
- **AMBITION** (14) *acon, alum, caust, coch, con, graph, lach, lyc, nux-v, pall, plat, puls, staph, verat*
- **AILMENTS from; ambition deceived** (6) *bell, merc, nux-v, plat, puls, vera.*
- **DELUSIONS; diminished; everything in room is; when** (1) plat
- **DELUSIONS; enlarged; tall; is very** (5) *hydrog, op, pall, plat, stram*
tall: position, status
- **DELUSIONS; appreciated; she is not** (5) *lac-leo, lap-c-b, pall, plat, posit*
- **DELUSIONS; small; things appear** (9) *aur, hyos, irid, nat-c, plat, puls, staph, stram, thuj*
- **OBJECTIVE, REASONABLE** (10) *alum, bell, falco-p, hep, lach, merc, nat-m, nit-ac, plat, sil*
- **PLAY; passion for gambling; making money; lotteries** (10) *ars, bell, calc, caust, chin, lyc, merc, nux-v, sulph, verat*

- **AILMENTS from; embarrassment** (10) coloc, gels, ign, kali-br, op, ph-ac, plat, sep, staph, **SULPH**

- 1 AMBITION means employed every possible
- 2 SHRIEKING aid for
- 3 SOLEMN
- 4 AMBITION
- 5 AILMENTS from ambition deceived
- 6 DELUSIONS diminished everything in room is
- 7 DELUSIONS enlarged tall is very
- 8 DELUSIONS appreciated she is not
- 9 DELUSIONS small things appear
- 10 OBJECTIVE REASONABLE
- 11 AILMENTS from embarrassment
- 12 PLAY passion making money to

Rubrication

	plat	puls	staph
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Case No. 4

Patient: L

Age: 43

Lives in **Europe** and works in Hospital in an administrative job, preparing insurance bills for patient.

Occupation: Administrative job in finance department in hospital for 7 and half years.

Before that: Different educations in Germany.

Patient lived in **Poland** till **1989** then migrated to other city in Europe, when she was 19 years old.

Her father died in 2006, and then mother in 2008 both died due to heart stroke.

Patient has 2 brothers and 2 sisters.

After migrating to Germany, she had quarrel with her father and mother. Her mother was against her living alone.

P.: Lives with (broken relationship with boyfriend after she became pregnant) her 23 years old daughter.

D.: What for you have visited me?

P.: My problem is difference with a person at work.

D.: Who is this person?

P.: My Chief, and chiefs of other different departments.

P.: My skin problem gets aggravated every time my chief scolds me or gets rude with me.

D.: Have you tried to change the department?

P.: I had tried to change the department but, all chiefs behave with me in the same way.

P.: Actually my problem started in 2005 when I was in relationship with my first boyfriend after migrating here.

P.: My boyfriend often goes away from me, and comes back when he wanted to meet me. I told him that, I want a stable relationship but, he didn't want.

D.: If you talked with him about it?

P.: I tried to talk with him about this issue several times but, he kept on ignoring it.

Then, in 2006 I broke the relationship. After that patient has few relationships but, for a short period.

D.: Why you were in a short relationship?

P.: I could not establish relationship due to feeling of rejection. I have a feeling that nobody takes me

seriously, in relationship with the boy-friend, or at work, by chief.

D: What is the feeling of rejection?

P.: Like being nothing, as if air. No value, as if I am a toy.

D.: What is the situation with the chief?

P.: My job is to prepare bills for the patient and bring them to get signed by chief. Every time I visit chief for it, he gets angry and says to me that, I have no other job but to bring the bills.

Then I get angry with him as I must prepare bills for the patient and this is my job.

Then chief reacts and becomes personal like I have no sense and I don't belong to this country because of that I have no sense of work.

D.: Then what happens?

P.: I come out of the chamber.

D.: Why do you come out of the chamber?

P.: I can't stand there anymore, otherwise I would start weeping and I don't want that the staff member see me in that state.

D.: Does it mean no anger inside after you come out?

P.: Rage is there, due to which my skin gets red, that makes me feel bad as everyone starts asking me why my skin is so red.

Medicine **Puls C5*** (*In Europe potency range from C5, C9 so on)

Rubrics:

- **ANXIETY**; hot air; as if in (1) **PULS**

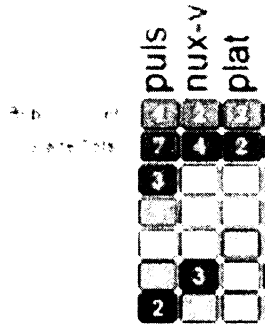
When the chief is louder then she withdraws. She doesn't want other people to see her face and she covers her face with clothes.

- **ASKS, FOR NOTHING** (14) ant-c, ars, bry, cocc, hell, hep, hyos, linu-c, mez, mill, nicc-c, op, puls, rheum

In the sad state wants to be alone and not to ask.

- **DELUSIONS; appreciated; she is not** (5) lac-leo, lap-c-b, pall, plat, posit
- **IRRITABILITY; questioned; when** (12) androc, apis, arist-cl, arn, cham, coloc, haliae-lc, nat-m, NUX-V, ph-ac, puls, ust
- **VANITY** (8) bell, lap-mar-c, lyc, merc, nux-v, plat, puls, sulph

- 1 ANXIETY hot air as if in
- 2 ASKS FOR NOTHING
- 3 DELUSIONS appreciated she is not
- 4 IRRITABILITY questioned when
- 5 VANITY



Follow Up

She was very pleased, and very happy with the result as her skin got better.

Her mood also got better. She felt more courageous. No further report.

Case No. 5

Patient: A/Female

Age: 34

Occupation: Working as an assistant Engineer

D.: What's the problem?

P.: I don't know if I am sick or not. I have been taking psychiatric treatment.

D.: Are you better by psychiatric treatment?

P.: I don't know.

History: According to the patient since childhood she would get angry very easily and, in the last one year it has got increased. She started getting angry very easily on every little thing. And if she won't bring her anger out then she would weep.

P.: The difference is that before one year I could bring my anger out but now I can't bring it out. I weep and feel sad inside.

D.: Why can't you bring your anger out?

P.: I don't have energy to bring my anger out.

P.: Nothing pleases me. I have no satisfaction. I have everything but still I don't feel satisfy. This is not a life.

P.: I have no interest even in those things which I would admire or had lots of interest.

P.: I am getting angry on my husband. I don't know why.

P.: My husband asks me to bring out my emotions, but I can't.

P.: I don't like my office. I don't wish to go to office but I have to go. I do my work in the office sincerely because I don't want someone to comment on me. But I know I am not able to handle the work anymore. I remain confused. From Inside I am not a happy person. I want no one should ask me anything. At home I don't want my children to come near. I would prefer to stay aloof. I don't have interest in my household work. I wish to run away from home, office, husband, children to some far place.

P.: I wish that there should be no work in the office or home.

P.: I don't want to see any work.

P.: All day my mood remains bad. I have started getting irritated on everything. I don't know what I want from my life. I don't like my life.

P.: Recently I have a feeling to commit suicide. I want some strength so that I can commit suicide.

P.: I don't know who is going to work for me but I don't want to see any work. I do plan things but I fail to execute them.

Sleep: Irregular. She couldn't sleep early. She would fall to sleep around 1-2 am and she has no energy to get up in the morning. In the morning hours she has no energy or wish to work. Somehow she gets ready for the office.

Stool: Chronic constipation. She would use Isabgol daily at night.

Another symptom is sensation of some uneasiness feeling beneath her body skin.

Easily get tired.

D.: Is there any reason for the development of all these symptoms?

P.: Since childhood I have only one friend (girl). We were so close that we would share every little things of life. There was not a single day passed when we don't meet each other. After my marriage we got separated but I remained in touch with her as usual. Every day for one -two hours I was talking with her on phone. I would share with her everything. Then she got married. After her marriage she got changed. In the beginning she would call me but then the frequency got decreased and now very rarely she calls me. But I still call her every day. Someday she talks normally but for a short time and other time she tells me that she is busy and can't talk with me. In the beginning I didn't mind it. I thought that perhaps her husband or in laws don't like so long conversation so I started calling her 2-3 times a week and keep the conversation short. Since some days I have a feeling that she never phone me. And if I don't call her then perhaps she won't call me back. I got shocked because of her this behavior towards me. I am not able to understand why she has been doing with me this. All day I think about her. I am obsessed with her.

D.: What do you miss now? (A friend, a person with whom you could share all your matters of life, some affection or love of a person, cares etc.)

P.: All. My emotions are still there with her. She was everything for me. I can't imagine how she could do like this to me. In between I have tried not to call her

to check if she would call me and to see if she misses me, but she has never called me. There is no effect on her about this but I got stuck with her.

D.: Have you talked about your problem which you have been facing due to her this behavior?

P.: I told her and she always tells that it's not like as I have been thinking about her. She told me that, it's because of work or family that she doesn't get time to call me.

D.: Then why don't you take it in a normal way?

P.: I do understand but I can't accept it. I try not to think about it or take it in a negative way but still I can't remove her from my mind.

(Her husband told me that he has been trying to console her and talked her on this issue several time that it's normal thing. After marriage there are many responsibilities comes in one's life and it becomes difficult for a person especially for a lady to manage with friends. He said, "I tell her not to think in a negative way but she doesn't listen to me.")

Patient was in an Anguish state that why her friend who was close to her has started behaving with her like this.

Her other symptoms were:

Mood swings or suddenly her mood get off. She would curse herself.

P.: I am a useless person.

P.: I don't like sympathy. I feel that people show sympathy just for the sake of formality. Everyone

gives lecture to me. People around me think that I have no manners; I am a rude/stupid person.

On the basis of following rubrics **Hell C6**, was given:

Rubrics:

- **Absorbed, buried in thought; sadness, indulges in:** (46) acon, agki-p, alum-sil, **AMBR**, arn, **AUR**, brachy-s, bro-s-g, cann-s, carc, *carl*, cench, cham, chin, cemic, clad-r, **COCC**, com, con, cycl, elaps, harp, **HELL**, hep, **HIPP**, **IGN**, lac-h, mang, mosch, mur-ac, nat-c, ozon, plac, plat, psor, **PULS**, ran-b, ratt-n, rhus-t, salx-f, sile-c, sol, spig, **STRAM**, **VERAT**, viol-o

ABSORBED: To take in, It's a state fully attentive to the real subject to such an extent that even if the efforts are made to divert his attention, he doesn't allow himself to get astray from subject.

- **Anger; consolation agg.:** (10) ars, cham, ferr, **HELL**, ign, **NAT-M**, nux-v, sabal, sep, sil

Any attempt at consolation, so long as the patient is able to think, only aggravates the trouble.

- **Discontented; oneself, with:** (72) act-sp, adam, aego-p, agar, agath-a, **AGN**, **ALOE**, ang, **ARS**, asaf, aur, aur-m-n, bamb-a, bani-c, bar-c, bell, beryl, bism, **BOS-S**, bry, calc-p, calop-s, cand-a, caust, cham, chin, chir-f, cinnam, cinnb, cob, cocc, con, diox, electr, *emer*, falco-p, *fic-sp*, germ, **HALIAE-LC**, harp, hell, **HEP**, kali-c, *lac-h*, lar-ar, lil-t, lsd, lyc, mang, **M-AUST**, meny, *merc*, mez, mur-ac, **NIT-AC**, nux-v, ozon, pana, *ph-ac*, plb, **PULS**, ruta, **SAC-ALB**, sile-c, spirae, staph, **SULPH**, tarent, ther, thuj, viol-t, ziz

- **Reproaches; oneself:** (92) **ACON**, aego-p, agath-a, alum, ambr, anac, **ARS**, aspart, **AUR**, aur-ar, **AUR-M-N**, aur-s, bar-c, bar-p, bar-s, beryl, **BOS-S**, brosg, *bute-j*, cact, calc-br, calc-p, calop-s, calx-b, cand-a, carc, cath-a, cer-o, cob, colum-p, con, crot-h, culx-p, cupr, cycl, **DIG**, diox, falco-p, fic-m, *fic-sp*, **GERM**, gink, *haliae-lc*, hell, herin, hoch, hura, hydrog, **HYOS**, **IGN**, irid, lach, lant-o, *lat-h*, lsd, lyc, **M-ARCT**, med, merc, muc-nas, myric, nat-ar, **NAT-M**, neod-n, neon, nitro, *nux-v*, **OP**, pest, ph-ac, pin-s, *plac*, plb, por-m, pseuts-m, psil-s, **PULS**, rhus-g, salx-f, **SARR**, **SCORP**, sep, sil, staph, stram, succ, sulph, tax, telo-s, **THUJ**, tour-chr, vat
- **Torpor:** (56) **ACHY**, aether, agar, ail, ammc, **APIS**, arum-m, berb, cann-i, cedr, chel, **CIC**, cimic, coca, cod, crot-c, **CROT-H**, cupr, electr, fagu, gad, **GELS**, hell, hydroc, **HYOS**, **IGN**, **IOD**, kali-bi, kali-br, lepi, lob, lol, **LYC**, **MAG-M**, manc, **MERC-C**, naja, **NAT-M**, nit-s-d, **NUX-M**, **OP**, ph-ac, phys, pip-m, **PLB**, polyg, **PULS**, rheum, **SANG**, sec, senec-j, **SIUM**, staph, **STRAM**, uran-n, vip
- **Approach of a person agg.:** (50) acet-ac, **AMBR**, anac, **ANT-C**, ant-t, **ARN**, aur, bar-c, **BELL**, cadm-s, caj, cann-i, canth, caust, cham, chin, **CINA**, colch, con, **CUPR**, **CUPR-ACET**, fagu, hell, helon, hipp, **HYOSIN**, **IGN**, **IOD**, kali-c, lach, lil-t, **LYC**, m-aust, meli, *nux-v*, op, petr, phos, plb, raph, rhod, sanic, sep, **SOL**, **STRAM**, stry, sulph, tarent, tell, **THUJ**
- **Forsaken feeling; friendless, feels:** (13) alum, arg-n, **AUR**, hell, hura, hyos, lac-c, **LACH**, lil-t, nit-ac, petr, pip-n, wye

- **Insanity, madness; self accusation, from:** (1) hell

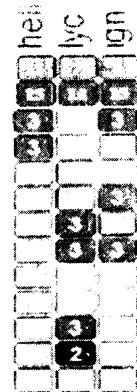
Quote from Dr. Kent for the above rubric:

An old women having been accused of theft by the women around, the old women took it so much to heart that she hanged herself.

- **HELPLESSNESS, FEELING OF** (18) aether, agath-a, aids, anac, arg-n, *calad*, germ, haliae-lc, hell, hydrog, jasm, kali-br, **LYC**, petr, phos, salx-f, stram, tax
- **UNFORTUNATE, FEELS** (20) bry, carb-v, carc, *chel, chin*, cub, *graph*, hell, hura, ip, kali-c, *lyc*, plut-n, rhus-t, sars, sep, *staph*, sulph, *tab*, verat
- **WEEPING; consolation agg.** (22) bell, cact, calc, *calc-p*, chin, hell, ign, kali-c, lil-t, lyc, merc, nat-c, **NAT-M**, nit-ac, nux-v, *plat*, **SEP, SIL**, *staph*, sulph, *tarent*, thuj
- **DELUSIONS; persecuted; he is** (32) aids, *anac*, androc, ars, bell, calc, **CHIN**, choc, con, cycl, dream-p, **DROS**, falco-p, *hydrog*, hyos, ign, kali-br, *lach*, merc, nat-m, nux-v, posit, rhus-t, salx-f, spong, *staph*, stram, sulph, thyr, uro-h, verat, *zinc*

Persecuted: To harass with ill treatment Make to suffer.

- 1 absorbed, buried in thought, action, study
- 2 anger, consolation and
- 3 discontented, oneself with
- 4 reproaches, oneself
- 5 torpor
- 6 approach of a person add
- 7 forsaken (feeling), friendless, loss
- 8 insane, madness, self accusation from
- 9 HELPLESSNESS, FEELING
- 10 UNFORTUNATE, FEELS
- 11 WEEPING, consolation and



Follow Up

In three week time patient started feeling better.

Case No. 6

Case of a man aged 54 years**Businessman**

He came for bouts of sneezing and blocked nose, which he has been suffering from the last 15 years. The tip of his nose was very sensitive. His problem would get aggravated by strong perfume, dust and cigarette smoke.

Patient had taken Nat. mur 200 repeatedly for many years, which would give him temporary relief.

I can't do anything freely. For example if I am reading newspaper or doing something important, and that time if sneezing starts I can't read any further or I have to wait till things become normal. It takes 20 minutes or so to get normal. I feel so angry with this interruption on every step. Also, I can't use my after shave lotion. I can't go to the parties/restaurants because of cigarette smoke. Patient, "When I am going to get rid of this problem for once and all. How long will it take to be cured? How long will I have to take the medicine?"

He told me that he gets impatient for example, his house is on 3rd floor and if he feels it takes time for the lift to come down or there are too many people ahead of him he won't wait and go by stairs.

He told me that he could go into quarrel easily if he sees something is wrong around him.

He tries to sort out the things but if he finds it's not possible to do so then he leaves it but will not forget about it.

One of the reasons he was given Nat. mur was his desire for sea food and salty food.

Rubrics:

- **ANGER; interruption; from** (12) androc, cench, cham, cocc, graph, hell, ignis, lac-h, lac-leo, lap-mar-c, nux-v, posit
- **MOOD; repulsive** (41) acon, alum, ambr, ant-c, arn, ars, aur, bell, camph, caps, carb-ac, caust, con, croc, hep, ign, ip, kali-c, lact, laur, lava-f, led, lyc, mag-c, mag-m, merc, neon, nit-ac, nux-v, petr, phos, plb, psor, puls, samb, sars, sep, sil, spong, sulph, thuj
- **IMPATIENCE** (140) acon, act-sp, adam, aeth, agar-ph, aids, allox, all-s, ambr, anac, **ANDROC**, ant-c, apis, aral, arg-n, arist-cl, ars, ars-h, ars-i, ars-s-f, aster, atro, aur, aur-ar, aur-i, aur-m-n, bar-c, bar-i, bar-s, bell, bry, bufo, buteo-j, calc, calc-f, calc-i, calc-s, calc-sil, carb-ac, carb-v, carn-g, **CHAM**, chin, chin-ar, choc, cimic, cina, coca-c, colch, coloc, cub, culx, dig, dream-p, dros, dulc, ferul, gels, germ, goss, graph, haliae-lc, hell, hep, hist, hura, hydrog, hyos, **IGN**, insul, iod, **IP**, irid, kali-ar, kali-bi, kali-c, kali-p, kali-s, kali-sil, kreos, lach, lava-f, lil-t, lyc, lyss, manc, med, merc, mosch, murx, nat-ar, nat-c, nat-m, nat-p, neon, nep, nicc-c, nid, nit-ac, nuph, nux-m, **NUX-V**, onos, op, osm, pall, ph-ac, plan, plat, plut-n, posit, psor, puls, rheum, rhus-t, salx-

f, sang, sars, **SEP**, **SIL**, spig, spong, stann, staph, *sul-ac*, sul-i, **SULPH**, tarax, tarent, tax, thal, thiop, thuj, uro-h, vac, viol-t, vip-a, wies, zinc, zinc-p

The remedy Nux. vomica was given in C6 potency. He remained well for 6 months. Then a recurrence and given Nux. vomica C30. Then, one more time slight recurrence then given Nux. vom C200. No problem any further.

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Importance of a good Follow Up



As we work hard to understand a patient and finalize medicine, but some of our cases gets spoiled due to mismanagement of the case or bad follow up. We are thankful to Master, Dr. M. L. Sehgal for guiding us on this issue.

There could be various ways to select a medicine, but, somewhere we feel that, while following a case, we all have to follow an identical pattern. Certain points to make a good follow up as per the guide lines of Revolutionized Homoeopathy are as follows:

As the basis of prescribing medicine according to Revolutionized Homoeopathy is mental state, so the first thing we note in the follow up is the change in the mental state of the patient. Like, if a patient's mental state before prescribing the medicine was, that, he was worried if his problem could lead to cancer, or something threatening disease should be first asked after the medicine if he is still worried about getting some threatening disease, and

then to ask about changes in Mental or physical symptoms.

We have to reassure ourselves whether the mental state of the patient is same after the appearance of new or recurrence of the old ailments.

Also to understand, if the rubrics on which, we have selected the medicine still exist or not.

If the mental state is same as it was during the first case taking then we can think of changing the potency. Master, Dr. M. L. Sehgal had taught us that, in the majority of failure cases, a physician changes the medicine and seldom think of changing the potency. So, he has asked us to exhaust all the available potencies before discarding the medicine.

If a patient says there is some change in the mental state then we have to look for the changes occurred at the other symptoms presented by the patient on the first consultation.

We must analyze physical wellbeing, of the patient that is, fatigue, prostration, or tiredness feeling in bones and muscles.

General condition of the patient:

- Appetite
- Stool
- Urine
- Sleep

Energy Level

In every case irrespective of nature of sickness, it is important to note if there is an effect on the overall energy level of the Mind and body.

Energy level of mind:

How to access if the performance of the mind has got affected due to the sickness?

To access if the sickness has affected the faculty of mind we have to ask the patient if he has felt some changes in the performance of mind faculty after becoming sick.

Some patients can clearly define or tell the changes or affect they have started noticing in the functioning of mind faculty during the sick state (mentally or physically), and some are not fully prepared to answer such questions or are not aware if there has come some change in the functioning of mind faculties.

It could be a cause of worry for a patient and, he wishes that with the improvement in his physical problem, if possible, then he would like that he gets back the ability of his mind to perform normally.

Those who can clearly define or are aware may tell that, before the sickness, the level of concentration, grasping power, or memorizing things etc. was good but since, he has becomes sick, that level has gone down. Patient may say, "Earlier, it was easier for me to do mental work for a long time without getting exhausted

but, now I get easily tired or feel exhausted and not able to continue to work mentally after a short period.

From the above example, we have to see that, after the medicine, this level of energy at the mental level should start becoming normal with the improvement in the sickness. Sometimes it's possible that a patient tells you that the energy level of the mind has improved drastically whereas there is a little change at the physical level.

To access the level of energy at the physical level:

We may ask a patient how much energy he feels in the body after becoming sick. In more than 95% of cases patient can easily tell how much energy has got reduced at the physical level due to which, they are not able to perform their day to day work. After the medicine, we must ask the patient that if he feels some changes in the energy level. It has been seen that even if the medicine has failed to show any significant change in the sickness still a patient feels change in the energy level.

Next is to notice the change in the Mood/temperament.

When asked about the change in the mood because of the sickness, 70% of the patients are not able to recognize the change occurred in their mood/temperament. They may simply say, "There is nothing wrong with their mood."

Mood/temperament means, calmness, mildness, depressive, frustrated, content, discontent, destructive, anger, irritable, etc.

If the patient thinks, positive or negative attitude is frame of mind.

Next is Recurrence of complaint:

- i. Intensity of the complaint.
- ii. Time taken for the recovery.
- iii. If the remedy given will be a Similimum then the cure takes place by mainly two ways :

First Action & Second Action:

First action: Immediate relief in physical as well as mental suffering Means, a feeling of total well being.

Second action: Expulsion of the toxin from the body.

In both the actions, the feeling of well-being should remain there.

Other vital points to take care of are:

- Keep your eyes on the intensity, duration and frequency of expulsion taking place during the second action.
- Next point is to keep the track, if the expulsion is taking place in the right direction (Hering laws of action).
- If everything is going according to the tenets of homeopathy, it means the case is moving towards the recovery.
- In case, the patient starts feeling restless immediately after the expulsion and ask you for some immediate help then there is a need to stop the action of the wrong medicine or potency by changing the medicine or potency.

- Discharges, has to take place from the five natural outlets like: Nose, mouth, anus, urethra and skin. (Toxins expelled as per the location of the diseases). These are signals of curative process.
- Each phase will be lesser in intensity, duration and frequency than the previous one.

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Clinical Understanding of Rubrics

One of the biggest backdrops about using mind rubrics was/is how to interpret the exact sense of a Rubric. No doubt mind rubrics or mind section from materia medica have been used or are in use by physicians from time to time in different modes. In his research, Master Dr. M. L. Sehgal tried to look for an easy approach to use them accurately and frequently, rather than if patient talks about something uncommon or rare.

Using mind rubrics was one of the major missing links that got explored by Master Dr. M. L. Sehgal. First task for him was to understand the meaning of each word given in the repertory and second task was to differentiate between two words having identical meanings, for example, Aid and help or weeping and crying. The later part has been ignored or not given importance by practitioners.

Dr. Sehgal had started his journey to understand the meaning of each word first by dictionary available at that time in India. He found that, it wasn't practically possible

to use dictionary meanings for clinical purpose, as practically it's not possible to clarify the differences in the words as given in dictionary. Our patient isn't going to bring dictionary with him and tell us what he means to say, a patient just say how he feels, what he feels, why he feels or when he feels about his or her sickness. It's the task of the physician to understand and decode what a patient wants to say.

After years of hard study and practice Dr. Sehgal came out with a brilliant idea to use the rubrics with the help of metaphorical meaning which in some way are bit different with the dictionary meanings.

For example, LIGHT, desire for, in the dictionary there are so many meaning about light which ranges from Light in general comes from Sun, bulb, or tube etc. A physician perhaps uses it when he hears from a patient that, he likes Sun light, but Dr. Sehgal broaden the spectrum of using the meaning of word.

He had used it in different ways (please refer to ROH book series V and XII).

◆◆◆

Clinical Study about rubrics, and differentiation between medicine under it

“You may have twenty remedies all possessing a certain symptoms but if you have a few real decided things that you can say about the patient, the manner in which he does business, the manner in which the disease affects the entire man then you have something to individualize by.”

*Reference: Dr. Kent's
Materia Medica in Alumina*

From our previous ROH books series, two books are on a Rubric 'LIGHT, desire for.' In this book, we learn about rubric INQUISITIVE. Interestingly there are some medicines which are there in both the rubrics.

Inquisitive

1. Searching
2. Active
3. Deep
4. Rely upon self
5. Involuntary
6. Endogenous
Inside-Outside
7. Block
8. It is a doubtful state
(Why)

Light

1. Perceiving
2. Passive
3. Superficial
4. Rely upon others
5. Voluntary
6. Exogenous
Outside-Inside
7. Opening
8. It gives clarity
(How)

Light desires for + Inquisitive

Below are examples from different medicines given under the rubric inquisitive as “Why a patient needs to be inquisitive”? “What makes him to be inquisitive”?

*P. = Patient

D. = Doctor

If a patient comes and speaks or answer about his problem like as given below:

Part I

P.: Why am I suffering from this problem or why did it happen?

D.: Are you worried about it?

P.: Naturally. Who else would be, if not me? It's my problem.

D.: It could be some infection.

P.: But, it must have some name and, there must be a reason. Why do I suffer from it so often than, in comparison to others?

D.: Maybe your body's resistance is low?

P.: O.K., but, what could be the reason for my low resistance? Do you think it can be improved or will I have to suffer like this for all of my life?

D.: That's not true. You will get better.

P.: Is your medicine enough or will I need to supplement diet or take some tonic?

P.: One more thing I would like to share with you and is, "I prefer taking natural treatment or if I need to take medicine then my first preference would be to use homeopathic medicine. I believe in natural treatment

as I don't want to harm my body with chemicals means allopathic medicine.

D.: Why do you have such an opinion about allopathic medicine, and how come you have a belief on natural or homoeopathic medicine?

P.: Once in the past, I had visited a doctor for some problem and, he gave me strong antibiotic, after taking it I couldn't eat for many days. After that I lost my trust in doctor and allopathic medicine, until unless there is no option.

Rubrics:

1. OBJECTIVE reasonable
2. WITTY
3. DELUSIONS, injured, injury is about to receive
4. DELUSIONS, injured is being
5. DELUSIONS, wrong has suffered
6. FEAR of being poisoned

Medicine for such patient is **Lachesis**.

- 1 OBJECTIVE. REASONABLE
- 2 WITTY
- 3 DELUSIONS. injury is about to receive
- 4 DELUSIONS injury injured is being
- 5 FEAR poisoned of being
- 6 DELUSIONS wrong suffered has

	lach	hyos	bell
Rubrics Count	9	6	4
Gravimetric Total	2		
	3	2	2
		3	

If a patient comes and speaks or answer about his problem like as given below:

Part II

P.: Why did it happen?

D.: Are you worried about it?

P.: I was not worried about it in the beginning. But, since I have been suffering from it so frequently, I have begun to think about it.

P.: What do you think doctor, why did I get this problem? I hope I will be fine in some days and there would be nothing to worry about.

P.: However this thought keeps bothering me - what if it's not cured? Then will it keep troubling me for my whole life.

D.: Any other problem?

P.: I haven't been able to sleep for a few days.

D.: Why?

P.: Bad thoughts.

D.: What bad thoughts?

P.: About my problem. I fear that I might not recover or get an even more serious disease.

D.: Do you discuss your problem with anyone?

P.: Not actually. I haven't disclosed to anyone that I have such and such problem and even if I am asked, I won't tell. I will say, it's a friend or a relative I am talking about.

D.: Why would you do so?

P.: I can't bear to listen to people talk about me.

D.: But you are doing that now. I am talking about you and you are asking me so many questions about yourself.

P.: Well, this is my problem and you are my doctor. I need to know what is wrong with me and for that you are the one I can turn to. But then I also fear coming across some bad news.

P.: Please do something for me. You are the only one competent enough to bring me out of it.

Rubrics:

- **FEAR everything, constant of**
- **FEAR, of being injured**
- **GROPING as if in the dark**
- **PRAYING**
- **INCITING others**

Medicine for such patient is **Hyoscyamus**.

- 1 fear, injured, of being. ☉
- 2 groping as if in the dark ☉
- 3 praying ☉
- 4 inciting others ☉
- 5 fear, everything, constant. ☉

	hyos	stram	arn
Rubrics Count	5	3	3
Grade Total	10	11	6
	3	3	

If a patient comes and speaks or answer about his problem like as given below:

Part III

P.: Why did it happen?

D.: Are you worried about it?

P.: No, I am not asking you because I am worried but because I feel that, one should be aware of his body.

Or

Also because then I can explain it, in case someone asks me about it. I would appear so stupid otherwise, not knowing about my own health. I would like to be fully informed about my problem. I have been reading books to find facts about it. I want to know every little detail existing about it.

D.: What do you hope to gain out of it?

P.: A feeling of satisfaction and completeness. I would be aware of my problem. At least I won't appear dumb when I am asked about it.

Rubrics:

- **FEAR , position to lose his lucrative**
- **FEAR, opinion of others**
- **FASTIDIOUS**
- **READING, passion to read medical books**

Medicine for such patient is **Pulsatilla**.

- 1 fear: opinion of others. of ☒
 2 fastidious ☒
 3 reading: desire for: medical books ☒
 4 fear: position. to lose his lucrative. ☒

	puls	calc	nux-v
Rubrics Count	1	3	3
Grade Total	9	8	7
		3	
			3
	3		3

If a patient comes and speaks or answer about his problem like as given below:

Part IV

P.: Why did it happen?

D.: Are you worried about it?

P.: Yes, I am. I have tried to collect as much as information from every available source. I believe that, 'prevention is better than cure.' No one in my family gets as involved with his problem as I do. I immediately stop eating or doing other things, which I suspect could be causing the problem. I am very particular about my health. I never eat nor do things, which I feel, in any way are bad for my health. I believe that it is better to check a problem right at its onset. I try to do things as correctly as possible.

Rubrics:

- **AMBITION, means employed very possible**
- **CAUTIOUS, anxiously**

- **DELUSIONS, injury is about to receive**

Medicine for such patient is **Lycopodium**.

	lyc	nux-v	sil
Rubrics Count	3	2	2
Grade Total	3	2	2
1 ambition, ambitious, means, employed every possi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 cautious, anxiously, <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 delusions, imaginations, injury, receive, will: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a patient comes and speaks or answer about his problem like as given below:

Part V

P.: Why did it happen?

D.: Are you worried about it?

P: Actually I am not so keen on finding out about my problem. I am very careless about myself. It is my husband who has asked me to get all the information from you about my problem. He knows that I am very lazy and would not bother to do it on my own.

D.: Why?

P.: I feel that it would cause unnecessary worry or concern to my family in case I discover something bad about me. It would disturb them and affect their work.

D.: Doctor, I am least bothered about myself. I keep myself involved in my household work. I enjoy it and feel good. As long as I am busy I am oblivious of all my problems.

P.: However, I am now haunted by a scary thought that I might die at night in my sleep without anyone knowing about it.

P.: This fear got into me two days back when I noticed some dark circles around my eyes. It scared me.

The first thing that came into my mind was, why did it happen to me?

I thought that there must be something wrong inside my body. I don't like to tell anybody about my problem, to avoid offers of help and sympathy.

I don't want anyone to know that I have a problem. I would feel very uncomfortable if they did and would hate people asking me about my problem or offering their help. I just don't like it.

P.: Doctor, what do you think my problem is? Why has such a thing happened to me? Actually I feel scared now.

Rubrics:

- **INDIFFERENCE, lies with eyes closed**
- **ACTIVITY desire**
- **OCCUPATION diversion mind amel.**
- **FEAR death, soon that she will die**
- **SECRETIVE**
- **REBELS, against poultice**

Medicine for such patient is **Sepia**.

- 1 indifference, apathy, lies with closed eyes ⓐ
 2 activity, desire for ⓐ
 3 occupation, diversion, amel. ⓐ
 4 secretive ⓐ
 5 REBELS AGAINST POLITICALS
 6 FEAR, death of soon that she will die

	sep	bar-c	ign
Rubrics Count	6	3	3
Grade Total	18	9	9
	3		
	3	3	
	4		3
	3	3	3
	1		
	2		

If a patient comes and speaks or answer about his problem like as given below:

Part VI

P.: Why did it happen?

D.: Are you worried about it?

P.: Well, for a few days I have been noticing a sudden deterioration in my health. I am losing my strength day by day.

P.: Actually, I am not so much worried about my sickness as I am about my depleting energy level which is making it difficult for me to work. You know I feel that I am responsible for it to some extent. Actually for a past few days I was not feeling well but I Ignored it. I should not have neglected my condition. Now I fear that if this state persists for another few days I shall not even be able to move .I have a habit of getting into the matter and seeing for myself and not just take anybody's word for it. I have decided to treat this problem the same way. I wish to find out about it

on my own. If someone tells me that this glass is hot, I believe him but I still feel I must touch it to know and be sure. I don't accept things till I get down to the root of the matter myself.

Rubrics:

- DELUSIONS, thin is getting
- DELUSIONS, wrong he has done
- FEAR of poverty

Medicine for such patient is **Sulphur**.

- 1 DELUSIONS: thin, body is getting
- 2 DELUSIONS: wrong he has done
- 3 FEAR: poverty of

	sulph	agath-a	aids
Rubrics Count	3	2	2
Grade Total	1	2	2

If a patient comes and speaks or answer about his problem like as given below:

Part VII

D.: Why did it happen?

D.: Are you worried about it?

P.: I think I should be. Shouldn't I? (A little annoyed)

Don't you think I have the right to know about my problem?

D.: Of course you do.

P.: My life has many problems but no solutions. I encounter obstacles all the time. Nothing goes right for me.

P.: I don't know if it is my bad luck or I have done something wrong to bring it on. I struggle within myself to find out the answer. I curse myself. I say to myself, "You fool, why you think so?" Nothing like what you imagine will happen". But then another voice says, "What if it happens". (These conflicting voices in his head go on endlessly without any of them winning. His miserable mental condition drives him to a point where he starts contemplating suicide.)

Rubrics:

- **RUDENESS**
- **SUCCEEDS, never**
- **ANTAGONISM, with himself**
- **BROODING, corner or moping, brooding in a**

Medicine for such patient is **Aurum**.

- 1 RUDENESS
 2 SUCCEEDS. NEVER
 3 ANTAGONISM. WITH HERSELF
 4 BROODING corner or moping. brooding in a

	aur	verat	anac
Rubrics Count	1	2	2
Grade Total	4	6	4
	1	3	2
			2
	3		

If a patient comes and speaks or answer about his problem like as given below:

Part VIII

P.: Why did it happen?

D.: Are you worried about it?

P.: I think I have a reason to worry as I have never seen nor heard of such a problem in my life.

Attendant of the patient:

“Doctor, we used to tell him to take care of his health but he wouldn’t and now he says nobody ever told him that. Now he is making hue and cries over his problem. Don’t you think he’s being a bit too concerned and restless about it?”

P.: Maybe Doctor, I have seen somebody with it but I did not notice it then. I did not imagine that it could happen to me also.

P.: Doctor, now I am worried about one thing, which is if I am not cured soon enough people will notice. Everyone will come to know about it.

P.: Doctor, my mother tells me that I used to get such a problem very often when I was young, but I don’t have any recollection of it.

P.: Actually doctor, I still cannot believe I have this problem. I am still looking for the reason why I got this problem and from where.

P.: I am in a state of shock. Why did I get this disease? I know God is with me and that is why it is very hard for me to believe that I can have a serious problem like this.

Rubrics:

- **DELUSIONS**, strange land as if in a
- **BLINDNESS** deafness pretended
- **FEAR** society of his position in
- **CARRIED** desires to be fast
- **DELUSIONS** God communication with, he is in

Medicine for such patient is **Verat. Album.**

	verat	ars	aids
Rubrics Count	5	1	1
Grade Total:	5	3	1
1 DELUSIONS. strange land as if in a			
2 BLINDNESS. PRETENDED			
3 FEAR. society of his position in			
4 CARRIED. desires to be: fast		3	
5 DELUSIONS. god. communication with he is in			

If a patient comes and speaks or answer about his problem like as given below:

Part IX

P.: Why did it happen?

D.: Are you worried about it?

P.: Nobody is telling me anything. When I ask my family they tell me there is nothing to worry about. It is a minor problem and will get better soon. But I am not happy with their answer. I can't help feeling anxious. I can't put my mind at rest till I have a clear picture of my condition. I must be given the truth about my

problem. I don't know why they are keeping it from me. I told them that they should tell me whatever it is, as it won't affect me even if they tell me it's severe. Now I have started asking people other than my family, people who come to visit me. I can't stay in such a situation. I ask everyone I see, to tell me what is wrong with me.

- Nobody talks to me.
- Nobody gives me any information.
- Nobody takes my advice.
- Nobody listens to me.

Rubrics:

- **ANXIETY, air, amel. in open**
- **FORSAKEN feeling**
- **RESTLESSNESS air amel. In open**
- **SADNESS respiration, with impeded**
- **SADNESS, house, driving out of**

Medicine for such patient is **Laur.**

- 1 ANXIETY, air in open, amel.
- 2 FORSAKEN, FEELING
- 3 RESTLESSNESS, air amel. in open
- 4 SADNESS, respiration, with impeded
- 5 SADNESS, house, driving out of

	Laur	Lyc	Lach
Rubrics Count	5	5	4
Grade Total	2		2
	2		



Hopeful



Medicines from Barthel's Synthetic Repertory under this rubric are:

Acon, aur, calc, ferr-ma, hydr, nat.m, sang, seneg, sulph, tub, verat.

Hopeful means:

- Expecting to get what one wishes or to achieve something.
- A quality which excites hope, promising good or success.

The probable factors responsible in creating hope in a patient:

Reason for a patient to be hopeful could be his *faith, trust or belief* on which he relies or counts on.

Faith: Faith can be on GOD, an individual person or any particular medicine or a thing. In faith a patient comes with an assurance that, he will get better by the medicine but, he has no logic behind it. A patient comes

and says, "I can rely upon you doctor". "I know whatever you do will be for my benefit."

Upon asking the reason for relying, He may answer, "He has no choice but to keep faith in the doctor."

Or

P.: "You are a renowned or experienced doctor, plus I have come to know that, you work very sincerely for a patient.

Or

P.: "I have faith in GOD; HE won't do any harm to me even if there is no relief in my condition.

Or

P.: I have a faith in homeopathy because it had helped me in the past, and also it doesn't have any side effects.

P.: "Sometimes I lose the hope but, still I keep faith."

On the above versions we may use following combinations for practical use:

- **HOPEFUL + OBJECTIVE reasonable:** nat.m
- **HOPEFUL + DESPAIR, of recovery:** Acon., calc., nat. m. sul., verat.
- **HOPEFUL + DOUBTFUL, of recovery:** Acon., calc., sul.
- **HOPEFUL + DISCOURAGED:** Acon., Aur., calc., Hydr., Nat.m., sulph, tub., verat.

Trust: Is like a strong bond between the two persons. In trust one is more confident, swears and convinced. One has logic behind it due to especial relation or deeds.

How come a patient gets trust?

P.: "The reason I have come to you, my friend has told me about you and I trust her. I can take her word easily, if she says you can cure me then I don't have to think about it.

- **HOPEFUL + High spirited:** hydr, verat.

At the end we can talk about Belief. If a patient comes with a belief (that his problem will get better or the physician whom he has visited will cure his problem).

Belief is associated with a feeling of reverence or religiousness towards a doctor, treatment or medicine. In belief, there is a freedom from doubt with mental acceptance towards a thing as true. A belief could be total dedication towards a particular person or GOD. It's more of a blind nature.

- **HOPEFUL + PRAYING:** aur, sulph, verat.
- **HOPEFUL + RELIGIOUS, affection:** Acon, aur, calc, hydr, nat.m, seneg, sulph, verat.

From the above combination medicines like Ferr.m., ang., tub. are not there.

For a physician it is necessary to explore:

What is the extent of his faith, belief or trust?

Does he blindly or logically follows his belief, faith or trust that, he will get better or achieve his ambition.

A physician:

- Has to be careful that, he would only take hopeful state of the patient from the moment he has become sick.
- He has to understand the factors responsible for creating hope.
- Next information he needs is if the hope remains there for all the time or it goes away in between?

Second part to learn:

A patient can be hopeful could be due to the following reasons:

1. Due to the previous history of few/many treatment (s).

Or

2. No history of any treatment but, just on the recommendation of his family or close friends.

Or

3. Seeing /hearing the effect of medicine / treatment in others.

Or

4. It can be that a patient has a problem for which he does not think visiting a doctor because, in his mind he is full of hope that his problem will get better on its own and he needs no treatment.

Or

5. As there is a previous history in which he had some problem in life and it got sorted out on its own or by taking some home medication or rest etc.

Or

6. He has visited to some doctor (s) but did not get any relief still he is full of hope that he will get better.

Why he keeps hope in spite of no relief?

Because patient's mind remains full of hope due to which he feels assure that somehow his disease will get cured and it pushes or boost him to keep making efforts.

He says, "I have a faith that someday (not definitely) I will come out of this trouble with the help of medicine or efforts of the doctors."

Or

7. "I trust that sooner or later things will change."

Or

8. "I have a firm belief on GOD that, "I am not going to remain sick for whole of my life."

When asked, why do you have such a firm belief that, you will get better inspite of no result?

He says, "Presently, the luck is not in my favour or, my previous bad sin for which I have to suffer in this life. But I have a hope that one day it will be over."

In case someone tells him that there is no way he will get better then also he does not change his thinking and keep continuing treatment sticking to his own belief.

Sometimes patient becomes hopeful when he sees others getting or got better or he gets assurance from his near or dear one.

A hopeful patient comes to you and says:

- i. "That I will get better."

- ii. "That you (doctor) will make me better."
- iii. "Because I have heard about you from so many people / friends that you have cured many cases like this."
- iv. "I have a hope that's why I have come to you for the treatment; otherwise I would not have visited you."
- v. "As there must be some treatment for my disease."
- vi. "Since the beginning of the problem I have this feeling that it will get better."
- vii. "Because I have heard that in Homeopathy there is some treatment about this problem."
- viii. "As I think one should keep faith in treatment or doctor."
- ix. "As I have a faith in you."
- x. "Because I think one day someone will find a right remedy for me."
- xi. "Because I believe that there has to be some treatment of my problem in the world."
- xii. "It gives me strength, a feeling of no danger to life."
- xiii. "When my friends, relatives or someone around me assures or tells me that things may improve and I shall continue taking the treatment then I become hopeful and fight back."

Let us explore further from (i) to (xiii):

i. "That I will get better."

D.: How can you be so sure about it?

P.: I don't know it's just my feeling.

D.: There has to be something behind this feeling?

P.: From inside I feel so.

D.: What is that?

P.: I think it's a natural problem and with time it will get better. It's always there with me.

D.: Aren't you worried about it?

P.: No I take it normally.

D.: By own or with the medicine?

P.: Not by on my own but also I have to take medicine.

(Here the patient believes that his problem is due to natural reason and it will go naturally plus with the aid of medicine, exercise or some other efforts.)

- **HOPEFUL + MILDNESS:** Acon., aur., calc., hydr., nat.m., sulph., tub., verat. (Sang., seneg., ferr.ma are not)

ii. **"That you (doctor) will make me better."**

D.: How can you say so?

P.: It's always there with me, and just now while talking to you or when I entered into your chamber I got a feeling that probably I will get better by your medicine.

D.: What was that feeling?

P.: I think every doctor has his own way. I can't say exactly but the way you have taken interest in my case or greeted me it brought this feeling.

D.: What exactly did you feel?

P.: I felt that you are taking interest in my case and your way of talking has also impressed me, it has

given me a boost that perhaps you will find a right remedy for me.

Or

P.: Now I will only take treatment from you. I won't go to any other doctor. I have decided this.

D.: Even if you don't get better?

P.: Why shall I not get better, when you are taking so much interest, I will improve.

(Here the patient gets a boost which lifted his hope)

- **HOPEFUL + HELD, on to desires to be and HELD, amel. being held:** Sang.
- **CLINGING, held wants to be:** Sang. sul

iii. Because I have heard about you from so many people/friends.

D.: What did you hear from them?

P.: They told me that you have lots of experience and you have cured so many cases.

D.: Was that enough for you to believe?

P.: I think so.

D.: How much?

P.: I have a full faith in you. Even if it does not get better then also I am not losing anything. I don't have a big wishes or expectation. If I survive it's ok otherwise what the worse can happen I will die and I am prepared for that.

- **HOPEFUL + HIGH, spirited:** Hydr., Verat

- **HOPEFUL + hope, as in joyous: (Aur)**
- iv. **Annoyingly says, "That is why I have come to you for the treatment, otherwise I would not have visited you."**
- D.: That I understand, but the reason to ask you about it was, you have just told me that you did not get any relief from any treatment in the past but still you wish to try another treatment.
- P.: That I have to do. I can't sit quietly and wait for the improvement. I have to make some efforts. Rest is my luck. I am keeping hope.
- **HOPEFUL + MOOD repulsive: Acon., aur., sulph. Tub.**
 - **HOPEFUL + SNUB one who differed with him, desire to: Hydr.**
- v. **As there must be some treatment for my disease.**
- D.: How long are you going to make efforts?
- P.: Till I don't get better.
- D.: There is no limit in your mind?
- P.: How can I make a limit? I try till I can. Leaving treatment is also not a solution.
- **HOPEFUL + PERSEVERANCE: Phos., sul.**
 - **HOPEFUL + HAUGHTY: Aur., Acon., calc., ferr. Ma., nat.m., sul., verat**

vi. Since the beginning of the problem I had this feeling that I will get better.

D.: Any reason to believe so?

P.: Fortunately, whatever problems had occurred in my life got better. I did not need to struggle for them.

- **HOPEFUL + DELUSIONS, wealth of:** Calc., Sulph., verat

vii. Because I have heard that in Homeopathy there is some treatment about this problem. "So I thought let me take a chance."

D.: If it fails?

P.: I haven't thought about it.

D.: In case it did not work?

P.: Then I will try something else.

D.: You won't give up?

P.: Till I have hope in treatment I won't give up.

- **HOPEFUL + PLAY passion for gambling:** Calc. sulph., verat

viii. As I think one should keep faith in treatment or doctor.

D.: It's true but there has to be some reason to keep faith like, have you seen a similar case like yours which has got cured etc.

P.: I haven't seen/heard such things.

Or

I have seen/heard such cases got cured by medicine.

D.: When you haven't seen / heard about such things how can you be so sure about the cure of your problem?

P.: It is not necessary that one has to see / hear about it, I have a hope without such things.

D.: What did you see or hear?

P.: I have seen in my family and relatives that despite of many severe problems, they came out of it with medicine. Also I have heard that there is a cure of my problem in homeopathy.

I have a hope because I think perhaps you have some extra knowledge than other doctors.

- **HOPEFUL + RELIGIOUS affection:** Aur., Calc., nat.m., sulph., verat

ix. As I have a faith in you.

D.: What is the reason of your faith in me?

P.: Because my father, mother, sister or brother was cured by your treatment, so that has given me a hope that you can cure me also.

D.: But it isn't a guarantee?

P.: I understand it, but since everyone in my family has got better by your medicine, then I will also recover.

- **HOPEFUL + HOPEFUL of recovery:** Sang.

- x. **Because I think one day someone will find a right remedy for me.**

D.: How much hope you have on it?

P.: 40-50%.

D.: what is your idea behind it?

P.: There is an advancement of technology. Everyday one can hear that some new medicine or diagnostic instruments are coming into the market. So one day it will be possible that some scientist brings out the medicine for my problem too.

Or

God is with me and I also know some good homeopaths like you or doctors who have cured so many similar cases then my problem will also get better.

D.: But how long you can keep hope on it?

P.: Till I am alive.

- **HOPEFUL + NAÏVE intelligent but very:** Sul. Verat

- xi. **Because I believe that there has to be some treatment of my problem in the world.**

D.: Why do you believe so?

P.: When so many new things or researches are being done then there must exist some solution to my problem also. How can it be possible that till now no one has ever suffered with such problem like me? In such a big world there must be someone who has suffered from it and has got better.

D.: But how will you come to know about it?

P.: I am searching for this. Every day I look into the internet and look if someone had same problem like me or if there is some solution to my problem.

- **HOPEFUL + INQUISITIVE:** Aur., calc., sulph., verat

xii. It gives me strength, a feeling of no danger to life.

D.: How it gives you strength?

P.: Whenever I get reminded of my disease I tell myself that it is a small problem and there is no danger to my life.

- **DELUSIONS, sheep driving:** Acon

xiii. When my friends, relatives or someone around me assures or tells me that things may improve and I shall continue taking the treatment then I become hopeful and fight back.

D.: How do you take it?

P.: I feel good when someone tells me like this. It helps me a lot.

D.: What help it gives you?

P.: I feel that someone is there to help me and my problem is not so dangerous. It gives me hope to continue my treatment.

D.: It always helps you or there are special moments in your life when you think you need such assurances?

P.: Mostly when I get discourage. I take medicine with hope but when it doesn't work then I get discouraged. I don't feel like continuing the treatment but then when someone tells me in a kind way I become hopeful.

- **HOPEFUL + CARRIED, desires to be caressed** (acon.)
- **HOPEFUL + DISCOURAGED, alt. with assurances** (acon.)

Aconite

For Aconite patient hopeful feeling is: When she imagines that her disease is like a sheep i.e. an ordinary one, the idea heats her mind and she becomes mirthful, cheerful and hopeful because, the idea provides her with the necessary feeling of warmth that gives her strength. In the hopeful state there is a feeling of no danger to life, and this make him to fight against the problem.

- Hopeful + Defiant

This feeling helps in lifting the patient mentally and physically. He gathers his courage and gets ready to fight back with the ailment.

Aconite has two stages:

1. Discourage/Despair
- Or
2. Hope

In the discourage phase he wishes to be treated with kindness and needs assurance.

- **HOPEFUL + CARRIED, desires to be caressed:**
(acon.)

Aur.

Mostly a physician will get from Aur. an overall impression of negative feelings.

A patient of Aur. is an unsatisfied patient.

Largely he is unsatisfied with himself for not being able to perform his duties and fulfill his responsibilities.

The two phases of Aur. are, either he will think of destroying himself or, get finished by the disease, Or he becomes indifferent towards his problem and try to live with joy.

- **DELUSIONS**, she is lost
Lost: No longer affected by the problem.
- **HOPELESS**
- **DELUSIONS**, doomed, being, soul cannot be saved, cries and rages.
Doomed being: There is no end to his problems and he is near to a complete disaster.
- **EXCITEMENT** hope, as in joyous.
Joyous: Full of glad feeling.
- **HOPEFUL**, lung disease in
Lung: A place where fresh air can be breathed.
It means even he doesn't see any way out or end of the tunnel he somehow keep his joy alive in a hope to come out of the tunnel.
- **DEATH**, desire alternating with laughing

But the state of excitement can only come when he tries to divert his attention from the problem.

- **OCCUPATION**, diversion, mind amel
- **EXCITEMENT** amel.
- **MUSIC** amel.

It all means to engross oneself in some pleasant thoughts.

- **SADNESS**, diverted from thoughts of himself, desires to be
- **QUIET**, alternating with gaiety, trilling singing
- **STRANGE**, in opinions and acts
- **DELUSIONS**, annihilation, about to sink into

Calc.

- **HOPEFUL + DARKNESS** agg.

Acon., Calc., nat.m.

- **EXCLUSIVE, too**

I don't think that whole of my life I would be like this.

(The above statement gives a sense of Ego.)

- **DELUSIONS, rain, he hears (at night)**

At night means, when there is dark outside and it also gives a feeling of loneliness. it's hard to find someone at that time who can guide, help or tell about something.

This is his fancy, in a depressing moment due to his pain, he fancies about evil, or danger.

- **FEAR, of evil**

- **DELIRIUM, fire, talks of**
- **SITS, and breaks pin**

Means this patient has a passion to know about his sickness and that he normally does by himself.

Break pin, means to crack the information.

Sits means, from one place.

This patient tells that he hasn't got anyone who can really make him understand his problem. He says, "I wish that one day I can find someone who has such a great knowledge or experience which can boost my confidence."

- **MAGNETIZED, desires to be**

Fire: Light, passion, hope

For this patient who doesn't like dark (to live during sickness without knowledge) it's very soothing to hear some hopeful words.

- **DELUSIONS, wealth of**
- **LIGHT** desires for
- **EXCITEMNET, coition , after**

Coition: Mutual understanding

Excitement: Thrill

Ferr. Magneticium

- **WALK, self sufficient air, of importance, along with a**
- **HAUGHTY, look self contented**

Hydrastis

- **HOPEFUL + HIGH, spirited:** NAT. MUR
- **HOPEFUL + AFFECTATION + RELIGIOUS, affection**

One thing about nat. m. is other person can't give her hope as she is averse to consolation. She doesn't like that other people look or talk piteously about her

Sang.

In this old age I don't expect too much relief, but if I get some betterment by the medicine then my remaining life will pass easily with this hope that I have been taking medicine.

I have faith in your medicine that one day I will get cured from it.

HOPEFUL

+

HOPEFUL, of recovery

+

RECOGNIZES the reality and accepts it

CLINIGING, held wants to be

Seneg

- **ANXIETY**, rest during
- **ANXIETY**, from motion amel.

Motion: Moment, things on the move

He does not rest and keep moving or look forward for a change. Change or no change but he should move with a hope and It helps him.

Sul.

- **FRIVOLOUS**
- **FOOLISHNESS** behavior, happiness and pride
- **DELUSIONS**, wealth of
- **DELUSIONS**, vivid
 - **Vivid : Full of life**
- **RELIGIOUS**, fanaticism

Verat.

What we observe in verat. is that due to hope, he lives with high spirit.

Hope makes him courageous and fearless.

- **HOPEFUL + COURAGEOUS** = Acon., sulph, verat.

Due to hope he expects that things will go in his favour and he will be able to live a normal life.

Because he has hope he would try all means to get better. This patient will tell you that he has been to many doctors or he has left no treatment and he has visited many cities or places with the hope that he will get better.

Due to hope he pretend that he doesn't care for death, perhaps he is convinced inside that everything will get better at the end.

- **FEIGNING**, pregnancy
Feigning: to pretend all is well in his mind.
- **HAUGHTY**, pregnancy
Haughty - High in one's own estimation.
- **TALK**, pregnancy
Talk-Tell tales, one of the qualities of verat. to show his hope with telling stories from his past.
- **WANDER**, pregnancy during
Wander-Here it is not physical but thoughts in his mind moving in an uncontrolled manner from one subject to another.

Pregnancy

When one's mind gets pregnant, with some sort of hopeful idea and, is in the process of producing something which is raising his expectation for a permanent settlement which gives assurance of a peaceful and sound living.



DELUSIONS, injury is about to receive



DELUSIONS; injury; is about to receive (15) ars, bell, cann-i, carbn-s, con, hyos, irid, lach, lyc, merc, nux-v, op, sil, stram, sulph

To be able to apply this rubric we must first understand the meaning of every word given under it. This is how we go about it:

Delusion

In our clinic a patient won't come and say directly to the physician that, "Doctor I am in Delusion". So the question is how we can apply this rubric when we don't hear it from patient?

Let us understand from clinical point of view how we can apply this rubric.

What is the state of a person who is in delusions?

A patient in this state tries to justify his opinion or feelings about a thing/situation/object/ subject he is quite convinced of while others fail to feel the same and

therefore do not agree with him. For example it is a very common expression for a patient to say, "Doctor I am sick". Normally, a physician ignores it as it is normal for a patient to say to the doctor that he is sick.

If we look into the repertory there is a rubric:

DELUSIONS; sick; being (24) *arg-n, ars, bar-c, bell, CALC, caust, graph, iod, kali-c, lac-c, lyc, mosch, murx, nat-c, nat-m, nit-ac, petr, phos, podo, psor, sabad, sep, stram, tarent*

In case we take it as a normal expression then, the above rubric cannot be used. And if we use it then one can say that, it is obvious that a sick patient will say like this. It means, we use this rubric for every patient and give one of the medicines from the above rubric and then we don't have to learn anything.

Here comes the utility of Sehgal method. What looks normal and usual in our daily life can be used as a tool to prescribe the medicine. Let us understand the missing link which creates a gap to apply this and other rubrics. First thing is who is saying, "I am sick."? Answer is, a patient says so. Then why it has to be taken as delusions? We can use this rubric only for those patients, who feel that due to their problem they have become useless and are not going to be productive anymore, like a sick industry. Here though in reality they are suffering from an illness but, the unreal feeling which is the product of patient's imagination makes him to feel unproductive or useless. Patient says, "Due to my illness, I am continuing to feel unproductive.

To understand the rubric, *DELUSIONS, injury, is about to receive*, we have to decode every word of this rubric.

Injury: Physical harm to a person, property, etc. An injurious act; specifically an offence against a person's feelings, dignity, etc.

About to

- Near to
- Likely to
- Seeming as if it might happen
- Reasonably to be expected
- Apparently destined
- A possible outcome

Receive

- To be the target or victim of an attack.
- To get or acquire something

Conclusion

In this state a patient on the basis of his present symptoms or age factor starts imagining that someday he would get some grave and incurable disease (like diabetes, cancer, rheumatoid arthritis, or hypertension etc.) like his parents/ancestor/relative or friend suffered. He asks the doctor to save him from reaching that stage of sickness. What bothers him, is not getting such grave diseases but the torture (like not able to sleep, eat, work or walk etc.) suffered by the person. He says, "I don't want that my condition shall also become like others".

Some clinical versions for this rubric:

Example No. 1:

A patient commented that even the most common problems like cough or cold that lasts for more than 2 days, makes him feel that he has developed something serious like cancer, AIDS or even worse.

(The above lines show the patient's apprehension about his health triggered by his existing symptoms).

He further added that he was a well-respected member known for his caring attitude, good behaviour, or social activities etc of his community. He was highly regarded and greatly trusted. He was also concerned that his suffering will also have an adverse effect on his current position in society.

(It's an expression for injury in the form of loss of status in the society which would lead to a rupture in his relationship with people close to him).

Example No. 2:

Patient says, "I avoid allopathic medicine since it can produce new symptoms (side effects) in addition to the existing symptoms. It only adds to my distress. I am reminded of my mother who had to suffer greatly due to her regular consumption of allopathic medicines. I imagine that it might happen to me as well".

Example No. 3:

Patient, "I have been suffering from hypertension for a few years now. In the earlier years the neurosis was causing the heart disease. Whenever my blood pressure used to rise, my heart beat faster and there was pain in my chest too. I thought about death all the time, feeling nervous and helpless. I had frequent trips to the hospital and my blood test shows that I had quite a high level of enzymes that could cause heart attack. Since I have really strong neurosis, and not to forget my previous experiences, I am pretty convinced that it might really happen".

For a better understanding of the word 'injury' it is important to know the meaning of certain words as a cross references to injury, like:

- *Injure*
- *Harm*
- *Damage*
- *Hurt*
- *Impair*
- *Spoil*

Injure:

To weaken, to wound (appearance, health, soundness, etc. of a person or thing) like, *injured* pride.

For example:

There have been cases when people have lost their ability to work (mentally) as a result of a painful or harassing experience.

Or

“Due to the problem my whole face has become distorted. My whole appearance has undergone a change.”

Rubric with word injure:

- ***INJURE, feels, as if, she could easily injure herself: Sepia.***

For this rubric, a patient would say, “I prefer to lie down and avoid doing work as I am sick.” He may say, “Due to the sickness I have already lost the energy and at this stage if I would attempt on my part to exert could take away the remaining energy.”

Harm:

Suggests pain or distress caused more strongly (harm a person, health).

For example:

A patient has a feeling that if he makes any effort or exerts himself in any way it will harm his body.

Rubric with word harm:

- ***DELUSIONS, work, harm, will do him: arg-n***

Damage:

Stresses the loss, as in value, usefulness, etc., resulting from an injury.

**No rubric for such word.*

Spoil:

It implies to such serious impairment of a thing as to destroy its value, usefulness, etc.

Rubric with word spoil:

- **SPOILED, children**

Hurt:

Implies wounding physically or emotionally (as, *rumors hurt his business, feelings*). Like, to hurt someone's feelings.

A patient says, "I don't mind taking help but for the fact that it will be a constant reminder for all my life that what I accomplished was not without help from someone."

Rubric with word hurt:

- **Fear, hurt, feelings, of being, by others: Arn**

Impair:

To impair something is to cause it to deteriorate in quality or to lessen in value, strength, etc. [impaired hearing]

**No rubric with such word.*

Before we study the drugs under this rubric, let us analyze the psyche of a patient who imagines that his ailment is an indication of a much serious disease.

What is the state of a patient who harbors such a feeling?

Well, to begin with the patient is in a state where he is sure of nothing, means everything is merely a speculation. He starts constructing an idea that he has this bad, critical disease that someone he knew had as it started with similar symptoms that he has at present like prolonged cough, fever, blood stained sputum, pain or

condition related to age, work or surroundings. The patient starts imagining that he has or is going to have a disease which has run in his family, without any substantial medical proof. His morbid fancy does not stop there. He imagines all the ways in which he would suffer as a result of the disease.

Theorizing:

DELUSIONS, injury is about to receive

+

THEORIZING

Ars., cann.i., lach., lyc., op., sul.

(It means except ars., Cann.i., lach., Lyc., Op., and sul. Patient others remedies does not theorize)

There are patients who claim to have sensed from their existing symptoms that they are going to get a serious disease. They say that their past experiences have gone to show that they possess a sixth sense or some special power to perceive the events in their life beforehand.

DELUSIONS, injury is about to receive

+

CLAIRVOYANCE

Cann.i., hyos., lach., op., sil., stram

(Cann.i., lach. and op. patients are the one who speculate as well as claim to perceive the events going to happen in their life before hand)

This feeling of foreboding about developing some serious medical condition creeps in some patients who

lose their hope of recovery and their faith in the treatment.

DELUSIONS, injury is about to receive

+

Despair

Bell., cann.i., carb.n.s., con. lach., lyc., merc., nux.v. op., sil., sul, stram.

*(*Bell., carb.n.s., con., merc, nux.v patient don't speculate or claim to have a foreboding but the failure of treatment gives them the idea that they may be suffering or heading towards a more serious disease.)*

The next thing is to learn how a patient is going to react when he imagines that he could suffer from a harmful disease.

The first priority for such a patient is to find a way to avoid such a situation.

They search for the best doctor or treatment in the hope that they will be cured at the earliest stage or they ask the doctor for medicines that would save them from landing in a more serious condition.

Rubric: ESCAPE attempts to

DELUSIONS, injury is about to receive

+

ESCAPE attempts to

Ars., bell., hyos., lach., lyc., merc., nux.v. op., stram., sulph

But the interesting factor is:

Cann.i., Carb.s., Con and Sil. Patients from this group don't try to escape.

Conium has anxiety present about.

Second Point:

What attempt a patient would make to escape?

Rubric: Run, about

DELUSIONS, injury is about to receive

+

RUN, about

+

ESCAPE, attempts to

Ars., bell., hyos., nux.v., stram. Sulph

Next rubric is: **ESCAPE, run away to**

DELUSIONS, injury is about to receive

+

RUN, about

+

ESCAPE, attempts to

+

ESCAPE, run away to

bell., hyos., nux.v.

If we understand the individual psyche of a patient we can easily differentiate medicines under this rubric.

For example, if a patient who imagines in such a way is asked how sure he is that such a thing would happen to him, would answer along these lines:

- I am sure it would happen but 10% chances that it might not.
- I have a doubt, but there is still a 50% chance, that it might happen.

- I have no doubts. I am 100% sure about it as I have a definite reason to feel so.

Why a patient is so sure (90% chances) that he is going to have something happening in the future of which there is no indication on medical grounds?

This patient has something like this to say, "My family history suggests that my suffering match with their symptoms and this is enough to convince me that I cannot escape this problem.

He could also say, "My father is an old patient of asthma, which he got from his father. Recently, I have started feeling breathlessness too and I cough during night. I am pretty sure that I, too, will have asthma soon. I seem to have inherited it from my father just as he did from his father."

SUPERSTITIOUS

+

DELUSIONS, injury is about to receive.

bell., con., op., stram

Why superstitious?

Because, here the Patient concludes about something merely on the basis of his belief. He cannot justify his belief.

Bell. and conium patients are frivolous, whereas opium and stram. Patient is cautious about their problem.

Why a patient says I am not sure?

He says, "It is only when I think of my mother and grandmother who suffered with heart problems therefore I fear I could go their way. They both died from it."

My Blood pressure is not in control inspite of the medication and the necessary precautions I follow. May be my fate is like theirs too.

DOUBTFUL, soul's welfare, of

+

DELUSIONS, injury, is about to receive

Ars., bell. Hyos, lach, lyc, nux.v., stram., suiph.

Why a patient says, "I am positive that it will happen"?

This patient says that he has no doubt about it. "I am definite and have a reason to feel so. In my family everyone has suffered from one or the other disease so how could I not have one like everyone.

DOUBTFUL of recovery

+

DELUSIONS, injury, is about to receive

Bell., lach, merc., sil.

What this kind of feeling causes in a patient?

The patient's first feeling is:

The thought of getting a bad disease causes discomfort and unrest in him. He loses his peace of mind worrying, how he would cope with the problem.

ANXIETY, hypochondriac (obsessive with one's health)

+

DELUSIONS, injury, is about to receive

Ars., bell., con., Hyos., lach., lyc., nux.v., suiph.

Some patients have this feeling only for the present time and do not worry about getting it in future.

Bell., Cann.I, hyos., lyc., op.

For some this thinking goes too far. They keep having one bad idea after another. They believe that any problem that ever happened to any one in their family is bound to get them too. A minor headache to them means forewarning of a serious problem, a symptom of brain tumour maybe.

But he is not without doubt. "Sometimes I feel that it's only my imagination. To me it is like fancying about something which rarely happen very rarely in anybody's life.

DREAM, as if in a

+

DELUSIONS, injury, is about to receive

Ars., bell. cann.i., con., Hyos, irid., lach, merc., nux.v. op., sil., stram.

A patient sees in his dreams the things that he talks about (Kent's M. M. for bell).

Let us study the patient of different remedies coming under this rubric

Arsenic Alb.

Ars. Patient has two states, he is either at ease and has a feeling of being well or he is over anxious about his health.

In the first state he is aware of the problem but does not feel the need to do anything about it as long as it does not interfere in his daily life. He obstinately avoids treatment and also ignores the advices of his family. In an irritated tone of voice he tells them that he has no problem and they are unnecessarily bothering him. He actually does it out of his concern for them. He says, "I don't want to bother my family with my problem, especially my mother. I know it will send her into panic, enough to shoot up the blood pressure."

For the state when he feels well, we have the following rubrics:

- **WELL, says he is when very sick**
- **OBSTINATE**
- **REFUSES, treatment, every in spite of being very sick**
- **DELIRIUM, well declare he is**
- **DELUSIONS, well he is**
- **ASKS, for nothing**
- **ANXIETY, others for**
- **HIDE desires for**
- **HIDE, on account of fear**

This state has another aspect too. If this patient ever finds out that the treatment he is undergoing is doing

him no good and there is but a slim chance of his survival, he will choose to die and save himself from more suffering. He will resist all kind of medical care. He will beg his doctor to prescribe him something to end his painful life or make it free of all pain and difficulties.

- **DOUBTFUL, recovery of**
- **DOUBTFUL, recovery of, medicine is useless**
- **INDIFFERENCE, life, to**

Arsenic does not feel sick as long as he is occupied. He never rests excepts when his condition becomes too worse and forces him to do so. It never occurs to him that he must take rest. The moment he lies down either he is reminded of some pending work or he finds something to get out of the bed.

- **OCCUPATION, diversion mind amel.**
- **WORK, amel. from work or diversion**
- **BED, aversion to shuns bed**

Upon asking why he does so?

He says, "When I am alone, resting and with no work to do, I begin to have all sorts of negative thoughts. I prefer keep myself busy to avoid them."

- **ANXIETY, alone when**
- **FANCIES, alone when**
- **THOUGHTS, rush flow of alone, when**
- **HYPOCHONDRIASIS alone when**

In the worse state i.e. in his state of despair an arsenic patient does not wish to stay alone. In sickness, although he is disturbed by noises and light and dislikes people

talking, unless it is about him, he does not want to be left alone for the fear that his state of despair might drive him to harm himself.

- **QUIET, wants to be**
- **SENSITIVE, light, to**
- **SENSITIVE noise, to**
- **FEAR, alone of being, lest injure himself**
- **SUICIDAL, disposition fright, after**

One of the prime reasons for an arsenic patient to visits a doctor is, because he feels low. He says, "It looks so bad to roam around like a sick person." He dislikes seeing a doctor but he is concerned about his health.

- **INDIGNATION, feeling**

He becomes obsessed with finding a cure for his problem. It becomes his mission and no matter how worried he is he believes 100% that he will get better. If his condition does not show improvement it is because the doctor has not diagnosed it rightly.

- **SHRIEKING, brain cry** (**Brain cry means becoming obsessed with the idea of getting better and to keep asking for quick result*)
- **REST, when things are not in proper place, cannot**
- **POSITIVENESS**

This patient visits the doctor with a feeling of regret for neglecting his problem all along. Why does he feel regretful?

It's because with his own negligence he has ruined his good health.

- **DELUSIONS, wrong fancied he has done**
- **DELUSIONS, health, he has ruined his**

Some arsenic patient visits a doctor for their problem only when it starts hindering their day to day life. They are forced to rest more as their problem does not allow them to work as much as they did before. This sends them into a panic as they figure out that it will mean being confined to bed.

- **DELUSIONS, arrested, is about to be**

One of the things arsenic does not like is to bother others. He is not the one to share his problems with his colleague or friends. But when in need he could ask for help from his family members which he thinks he has a right to as he helps them too.

- **ANXIETY, others for**

In general, arsenic patient is quite rude to people he is close to, in their need he helps them but to certain limit.

In the other state when an arsenic patient turns overanxious about his health he cannot wait to get rid of his problem.

What troubles an arsenic are the negative thoughts about his medical condition. He grows too worrisome about his future. All he can then think of is how he can save himself from going to his destruction. He needs help and that too instantly. He does not bother to think then how much inconvenience he is causing to others. If his demands are not met instantly he reacts with anger. He cannot stand any delay and does not refrain from

shouting at people who makes him wait. In this state of impatience and agitation he begins to feel that if his problem does not get better fast enough, it would grow into something bigger like cancer.

- **ANXIETY, future about**
- **THEORIZING**
- **PESSIMIST**
- **ANXIETY, salvation about**
- **ANXIETY, hypochondriac**
- **QUIETED, carried, rapidly, only by being**
- **QUIETED, carried, only by being**
- **CARRIED, desires to be**
- **CARRIED, desires to be fast**

This way of thinking tips his emotional balance which is evident when he gives a vent to his thought. The pitch of his voice gets louder and sharper as he speaks about his suffering. It is enough to arouse pity.

- **COMPLAINING, pitiful**
- **LAMENTING, bemoaning loud, piercing**

Rubrics:

THEORIZING

+

DELUSIONS, injury, is about to receive

Ars., cann.i., lach., lyc, op., sil., suiph

ANXIETY, future about

+

DELUSIONS, injury, is about to receive

Ars., con., lach, merc., nux.v., sil., stram., suiph

ANXIETY, future about

+

ANXIETY, health about

+

DELUSIONS, injury, is about to receive

Ars., lach, nux.v., sil., suiph

ANXIETY, hypochondriac

+

FEAR, happen something will

+

DELUSIONS, injury, is about to receive

Ars., lyc., nux.v.

ANXIETY, future about

+

ANXIETY, health about

+

DELUSIONS, injury, is about to receive

+

DELUSIONS, wrong he has done

Ars., sil., suiph

ANXIETY, future about

+

ANXIETY, health about

+

DELUSIONS, injury, is about to receive

+

DELUSIONS, wrong he has done

+

PARTIAL, prejudiced

Ars., lach.

Bell.

According to Dr. Kent: "The mental symptoms of bell. are delightful to study but dreadful to look at. Thanks to Dr. M. L. Sehgal whose innovation has made it so easy that any practitioner can use its rubric in his practice without any difficulty.

Bell is a patient who does not give a thought to his problem so easily. In his opinion one should be strong enough to handle a problem now and then. He says, "I am not a kind of person who rushes to a doctor for minor things."

- **FRIVOLOUS**

He first waits for the problem to go away without doing anything. He sees a doctor only when it persists.

If you ask him how he expects the problem to be cured on its own, he would reply that it has happened to him several times in the past when a problem vanished itself after a couple of days without a visit to the doctor.

He would further says, "I believe that if something bad is destined to happen, it will happen no matter what. It's beyond me or anyone to prevent it. Why should I spoil my peace of mind for something which I don't have any control over or don't even know will happen at all?"

- **OBJETIVE, reasonable**

The problem remains unnoticed to him till he gets reminded by the severe pain or he cannot enjoy things as he likes. He sees the need to address his problem and visits the doctor when his family, friend or other people around him begin to call his attention to it.

- **UNCONSCIOUSNESS, interrupted by screaming**
- **INDIFFERENCE, alt. with sensitiveness**

After waiting for some time, when he realizes his problem is persisting (despite taking medicines) he tries to look for the cause.

- **LIGHT, desires for**
- **DELIRIUM, gather objects off the wall, tries to**

Means: Needs to know everything about his problem, what causes it, how it develops, if there is a chance of recovery and so on, in order to make wiser assessment about his ailment.

Some of his observation and questions would be:

- I think my father has / had these problems too.
- Some relatives/friends of mine have such problems.
- As per my knowledge these problems do not go away easily.
- Please doctor tells me your opinion about it. What do you feel?

He would further say, "If you feel it is necessary I can go for some investigation. Since the problem has been there for so long, it makes me a little worried although it has not aggravated. Since, I am fail to assess if

it is the same or getting worse, I have come to you. If you have any treatment I will take it."

- **' CALCULATING, inability for**

How come this frivolous person takes so much interest in his health?

He can't ignore it when the symptoms keep him bothering non stop. He is scared to get into a worse situation and is forced to eventually take his ailment seriously and do something about it.

- **FEAR, everything, constant of**

Constant: Unceasing, endless

Everything: All

When asked why he did not take his problem seriously earlier he says with a laugh, "Maybe I failed to calculate how far things could go."

- **CALCULATING, inability for**

What I thought was a minor gastric problem, has grown into a severe one. I never imagined that so small a thing would trouble me so much.

- **DELUSIONS, wolves of**

Wolf: A person who appears friendly but is actually hostile or an ailment which initially seemed quite mild grew into a life threatening disease.

One of the reasons why a bell. patient visits a doctor is because he finds his life restricted by sickness and all the fun go out of it.

- **DELUSIONS, possessed being**

Possessed: Seized, controlled

Realizing that he did not seek help promptly, and let his condition deteriorate, he is angry with himself.

- **ANGER, himself with**

At this point he asks the doctor to prescribe a medicine which could cure him fast, before some other problem develops.

- **CARRIED, desires to be fast**
- **DELUSIONS, injury is about to receive**

Conium

Excitement and enthusiasm exhilarates his emotions and he responds to them very strongly.

- **EXTRAVAGANCE**

With the emotions he gets so engrossed in activities that he fails to estimate his own physical or mental power.

- **CALCULATING, inability for**

Though he is wise enough to understand that he is overdoing it, he ignores his better judgment in favour of his emotions.

- **INDIFFERENCE, conscience, to the dictate of**

As a result of overexerting himself he soon feels exhausted as his energy is all drained off.

- **AILMENT, from excitement emotional**

Exhaustion of body and mind is generally slowing down all the activities of the body.

When so exhausted he wishes to stay in bed (like Cocc.).

- **BED, desires to remain in**

Gradually growing paralytic weakness some what as was described in Cocculus.

Kent:

He does not like to involve himself in any activity. He neglects even the important things.

- **BUSINESS, averse to**
- **NEGLECTS, important things to**

When exhausted he feels like resting in isolation and peace. So he lies down to rest and wishes to stay in bed for a long time.

- **QUIET, wants to be repose and tranquillity desire for**
- **BED desire to remain in** (In his own world, where there is nothing to bother him no work, no family demand or any trouble).

But as soon as there is any demand from his family or friends he readily fulfils it.

(Which Cocc. does not)

If he is asked why he does not simply refuse to do something while he is resting he says, "My emotions prompt me to comply. Suppose someone asked me to get him something from the market, I would go and get it even if I did not want to."

In fact I enjoy going out shopping.

I don't feel tired as I enjoy just looking at things even when I don't intend to buy them.

- **OCCUPATION, diversion mind amel.**
- **PLAY, desire for**

Conium is suspicious. He does not see people or things as friendly but hostile. He can never be happy. Everything makes a disagreeable impression on him. He seems to notice only the bad in everything.

- **SUSPICIOUS**
- **IMPRESSIONABLE, unpleasantly by everything**

His outlook is very narrow. He is very suspicious and refuses to acknowledge let alone appreciate the good and kind acts that others do for him. He does not see his family in any different light either. He sees selfish motives even behind loving gestures such as a gift. He thinks his wife bought him a shirt so that she could have two dresses in return.

When it comes to taking care of his health, he is too laid back. He keeps putting off his visit to the doctor. When asked why he took so long to see a doctor, he says he had been waiting to have a detailed talk about his problem with the doctor.

He says, "I hate to have to work for my family. Everyone is dependent on me. Moreover I have to do a lot of work at home too."

It is not that I give lower priority to my health than other matters but I think that I should take the treatment when other engagements are not pressing on me.

- **Prefers free mind**

- Feels lots of responsibility
- Gets involved in things voluntarily in spite of knowing their disadvantages.
- **COMPLAINING, sleep in**
- **ANXIETY, continence prolonged, from**
- **DELUSIONS, injury is about to receive**

It often occurs to him that he should make time for his health but he keeps postponing it, sorting out other matters but the time never comes. It worries him that the way this thought keeps bugging him all the time, it would lead to some kind of disaster one day.

- **DELUSIONS, injury is about to receive**

Hyosyamus

A hyos. patient fails to understand as to what has happened with him. He remains clueless about the origin or the nature of his problem. He has no idea what he can do for it and for that reason he could not visit the doctor.

- **GROPING, as if in the dark**

For a hyos patient going to a doctor means getting into more problems. One of it is his imagination that doctors usually initiate doubts in the mind of patient. Another reason is he fears that the doctor will make him go through investigation or tell him something unpleasant about his health that he did not expect. This patient does not trust anyone – not even parents.

Even he does not believe in medicine. He refuses to take it due to the fear that it may bring on something more serious than his present problem.

- **SUSPICIOUS**
- **REFUSES, to take medicine**

To avoid this he pretends to himself that there is nothing wrong with him which keeps him lively. Also avoiding the doctor means to keep himself away from knowledge about his problem so that he could live easily.

- **DELUSIONS, well he is**
- **HIGH, spirited**

It is like looking in other direction to avoid looking at his problem. He does not have the courage to ask about his problem or discuss it straight away with the doctor. Instead (indirect way to know about his problem) he tries to look for it in the medical journals, the internet or discuss it with his family and friends. Also, he focuses on symptoms of a disease that he does not really have but dreads. He does so to convince himself that he is safe and does not have any serious problem but in fact he is deceiving himself pretending that everything is fine with him.

- **SHUNS, light**

Due to his suspiciousness he acts naively to accept anything before he has made sure that it is safe or good enough for him to use. Likewise, he would like to find out how competent a doctor is whom he has chosen to trust or if someone offers, to invest money with him or try something new in food, job etc he would refuse to do so. It means he would fear to bring any change in his

present state. A hyos is a very cautious person. He is careful with whatever he has. He does not want to lose any of what he has even at a price of getting better. He would ask the doctor not to prescribe him medicines that can affect the good part of his health.

- **SUSPICIOUSNESS**
- **NAÏVE, but intelligent**
- **FEAR, of being betrayed**

His suspicion is caused by his bad experiences with doctors who gave him wrong treatment in the past. He would keep telling the doctor how lucky he was to survive. All those bad experiences had left a lasting impression on his mind. After such an experience this patient becomes cautious towards any treatment and doctor.

- **COMPLAINING, supposed injury of**
- **CAUTIOUS**

This patient does not visit a doctor for anything like fever or aches. He sees a doctor when he suspects it may take a serious turn, and to save him from landing into a bigger trouble. He says, "I could take the pain but when I heard from my friend that someone having similar symptoms died that I decided to visit the doctor. I don't want to die so early, not at this age, I have to do so many things, I am still young and my children are young too." So it is the feeling, the fear of getting into a bigger problem that makes him consult a doctor.

- **DELUSIONS, injury is about to receive**

Lachesis

Clinically we have found that one of the predominant feelings in some cases of Lachesis is 'suffered wrong' which represents its P.P.P. Those having such a feeling, hesitate to approach a doctor for treatment due to the past bad experience. We may hear from this patient that his present ailment is the result of a wrong treatment given to him by some irresponsible doctor who had prescribed him strong antibiotics without caring to see if they would suit him or not.

- **DELUSIONS, wrong has suffered**

A patient told me his story thus:

"Had the physician been sensible or conduct proper treatment I would not be suffering today. I try to forget it but when I see others enjoying good health I resent their happiness. I know it is foolish but I am reminded of it all over again."

- **JEALOUSY**
- **JEALOUSY, irresistible, as foolish as it is**

He said, "Out of resentment I say thing that I otherwise never would."

"There is nothing good left in my life and it's all due to someone else's fault. I feel such rage that I ever saw that doctor I might do something terrible to him. I try to get over it but can't help it. I curse my mother for not taking good care of me as a child. Had she taken me to a good doctor I might not have suffered so much. Sometimes when I am angry I cannot tell you what language I use for my parents. I tell them that they have

ignored me like I was their illegitimate child.” He said with a smile, “May be this sounds shocking to you but in what other way can one react one who has gone through what I have?”

After what happened, I think it is natural to lose faith in things.”

In practice I have come across many lachesis patient who have a habit of enquiring too much about their problem. They sound dramatic as if they are being let in on some secret. Usually they have lot of doubt about their real condition and they see the doctor and his treatment with a look of suspicion. They are sarcastic and have sparking eyes and a mild cunning smile on their face but they are good at extracting information from the doctor.

- **OBJECTIVE, reasonable**
- **INQUISITIVE**
- **SUSPICIOUS, mistrustful**
- **WITTY**

It means they are ingenious – capable of thinking and arguing, or inventing things.

I have heard some patients say:

“Doctor, I have never taken homoeopathic medicine before but I have heard that it does not produce side effects. It might not give relief but at least it does not do any harm.”

“I avoid taking allopathic medicine unless I have no other option left. I do not trust them because of their chemical content. Their side effects may eventually force

me to seek help of a doctor for the fear that it might get worse.

- **DELUSIONS, poisoned, medicines, being**

They adhere to their prejudices about treatment or medicines, acquired from experiences or their family. They are argumentative and justify their prejudiced view.

They appear not to worry about their problem but if they find it persisting they eventually seek help of a doctor for the fear that it might get worse.

DELUSIONS, injury is about to receive

+

THEORIZING

+

OBJECTIVE, reasonable

Lach., sil

DELUSIONS, injury is about to receive

+

Clairvoyance

+

Doubtful

+

Doubtful, soul's welfare of

Lach

Lycopodium

This patient lacks self- confidence. He dislikes working and is also easily frightened. He does not believe in himself and lacks the power to reflect. Under fear, he turns very apprehensive. He is very much fond of power. He wishes to control others for that he is willing to do anything. He could take full advantage of his position.

Equation for Lyc is:

(-) Self confidence

(+) fear

= Make mistake/fail to reflect

His dreams indicate anxiety, scared of sickness and people.

- **WEAK, character (Caust. Lyc. Sil)**
- **ANTICIPATION, complaints from**

He is so low in his confidence that even before he begins a task he says he can't do it.

- **CONFIDENCE, want of self**

This patient is like a strong wall but one that feels ground missing underneath and holes all about it.

He is never willing to take part in any sort of activity. Ask him to do anything and his reply would be, "No I cannot do it. I have no energy."

- **WILL, weakness of**

But when he eventually does it, he does it very well.

He believes he is a sick man having no vitality. For that reason he considers himself a sick person who cannot do anything productive in life.

- **DELUSIONS, sick, being**

He blames his parents and his ancestors, who passed on their unhealthy traits to him, for his suffering. He considers himself to be the unluckiest one in the family since no one else but he has inherited the disorder.

To him everybody seems to have a smooth sailing, enjoyable life. With such assumptions in his mind about his lot vis-à-vis those around him; he is always sad and agitated. He tends to break into tears often for no apparent reason.

- **WEEPING, causeless**

He says, "I cannot understand why I feel like crying."

- **WEEPING, desire to weep, all the time**

Lyc. is mentally sicker than physically.

He says, "Not a single day has passed in my life when I did not have a problem and before I can come out of one the other one follows. It has always been like this."

- **DELUSIONS, sick, being**

He has a feeling that he has more problems in the world than any one else.

- **DELUSIONS, unfortunate he is**

In this group it is the only remedy that gets nervous to think about getting a problem.

He takes utmost care to make sure he does not fall sick. If he hears about some disease spreading around he immediately rushes to a doctor to have a preventive medicine.

Also, he collects every detail about the disease like who can catch it? What precaution to take? What else to do besides taking preventive medicine and so on. He says, "My body is so weak and prone to diseases that it catches cold from even someone living far off."

- **CAUTIOUS, anxious**
- **INQUISITIVE**
- **LOSS of confidence in his own vigor**

CAUTIOUS, anxious

+

AMBITION, employ every possible means

+

ESCAPE, attempts to

Lyc.

They are averse to company and do not like to talk yet they dread being alone. They would like someone to be in next room than to be totally alone. Lyc. Children scream out in sleep and cannot be easily pacified. When consoled they weep.

Rubric:

- **FEAR, happen something will**

Lyc: Enforce his own will or thrust, his own idea on others. He wants to lead from the front but has no ability to do it.

Merc. Sol.

One aspect of Merc., is his positive feeling (which is also found in Arsenic and lachesis) It means he does not fear his disease and even makes it apparent that he does not bother very much about it.

- **POSITIVENESS**
- **DANGER, no sense of danger**

Merc. and Ars. are the two remedies in the rubric of positiveness, having common feeling of being well in spite of being sick.

The basic point of difference between both is:

- Ars is pessimist
- Merc. is courageous

A merc. patient is a person of strong beliefs and follows logical reasoning. He undergoes treatment with full conviction and faith. How strong his belief is in his own recovery depends upon his faith on the doctor.

- **RELIGIOUS, affection**

He will follow his doctor's advice and undergo investigation but will question the need for it since in his opinion it is the medicine which will cure him not the investigation. This patient has a strong feeling of being well and healthy. He keeps claiming adamantly that he is not sick though he might have the disease. One such patient suffering from hypertension once said to me, "Doctor it is only when you measure my blood pressure that I come to know it is high, I myself never feel anything abnormal.

- **MOOD repulsive**

He lives life without any worries or fear. He does not like diet restriction but if the doctor asks him to do he promises to obey. But then there are some patients who break their promise at the first opportunity. However, this patient does not hide it from his doctor if he has broken the restriction.

- **DISOBEDIENCE**
- **UNRELIABLE, promises in his**
- **FRIVOLOUS**

Through my experience I can say that this patient apparently listens to his doctor but does not strictly follow it if it comes in the way of his enjoyment.

His answer is quite casual, "I could not resist when I saw the food."

- **GLUTTONY**
- **GOURMAND**
- **GREEDY, cupidity**

Due to this nature he lands into trouble often but admits his mistake remaining calm and composed all the time.

- **DELUSIONS, wrong he has done**

He believes that the treatment will improve his condition.

A Merc. Patient is calm, composed, and quiet. He feels that he is surrounded by enemies but never panics.

This patient has a tendency to revolt fiercely if his wishes meet opposition.

- **ANARCHIST, revolutionary**

The question is what makes this patient to feel that he is going to have something harmful when he is so courageous.

Merc. is frivolous but he behaves differently from a bell patient. He is frivolous in the sense that no amount of sickness can make him worry or fear too much. Also he keeps calm even in critical condition.

A bell patient on the other hand is sensitive and can easily break down.

How a Merc. affords being frivolous and casual is through his faith in the treatment and his belief that nothing could happen to him as long as he is taking it. He even feels free to eat or do anything without fear. He will follow the doctor's advice down to every precaution but not so much out of his own wish as to be an obedient patient to his doctor. He tells the doctor that his only reason for taking the medicine is that he wants to be in a good state of health. It's like obliging the doctor.

- **INDIFFERENCE, agreeable things to**

Agreeable: Be good for

It does not mean that this patient is without fear but his courageous and hopeful attitude gets the better of his fear. However his positive attitude is hit hard when he feels let down by the doctor or the treatment. All along he believes that following his doctor will save him from any health trouble. To him, a dietary restriction or investigation means a failure on the part of his doctor and the treatment and hence his loss of faith in them. At

this stage this patient fears to keep his faith on the doctor and the treatment.

- **DOUBTFUL** recovery of
- **DISCOURAGED**, alternating with hope
- **DISCOURAGED**, alternating with courage
- **FEAR**, faith, to lose his religious

Merc. Case

I treated a 52 yrs. old man who was suffering from dry cough. He used to cough at least 20- 30 times in a day. Every bout lasted 2-3 minutes and was so severe that it left him choking and struggling for breath.

As a result he would go all red in the face and his whole body would be violently shaken giving him severe pain in the head. It would only stop after he coughed up some thick sputum.

He told me that, "He had tried both allopathic and homeopathic treatment but neither gave him any relief."

When I asked him if the doctors had done any investigation he replied very calmly that, "the previous doctor had advised that too but I ignored it."

He said, "Sir, I will ask you a very simple question. If ultimately it's the medicine that will do the work what use are investigation? Just give me the medicine. If something bad had to happen it would have been happened by now."

I don't fear investigation, doctor, but, I have come to you in full faith." "One day I have to get better". "It is not that I will keep coughing like this for whole of my life."

He said, "I can't work because of the cough. I keep lying in the bed most of the time. Just sometimes I go around and talk to my friends.

"When I will get better I will think of starting my work again."

"I am neither too worried nor afraid about my condition. My only fear is that it might lead to some serious problem if it persists for a few more days."

Positiveness

Nux. Vom.

More than falling ill what bothers a nux patient is the sedentary lifestyle forced upon him by his sickness. His inactivity makes him feel incapacitated in some way, which induces in him the fear of losing his wealth earned through long and hard work.

- **DELUSIONS, poor he is**
- **FEAR poverty of**

As long as he can go about his work uninterrupted by his illness, he pays no attention to it (something like ars. alb) He acts only when he finds his movements restricted. Then he seeks a doctor's help to remove disease (interference).

- **ANGER, interruption from**

This patient tells the doctor that he hates being sick. He has been taking all the precautions since the time he last fell ill to avoid falling sick again, for he hates to be kept away from work on account of his illness.

So when he fell sick inspite of all his efforts he is cross with himself for his body's weak resistance. (Even when the disease got him for the first time and the body hasn't had the chance to get immune).

He says, "I do not even want to fall sick. I want to stay fit and working."

He also hates being treated as a sick person.

- **INDIGNATION, feeling**
- **CAUTIOUS**
- **ESCAPE, attempts to**

He says, "I do not understand how I fell sick after all those precautions I took. I think beside the treatment for my disease I need to have something to raise my body's immunity. I can't seem to tolerate even a little change."

- **DELICACY, feeling of**
- **DELUSIONS, body, threads, inside is made of**

Thread: Fine and delicate material that breaks under the slightest stress.

- **SENSITIVE, ailment, to the most trifling**

Trifling: A matter of little value

What's particular in a nux are his mood swings that alternate like a wave. He is ecstatic when everything goes according to his wishes. He spends indiscriminately and lives lavishly. Money gives him a feeling of warmth and

elevates his mood. But if things run contrary he gets very upset. He goes into depression. However his depression does not last long. He is able to shake it off as soon as he figures out how he can make up for the loss or amend the things that have gone wrong.

- **BUOYANCY, alternating with despondency**
- **INTROSPECTION**

For example, this patient was to submit a project but he fell ill. Due to his illness, he failed to prepare it by the due date. Now, no matter what the reason which prevented him, this patient will go into depression. But the reason he is upset, is not because he was unable to prepare his project on time but because it hurts his good image. He has always been known to fulfil his commitment.

- **FEAR, losing, his position in the society**

It is a long time before a Nux patient's endurance gives way and he seeks medical attention for his problem.

- **PERSEVERANCE**

He visits a doctor when he fears that his condition may affect his mobility.

- **ANXIETY, bed in**

Behind his above concern lies his feeling of becoming dependent upon others. He says, "Who will look after me if I am bed ridden? Although my wife and children are very caring and supportive I would not want to give them any trouble as they are busy and have their own problems to deal with. It is better to live only as one can

live without being dependent on others." He says, "My only wish is to live with my pride. I would not like to live to see a moment in my life when I have to beg for help."

He is worried that if he does not get better his condition will only move to worse posing a threat to his survival.

- **DELUSIONS, injury is about to receive**
- **FEAR, poverty of**

Opium

An opium patient does not mind living with minor illnesses. He does not care to get completely cured and have a healthy normal feeling of wellness about his body again. It is enough for him if he can just eat, sleep and work without being much bothered by the disease. He is not quite keen on becoming completely healthy and purged of the disease.

- **INDIFFERENCE, fine feeling, to**
- **CONTENTED**
- **INDIFFERENCE complains does not**
- **CONTENTED and quiet**

This patient comes with a target, means he wants to know what is to be treated first and what can be ignored. He says, "I have so many problems but I want something for my stomach first."

When enquired why he wants his stomach to get better first he says, "Because I am not able to eat properly and it is affecting my work."

And when enquired about other problems his reply is, "Other problems are minor and I suppose they are linked to my stomach problem. Once my stomach gets better they will disappear too."

This patient is also likely to ask the doctor not to prescribe him medicines which could aggravates his symptoms and add to his troubles.

Opium is not among those who make much of their troubles be it pain, fever or plain indifference from others. With great patience he waits for the pain, fever or cough to go away and his health to recover. But when he runs out of his patience he loses no time to get rid of his illness or call attention to him even if he has to raise his voice and act unlike his usual calm self.

- **NOISE, inclination to make a**
- **IRRITATING, disagreeable things to**

When asked what makes him lose his patience he says, "It seems as if something is not right with my body. I wonder why every time I eat out I end up with an upset stomach. I can never enjoy restaurant food like everybody else. That is what makes me lose my temper."

- **DELUSIONS, disorder, objects appear in**

This patient decides to visit the doctor when the problem persist for longer than he had expected or keeps coming back too often. That is when he starts to ponder if it is some sort of forewarning. Then he decides that it is

time to see a doctor before it grows into something severe.

- **IRRITABILITY**, disturbed, when
- **ALERT**
- **DELUSIONS**, injury is about to receive

Silicea

In spite of the sickness and weakness that comes with it, he does not let go off the hope that he will regain health soon. Although in low spirits and over anxious about his health he is sure that things would get better. He does not say he is well but will not admit that he has grown weak. He neither hides nor ignores his illness. To him falling sick is a part of life. It is hard to change his ideas or break his ego but he is amendable enough to acknowledge other people and compliment them and be nice to them. He respects others but loses his cool if provoked.

- **FRIVOLOUS**
- **POSITIVENESS**
- **EGOTISM**
- **MILDNESS**
- **REVERENCE** for those around him
- **FLATTERER**
- **VIOLENT** crossed when

One of the problems with this patient is that once he has his mind fixed on one idea it is hard to change it. He

would argue and defend his point of view and stick to it stubbornly.

For example, if he is convinced that his problem is hereditary or that his body has low immunity it is hard to change his opinion. He says, " Doctor, you believe it or not but I am quite sure that one day I am going to suffer just as my parents did, or with my body's low immunity I am sure to catch a bad disease."

- **DELUSIONS, injury is about to receive**

The idea that he is going to suffer from something serious, sticks in his mind and becomes a certainty for him. This produces an ever present fear in him and he begins to take great precaution in his everyday life like – what and how much to eat, how long to sleep or work and so on.

- **CAUTIOUS, anxious**

He feels he can do things better than others and prides himself on that. He has a big ego but he is also timid sometimes. One of the reasons for his timidity is his fear of failure. This fear shakes his self- control and makes him feel insecure. So he needs support and encouragement from others which he garners by flattering them and being pleasant to them.

- **FEAR, failure of**

- **FLATTERER**

He avoids thinking about the object of his fear.

He clings to one thought and cannot change it. He says, "Doctor, perhaps you are right, I should change my way of thinking but my problem is that, I cannot do it."

"Like this idea stuck in my mind that excessive stress is the root cause of my problem and however hard I try I cannot drive it out.

His self-rapprochement about making himself suffer is also to blame for his loss of courage and turning overcautious.

- **DELUSIONS, wrong he has done**

Brain fag, exhaustion, & want of grit - strength or courage to face danger- perseverance -moral or physical - are the leading indications for sil.

This patient does not want to tax his brain too much and so he hates disputes and argument.

- **YIELDING, disposition**

If lyc. is a **WEAK** character then Sil. is **CHARACTER, lack of.**

Weak character: weak personality in all aspects needs lots of encouragement and courage for performing or doing something. Non-committal - he never say yes. It is straight away "No", he dreads taking responsibility, and always trying to escape it.

Character lack: Lacks self-discipline is unsteady and confused in his actions.

Sil. Is always scared of failure, which is largely the reason behind his lack of confidence.

- **FEAR, failure of (Sul.)**

They are firm but with their fear of failure makes them work hard. This brings on complete exhaustion, prostration and brain fag and they are forced to give up

the task before it is finished. This is enough to discourage them from trying anymore.

- **PROSTRATION, of mind brain-fag**
- **TORPOR (ADDITION SEHGAL)**
- **EMBARRASSMENT, ailments after**

Fears facing people, appearing at social gathering or exams due to brain fag. Although they do well in exams, it leaves them completely exhausted and they have no energy left to do anything more.

Lyc. is stupid and he dreads doing anything because of his lack of knowledge. If he is asked to do some work he will be annoyed and curse (sil will not). He hates work and tries to shirk responsibility.

Due to his fear Sil dreads starting the new venture in spite of being knowledgeable and full of ideas. This fear makes sil apprehensive of any new venture.

- **FEAR, undertaking, new enterprise, a (lyc. and Sul)**

May agree to work out of their egotism but fail to complete it.

Sil is easily fatigued by prolonged mental efforts.

He says he cannot change his thoughts. It makes him fret about his condition even more and he feels more depressed.

- **BUSINESS, worn out, from**
- **EMBARRASSED, ailments after**

He needs some courage and support to fight his prostration.

He has no reliance upon his self confidence and even consolation fails to boost it.

There is another state worth mentioning:

I have observed that some patients fail to control their eating habit which causes problems.

Because of prostration, he does not want to tax his mind with dietary guidelines and eats as he likes. Another thing about him is if he thinks that avoiding any food types will not make any difference, no one can convince him otherwise and make him control his eating.

A patient told me that he strictly avoided salt, since it produced itching in his body but he could not resist it when:

- He sees something delicious in the restaurant.
- He yields when someone insists saying it won't harm him.
- Sometime he took it easy thinking once or twice in a week or month won't hurt him.
- Sometime when he ran out of patience and thought how long he could stay without salt.
- When he saw his family go without salt too and give up good food on his account.
- **MOOD, repulsive**
- **CHARACTER, lack of**

Stramonium

Stramonium has conflicting feelings. On one hand he feels he is pure in the sense that he bears no bad intentions, takes utmost care to not to hurt anyone and shows his gratefulness to God for blessing him with great endurance. He speaks a lot especially about his pure nature. He asserts that he is quite different from others by which he means – he is not mean, is selfless – someone who helps without expecting anything in return.

- **DELUSIONS, pure he is**
- **EXTRAVAGANCE**
- **GESTURE, extravagance**
- **DELUSIONS, distinguished he is**
- **DELUSIONS, great person is**
- **DELUSIONS, proud**

He emphasizes his closeness to God who he says is always there to take care of him. For this reason he believes his body has a natural strength to fight diseases without the help of medicines.

- **DELUSIONS, power, over all his disease, has**

His belief that he has special powers make him egoistic and at the same time indifferent to his problem. He pretends to be unaffected by his health problems.

- **EGOTISM**
- **AFFECTATION**
- **INDIFFERENCE complains does not**
- **BOASTER, braggart**

So with all these special qualities that he believes he has his falling sick come as a great surprise to him.

- **ASTONISHED**

The way he sees it is that he has been punished by God for some wrong that he has committed unknowingly and that graver consequences are about to follow. He is unable to understand why he fell sick since he had neither neglected God nor his body - praying sincerely to God and taking good care of his body. He begins to suspect an evil hand -envious minds behind it. In his words, "Some people can never bear to see others happy. Everything was going so fine with me. I never had such a problem like this. It means someone has been trying to break the harmony I have with God.

- **DELUSIONS, cut through, he is**
- **SUPERSTITIOUS**
- **FEAR, superstitious**

He says, "I have gone through the investigation just to clear my doubts and dispel my fears about my health."

- **LIGHT, desire for**

Before I fell sick I believed that nothing could ever happen to me but now I feel I have the entire problem in the world.

- **DELUSIONS, disease, he has every**

Another thing which he thinks may cause a health problem to him in future is consumption of allopathic medicine.

He says, "Doctor, I strongly believe that allopathic medicines are not good for the body. I can count only

two or three times in my entire lifetime when I needed medicine. This is the first time I have had such a serious problem. Before coming to you I took some allopathic medicine but that was because I had no other option."

He has a strong notion that allopathic medicine causes side effects.

He says, "I have heard about it from a lot of patients."

What a strange patient fears most is surgery which is always the last option for him. The reason for his fear, he says, is the uncertainty of its result.

- **REFUSES, to take the medicine**
- **DELUSIONS, injury is about to receive**

Sulphur

One of the strong traits found in a sulphur patient is his strength to endure pain and discomfort and go about his everyday business like nothing happened. Just like calc. and nux. patient he is not the one to give up easily. All three have ego but sulphur's ego is the strongest one. He rebuffs any consolation or gesture of sympathy. Like once a patient suffering from osteoarthritis told me that in spite of the pain and difficulties her disease posed, she preferred to do things herself than employ any domestic help.

- **PERSEVERANCE**
- **EGOTISM**
- **SYMPATHY, agg.**

- **CONSOLATION, agg.**

The reasons for a sulphur patient to visit a doctor are:

1. He does not like to lie down and rest
2. He realizes that he is running out of energy and fears that if he did not get medicines to restore it he would soon be bed ridden.
3. He hates to stay dependant on others. He wants to get out of his dependant situation and help others instead.

- **DELUSIONS, thin is getting**

- **DELUSIONS, want, he will come to**

When sick he wants to spend his time doing meaningful things. He prays to God for his recovery. He wants to find out why he got sick.

- **PRAYING**

- **INQUISITIVE**

A Sulphur patient has two extreme states of mind. Sometimes he feels high and at others times he feels low. As long as his resources are full (energy and money) and he is feeling strong enough to work without any difficulty he does not pay attention to his health problems.

- **DELUSIONS, wealth imagination of**

- **FRIVOLOUS**

- **DEFIANT**

Defiant: A sulphur patient puts a brave front of his illness. He is not the one to be bogged down by it.

He is alarmed when he sees that his illness is sapping away his energy and money, the things he was banking on and was the source of his life strength. He says, "I feel I am losing weight. My face is not as bright as it used to be. I have run out of energy and my mind has lost its sharpness. Slowly everything is going downhill."

He goes on thus, "I feel if this situation went on for some more days it would not be long before I would be begging from others. I would like to die than see that day.

- **DELUSIONS, want he will come to**
- **DELUSIONS, injury is about to receive**





INDIFFERENCE lies with eyes closed



IO

Apis, arg.nit., cocc., sep.

Indifference: Mean, paying no attention to the pain, which is in his mind, but he feels it may go by itself.

Lies: Be and remain in a particular state.

Eyes: The organ of sight.

Closed: Make shut.

It means, in the mind he is aware of activities going around him but, he doesn't want to be involved or participate in it.

Why a patient needs to lie with eyes closed?

It happens as his sickness doesn't allow him to participate or to think about anything.

"Let it be" or to be "with oneself".

Differentiate it with:

- 'LIGHT, shuns, light'

In shuns light, the involvement of eyes is there, means a patient avoids seeing something or doesn't wish to see something which if he will see can put him in trouble. For example, a patient brings a medical report and when asked if he knows what is there in the report he will say, "No, I have not seen it."

"Its better not to see or the less he sees the less he gets worried about his problems."

Apis lies with eyes closed because: He likes not to see his miserable situation and for that he exaggerates his joy.

Arg. nit lies with eyes closed because: He feels nobody is trying to understand that he is sick and also no one appreciates the effort he is making to move his life.

Cocc lies with eyes closed because: - he doesn't want to be disturbed as he is already disturbed by his problem.

Sepia lies with eyes closed because: - she has done enough for others, and it's time to look after her.

Apis

Apis behaviour is somehow closer to bell.

Apis has a friendly approach towards his problem or towards people around him.

- **AFFABILITY**

Easily approachable, easy to talk to

*Likewise bell also has a similar approach

- **DELUSIONS, surrounded by friends**

- **LAUGHING speaking when: Bell**
- **LAUGHING, serious matter over -Apis and also Arg. nit**

A bell patient laughs to dilute the issue so that things should not be taken or seem too serious.

An apis patient laughs as he thinks in reality there is nothing serious about him.

An arg. n. patient laughs to get out of the absorbing state, which creates thinking that he is sick person.

INDIFFERENCE, apathy - lies with eyes closed

+

WELL - says he is well - sick; when very

= Apis(s)

WILL - control over his will, do not know what to do; have no - head; with dullness in the: Apis(s)

Will: The power of making a reasoned choice or decision or of controlling one's own actions.

- **LAUGHING-misfortune, at**
Misfortune - bad luck; ill fortune; trouble; adversity
- **MIRTH, hilarity, liveliness simulates hilarity while he feels wretched (1): 1**
Mirth-joyfulness, gaiety, or merriment, esp. when characterized by laughter.
- **CHEERFULNESS, simulates hilarity, while he feels wretched-apis(s)**
Cheerful - full of cheer; gay; joyful
- **FRIVOLOUS**

APIS is FRIVOLOUS, plays antics and is busy fruitlessly.

- **ANTICS; playing - apis, bell, hyos, op, merc, stram**
Antics-a playful, silly, or ludicrous act, trick, etc.; prank; caper

ANTICS; plays

+ **BUSY, fruitlessly**
= apis, kali-bi, verat
+ **FRIVOLOUS**
= APIS

(One Phase of Apis Is Frivolous + Antics; Plays + Cheerfulness, Simulates Hilarity, While He Feels Wretched.)

- **OBSTINATE, headstrong - nothing the matter with him, declares there is: Apis, Arn**
- **IRRITABILITY - questioned, when**
- **IRRITABILITY - sends - doctor home says he is not sick: Apis, Arn, Cham.**

Arg. Nit.

- **Absorbed, alternating with frivolity**

Two states are alternating, means following one other successively.

Frivolity means the act of unserious ness.

After staying in an absorbed state, means to go deeper and thinking seriously about his sickness or situation in life, he comes out of the deep state, to the

surface and thinks that he should relax and not take the things so seriously. He shrugs off the burden.

- **DELUSIONS - succeed, he does everything wrong; he cannot**

adam. *Anac.* *Arg-n.* arn. *Aur.* *Aur-m-n.* bamb-a. bapt. *Bar-c.* brach. gels. germ-met. lat-h. lyc. melal-alt. najanat-c. nat-m. ozonepetr-ra. phos. sal-fr. sulph. tritic-vg. vanil.

- **DELUSIONS work harm work will do him**

Arg. nit

No apis., cocc and sep.

This could be one of the reasons for Arg.nit to be indifference.

- **FEAR failure of**

Arg.nit

No Apis, cocc and sep.

- **FEAR ordeal of**
- **FEAR, undertake anything**
- **UNDERTAKE nothing lest he fails**
- **OBSTINATE, queerest objection, against whatever proposed**
- **CONFIDENCE, want of self**
- **DELUSIONS, world, he is lost to, beyond hope**

World: Great deal, immense

Lost: Advantage

Due to his past failures he gets so depressed that to him there seems to be no way he can amend the things.

- **DELUSIONS, right doing nothing**
- **DELUSIONS, despised is**
 Despised: Dishonor, disregard
- **FEIGNING - sick; to be**
 aethyl. aethyl-act. arg-n. bell. calc. ign. kali-c.
 lac-c. lach. lyc. mosch. op. petr-ra. plb. Puls. sabad.
 sal-l. sep. sil. syph. Tarent. verat.
 Arg.nit
 No apis., cocc & Sep
- **BED-remain in bed; desire to**
 Arg. nit and Sep.
 No Apis and cocc.

Cocculus



ACCOMODATIVE
&
PATIENT

Yielding means:

- **ANXIETY, others for**
- **CARES, others about**
- **DULLNESS, sluggishness, difficulty in thinking and comprehending, torpor**
- **DULLNESS understands question, only after repetition**
- **DISTURBED, averse to being**
- **SADNESS insult as if from (Single)**

- **SENSITIVE, rudeness to**
- **ABSORBED**

Cocc and sep.

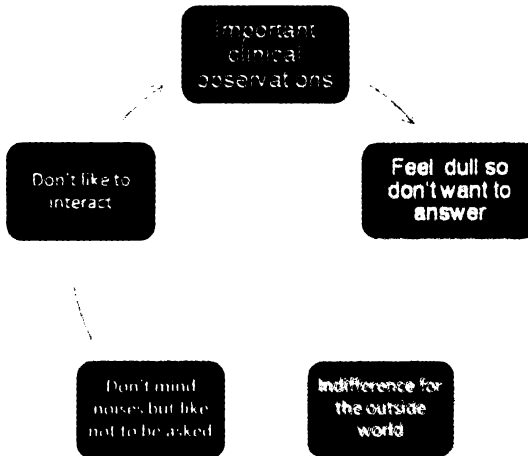
No Apis and Arg. nit

- **ABSORBED**

An absorbed patient who has been thinking of any matter whether it is related to sickness, family, business etc. loses his interest in other things. For this reason he becomes indifference towards his surrounding, work, or family etc.

He does get irritated at first but then instead of showing anger in the form of shouting or firing someone, he will express his emotions in a humorous way.

- **IRRITABILITY, alternating with jesting (single)**



- **ANGER, interruption from**
- **ANGER, contradiction from**
- **FEAR, events, of sudden**

Sepia

She remains productive for her family and tirelessly taking care of them.

- **MIND - ANXIETY - household matters; about**

ars. bar-c. carl. chir-fl. hyos. lac-leo. nux-v. ph-ac.
puls. rhus-t. sep. *Stann.* sulph.

Sep

No apis., arg. nit., cocc.

Household:

A domestic unit consisting of the members of a family who live together along with nonrelatives such as servants.

- **MIND - BUSINESS - aversion to**

acon-l..... arn. ars. ars-h..... *Con.*rhus-t.
SEP. stann. stram. sulph. syph. tax-br. ther. adam,
agath-a, allox, alum-sil, ambr, arge-p, AUR-M-N,
BAR-C, bell, blatta, bov, halo, hell, helo, *hoch*, hydrog,
ign, ipom, iris, kola, *lac-h*, lac-lup, LYC, mag-c, mag-
m, mag-s, marm-a, melal-a, meny, musa, NAT-C,
NAT-M, oena, OXYT, ozon, parth, petr, ph-ac, phas-
c, phos, *plac*, plat, PLB, plut-n, rauw, *ros-ca*, sabin,
salx-f, SEP, sop-m, spect, stann, staph, stram, sulph,
teg-a, thuj, trio, visc

sep.

No Apis., arg. nit. And cocc.

(More information about sepia is given in the medicine chapter)

◆◆◆



Clinical Materia Medica

**In depth study of Remedies with perfect
combination of Materia Medica and Repertory**

Sepia

This patient is known as a Scrofulous person.

Scrofula:

A form of tuberculosis affecting the lymph nodes, especially of the neck, that is most common in children and is usually spread by unpasteurized milk from infected cows.

Or

Morally degenerate; corrupt.

Sep. is one of the remedies of the chronic diseases. Sep. is predominantly, but by no means exclusively, a woman's remedy as we all know.

Though, the first symptoms were found by Hahnemann proved accidentally by a male artist.

It is suited to young persons of both sexes of nervous and delicate constitution, who are disposed to sexual excitement or worn out by sexual excess.

Sex aggravates it in both sexes.

What is sepia according to Sehgal's method?

It has GREAT SADNESS AND WEEPING TENDENCY.

A sepia patient may tell you that, "She was grown up in a strict environment, in which she was not allowed to speak or tell about her wishes." Or "No one has asked him about his wishes, always he has to obey others." This feeling starts effecting physically or mentally during the

sick state. Before, that patient lives taking it as a part of life.

When questioned, why she thinks about it now?

Patient may say, "It wasn't affecting me earlier, but now when I think that, how I was made to obey everyone and was not allowed to show my emotions, I suffer.

Further when asked, "Now if she can show her emotion or revolt against it"?

Patient may reply, "I have no idea how to argue, as in my life I never did it. I have never opened my mouth against anyone. From the childhood I was told to obey and I had accepted it as a part of life." "Now I want to say but, I cannot." "I don't know how people can argue or fight for their right." "Now, I think that I should have revolted but, now it's too late, I don't have courage or strength to fight, I quietly accept if someone tells me that, "I am wrong, I simply accept it and don't argue."

- **DOMINATION** long time for
- **HELPLESSNESS**, feeling of
- **COWARDICE**
- **SADNESS**, respiration, with impeded
- **DELUSIONS**, poor he is
- **DESPAIR**, existence about miserable
- **PATHETIC**

The interesting part is, in spite of dominance and feeling of suffocation (no freedom to speak boldly or show emotions) Sepia keeps quiet, not because she yields, but she doesn't know how to revolt. This is her helplessness.

So we have to keep in mind that, unlike Pulsatilla, sepia doesn't yield.

Sepia is a weak person (Coward) due to lack of energy and always needs the support of family, which it feels is lacking part in her life (DELUSIONS, poor he is).

So, whatever sepia needs, it cannot ask due to:

- **TIMIDITY**

Probably, due to her timid nature others fail to understand her needs or does not co-operate in her problem as, they don't see the seriousness of her problem. She feels hurt by the indifference attitude of her family member towards her, but still behaves politely with them. Sepia can't be rude with others, no matter how badly others behave with her.

She can only request them to help her or co-operate with her but cannot say it authoritatively.

A sepia patient cannot dominate and always feel helpless due to the non co-operative nature of others towards her. She feels alone and in a place where no one pays attention to her or notices her sickness. This patient is always in low spirit. It seems to her as if she could not endure such a miserable existence any longer.

- **DELUSIONS; alone; graveyard; she is alone in a (2)**
lepi, sep

Graveyard: A place broken, or no longer useable.

- **DESPAIR; existence; about miserable (1)** sep
- **ABUSE, sexually being**

Abuse: Treat badly

Sexually: By sexual means

Being: The state of existence, taken place.

In sexual abuse, there is misuse of power by a dominant or powerful person. In such state mostly one feels helpless, weak or lack of strength to fight or revolt against it.

Sepia patient feels that, "All her life she was being dominated earlier by her family members and now by her husband or children, who are in a strong position than hers."

If someone tries or even come near to her to reassure or comfort, she would feel bad as it pinches her and she feels they are making fun of her.

- **REBELS, AGAINST POULTICES (17)** bor, bry, calc, carb-v, cham, lyc, merc, mur-ac, nit-ac, nux-v, phos, puls, rhus-t, sep, spig, staph, sulph

In this situation, a conflict state arises in her, because on one side, inspite of no help from others she thinks and tries to do her best for others and it pains her then, on the other side she curses herself that, why she cannot behave like others means, not to care for them and remain indifferent towards their needs.

- **ANTAGONISM, with herself**

On one side she has a feeling to work for others but, this feeling is not true as, it was before getting sick. She says, "Earlier I was doing things for others or helping others with charm and care but, now after becoming sick from inside I wish that other persons in the family should take care of themselves without bothering me, but when I see others are not paying attention to work in the house and not bothered about my sickness, I get depressed and

helpless and do the household work but without charm. She says, "If I will not work then, I know nobody will make any effort to work in the house and the entire family has to manage without food."

- **CONRADICTORY**, actions are contradictory to intentions
- **CONTRADICTORY**, speech, intentions are contradictory to

Contradictory: Inconsistent in itself

Actions: Performance

Speech: The ability to express thoughts

Intentions: One's aim, purpose of an action

- **AILMENTS**, from disappointment
- **ANXIETY** others for
- **DELUSIONS**, starve family will
- **INDIFFERENCE**, lies with eyes closed
- **BED**, remain in bed, desire to
- **COMPANY**, aversion to, avoids the sight of people lies with closed eyes and

Sight: View, opinion or it could also be to avoid the consolation suggestion, or knowledge from others.

- **AVERSION**, family, to members of
- **ESCAPE**, attempts to, family and children, attempts to escape from her
- **FORSAKEN** feeling, beloved by his parents, wife, friend, feels of being
- **ESTRANGED**, family from his
- **AILMENT** from debauchery

Debauchery: misleading Influence

- **MALICIOUS loved ones, to**

Malicious: Bitterness, **COMPLAINING**, of others

Complaining: Expressing dissatisfaction

Other important clinical finding about Sepia is they get exerted from physical work. They feel no problem with the mental exertion.

They like something which can distract their mind like read books, watch T.V., or something which can make them laugh.

- **IRRITABILITY, exertion from**

It makes her indifferent towards making any distinction in her job or to rise in her job.

- **AMBITION, loss of**
- **IRRITABILITY, trifles from**
- **DELUSIONS, unfortunate/poor/neglected, he is**
- **UNDERTAKE, things opposed to his intention**

Undertake: Take on

Things: Responsibility, duty or task etc.

- **FEAR, society of his position in**
- **HURRY, haste work in**

Hurry: Press on, in a given time or period one has to accomplish a task then he has to accelerate he speed.

Haste: Urgency

Sometime no time left for thinking and taking decision:

- **DELUSIONS, sick being**

- **IRRITABILITY**, exertion from
- **IRRITABILITY**, spoken to when
- **MOCKING**, others are mocking at him
- **CONSOLATION**, agg
- **SYMPATHY**agg
- **AMBITION** loss of

In a nutshell Sepia patient exhaust herself to the maximum for the welfare of the family leading her to the present condition of depleted health.

She doesn't get the support of her family as per her needs. She reacts irritably because of exertion.

She feels others have deserted her during her needs.

She becomes totally indifference to others and started disliking them, does not like even their help now and then stay in a pitiable state from which she even do not want to come out.

Case:

A lady, aged 38 years.

P.: I keep on getting fever, 99

P.: Sometime I took allopathic treatment, and it gave some relief.

In addition, I am having pain in my back, chest, neck, and headache.

D.: When did the fever start?

P.: It has been there for the last 2- 3 years, and I have been taking Crocin, which gave some minor relief.

D.: Is it so for 3 years!

P.: Yes

P.: Before taking the allopathic treatment I used to take B.complex for weakness and headache.

Then I had get my blood tested which showed some infection.

She told me that, "She has pain on her left side back and other portion, they were all paining."

P.: Unless I rub some Vicks (ointment) I could not have any sleep.

D.: How it all started?

P.: There was no particular reason except that I used to feel tired, pain in neck, pain in legs after doing household work. I used to take painkillers to overcome the pain. One day I checked the temp. it was 99.

D.: When did it start?

She replied, "About 2-3 years".

Then I asked her, "Say specifically whether it was 2-3 years ago."

She gave me vague answer and could not specify.

D.: It means you are not sure when did it start?

P.: No

D.: You used to feel tired?

P.: "Yes"

On keeping tired, when you had, checked your fever, you noticed that you were having fever.

She agreed that she had fever.

Then I asked her what did you do about it?

She replied that, "I started taking crocin myself."

I asked her, how long she did not go to the Doctor, when did she visit the Doctor?

She replied that, "She had recently consulted a doctor."

I inquired that she did not consult a dr. for about 3 years.

Then I asked her at what particular moment the fever used to come.

She replied, I used to get it round about 11-12 A.M.

I inquired whether she used to get it every day.

Then she replied during the day due to household work she used to ignore.

D.: minimum - maximum?

P.: 99°F - 99.4 - 99.7°F, never it had reach 100°F.

I inquired how did you come to know that you were getting fever at 11 a.m.?

She replied, I used to get body pains and I realized there was something wrong.

I inquired why you not consulted a Dr. for such a long time.

She replied, as the fever was about 99°F degree, I used to ignore.

I inquired, why she was thinking it a minor ailment for 3 years?

She replied, "I did not care for 99°F fever."

Recently I am getting slight breathlessness.

She said, "Allopathic medicine did give some relief".

I took that medicine for 10- 15 days, but it did not do any good.

She said, "My husband advised me to consult the Dr. with which our sister's son is getting treatment".

1 week before she came to show her nephew but did not discuss about her case.

Her nephew asked her to take homoeopathy.

She replied, to her nephew that she would like to continue with the present treatment.

In August if you were feeling well why did you stop that treatment?

She replied, "I was feeling better and did not need any treatment anymore.

I inquired, when did you start getting the ailment again?

She replied that it has started about 10 days ago.

I inquired what actually happens to you for the last 10 days.

She replied, "I keep getting pains on my shoulders, back, and then I had to rub Vicks (pain relief ointment).

She also said, "That she gets severe headache.

All the left side she is having problem.

She stated that she gets pain continuously.

She said, "Due to this headache I cannot sleep at night.

She could not sleep at night due to pain, and then she applies ointment just to relieve the pains and then she could sleep.

How's your appetite?

Not good. Earlier, it was better.

Since how long it is not good?

Since 1 month.

She said, "She never feels hungry to eat anything".

I inquired what you eat from morning till evening.

She replied that she did not eat anything. She said, "She takes a cup of milk and eat something a little at lunch".

I inquired any problem in urine?

She replied "Not now. It was there some time back".

I inquired any problem in stool?

She replied "it was better, now for the last 2-3 days I have been constipated".

She added that she feels tired all the time and requires some body to give some massaging.

It feels like that somebody should keep on massaging my back and put pressure on my back.

I inquired what type of feeling you get about your ailment.

She said, "She feels constricted and blocked and she could not take proper breathing from left side.

She said, "Her nose is always blocked."

She feels as if everything is blocked.

Cold continue

She said, "She feels heaviness, blockage and her back feels painful as if somebody has struck on it."

I inquired what else she feels about her problem.

I inquired whether she was serious to have a treatment or her husband was compelling her.

She replied, "She came of her own."

And she was serious about it.

She added that she thought that she would not be able to do any household work and, everything was out of control and said, "she decided to consult a Dr."

I inquired, that before taking treatment what was she thinking about her ailment.

She replied that she had backache and cervical pain.

She started doing some exercises.

She consulted an orthopedic but there was no deformity.

I inquired when she consulted the orthopedic.

She replied, "About 2 months."

She said, "All this time she was ignoring herself and caring for the children."

I inquired whether she did not ever think that she might have a serious disease.

She replied, "She used to think that because she used to take bath frequently that she was getting the fever. As many times as I went to the toilet I used to have a bath.

I inquired Why?

She said, "She had this notion that she was getting dirty by going to the toilet.

I inquired that how many times she goes to the toilet and have bath.

She replied that, about 2- 3 times I used the toilet and thought to have a bath after it.

She added that she did not take bath after using urinal but only after using the toilet.

I inquired whether she had the same habit before or she had developed it recently?

She replied that she was the same all the time.

I inquired whether she could tell me anything, which has happened recently.

She replied that, she feels that she may die anytime, and thought to take some treatment.

And added that, it has happened very recently.

She also said that she thought she might die in sleep.

She said, "She does worship as well."

But now it has reduced because of her sickness.

She said, "She did not have the strength to do worship in the evening. Because, she feels suffocated and not able to sit idly".

She used to pray a lot traditionally, but now due to tiredness she has stopped doing it in the evening.

Not able to work.

Losing interest in the work and helping people.

I inquired "Do you feel bad about it?"

Not really, but I do feel that they should not visit me or why have they come.

Now I avoid people, which I never used to do before.

I remain upset all the time and even if the phone rings I feel disturbed and think why people are bothering me.

I inquired if somebody asks you about yourself how you would explain about your condition.

She replied, that I couldn't tell people that I am ill so I tell them that there is nothing wrong with me.

And added that, she could not said, that she had any problem.

She said, "Her maid comes and goes and she never asks her anything. Lest she might leave her."

I inquired do you not feel angry when you can't do the work?

She replied that, she did not feel angry.

She said, "She feels that why she can't exert herself to prepare things and so she tells her children to eat what is given."

And added that she feels angry with herself but not with others.

I inquired why she felt angry with herself.

She replied that she could not do much for the children and she feels disgusted for herself.

The children inquire why she could not make things as they wanted but she used to tell them politely that they have to eat what she could prepare.

She said, "She could not do various chores together.

I inquired whether she ever feels to do some work or she never thinks about it.

She replied that she never feels like it.

I inquired if some visitor comes would she show her condition?

She replied, she would not ignore any visitor but she would make something for them.

She said, "She either watches T.V. or reads some book or just lie down.

I inquired whether she feels upset by talking.

She added that she remembers ideas bad or worse happened long ago.

Then I feel it was useless to ponder over old events and then I try to read a book.

I inquired whether she could concentrate her mind?

Sometime when the children say that they do not want to eat she would feel happy.

She said, "She did not care for herself but felt that her children may suffer in her absence."

Also said that, "She does not like to visit the temple."

And added that if she goes to the market and if the evening falls she would hurriedly come back.

And said, "She does not like jovial attitude."

On the basis of following rubrics **Sepia C30** was given. Patient got fully recovered in a month.

- **DESPAIR; existence; about miserable (1) sep**
- **FEAR; consumption; of (6) calc, kali-c, lac-c, paull, sep, tarent**
- **HELPLESSNESS, FEELING OF (18) aether, agath-a, aids, anac, arg-n, calad, germ, haliae-lc, hell, hydrog, jasm, kali-br, LYC, petr, phos, salx-f, stram, tax**
- **BED; remain in desires to; (18) adam, alum, alumn, ant-c, arg-n, choc, con, dream-p, hyos, merc, plut-n, psor, puls, rob, salx-f, sep, sil, verat-v**
- **TIMIDITY (107) acon, adam, aids, aloe, alum, alumn, alum-p, alum-sil, ambr, am-c, am-caust, am-m, anac, ang, arg-n, arn, ars, ars-i, ars-s-f, aur, aur-ar, aur-i, aur-s, BAR-C, bar-i, bar-m, bell, bor, bry, CALC, calc-ar, CALC-S, calc-sil, canth, carb-an, carb-n-s, carb-v, carc, carl, caust, chin, chin-ar, coca, cocc, coff, con, cortico, croc, crot-h, cupr, cyni-c-g, daph, dat-m, falco-p, GELS, germ, graph, hyos, ign, iod, ip, kali-ar, kali-bi, kali-br, KALI-C, kali-n, kali-p, kali-s, kali-sil, laur,**

lil-t, LYC, mag-c, manc, meli, merc, mur-ac, naja, nat-ar, NAT-C, nat-m, nat-p, nit-ac, nux-v, op, PETR, PHOS, plat, PLB, PULS, ran-b, rhus-t, sec, SEP, SIL, spig, spong, staph, stram, sul-ac, sul-i, SULPH, tab, verat, verb, zinc, zinc-p

- **CONTRADICTION, TO SPEECH;** actions are to intention (5) phos, puls, ruta, sep, thuj
- **SECRETIVE (17)** aur, bar-c, bov, caust, cyni-c-g, dig, ign, lap-mar-c, lyc, nit-ac, phos, plb, plut-n, salx-f, sep, syph, zinc

- 1 DESPAIR. existence. about miserable
- 2 FEAR. consumption. of
- 3 HELPLESSNESS. FEELING OF
- 4 BED. remain in desires to.
- 5 TIMIDITY
- 6 CONTRADICTION. TO SPEECH. actions are to
- 7 SECRETIVE

x

	sep	phos	lyc
Rubrics Count	6	4	3
Grade Total	9	6	3
	2		
	1		
			3
	1		
	3	3	3
	1		

Hepar Sulphuris Calcareum

Hahnemann's Calcium Sulphide

(Burning coal)



From the picture, the message is that there is no flame means (explosiveness), but it is enough hot to destroy (Destructiveness) anything which, can come in touch with it.

This remedy is already given in Roh series Book III, but now it presented with new additions.

Every homoeopathic physician is well aware of Hepar's sensitivity both, at the mental and physical level. It is an easy task to understand and apply this medicine for physical sensitivities, but, somehow to understand and apply it's usage is limited.

Following are the issues related to the psyche of Hepar's patient with onset of sickness. Besides, sensitivity towards many things, at the mind level, Hepar patient is highly sensitive towards pain. Interestingly, the

way he reacts on the issue of pain for himself, he shows equal concern for anyone who is in pain or going to suffer from pain due to some sickness or surgery or injection or any other way. This patient is so sensitive towards pain that he could faint even with the mention of the word pain or seeing anyone in pain.

- **SENSITIVE; pain** (31) **ACON**, *arn, ars, asaf, aur, bell, CHAM, COFF, colch, cupr, daph, ferr-p, graph, HEP, hyper, ign, lyc, mag-s, mang, nat-s, nit-ac, nux-v, op, phyt, pip-m, psor, sars, scut, stann, stram, ther.*

It's normal to think, that a patient who is sensitive to pain, should also have a fear of pain and takes precaution to not suffer from pain. But, it's not like that. Hepar has no fear of pain, fear during pain, careful or cautious.

- **FEAR; pains; during** (1) *merc-br*
- **FEAR; pains; of** (4) *calc, cori-r, der, pip-m*
- **CAREFULNESS** (13) *ars, bar-c, bry, calc, iod, lach, lyc, nux-v, posit, puls, ran-b, sil, sulph*
- **CAUTIOUS** (15) *acon, ars, cact, caust, cupr, graph, hyos, ign, ip, rh-arct, nux-v, op, puls, stram, verat*

Despite such sensitivity for pain and fear of touch they are neither cautious nor careful whereas Calc. and sulphur are careful. They don't think about it, as in their opinion it is of no use.

First we understand what is sensitivity?

A sensitive patient has a low/no tolerance level towards a particular thing or many things.

For example, food, weather, remarks, criticism, etc., both at the physical and mental level. And by experience

or finer judgment a patient gets the idea about those things which produces adverse effect on him. Depending upon the individuality a patient may or may not try to protect from such things which causes trouble to him. I can't stand it. I feel very bad when I see someone else in pain. I feel sorry about him or her."I feel how that poor fellow is able to bear it."

**ANXIETY, others for
SENSITIVE to pain**

+

FRIVOLOUS

We don't get any medicine according to Kent, but, in radar we get arn., apis., bell., stram

If we put two rubrics:

SENSITIVE to pain

+

CAUTIOUS

There are 15 medicines (Radar) which share the two rubrics and in Kent, no medicine shares the same rubric, but there is no Hep. Sul. in it.

If we put two rubrics:

Sensitive to pain

+

Carefulness

We have 9 medicines (ars., cham., n.v., chin., graph, aur., lyc., stram, and ign.) in Radar but no Hep. sul in it but there is no medicine in Kent for both the rubrics.

If we put two rubrics:

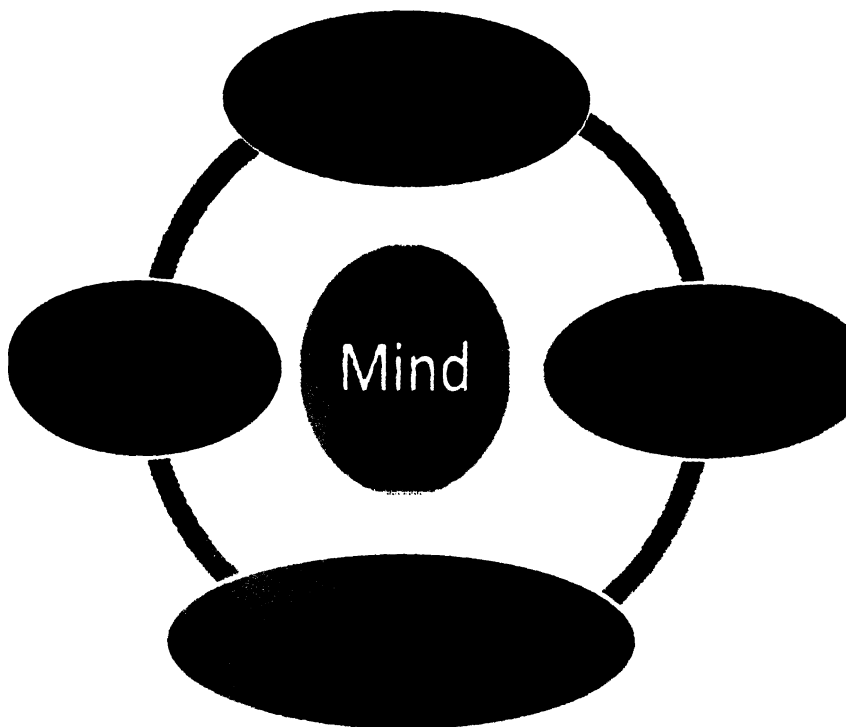
Sensitive to pain

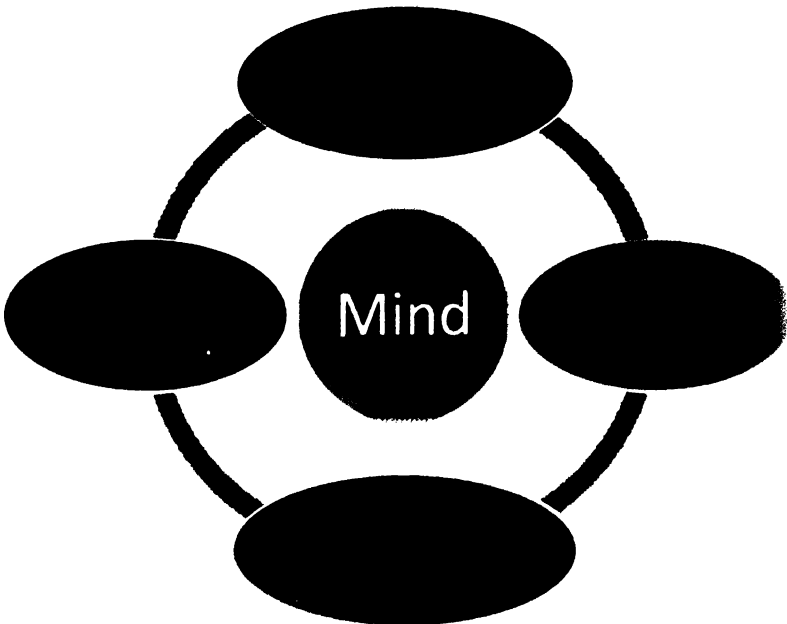
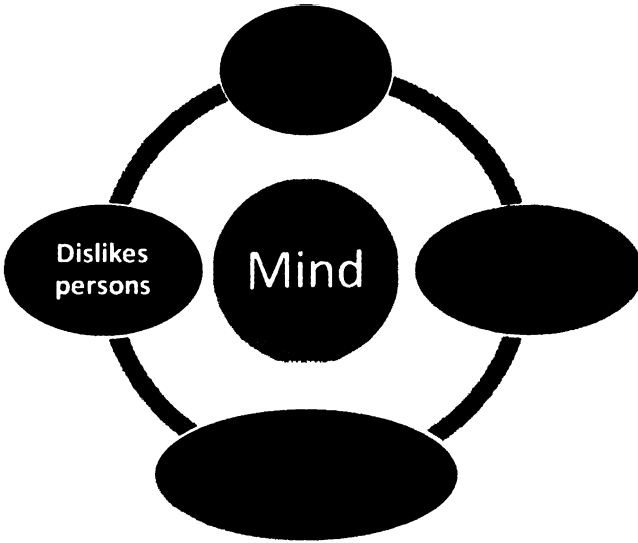
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Escape attempts to

*In Kent only *acon. In radar we have 13 medicines (bell, acon, cham., ars. Nux.v. cupr., op., stram, chin., cimcifuga, ign, plb and lyc but no hep. sul.)*

Some of the major symptoms at the mental level of hepar are:





What makes this patient so sensitive during sickness? For that let us understand the medicine in a broader way with combination of Materia Medica and Repertory.

Being a chemical combination of Calc. and sul. It has properties of both, but except few symptoms, clinically, it doesn't have much similarity with Calcarea carb and Sulphur.

One marked similarity between Hep., Calc. and Sul. is:

DESTRUCTIVENESS (39) *agar, anath, androc, apis, bell, bufo, calc, camph, canth, carb-n-s, carc, cimx, con, cupr, cur, hep, hura, hyos, iod, lach, laur, lil-t, merc-i-f, mosch, nux-v, oena, op, phos, plat, plb, sec, sol-t-ae, staph, STRAM, stront, sulph, tarent, tub, verat*

One marked difference between Hep. To Calc. and Sul. is:

Hep. sensitivity to pain, which is not the case with Calc. and Sulphur.

Calc.

Calc. patient is neither, sensitive to pain nor, has any fear oftouch and moreover it doesn't have any fear of being hurt.

Calcarea Carb. is not in the rubrics:

- **Sensitive to pain**
- **Fear of touch**
- **Fear of hurt**

But, has fear of pain and suffering:

- **FEAR; pains; of (4) calc, cori-r, der, pip-m**
- **FEAR;suffering; of (11) achy, bry, calc, cori-r, cor-r, der, eup-per, lil-t, merc-br, pip-m, spig**

Calc.

Calc. patient says he doesn't want any pain.

He will ask the doctor to first remove the pain and later on he will come to take the medicine for actual problem.

- **INDIFFERENCE, recovery about his**

(No hep. and sul.)

He demands so not only because of fear of pain, but he also fears the inconvenience he has to face due to the pain.

- **FEAR, suffering of**

**(In Kent hep. and sul. are not there)*

**In latest books hep. Is also added in Fear of suffering but they perhaps have Interpreted the word hurt for suffering.*

They have taken intolerance of suffering in general for fear of suffering.

Sulphur

Sulphur patient apprehends that the pain will restrict his movements and he won't be able to work which deprive him of basic necessity of life. He does not want to live a dependent life.

- **FEAR, poverty of (sulphur)**

Sulphur, patient has no sensitivity for pain, no fear of touch, no fear of pain and doesn't have fear hurt, of being. This patient can tolerate the pain/ problem because, of **PERSEVERANCE** (hep. and calc. has no perseverance) until they get the feeling and fear that their condition is deteriorating day by day and their wealth will be in danger.

- **DELUSIONS, thin is getting**
- **FEAR, poverty of**

Hepar

But Hep. patient easily gets affected just by the feeling of getting pain. It means just a small feeling or mere thinking about the pain shudders hep. patient. That's why he has no tolerance for pain. So we can hear from a hep. patient.

"Please don't mention about pain, I won't be able to stand it."

I have no tolerance for pain. The moment I realize that it is going to pain I immediately takes the pain killer.

It is interesting that hep. has no:

- **FEAR, pain during (no hep., calc and sul)**

Or

- **FEAR pain, of (only calc)**

If we put two rubric:

Sensitive to pain

+

Fear of pain

We get: Arn., aur.m., coff., pip.met., ruta, lyc

It means hep. patient doesn't show his concern for getting pain in future during sickness but, it is only when he listens, thinks or sees things which are related to pain (for him or others) that he gets nervous.

It means in the mind of hepar. Patient it is not the pain but, the kind of torture he would suffer due to pain is more predominant.

Next thing to which it is sensitive about is touch.

- **ANXIETY, touched, to be**
- **FEAR, touch, of (sul but no calc)**

What's there in the mind of hep patient related to touch?

The reason behind hep's fear of touch is that they are scared of being disfigured and hurt.

So a hep patient will not speak about pain but he talks about touch and hurt.

- **FEAR hurt, of being (No calc and sul)**

Patient says, "I get shudder (shiver badly) from inside just by imagining that how deadly it will be If someone put his foot or hand on my injured part."

What is the reason of fear of touch?

They are convinced and logically can explain about the consequences of touch. They say their agony (already having physical or mental pain) will get doubled and the process of recovery delayed.

He apprehends how he is going to recover from his illness if something repeatedly touched him time and again.

- **OBJECTIVE, reasonable**
- **FEAR, recover, he will not**

And, if, by chance, knowingly or unknowingly, he gets touched slightly by someone he starts cursing that person or thing very badly and gets impulse to kill him or destroy it.

- **KILL, offence, sudden impulse to kill for a slight**

Case:

A patient came to me for gout. His big toe was swollen and red. While mentioning about his problem, I had observed that he was more worried and concerned about the possibility of getting being touched rather than talking about pain.

He said, "How long it is possible for a person to avoid coming in contact with external things. He told me that, "It was a stupid idea to think that one could avoid the contact.

Even if I try or make my best efforts to keep myself away from being touched, how can I stop others or avoid such circumstances when someone else can hit me by mistake."

To my understanding it is impossible that, I can prevent touch. By any means it will definitely happen. My only worry is not to come in touch with anything or anybody."

He further told me that, "Healready had the terrible pain and when by mistake somebody or something touched him at that particular place, the pain became so intense as if he was put into the burning coal and did not want to face such a situation."

Moreover it keeps on hurting me for a long time. I get so much angry that an impulse comes in me to kill the person or destroy the thing that has caused me such a problem. I am scared of its after effect, which horrifies me.

I don't have funds on which I can live without working.

- **OBJECITVE, reasonable**
- **DELUSIOSNS, poor he is**
- **ANXIETY, touched, to be**

Differentiation between

ANXIETY, touched, to be and FEAR, touched of: In fear of touch one always think of coming into a contact with something which can produce a bad effect on him.

In anxiety touched, to be, he thinks it wouldbe bad for him to get touched a patient can be touched and hurt physically as well as mentally also.

Physically one can be touched or hurt after coming into the contact with a living or a non-living thing, like touch by any person or furniture etc.

- **KILL, offence, sudden impulse to kill for a slight**

Kill: *To put an end. Usually intentionally or Knowingly.*

Impulse: *A sudden strong urge.*

Offence: The feeling of being angry, upset, or insulted, caused by some thing that some one says or does.

- **Sul. and Calc. = FEAR, poverty of**
- **Hep. = DELUSIONS, poor he is**

Part shade of fear of poverty which is common in both calc. and sulphur, can be seen in Hep. in the shape of poor feeling. They feel that they lack the strength to tolerate the torture.

Another feeling I have got from Hep patient is his concern not only about his own pain but he shows his concern for other's pain also.

This shows his sensitivity to pain He says, "I can't see or hear about other's pain. I feel discomforted.

Hep. is sensitive to external as well as mental impression.

(Which is not present in both calc. and sul.)

External impression is anything coming from outside—means it is not originating from one's own idea or created by one's own thoughts. Anything that, leaves the impression on a person's mind which, he perceives from outside. For example a person gets affected after seeing an accident. He won't be able to forget any accident which had occurred before his eyes for a long time. He will try to not take that route of accident. Mental impression is anything, which, is originated by one's own idea or created by one's own thoughts after he gets hurt by someone's remark, comment or behavior or

alternatively he feels better by the care, hospitality or friendly attitude of others. That is why hep. patient behave friendly towards relatives, friend or strangers and behaves very rudely to his own relations—blood or family members.

Clinically we have seen that on one side hep. says, "he needs nothing, (almost zero help) - no support , no medicine and asks, for nothing.

But on the other side he keeps on telling in unpleasant tone about his symptoms or problem to others which gives the impression to others that he is complaining and needs their support.

- **COMPLAINING**

When he is offered support he refuses saying he did not ask for it.

When asked why then he is telling to them about his problem?

He says, "I don't know if I have talked about it with the intention of getting support.

After some time again he starts telling about it in an unpleasant tone. Actually he needs the support but is not aware of it.

- **SHRIEKING, aid, in sleep, for**
- **CONTRARY**
- **SENSES, dull, blunted (Faculty by which the body perceives an external stimulus.)**
- **SENSES, vanishing**

It becomes difficult to convince them that actually the way they are telling about their problem is like asking for help. They will reply what is wrong in talking about their problem.

Their point is when they are in pain they have to tell but it does not mean they are asking for support. The attendant of the patient may report you that the patient has knowledgeable skill to prove his point.

- **PHILOSOPHY, ability for**

One side we see his skill of applying knowledge or talk about reality but on the other side we see that he has poor understanding on the decision of differentiating between the relationship i.e. between his family members - whom he dislikes - to others - whom he likes, shows care or behave friendly towards.

- **DISCRIMINATION, lacks of**
- **AVERSION, of family, to members**
- **ANXIETY, others for**
- **DISCRIMINATION, lacks of**

Next observation about hep.is, he becomes rude to family members because of engraved impressions of some bad past incidents which took place between him and his family members.

Those past incidents and his present problem together explode his emotions and become the reason for his insane behavior. Due to this reason his passion for others gets increased. He starts liking others, care for them, worry for their health etc.

- **INSANITY, suppressed eruptions, after**

Eruptions: A kind of an opening from where erupt some kind of a material.

In other words:

“To bring out expressions”

“To release expression”

- **PASSIONATE**

For the family members it seems to be very unusual behavior when they see his this attitude. He totally discards his family members and like to be surrounded by relatives, friends and even show the cordial behavior towards strangers during the sickness.

- **FUR, wraps up, in summer**

It could be unusual to see someone wrap up in fur in summer. But if hep. patient does it means, he needs it. He needs it because of his sensitivity to air, which hurts him. He will take care not to come into the contact with air.

- **CARES, walking in open air**

Similarly it is unusual to see a patient likes to be with relatives or friends and behaves friendly to the strangers and dislikes or hates his own family members.

It is the height to have such kind of feelings and sensitiveness.

- **MOOD, repulsive**
- **UNFEELING, hard hearted**

If asked why he has such a hard feeling for his family?

He says, I have affections for them. I love my kids. I am concerned about their future. I myself don't know but when I see they are not listening to me or are doing the same thing which causes harm to me I get irritated and when things persist like this, then all present and past things collectively make me mad."

- **CONTRADICTION, is intolerant of**

Hep. patient also get easily affected by unpleasant things and sad events. They are neither able to see live or watch on T.V. News of murder, serious accident, robbery etc. nor to listen stories of illness or death. Due to his sensitiveness he always has the sensation of being near the fire. As if everything is on fire.

- **HORRIBLE, THINGS, SAD STORIES AFFECT HER PROFOUNDLY** (32) *ars, aur, aur-m, CALC, carc, caust, CIC, cocc, con, falco-p, ferr, gels, hep, ign, IOD, lach, lap-c-b, lap-mar-c, lyc, nat-c, nit-ac, nux-v, phos, plut-n, posit, puls, sep, sil, STAPH, sulph, teucr, zinc*
- **SUICIDAL, fire, to set oneself on**

Case:

A lady came to me for the pain in her joints. She said, "I don't want to stay at my present house. Several times I have asked my husband to change this house but he doesn't listen to me. Due to this I have lost my mental

balance. I told him that if he won't listen to me I would kill my kids and myself."

"When he goes to the office I feel like destroying this house. It comes to my mind to put fire on it so that we can shift to some other place."

D.: Why you don't want to stay in this house?

P.: "Actually the previous owner of this house died all of a sudden in this house. Very late we came to know about it. Now when I wake up in the morning the first thought I get is of him."

P.: My problem has also started after we have shifted in this house. I feel his presence in the house. All day I keep lying down. I can't work as I always see something horrible around me.

I have a belief that he is trying to finish me. He will kill me.

I have a thinking that, "I won't get rid of this problem till we stay in this house. My husband does not believe in these things. I tell him that if he wants to see me alive he must change the house and my cure is possible only after that."

D.: Without any help of medicine?

P.: No, I know I have to take the medicine but I think my cure is possible only after I shift to some other place - Till I am living in this house my cure is not possible.

Sometime I get the impulse to put fire on the house and finish my self, kids, and husband.

On the basis of following rubrics Hep. Sul. 30 was given, which has calmed her down and she started to live

happily in the same house and her physical problems also got better after the stress of living in the house got removed from her mind.

- **CONTRADICTION**, is intolerant of
- **HORRIBLE**, things and sad stories affect her profoundly
- **DELUSIOS**, visions, horrible
- **DELUSIONS**, dead persons, morning on waking, frightened by images of
- **DELUSIONS**, murdered she will be
- **THREATENING**
- **SUICIDAL**, fire, to set oneself on

Ignatia

(The fire)



Beware, don't play or go close to the fire.

This remedy is already given in ROH series Book III, but now it presented with new additions.

Hahnemann had mentioned Ignatia emotions as:

It is not suitable for persons in whom, anger, eagerness, or violence is predominant.

In repertory we have few rubrics for it like:

- **MILDNESS, complaining, bears suffering, even outrage without**
- **COWARDICE, opinion without courage to express own**
- **YIELDING**

Kent says again, "Ignatia is full of surprises. In Ignatia you find what is unnatural and what is unexpected".

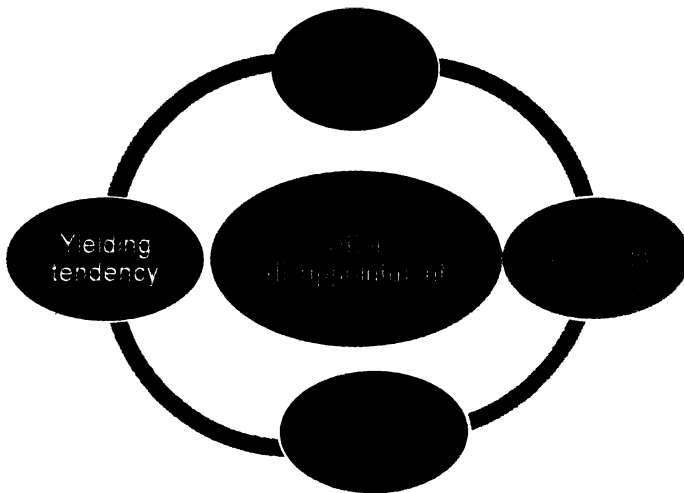
According to Kent, it is suited for sensitive nervous young girl who finds out that she has misplaced her affection.

Clarke says (Dictionary), "In order to obtain a proper understanding of the power and place of Ignatia, it is necessary to get rid of two prevalent erroneous ideas. The first of these is that, it is a remedy for hysteria and nothing else; and the second is that, it is the only remedy ever required in cases of hysteria."

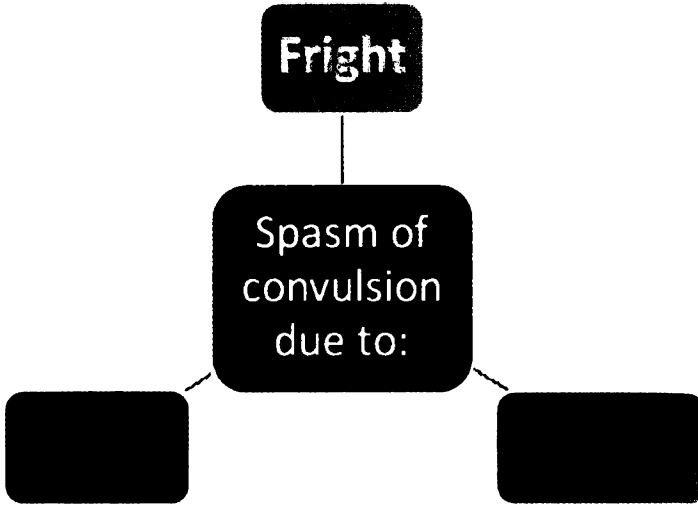
In general Ignatia is considered to be short acting remedy where the causation is grief.

For acute grief or present grief Ignatia is good, whereas for long lasting or past grief Nat.m. and ph. acid are good.

Some important points to remember for IGNATIA are:



It is a remedy of contradictory symptom.



According to Sehgal method:

One of the KING PIN symptom or state exhibited by a Ignatia patient.

- **DISCONCERTED**

It gives a feeling of defeated and surrender to the situation ultimately ceasing all efforts.

This is a stage where, out of annoyance, one feels like giving up the effort to stress his point because:

- he has the impression that it is useless to pursue further

Or

- because of his failing powers (energy)

Or

- Is left with no hope of success

This feeling comes when a patient feels his effort is unable to bring the desired result.

He shows this feeling by becoming quiet and goes into his shell by withdrawing from all activities and losing interest in life and pleasure.

Though he tries to remain calm but from his mood it gets obvious that there is something with him.

He becomes resentful and snaps off all relation with the source of the cause.

That's why these patients are brought to you by their attendant by force or you are asked to visit them.

"They cut themselves from the world."

"They don't understand the language of love during the disconcerted stage."

That is why I say, Ignatia is fire, means, you can't approach him easily.

No one can advise him even in a kind way.

He wants attention but, without asking.

- **ADMONITION, kindly agg.**
- **CONSOLATION agg.**

If asked why he (patient) doesn't need the medicine?

P.: I don't see any benefit of it.

P.: I think nothing (any sort of treatment) can change my situation.

P.: I have already taken so many treatments but from nowhere I have got any relief.

P.: I feel defeated.

P.: Doctor, if you wish you can try but I don't see any possibility of relief.

They keep on facing the disease boldly but when the situation starts going out of control, they feel it is of no use taking medicine or fighting with it anymore and there is turning point in his mental attitude, the audacity and defiant mood will change into disconcerted.

Ignatia patient is found with three major feelings like:

- Justice
- Rights
- Principled person

Beside above three points, Ignatia clinically by Sehgal approach is known for his temperament which varies from problem to problem and, patient to patient.

He will expect others to sense his needs the way they want and others should ask him, for his needs.

He says, "Doesn't other person has the sensibility to know what he should do for me, regardless of wheather or not I deserve his help?"

- **FEIGNING, sick**

Sometime the feigning is seen in other way too like refuse to eat.

- **EAT, refuses to**

P.: "can't you see I am not well. If you want your meal then cook it yourself. Don't ask me, I can't."

When the family members realize that perhaps he is very sick and ask him to visit doctor, he replies very sharply, "so today you thought that I need a doctor, for so many days I have been suffering you have never thought of it. Now I don't need it, let me die like this.

This patient is of high principles.

Ignatia is contrary in nature for example:

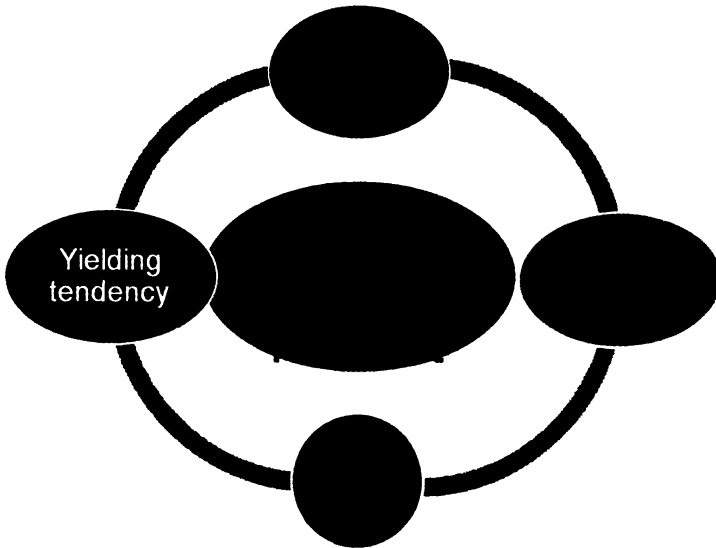
Ignatia is gratefulness towards person but doesn't like to be thanked.

He would rebuke and says, "What thanks?! I have just done my duty".

It means, he won't do any unwanted favor to anyone.

He doesn't want to do any injustice to any one and won't tolerate if anyone does injustice to him or anyone else.

- **INJUSTICE, support cannot**



- **AILMENTS, from disappointment**

Deception feeling comes as they are concern for High Morals and principles. So when they get cheated it hurts them.

For him a friend is the one who helps in times of need. There are bad effects, when a friend cheats on him. He doesn't react too harsh due to his principles. He won't show his irritation and frustration on others.

- **AILMENT, from love disappointed**
- **AILMENT, from friendship, deceived**

Ignatia gets easily annoyed when anything pains him. In case of Ign. if anything done is not justified, if someone's action or logic is unreasonable, it is not acceptable to him and he finds it painful.

- **IRRITABILITY, pains during**
- **GRIEF silent**
- **MILDNESS, complaining, bears suffering, even outrage without**
- **SADNESS, quiet**

It is hard to pacify or talk with this patient regarding his ailments, sorrow, disappointment, he becomes more irritable.

He doesn't want anyone to come near him and give advices or consolation. He will angrily rebuke them.

- **ABUSIVE**

In frustration he turns negative.

- **IMBECILITY negativism**

He doesn't like new clothes, hate the food he likes, do all opposite things etc.

- **DECEPTION causes grief and mortification**

Mortification: Feeling when self-respect is hurt.

- **OFFENDED easily, takes everything in bad part.**

- **MOOD repulsive**
- **APPROACHED by person, being agg.**

It doesn't mean he needs no help, but, the help should come without asking.

- **SENTIMENTAL**

The reason for this is Moral feeling or to say his principles stops him for asking help.

Also in the state of distress they want other to feel it. And when others are not able to understand him, he gets more frustrated and stops talking, working, eating and cut off from everyone and everything.

- **INDIFFERENCE apathy, work with aversion to**

When the near and dear ones realize that he is not well and needs medical attention, from inside he likes this attention but doesn't like to take it with good heart, instead he shouts or gets irritated with them.

He thinks it's late for them to ask him or there are some past grievances which come on the surface and he behaves rudely with his near and dear ones.

He refuses, and says, "let me die, or leave me on my condition or it's useless to make any attempt or nothing can be done in his case."

- **DELUSIONS, disease incurable disease is**
- **DESPAIR, recovery of**

The other side of this remedy is:

He tries to resist anything which tries to come his way.

A point comes when in frustration he tells himself that he is not going to stay like this for whole life.

- **DEFIANT**

One who is in a mood of boldly resists an authority trying to overpower it or which has started dominating it.

- **SHRIEKING approaches bed, when anyone**

If someone wishes to go close to him for consoling he gets agitated.

- **IRRITABILITY, consolation, agg.**
- **DELUSIONS, incurable disease, he has an**
- **SENSITIVE, moral impression to**
- **COWARDICE, opinion without courage to express own**

Cowardice: lack of courage. This patient always feels that whatever he is thinking. He fears if he will express he is going to face criticism or disapproval.

Courage: A quality of person by which he can face the danger or any adverse situation without any fear.

Of own: His own strength.

He feels pain when other doesn't see his problem whereas he has been all his life taking care of their wishes without their asking for it.

Ignatia patient wishes to take severe action against the opponent but will not have the courage to do that or take revenge. Deep inside him burns like a charcoal.

This frustrates him and he becomes sad and grieves upon his situation which ultimately leads to other sufferings and changes in her mental attitude.

So Ignatia:

- Is a moral person
- Conscientious
- Duty bound

For that he can't do anything wrong. He won't tolerate injustice and will not do injustice to others. Ignatia can be differentiated by other remedies under the rubric INJUSTICE, cannot tolerate, as they won't mind interfering directly when they see someone is doing injustice to them or anyone no matter if they know the person or not. This patient can give resignation if the boss is doing injustice to their colleague. They can yield only when the opposition is too strong.

They are duty bond in the sense that, they are sincere towards their office, and will not like to take money if they are not doing justice to their work.

- **INJUSTICE, cannot support**
- **YIELDING, disposition**

But when he doesn't get that sort of response from the people around him he becomes adverse and tries to adapt to the system and suppresses all his feelings.

A case of Ignatia:

A man visited me, for recurrent fever, which used to come after every 10 days for the past 3 months. On

entering my chamber he sat before me but did not say anything.

First thing he did was to take out some bottles of medicine (Allopathic and homoeopathic) and literally he threw them on my table in front of me. I did not understand his intention of placing bottles on my table like this.

D.: I asked him, what is this?

P.: He said, "This is what I have been consuming for the past three months, just for a minor problem like fever."

From his look and voice in the beginning I did not dare to open him. After that he sat quietly without saying anything further. Then I again asked him what has happened. He replied in a depressed tone, "What else can happen."

P.: I have been taking medicines for fever for the last three months and no one is able to cure me. I have consumed all medicines from these bottles. Do you think you can do anything for me? I asked him why you ask that. I have lost all hope that anything can be done in my case. In fact I did not come to take medicine. From the last few days my wife is forcing me to visit you. I was reluctant to take any medicine any more.

Today when she insisted too much and got angry telling me that I may face some serious consequences if I don't take care, I had to come. Though from inside I have no hope and don't want to take medicine.

He further asked me, "Doctor, do you think something can be done in my case?"

P.: If you think so then only take my case as I don't want to waste your precious time.

You know because of this I had to stop everything. I am very fond of going to club, having my regular drinks (alcohol) playing games, and I can't stay away from them long. So I have started them again.

D.: Why, don't you think they will create harm?

P.: Why I should stop my activities for the problem which is not going to be cured. Then his tone changed, it was little sharp. He said, "I just want to tell you one thing. If you really feel you can do something for me then only take my case. Now I want to get rid of it. And I don't want that you take my case just to experiment your medicine on me.

And again I meet with disappointment.

His wife told me that she had never seen him in such a mood.

He used to be so jolly in nature but since one month he is always in an awful mood. He is so depressed now a days that he has stopped talking or involving with his friends. He keeps on sitting at home. I don't know what is going on in his mind. He seems lost in his own word. At that time he does not even notice that I am sitting near him. If you talk to him or try to show concern about his problem he gets annoyed. But today morning he told me in a very frustrated tone that now it is enough. He is

going to start his normal routine again. To hell with this problem. He is not going to stay like this for whole life.

When I requested him to refrain from them as they may harm him and advised him to take his medicines he got very angry with me telling me that you idiot I know that you want me to die. You don't want me to enjoy life. I was shocked to hear such a filthy language from him. Dr. Please do something for him she asked me.

On the basis of following rubrics **Ignatia C30**, was given, which helped the patient to recover.

- **IRRITABILITY; pain; during (11)** aloe, ars, carth, cham, colch, coloc, hep, hydrog, ign, op, salx-f
- **MOOD; repulsive (41)** acon, alum, ambr, ant-c, arn, ars, aur, bell, camph, caps, carb-ac, caust, con, coc, hep, ign, ip, kali-c, lact, laur, lava-f, led, lyc, mag-c, mag-m, merc, neon, nit-ac, nux-v, petr, phos, plb, psor, puls, samb, sars, sep, sil, spong, sulph, thuj
- **PLAYFUL (16)** aids, aloe, cimic, cocc, croc, dream-p, elaps, falco-p, ign, lach, meny, naja, ox-ac, salx-f, seneg, tarent
- **DISCONCERTED (2)** brom, ign

Bromium

This patient becomes heated very easily.

This is written by Kent in physical for face, but it can be applicable in the mind.

Usually this patient has, ANXIETY, with most complaints.

Headache from becoming overheated. This is in Kent, for physical, in this patient Headache also comes in the last - anxiety, burning and then headache.

Brom is an Industrious, hardworking patient who is willing to work but with freedom of action.

- **INDUSTRIOUS, mania for work**

Acon. Aethbrom.... Tub., valer., verat

But, Bromium loses the balance of mind if its freedom of action the way it wants to plan and implements is hindered.

- **DELIRIUM, congestion with**

Aur., bell., brom., hyos. iod

Congestion means, an overcrowded condition or too much to capacity narrowing the margin for free moment.

In congestion, one does not feel free to move, breath and act, or one's freedom of action is hampered.

Being industrious this patient doesn't like domestic work, and likes that the household work should be cut - short.

A lady patient will like that the family should minimize their demands on her and should accept to eat,

the food cooked even days before. Family members should not tax her by asking anything every now and then, other than the major meals.

In case she finds herself unable to convince others, she ceases to take interest in anything and decides to be aloof and away, accepting virtual defeat.

Then the thinking takes another turn.

The imagination gets clouded with discomfoting thoughts of fasting.

Fasting: Religious abstinence, going without food, going hungry, abstaining from food in whole or part as a religious duty and to accept something as binding on oneself.

Fasting can also be in terms of aversion to sex in order to protest.

By accepting defeat means, to live with restrictions denying oneself with something essential to one's existence for the rest of life.

This makes her to cry out sharply and loudly with mournful sounds conveying deep grief until the voice gets extremely dim and inaudible.

- **Lamenting hoarse, barking, howling**

Nothing to the contrary consoles. The argument to live the reality, do not convince her.

- **INCONSOLABLE (49)**

Acon. Ambr., ant. crud., brom., Tab. Tarent. Verat.

In the end, bromium patient has a clear cut conviction that he wants someone to shape things in a manner suitable to his designs, as soon as possible.

- **CARRIED, desires to be fast**
- **COMPREHENSION, easy**

Aesc., ambr., anac., brom., Verat., viol.o

Once things starts going her way in a fast way then she tries to accept it.

- Bromium and Ignatia are the two medicines which are covered by the rubric **DISCONCERTED**

Disconcerted means defeated. In other words ceases further support.

Where, ignatia feels annoyed when he finds himself unable to bring desired change and finds it useless to continue further, in his efforts. He will stop further actions in a very strong resentful mood snapping relations from the source of cause.

- **MOOD repulsive (44)** acon., aloe, alum, ign., thuja

But bromium behaves in a slight different manner.

If he finds that he is not succeeding he will like to be alone and sit in his room and do nothing.

Neither he will like that anybody should talk to him and will assume a posture of complete motionlessness and would dislike to do any work mentally or physically.

After having behaved in the manner stated above an idea comes to his mind that, he is feeling suffocated and is not able to act and live the way he desires to.

The circumstances are not allowing him to live freely.

Mind becomes imbalanced and full of discomfort when one thinks that he is not free to live the way he wants.

This creates a lot of fear in his mind, which is mostly untrue, and the product of his thinking.

This gives him a sense of fear in a way that to him there seems to be no end of the things and becomes anxious about the future.

From his looks he gives the impression that they are expressionless.

Loses all courage and dislikes to talk and desires to be silent, away from the people and go in to his room sits and does nothing.

- **DELUSIONS, fasting**

Brom., euphr., iod

- **FEAR, imaginary things of**

Acon., ars., Bell., brom., calc.sil., zinc

It seems that he accepts defeat for a moment and breaks his silence, expressing strong dissatisfaction with circumstances.

No amount of consolation satisfies him and will go on producing, sounds expressive of grief, which, end in hoarseness sharp cry and mournful sounds.

His behavior gives the impression of an immature person.

He feels that, "He is not able to consume (enjoy life) food or something which nourishes the body as much as generally the people have the capacity."

His present state of health is keeping him unable to cope up with present (prevailing) pressure of work.

While brooding over things he remains cut off from the outside world (stupor).

Discouraging ideas keep occupying the mind leading it to general dissatisfaction and indisposition to talk.

Feels defeated and avoiding company and stopping all efforts in work.

Some important rubrics:

- **INDIFFERENCE, domestic duties to**
Aur-ar, brom., cimic., cit.I., sul.i
- **COMPANY aversion to, sits in her room, does nothing**
brom
- **REST desire for**
Aesc., Alum., brom., sabad, stann, vesp.
- **HYSTERIA, sexual, suppression of s. from**
Brom. con
- **CARRIED, desires to be fast**
Acon. Brom. verat
- **DISCONCERTED**
Brom., ign.



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Preface

Dr. M. L. Sehgal, pioneer and an original thinker had come out with the novel idea of using “MIND” as an instrument in **understanding and prescribing medicine** in every case no matter if it's an acute and chronic cases or related to physical or mental problems.

The aim to keep writing the books is to apprise the followers about the latest information from our clinic so that all can apply ‘The Sehgal method’ with perfection. Besides writing books, time to time the school has been organizing seminars, academy courses and small classes in many cities of India and also other parts of the world in order to promote the original idea of our Guru Dr. M. L. Sehgal. To reach everyone, with the help of Hompath ‘Mind technology’, we have managed to prepare first ever clinical software called, Saigal expert system, which has been widely accepted and many users are getting instant help in solving their cases.

Those, who already have gone through the last book ‘**Unearthing The Missing Links**’ published in February 2015 by ‘**Indian Books & Periodicals Publishers, New Delhi**’ must be looking forward for more educational and practical stuff. In the last book the focus was on how

to simplify the art of case taking and easy way to enter and understand a case through Sehgal method.

In this book, the focus is on two issues, one is Individuality and second is unprejudiced observer without which it is not possible to understand a patient. The idea is to bring awareness especially to the new comers in Homoeopathy about the importance of Organon. The other topic of the book is to understand and solve the cases pertaining to depression. We hope all the contents of the book are going to help the readers in their practice.

Authors

10th February, 2016

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It is not an easy task to write a book. One needs a lot of support from family members and friends who may not necessarily be attached to the same profession. However they may facilitate morally. We are lucky that our family members and friends have been supporting us to achieve this task. For this book we would like to give special thanks to ***Dr. Balbir Nandra, PhD, MScD, PGHom, PGH, DHom(Med), DHM, FBIH, FHMA and Vice Chair of Homeopathic Medical Association UK***; who is a friend and a staunch follower of the Sehgal Method, practicing successfully in UK and has helped tremendously with the English corrections for this book.

Authors

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How to understand the
individuality in a
patient and how to be
an unprejudiced observer?

How to understand the individuality in a patient?

Firstly, when a patient visits you, a physician should keep in mind that, we are talking with a patient and, not with a person. In a healthy state a person behaves differently than when they become sick. For example, in a healthy state a person likes coffee or likes to travel. But when the same person gets sick, he says, "I don't like coffee and have no desire to travel."

In a healthy state, a person likes company, but after getting sick they like to be left alone.

In a healthy state, it doesn't matter if family members or friends care about them or not, but after getting sick, this may be different, and they may want family members, or friends to take care of them.

Secondly, we must keep in mind, that while you are talking with a patient you may take care that, they should not speak about something which is not related to their sickness. It happens very often that, while narrating their problems a patient starts telling stories from their past or present life with or without any relation to their existing problems.

Thirdly, a patient may tell you about a problem, be it mental or physical, which they had suffered during their childhood, or many years ago prior to their present sickness, but if it has no relationship to their present

sickness then we can choose to ignore that information. For example, a patient comes to you for the treatment of headache. They start narrating about something that happened to them 15 years ago, it could be some physical injury, fever or a mental issue like losing someone important or something bad or abusive that had happened in their childhood. Before you make it a part of case taking, you must clarify or ask the patient if it is related to the present problem for which they have visited you. If it is not related to the problem, then you could ignore it. **I request my patient to only talk about those things or feelings which are associated with their problems. A physician could spend hours to conclude the case if they do not limit the patient to the points related to sickness only.*

Fourthly, as a physician, it is our job to understand what is important or not important in a case, in order to prescribe the medicine. As an artist a physician should be able to filter out the unreal symptoms (issues) from real symptoms (issues) from the speech or gestures of a patient. For example, when a patient starts narrating their symptom we must make sure, what the real reason is of the tear flowing out of the eyes. Upon asking, a patient, they may reply, it is nothing, but due to dust or touch of a finger in the eye that the tears started coming out of it.

Alternatively, a patient may speak loudly or starts rubbing their hand on the painful part. One may take it as if the patient is in a lot of pain and get sympathetic towards the patient. Upon asking what the need is or why they have been rubbing their hand on the painful

part, one may hear from the patient that they are doing it to get attention from you.

Fifthly, If a patient says, "I have come to you for sinusitis." Usually what happens, a physician start taking note of presenting complaints or immediately ask the patient to tell more about his sinusitis. For example, how long have they been suffering from it, what kind of treatment they have taken or have been taking? What has to be done in homoeopathic practice is, to confirm from the patient, without assuming, imagining, speculating, that the patient has actually visited you for sinusitis. That is if sinusitis is the only reason for them to visit you.

You may get astonished when the patient may tell you that, though they were troubled by the sinus problem, but the main issue which has brought them to you, is that due to their sinus problem he or she has not been able to concentrate, work, or sleep and so forth. This means, till they were able to concentrate, work or sleep properly they were not concerned about the sinusitis. So, one must confirm from the patient, the real concern for them to visit the doctor.

It helps us not to get prejudiced, and to understand our patient from the point of view of an unprejudiced observer.

How to be an unprejudiced observer?

The 6th Aphorism:

The unprejudiced observer - well aware of the futility of transcendental speculations which can receive no confirmation from experience - be his powers of penetration ever so great, also if he is the most astute, taking note of nothing in every individual disease, except the change in the health of the body and of the mind (morbid signs, coincidences, symptoms) which can be perceived externally by means of the senses, that is to say, he notices only the deviations from the former healthy state of the now diseased individual, which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in the whole extent, that is, together they form the true and only conceivable portrait of the disease.

One way to be unprejudiced observer is if we try to understand the exact feeling of the patient as to why they are visiting us. We don't have to assume, imagine or speculate that, we know the reason of the patient's visit. We don't have to know our patient; rather we have to understand our patient. For example, a patient tells you that, ' Doctor whenever I eat fish or a heavy meal my stomach gets upset.'

First of all we must know why they have come or what they expect the medicine to do for them.

We must restrain ourselves from immediately using rubrics or symptoms. We have to go further and feel why they have visited us. A patient may reply, "I need medicine so that, when I eat fish or a heavy food my stomach will not get upset."

Now the question is, 'Why does this patient needs to eat the fish or heavy food when it make their stomach upset?'

Patient may say, "I like eating fish."

Or

Patient may say, 'I have tried several times not to eat fish or heavy food, but I cannot control myself when I get the opportunity.' So, what we have to come to know about the patient is that, they like to eat fish or he has no control over themselves.

Here I ask the patient, how do they feel, when they want to control but fail to do so?

P: 'I feel very bad', 'I feel angry with myself'.

Or

P: 'I curse myself', 'I blame myself'.

Or

P: 'I promise myself that I will not eat again.'

Now according to the common version of the patient, we have to interpret the right feeling and then to choose the rubric accordingly.

Before jumping into the conclusion about the remedy, a physician must make it clear from the patient itself what is their need, without imagining, speculating or assuming yourself?

The first task of a physician
is to know what the need
of a patient to visit them is

It is not necessary that a patient visits the doctor for medicine, neither is it that they visit him for their main problem, example being, if a patient is suffering from Asthma and upon asking if he has come for asthma, it is not at all surprising to hear, that asthma is not the main reason to visit a physician, the main reason for the visit, rather due to asthma they are not able to do their business or job, and that is their major purpose of visit. Now, it is clear that patient wants to get rid of asthma, but for their business or work. If we are able to understand why they are more concerned about business or work than the actual problem, then the medicine can be prescribed on the basis of their mental state, since more than asthma, it is important that they can carry on with their business or work easily. This kind of patient may say, "although they had an asthmatic problem for a long time, somehow they managed, but now that it started affecting their business or work, this concerned them to get rid of it." One way of treating such a patient is to collect the symptoms related to asthma, for example, modalities, generalities, uncommon and peculiar symptoms which may get rid of asthma, but the medicine is not going to remove the concern for which they have visited. However if we prescribe the medicine on the basis of their concern, then not only the concern is going to go but the asthma too, hence the patient will get recovered as a whole.

There could be various other reasons for a patient to visit a physician which is closely linked to their physical or mental sickness, but this gets ignored in normal practice. As a homoeopathic physician it is necessary that

we should focus on every individual reason and to understand in depth why a patient is more concerned about that instead of the actual disease.

Sometimes a patient may visit a doctor and wish that they should be listened to properly.

Sometimes a patient may visit a doctor just to know the reason of their sickness.

Sometimes a patient may visit a doctor to know if there is a solution to their sickness.

Sometimes a patient may visit a doctor with a positive frame of mind.

Sometimes a patient may visit a doctor with a negative frame of mind.

Sometimes a patient may visit on own or sometimes asked by others to visit the doctor.

So, a physician must be clear with the patient why they have visited them, before they proceed in the process of case taking.

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The role and advantages of using Sehgal's method

The role of Sehgal's Method is to understand the "Mental State" of a patient in every disease and interpret the version used by the patient to express his state into the rubrics of the Mind.

Advantages

1. It purely follows the principles of our master Dr. Christian Friedrich Samuel Hahnemann.
2. Once a physician gets fully trained in this method, they can save their time in case taking.
3. A physician does not need to categorize the case as an acute or chronic.
4. All kinds of cases, whether they are related to any physical ailments or mental ailments can be dealt in the same manner. One doesn't need to learn different ways to understand a patient.
5. It is the easiest method by which a physician can manage their case in a simple way.

Vital points to work with Sehgal's method

Present: Which brings the patient to you.

Predominating: Which is upper most in the mind of the patient.

Persisting: .Which is trying to settle in the body permanently.

Apart from observation, it is also important to understand whatever a patient says related to their problem. There are certain points which can be helpful to understand a patient in a better way.

"WHAT he says"

- He says I do not think I am going to get better.
- He says I think I will not survive.
- He says I fear my problem is going to increase.

"HOW he says"

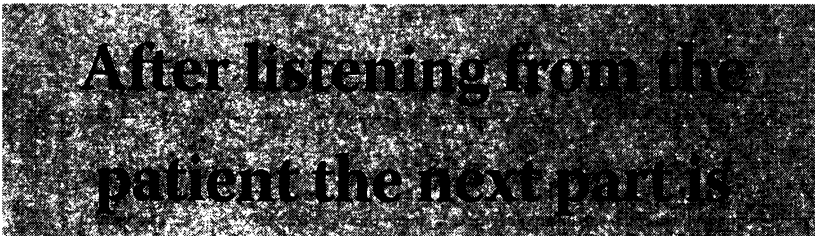
- He says desperately, I do not think I am going to get better.
- He says irritatingly, why I am not getting better.
- He says sadly, there is no solution of my problem.
- He says laughingly; tell me doctor how many days more are you going to take to cure me.

"WHY he says"

- He says I have tried so many medicines and there is no relief so why do I try again.
- He says when I ask someone to help me that time I am told that they are busy then why to ask for help.
- He says I try my best to take care of my health still I get sick, so I am worried why it happens with me.

"WHEN he says"

- He says when he cannot handle the problem anymore.
- He says when he sees there is no way to get better.
- He says when he sees others are enjoying their life.



- Interpretation
- Selection of right Rubric
- Remedy selection
- Potency selection

Let us understand
the role of 'Feeling'
in understanding a patient

The role of mind was not fully understood and needs to work on the feeling of a patient were almost not there till Dr. M. L. Sehgal, thought about using mind rubrics and started to understand the feeling of a patient in each and every case. Ultimately the need to use mental state and application of mind rubric has becomes an important part for many practitioners around the globe.

In a healthy state our emotions are ruled by our intellect, meaning if a person has to weep on some misfortune then our intellect plays a major role to make that person understand the reality and accept it, which prevents the patient weeping for hours, days or month. In a sick state our emotions starts ruling the intellect, meaning if a patient has to weep on some misfortune then our intellectual faculty fails to understand the reality due to which patient stays with the same emotions for a longer period, till they get the medicine to make intellect stronger than emotions.

It has been observed that, while a patient is narrating his physical problems, involuntarily their emotions gets erupted which are mostly hidden or suppressed.

Hidden means, only they know what is going on inside them. From the outside their family members, friends or colleagues may notice something is wrong, but are not able to understand or feel it. Even if they ask the patient, they will remain silent or say everything is fine. No one will be able to know the real reason, until they open up with someone.

Hidden also means, the patient has never shown or kept all their emotions strictly inside as they do not want

anyone to get worried because of them. Some patients are of an opinion that it is not necessary for anyone else to know about their problem, as they are not going to solve their issues. Some patients prefer to hide their emotions as they think it may ruin their reputation.

Suppress means, the patient always wanted to express, share or tell about their emotions to others, but, prefer to keep inside as they are afraid of getting advice or fear getting hurt as they are sensitive to any moral impression and not to burden their family members financially, or they always think about what the other needs.

Sometimes a patient visits purposely a physician, to just share their hidden or suppressed emotions because of the following reasons:

- They feel if they do not bring it out it could make their life worse.
- For them a doctor is an appropriate person or authority to know their emotions.
- As doctor is the only one who listens to them patiently.
- Doctor has the remedy to solve their disturbed emotions.

They do not prefer to share their emotions with family members, friends, or colleague, as they feel no one has time for them.

What benefit a patient could achieve if a doctor listens to them?

- i. A feeling of relaxation.

ii. A feeling of getting desired result.

What actually is patient doing?

- a. Complaining
- b. Lamenting

Rubrics for all above states are as follows:

- **COMMUNICATIVE** expansive
- **EXCITEMENT** while talking
- **EXPRESS** one-self, desire to
- **LOQUACITY**, answer no questions, but
- **LOQUACITY**, chill during
- **LOQUACITY** health, about his (Nux)
- **SADNESS** telling it to somebody, am., after (alum. sil)
- **TALKING** pleasure in his own
- **TALKS** anxious about his condition (Nux)
- **TALKS** one subject, of nothing but
- **UNCONSCIOUSNESS** talking, while

Sometimes a patient wants that a doctor should understand their pain or suffering in a proper way.

Why a patient does need to be understood?

Is it a compulsion that others should understand him?

Reasons being:

- Patient feels it is their right that a physician must listen to their entire problem for which they pay a fee.
- They feel that the actual reason of their suffering or problem is because no one has understood them very well.
- They have not got better, because the doctor has failed to understand them.
- They may get rid of their problem once they get fully understood.
- This is the only pain in their life that no one has tried to understand them.

Rubrics which can be used for the above conditions are as follows:

- **ANGER, misunderstood when (bufo)**
- **ANXIETY dark in**
- **ANXIETY chill during**
- **DELUSIONS family, doesn't belong to her**
- **DELUSIONS, feet, separated from body, are (stram)**
- **DESIRE more than she needs**
- **DESPAIR recovery of**
- **EMOTIONS predominated by the, intellect**
- **MOANING, wanted, piteous because they cannot have what they**
- **PITIES herself**

*** **

How does choosing
the medicine
on the basis of mental
state can really help a patient?

Case 1

Patient: Miss S

Age: 26 years

Occupation: Searching for job. Patient had finished her M.B.A. in Marketing and Manufacturing.

Date of first consultation: 18/09/2014

Reason for her visit: Depression

One interesting point about this case is when the patient asked me if I could treat her for depression. I told her I can, but I asked her not to visit me as she lives far away from me and from a long distance it is not possible for me to handle her case. To my surprise, she came to my clinic without an appointment. When I asked her, why she has come when I told not to. She said, "I am hopeful that you can cure me." I asked her how is she so hopeful. She replied, "I have heard that you have good experience in depression cases."

(Patient was in a state of hope)

Treatment history: Patient had taken allopathic treatment 10 years ago, that only for one month as she got better by it. Recently she recommenced allopathic treatment.

D.: What do you mean by depression?

P.: I do not feel good.

D.: What is the reason of not feeling good?

P.: I do not know why.

D.: How it has developed?

P.: It has developed due to father's behaviour.

D.: What was the problem with the father?

P.: My father is an alcoholic, and always fights with my mother. He has never supported the children and always insulting the family members openly in front of neighbours and relatives.

D.: What does the father do?

P.: He calls our relatives and uses defamatory remarks against us. He can shout in the middle of the night and yell at us, for any small reason.

D.: Do you have tried to change the situation with the father?

P.: No one in the family has courage to stop him. In the past we had tried to disobey him and then he had become more aggressive. We have no guts to disobey him and shall fulfil all his wishes, and this situation has been going on since our childhood.

At present the patient is living with her brother and mother in another city. Her father visits them once a week/month. He throws tantrum and does the same things which he has been doing for so long.

Patient: I am more worried about my brother and mother than my own problem. I feel pity for them especially my brother, as he has been suffering from severe depression.

D.: How do you feel for your father?

P.: I am angry and want to fight with him and ask him why he did and has been doing all this to us. I do not want to see or talk to him. I do not want to have any relationship with him. I have anger inside for my father. I wish God should punish him. Till I was staying with my family I did not notice that I am having any problem. At the age of 16, I went to another city for studies and there I observed that I have depression.

D.: What happened there?

P.: Various reasons, like, I was from a small city and that is a big modern city, hostel atmosphere, poor English.

P.: Due to that I had left the hostel and started living in P.G. I noticed that I am not like other girls as:

- I always live in stress.
- I would be tensed on little issues and it becomes difficult to get rid of that issue.
- There is always fear in mind.
- Could not get on with colleagues.
- There is always a feeling upon seeing others happy, that I should also live happily. I lived with an inferiority complex as our neighbour asks us why our father behaves so rudely with us.
- Since childhood I am living with an inferiority complex.

D.: What do you feel now?

P.: I am the unhappiest person in the world.

- I cannot trust others.
- I get nervous very easily.

- I always take care before speaking as I am afraid of hurting others.
- I do not wish to live.
- I cannot speak or give my opinions in a group.
- I have no interest in learning new things.
- If someone speaks or says something in anger or makes a bad face I get scared.
- If someone asks suddenly, I cannot answer.
- I have no confidence while arguing or fighting.
- I easily get affected by other's opinion. I feel like weeping all the time and weep alone.
- I don't like to weep in front of others.

P.: I am always hopeful. I always wish to remain positive, but negativity keeps on coming in my mind. I believe in God but I know if I do not make any effort how can God will help me. I believe that nothing worse is going to happen, whatever bad had to happen already have happened. I feel it is an extreme condition so I am not expecting it to get worse. On one side I wish that my friend should stay away from me and find some other friends, but on the other side I wish that they only stay as my best friends. I am using sleeping drug.

Beside depression patient has some other problems like:

- Burning sensation in hands and soles.
- Palpitation feeling.
- Unstable mind.
- Inferiority complex.

- I feel bad seeing, friends who are working in good companies.
- Struggling to find a job.

On the basis of rubrics:

AILMENTS from; scorn; being scorned (25): acon, adam, alum, *aur*, bell, **BRY, CHAM**, coff, *coloc*, falco-p, ferr, hyos, ip, lyc, *nat-m*, **NUX-V**, olnd, *par*, *phos*, *plat*, sep, *staph*, stront-c, sulph, verat.

Scorn: Lack of respect accompanied by a feeling of intense disliking.

Having or showing arrogant superiority (As to domestic servant or worker etc).

DWELLS; grieve therefore; to (1): nat-m.

CONTENT (39): aids, aloe, alum, **ANDROC**, aq-mar, *aur*, *bor*, *caps*, carbn-h, carl, choc, *cic*, coca, cocc, com, cycl, *dream-p*, fl-ac, haliae-lc, hydrog, insul, lap-c-b, laur, lava-f, mag-s, mate, meny, mez, nat-c, nat-m, **NEON**, *op*, phos, posit, salx-f, spig, *staph*, tarax, zinc

AILMENTS from; anger; indignation; with (11): ars, *aur*, **COLOC**, ip, lyc, merc, mur-ac, nat-m, *nux-v*, plat, **STAPH**.

Indignation: Force to do the things, against their will, disgraceful event.

AILMENTS from; rudeness of others (8): *calc*, carc, cocc, *colch*, nat-m, *nux-v*, ph-ac, **STAPH**.

Rudeness: Unrefined manner

AILMENTS from; mortification (37): agath-a, anac, *arg-n*, ars, *aur*, *aur-m*, bell, *bry*, calc, caust, *cham*, **COLOC**, con, falco-p, form, gels, haliae-lc, **IGN**, *lach*, **LYC**, *lyss*, merc, **NAT-M**, *nux-v*, *op*, **PALL**, **PH-AC**, plat, posit, *puls*, rhus-t, *seneg*, sep, **STAPH**, stram, *sulph*, verat

Mortification: strong feeling of embarrassment, humiliation or losing self respect.

HOPEFUL (14): acon, aids, androc, aur, calc, falco-p, ferrma, hydr, nat-m, sang, seneg, sulph, *tub*, verat

CURSING; blasphemy; profanity; swearing (47): adam, agath-a, alco, aloe, am-c, **ANAC**, *nat-m*, neon, **NIT-AC**, *nux-v*, oena, *op*, pall, petr, phos, plb, puls, spig, staph, stram, tarent, *tub*, *verat*

Cursing: Wish harm upon

Profanity: Irreverence

INDIFFERENCE; company; society; while in (10): androc, **ARG-N**, bov, kali-c, lyc, nat-c, nat-m, *plat*, plut-n, rhus-t

HATRED (34): acon, adam, *agar*, agath-a, aloe, am-c, am-m, **ANAC**, androc, *aur*, calc, **CIC**, cupr, cyni-c-g, germ, kali-c, kali-i, *lac-c*, *lach*, lap-gr-m, *led*, lyc, mang, **NAT-M**, *nit-ac*, *nux-v*, ph-ac, phos, posit, puls, rhus-t, stann, sulph, tarent.

HATRED; revenge; and (22): agar, aloe, am-c, anac, aur, calc, cic, falco-p, fl-ac, hep, hydr, lach, led, mang, mygal, **NAT-M**, *nit-ac*, *op*, *ph-ac*, phos, stann, *sulph*

Stones were sinking under his feet when crossing a stone bridge (1)*: nat-m.

Rx Medicine: Nat. Mur C 6, 6 globules one time

Follow up:

Instant change within one month and she has a job. With rest of the things she is coping without much trouble.



Case of a 14 years old child

Case taking done Mid November 2013

Lives in Europe

Case history sent via e-mail by the child's mother

Mother: His first symptoms could be seen when he was 2 years old and was very stubborn and reacted with anger. When he started nursery at the age of 4, it was difficult for him to share things with other children, when he did not want to do certain things he would bite the teacher or hit other child. He was the only child till he was 5 years old. After his sister was born nothing really changed (for worse or for better).

He was refusing to do things, he was asked to do and then, he became rude and aggressive.

Also when he didn't understand something, he didn't admit it, but got angry. Very often he would blame other people for his behavior. Generally it didn't change

till now, but he is able to control himself more now and understands a little bit more that he has a problem with communication and understanding other people, but still can be violent from time to time.

I think the main problem is he can understand mathematics, physics and computers extremely well, but has real problem with understanding human interactions and every day life.

I had asked the mother to write about the present status of the child.

Dear Dr. Sehgal,

I am sorry I haven't written to you for long but, I have been thinking about what you have asked and observing (M) carefully.

In 2010 we had moved to other city to get a better school for our son. He is in High School now and was doing well at the beginning. But before the holidays he had to change the class, because he used physical violence against two other pupils. And today things get much more serious because he had hit the teacher with his notebook. He said he did this because the teacher doubted that he is not good in math (the truth is he loves math and is really good in it).

I have to mention that he speaks very slowly, so he can't express himself verbally (even if his vocabulary is huge; he can absorb a lot of information, but finds it very difficult to tell anything - usually it takes a lot of time) so for him it is much easier to express his emotions physically.

He also sometimes says he is afraid of people (and that's why is often very rude or can hit somebody). Today he also said he would like to be someone else or not to live at all (!).

He is not responsible for his duties. For example he doesn't know what day he has to give his homework back to the teacher and what exactly he has to do.

He doesn't respect rules, he knows that he can play on a computer not longer than an hour a day, but almost every day he argues and shouts at us when we say it's time to close the computer (he is very angry and rude that time).

When he does something bad and we have to punish him, for example we have made a rule that he will not watch TV for 1 day, he argues with our decision even if he knows that for arguing, shouting, being rude he will be punished even more, so very often he can't use computer or watch TV for 3-7 days even 2 weeks (instead 1 day, just because he was arguing and couldn't accept one day punishment). Our rules do not change, but still he tries changing them.

You've been asking how he behaves when he is ill.

I didn't really remember because last time he was sick one and a half year ago. It happened he was ill (last week).

He was coming to me complaining and telling that he had a sore head, sore throat etc. He needed our attention and didn't want to be alone.

When he is in a bad mood he can still be rude.

Rubrics:

CONTEMPTUOUS, paroxysms against her will, in

Paroxysms: A sudden uncontrollable attack.

ABUSIVE children insulting parents

ADMONITION agg

EAT, refuses to

Eat: to take in (here it is for not taking advice)

HAUGHTY, stupid and haughty

Medicine prescribed: Platina C6

Report in the 1st week of December:

Hello Dr. Seghal,

I would like to report changes with (M) after giving him Platina C6 two weeks ago. The first 2 days were very bad: (M) punched his friend's forehead; there were a lot of anger in him at that time.

On the third day after the medicine he was fine again.

Now he has started to be angry again; yesterday he said I have planned to beat the teacher because she gave me an essay to write", (M) finds creative writing very difficult and he couldn't sleep at night.

He gets angry whenever I tell him it's time to do his homework in English or history (with my help always).

First - because he has to stop doing maths, which is his obsession;

Second - because he is not good in English or history.

His reaction to such situations is now anger, frustration and sometimes violence. We are trying to be patient with him, but yesterday his father shouted at him so (M) was trying to attack him with scissors.

IMPULSE stab, others to

I hope you can help us, Dr. Seghal. Looking forward to hearing from you.

All the best,
xxx

Asked to wait and report again after two weeks:

Mid-December

Hello Dr. Sehgal,

About (M): I honestly can't see any improvement with his dealing with anger. He still gets angry very easily, especially when he thinks he is right and someone else thinks differently. He also forgets about a lot of things he is responsible for.

These are few examples:

- he forgot he was supposed to meet a teacher one day after school,
- forgets about taking some of his books to school,
- forgets he has homework to do.

I asked him to make notes in his notebook, notes on the board on the wall in his room, reminders in his cell phone. It doesn't help.

I think he is so focused on maths which is his safety zone that he forgets everything else and he is scared of the outside world.

I hope you can help us, Sir. Thank you

Best regards,

Next potency Platina 30 suggested in mid- Dec.

Report mid-January 2014:

Dear Dr. Sehgal,

It's already a month since I gave (M) Platina C30, in mid-December. I am sorry but still I can't see the progress. (M) Still, destroys his things or his own work (like an essay which he wrote) because I told him to do something else at the moment or something went wrong (like the printer didn't work properly). He gets very frustrated very easily and quickly, and then he shouts, cries and can be violent.

I hope you can help us.

Best wishes,

xxx

In mid-January 2014 changed the medicine Ignatia C6.

On the basis of rubrics:

ANGER, alternating with hysteria

IRRITABILITY contradiction, at slightest

WILDNESS at trifles

ADMONITION agg.

DEFIANT

DESTRUCTIVENESS, emotions, destructiveness from suppresses

EAT refuses to

MOOD repulsive

REPROACHES, others

4th February 2014:

Dear Dr. Sehgal,

I hope you are fine. Please let me report about (M), 2 weeks after giving him Ignatia C6.

(M) was a little bit better after giving him Ignatia 6, but now (since last week) he gets irritated extremely easily, is rude almost all the time (this is the biggest difference: He was rude before, but just from time to time, now it's almost all the time).

He shouts at me when I try to talk to him (especially about his French, English or history homework-he doesn't like those subjects). All he wants to do is maths, physics or he wants to go on computer and do programming.

Talking about emotions or everyday stuff (like cleaning, shopping) is very difficult because during such conversations he asks questions about physics or chemistry. He doesn't want to go to judo or tennis classes any more - we try to explain him that he should do some sports, but he argues and shouts a lot before every training session.

Kind regards,

Asked to report after a week.

Hello,

(M) was better for about 4 days in the last week, he was a little bit calmer. Even if he got frustrated or started to argue he was able to calm down quicker and one time he admitted he was wrong.

One night when we were reading a book aloud, he even read a few pages for his sister and us.

Thank you,

J

Asked to report after 2 weeks.

Hello Dr. Sehgal,

I still can't see the improvement (except during first 4 days after he was given the pills when he was calmer).

Now when he doesn't get what he wants, he starts to argue and shouts a lot, when it doesn't help he is violent (tries to hit or kick me or my husband), yesterday he destroyed his computer because we said we will not buy him what he wants.

It took him about 2 hours to understand what he did and after that he was sorry.

I really hope you can help us.

Best regards,

On 3rd march Tuberculinum Bovinum C30 was prescribed.

CONTRARY parents, with

ANGER throws things away

STRIKING, children, reprehended, when

Reprehend: Strong disapproval

DESTRUCTIVENESS, emotions, destructiveness from suppresses

PASSIONATE

REPROAHES, others

Report on 7th April 2014:

Dear Dr. Sehgal,

Please let me report to you about (M) after giving him Tuberculinum C30, 3 pills 2 times in 10 minutes interval – approx. a month ago.

I can see it had very good effect on him. (M) is calmer and much less violent. But generally he seems to be happier and calms down easier and quicker during difficult situations.

Now he has great sense of humor. He can laugh and understands jokes more.

Generally he is in a better mood now. When asked by a teacher, “How are you?” he replied, “Fine” and smiled (before your treatment he could just ignore or say, “Very bad”). But still he ignores most kids saying “Hi” to him and never says “Hi” first.

Best regards,

J

From May 2014 till September 2014 child has not shown any bad behaviour. No further change in medicine till now.

Mother was asked to report if symptoms are going to relapse.

Case 3

Mr.: X

Age: 49

Occupation: Businessman

On 2nd August 2011 patient had visited me.

In April 2011, patient felt trembling in his legs. He thought it may be due to hunger. For some days he ignored it. After some days he started feeling nervousness. He visited allopathic doctor and took some medicine along with Kali Phos 6x in powder recommended by his friend.

His symptoms were:

- Loss of confidence
- Loss of energy
- No desire to get involved in any sort of work.

- Patient told me that he didn't wish to live with this state of mind/body.
- He would get up in the morning but keep on lying in the bed till 11am.
- No wish to visit his shop for work.
- His father forces him to visit shop.
- He lost the confidence in driving car.
- His father has to take him to the shop.
- He didn't wish to do anything new.
- Hesitation in facing the people.
- Always a feeling that he is not able to do anything.
- Always had to fight to lift his will.

He has to encourage himself to bring himself out of bed.

P: I don't have the same energy as I had earlier. There is always a feeling of nervousness about myself (No confidence).

P: I know allopathic medicine harm me but my family members asked me to take it. Some negative thoughts keep coming in my mind.

P: I have asked my son to shoot me with a gun as I feel ashamed of leaving in this state.

His wife:

"Due to his sickness I have started attending his shop in the morning. I would come back in the afternoon after he arrives. I have never visited his shop before. His shop was not in order so I made some changes to which he got furious. He asked me why I made the changes."

Her presence in the shop hurts his ego.

Patient told me that he is angry because of his family members as they force him to move.

He says, "I don't want any pressure." "I want them to give me time to come out of this situation." But they are in a hurry. My mother tells me homeopathy will not work so I should take allopathic. I think allopathic will harm me. That is why I have come to you.

P: I always feel good after walking. I get up at 11am and try to go for walk. When I don't go for walk all day I feel bad. But it's not easy for me to get up from bed. Sometimes I wish to go but father asks me to get ready for shop. Most of my nervousness gets better after walking.

P: I don't want people to tell me this and that. My family members keep on telling me that I will get better. I have to lift myself. I don't have to lie down. I must exert. I must force myself to come out of this situation. But I know about myself. I know how I am handling myself. I tremble when I have to stand in shop during the work.

P: It makes me angry but I don't react.

P: I have told my family members especially to my mother that I will get better only by homeopathic medicine as allopathic medicine can only harm me.

P: I always ask my wife, mother and father to give me some time. I am trying to do it, don't force me.

On the basis of the rubric given below **Silicea C6** one time was given.

- ANGER, aroused, when (2):** sil, zinc
- ANXIETY himself, about (2):** nat-c, sil
- ANXIETY motion, from amel. (13):** acon, act-sp, aq-mar, ars, iod, kali-i, mag-m, naja, ph-ac, puls, seneg, sil, tarax
- BED desires to remain in (24):** alum, sil, verat, verat-v
- CONFIDENCE want of self (101):** agn, sant, SIL, spong, staph, stram, sul-ac, sul-i, sulph, sumb, syph, tab, thea, ther, verat, verb, viol-t, zinc
- CONSOLATION agg. (43):** ant-c, arg-n, SEP, SIL, stann, staph, sulph, SYPH, tarent, thuj, visc
- COWARDICE (92):** acon, sep, sil, spig, stann, staph, STRAM, sul-ac, sul-i, sulph, tab, ther, thuj, verat, verb, viol-t, visc, zinc
- IRRITABILITY spoken to, when (28):** ars, rhus-t, sep, sil, staph, stram, sulph, tep, ust, verat
- REPROACHES himself (38):** acon, sarr, sil, stram, sulph, thuj, verat
- TIMIDITY public, about appearing in (23):** aeth, petr, ph-ac, PLB, SIL, staph, thuj
- WEEPING, despair, from (5):** arg-n, chel, cupr-acet, hell, sil
- BARGAINING (4):** bry, puls, sil, sulph

Follow up:

After a month patient started driving and managing his shop. He told me that the effect of the medicine was

so good that it has astonished him and the entire family. He started living with confidence and expanded his business.

Some vital points about Silicea:

- DISPOSED to get vexed
- Lack of cheerfulness
- Indisposed to work
- Lack of courage
- Lack of reaction against injury and disease that is why they need to be pushed for treatment.
- He is not frightened but has great anticipation.
- He has fixed ideas. Thinks only of pins, fear and search them.

This patient gives many symptoms which are contrary to each other like:

They have fear pin, but then they search for them and count them.

FEAR, pins, hunt for pointed things although afraid of them

Silicea patients:

Are coward as well as bold (Audacity).

Fear and a fixed idea are the two things which never go out of this patient's mind.

They avoid thinking about the object of their fear.

They cling to a fixed thought and express their helplessness to bear a change of thoughts.

Brain fag, exhaustion, and want of grit or perseverance morally or physical are the leading indications for silicea.

This patient does not want to tax their mind, so hates disputes and argument.

YIELDING, disposition

They lack in certain character, like lack in self-discipline, unsteady and confused in his actions.

Silicea patient always apprehends about failure, which plays a big role in their lack of confidence.

FEAR, failure of

They have great facility of thought and firmness, but with this fear that they will fail they do not make attempt.

They exert and work very hard and before they accomplish the task they give up due to the prostration and brain - fag. Then they get discouraged.

**PROSTRATION of mind, mental exhaustion, brain-fag
TORPOR (S*)**

EMBARRASSMENT, ailments after

They hesitate to appear before the public due to brain fag.

They do well in all exams, but after that they have no energy to do anything further.

In comparison to Silicea, a Lyc. patient is stupid and is dread of undertaking anything due to lack of knowledge and curse themselves.

Whereas a silicea patient will not get annoyed if they are asked to do some work or to perform. They hate and tries to escape from work and responsibilities.

Silicea is imaginary and is dread in spite of having good knowledge and full of thought.

Due to their fear a silicea patient will always apprehends about starting the new venture.

FEAR, undertaking, new enterprise

A Silicea patient is worn out by prolonged efforts at mental work.

On consolation this patient expresses his helplessness to change his thoughts so he is fearful and thus depressed.

Silicea has no reliance upon his self-confidence and even consolation fails to boost him.

There is another state I have observed in some patients who fails to hold their habit of eating things, which causes problem for them.

Because of prostration he does not want to tax his mind and eats as he likes. Other thing is if he thinks that avoiding food will not help him than no one can convince him to stop it.

According to the mother:

Child doesn't get up and play, Lacking in self-confidence, and cannot fix their mind.

Case 4

Patient: Mr. H

Age: 32 years

Occupation: Auto part store

Reason for his visit:

1. Frequent headache - 3 years
2. Hyperacidity - 2 years
3. Urticaria - 2 years (The day he visited me he had it since 2 weeks)
4. Slight Fever - 2 days
5. Loss of appetite - 3 days
6. Bitter taste in mouth - 3 days

He told me that his primary concern to visit me was to get rid of his urticaria problem, which has become a great hindrance in his life.

D: How?

P: Sir, I have always inclination for enjoyment. Every evening with friends or at home I drink 2 small pegs of whisky and with that I eat non-veg. Since four days I have not taken any of these things. Also every month for two days with friends or family members I go for outing. Since two weeks I have not touched the alcohol and I have eaten very less non-veg. I have cancelled my tour also.

D: What about acidity?

P: For acidity I have been taking one tablet every day at night after meal and with that the whole next day passes peacefully.

D: Since how long have you been taking the tablet?

P: Since 2 years.

D: You have not stopped it.

P: No, I did not try to stop it. As I told you I like enjoyment so to avoid any problem I take it regularly.

P: Doctor, I want that first you take care of urticaria, it is really bothering me.

D: Even if I tell you that homoeopathic medicine can help in solving your entire problem?

P: I can understand what you say but I want you to first take care of my urticaria. Later on you can treat my other problems.

D: I am afraid that I won't be able to handle both problems at a time. I am also afraid about my work.

At that moment bringing up his both hand forward in a requested tone he said,

“One thing I must tell you that I have heard that in homeopathy things gets flare up so I request you to kindly take care that medicine will not create much trouble to me. I won't be able to tolerate it.”

GESTURE, cautious

FEAR, suffering of

D: How do you live your life?

P: With smile on his face he said, "I love to go for long drive, to visit party, restaurants. I enjoy drinking everyday two pegs of whisky. But now due to fear I have stopped taking it and beside that I have stopped eating many things just to avoid suffering."

D: Do you have any idea what can aggravate your problem?

P: No, I have no idea. I myself have decided to stop eating non-veg and outside food. My life has become so dull as I have withdrawn myself from company. It is very depressing for me.

D: Why?

P: What shall I do in company when I have not been able to drink or eat? Also I don't want that my friends should know about it.

D: Why?

P: It is of no use. Also I don't want them to think that I am not healthy.

P: Sir, do you think alcohol can be the cause of urticaria if not then can I take it.

D: Though I can't give you permission to consume alcohol as a doctor, but why it is so important for you?

P: With a smile on his face he said, I enjoy it. Also please don't ask me leave it. After a long day at work when I take it I get cheerful.

CHEERFUL, pollutions after

One thing I have observed that while he was talking about the things which gave him pleasure he gets stimulated but the moment he starts talking about the difficulties he was facing due to problem he becomes sad/sulky (out of humor).

EXCITEMENT, agreeable

Other thing, which he was constantly telling me, was about getting involved in things in which he finds pleasure, and it was bringing smile on his face.

AMUSEMENT desire for

He said, "I can't tell you how much I have been missing enjoyment in my life. I am the person who cannot sit at home. Please help me to get rid of this problem. I got bored due to it. At present also I don't miss any chance whenever I get the opportunity to have fun."

D: How?

P: Means, at time when the problem is less I try to utilize the opportunity to live my life. Otherwise my life has become very dull and boring due to the problem. Now when I have problem I involve myself in some kind of activity like watching movie, sport or take part in small activities.

ENNUI entertainment amel.

D: Do you think anything else than enjoyment?

P: Sir, it is always there in my mind to live my life to the fullest. At that moment a little smile came on his face.

FANCIES, exaltation of

Patient was prescribed **Pip.Met C6**, after 20 days **C30** and after 3 months **C200** in a span of 5 and half months treatment.

The main rubric used to prescribe the medicine is:

ENNUI, entertainment amel: Aur. Met., Lil. Tig., Pip. met

Ennui: The feeling of being bored by something slow, dull.

Entertainment: To feel pleasure by looking, hearing something, an act of causing someone's time to pass agreeable. It is something that holds the attention and interest of an audience or gives pleasure and delight.

Amusement: Amusement is the state of experiencing humorous and entertaining events or situation, and is associated with enjoyment, happiness, laughter and pleasure.

Auram metallicum

Aur. met is a known remedy for those patients who develop symptoms like desire for death, hopelessness, suicidal tendency, sad, guilt feeling, feeling that everyone is against them, life is not desirable or condemn themselves.

It means there is something which bothers them so much that in desperation they wish to finish their life or criticize themselves. They come and may tell the doctor

that, they have feeling of being useless, worthless and they do not deserve to live.

INDIFFERENCE joyless: acon, alum, am-c, ambr, anac, apis, aur, bamb-a, bell, cadm, cann-s, carb-v, cham, cina, coloc, **CROC**, dros, hell, ip, kali-p, laur, lyc, meny, nat-ar, nat-m, nit-ac, op, prun, puls, sabin, tab

Means, life is constantly a burden for him.

EXCITEMENT agg: ACON, agar, alum, ambr, aml-n, anac, arg, arg-n, aur, bell, bor, bry, calc, caust, CHAM, chin, cist, cob, coc-c, cocc, coch, coff, colch, coll, COLOC, con, cupr-acet, ferr, gels, hyos, IGN, kali-c, kali-p, lyc, lyss, nat-c, nat-m, nit-s-d, NUX-V, op, pall, petr, ph-ac, PHOS, plat, psor, PULS, pyrog, sel, sep, sil, spong, stann, staph, stram, verat, zinc, zinc-val, zing

Excitement: Thrill, a state of being emotionally aroused.

One of the basic reasons for it may be, guilt feeling that they have done something wrong. **DELUSIONS, wrong he has done.** It is a common thing in life of everyone, that one can do something wrong knowingly or unknowingly, but it does not affect so much that one can feel guilty about it or condemn themselves. After becoming sick an Aurum patient starts feeling that they have done something which is like a sin and brings a guilt feeling in them. It goes so deep in their mind that no counselling or advice helps them to remove that guilt.

What makes an Aurum patient to feel guilty, which makes them different from other medicines? It is their ego.

EGOTISM + DELUSIONS wrong he has done = AUR.

Then how come we can use the rubric ENNUI, entertainment amel in an Aurum patient?

It is due to hope. Aurum is in the rubric HOPEFUL. From where the hope comes in a desperate patient who does not want to live, and lives with a guilt feeling.

It comes due to the rubric as follow:

CHEERFUL alternating with burst of passion: *aur, caps, croc, ign, stram*

Cheerful: Pleasantly bright, Encouraging, enthusiastic.

D.D with

Happy: Enjoying good of any kind, (happy hours in bar - satisfy desire).

Joy: The passion or emotion excited by the acquisition or expectation of good; pleasurable feelings or emotions caused by success.

Glad: In doing something willingly, showing pleasure in inviting someone.

Burst: To break through obstacles or limitations unexpectedly.

Passion: When any or completely masters the mind, it is called passion. Any suffering or distress.

It is a state of enthusiasm at one time unexpectedly replaced by effect of some external factor bringing suffering or distress, hence bringing a feeling of committing suicide.

There is a state in Aurum, where they feel a fight going on between two emotions, one time they feel useless, why to live, within a short period this feeling is taken over by another emotional feeling when they compare themselves with others who remain cheerful no matter how bad they do in life.

(25) acon: ANAC, ant-t, aur, aur-s, bar-ar, bar-c, bute-j, cann-i, caps, clad-r, culx-p, irid, irid-m, KALI-C, lac-c, LACH, lim-b-c, mobil-ph, naja, nelu, salx-f, taosc, uran, verb

1. **CHEERFUL** thinking of death, while (kent): Aur.
2. **DEATH; thoughts of; joy, give him:** aur
3. **QUIET; disposition; alternating with; gaiety, thrilling, singing (2):** aur, bell

All the above 3 rubrics are the outcome of antagonism.

To remove this state they like entertainment, but are not able to get it because they have lost their well-wisher or the one who always gives respect to them.

DELUSIONS, affection of friend, has lost: ars, aur, hura, hydrog, hyos

Affection: Tender attachment.

Friend: One who entertains for another such sentiments of esteem, respect, and affection that other person needs their company.

Ars: For this patient losing an affection of friend is mostly related to God. Religious insanity with the delusion that she has sinned away her day of grace the biblical promises of salvation do not apply to her and there is no hope for her she is doomed to punishment.

Aur: He imagines that he deserves reproach in consequence of having neglected.

Hura: This patient fancies of losing the affection because he thinks he is unfortunate.

Hyos: The tendency of this patient is to look everything with suspicion and to fancies about Wrong.

MUSIC amel: am-m, ambr, androc, anh, **AUR**, carc, cupr, hydrog, mang, merc, nat-m, sul-ac, sumb, **TARENT**, *thuj, tub*

TRAVEL desire to: am-c, am-m, anan, arag, aur, bac, bar-c, bell, bry, calc, **CALC-P**, carc, caust, *chel, choc, cemic, cur, elaps, elat, goss, hipp, hydrog, ign, iod, lach, lyss, mag-c, merc, merc-i-f, plat, sanic, thea, TUB, verat*

Lillium Tigrinum

ACTIVITY amel

- In Barthel-Synthetic (from boger): Cycl., helon., op., kali-bi., lil.t., mur.ac., sep.
- In synthesis it has been placed in occupation amel.
- Kent has no rubric activity amel.

Activity: The state of action or of being in action. A state of doing something, agile.

Difference between Activity, Occupation and Industrious.

Occupation: To engage or employ the mind, energy, or attention.

It can be further differentiated with **business, profession and trade.**

Occupation, business, profession, trade

All are refer to the activity to which one regularly devotes oneself, especially one's regular work, or means of getting a living.

Business: Especially suggests a commercial occupation: *the printing business.*

Trade: suggests an occupation involving manual training and skill: *one of the building trades.*

Profession: Implies an occupation requiring special knowledge and training in some field of science or learning, like, *the profession of teaching.*

Industrious: Persistent, Tireless, untiring.

The interesting feature of Liliium tig is entertainment is good for them but they do not like amusement. How to understand this feeling?

AMUSEMENT averse to: androc, bar-c, hep, ign, lil-t, meny, olnd, sulph

CONCENTRATION difficult, emission, pollutions, after seminal: LIL-T

Having religious feeling for a liliun tig patient it's a sin to get involved in sexual activity. To remain away from it they try to keep busy themselves.

DESPAIR religious; alternating, with sexual excitement: (lil.t)

When the mental symptoms are most marked the physical symptoms are relieved.

This comes due to the state of confusion. This patient gets tormented by religious idea. Patient feels he has some urgent duties to perform, so he suppresses his violent sexual need as it can deviate him. To him sexual excitement seems to be unreal or illogical.

It's a state of self-torture.

Lil.t. fears that there will be no salvation if he involve in sensual things.

FEAR of suffering

FEAR moral obliquity alternating with sexual excitement: Lil.tig

ANXIETY, soul's welfare: Lil.t.

CLINGING, held wants to be amel. being: ars, bry, calc-p, carb-an, diph, dros, eup-per, gels, glon, LACH, lil-t, murx, nat-s, nux-m, nux-v, rhus-t, sang, sep, sil, stram, sul-ac, sulph

COMPANY desire alone agg. while: act-sp, aeth, agar, ambr, ant-t, apis, ARS, asaf, aur-m, bell, bism, bov, brom, bufo, cadm-s, calc, calc-s, calc-sil, camph, carc, cedr, clem, con, dros, elaps, fl-ac, foll, gaert, GALL-AC, gels, HEP, hydrog, hyos, kali-c, lac-c, lach, lil-t,

lyc, merc, mez, nat-c, nat-m, pall, ph-ac, PHOS, plb, puls, ran-b, rat, sep, sil, stann, stram, tab, tarent, trif-r, zinc, zinc-p

Piper Methysticum

CHEERFUL pollution after: Pip.met

Kava is an intoxicant which produces liveliness felt bright and lively after emission. (**Allen encyclopedia**)

Pollution: Something that can cause annoying or harmful effect on the human or environment. A condition of being impure.

Gossiping: Speak about others and reveals secrets talk socially without exchanging too much information.

GOSSIPING (12): *ars, borag, calc, caust, haliae-lc, HYOS, lach, par, stram, tax, vani-p, verat.*

BUOYANCY: Cheerfulness that bubbles to the surface (32): *arum-d, carbn-o, chin-s, cimic, coca, COFF, crot-h, diosp-k, elat, eucal, FL-AC, hydr, kali-br, lac-m, lamp-c, mit, nabal, neon, nico-r, NUX-V, ph-ac, phos, phys, pip-m, pyrog, sabal, sals-t, sarr, scut, sec, stram, uran*

CHANGE desire for: aego-p, agl-u, aq-mar, ars, bac, BAMB-A, berb, BRACHY-S, BRY, bute-j, calc-i, calc-p, calop-s, caps, carc, cham, cygn-c, diox, dys-co, EXCR-CAN, HEP, hura, kali-c, lant-c, MERC, mobil-ph, nat-glt, pier-b, pip-m, posit, PULS, rheum, rhus-t, salx-f, SANIC, sep, SOL-T-AE, syph, telo-s, TUB, tub-k, uran, uv-lux

CONSCIENTIOUS about trifles; disease, during (1):
pip-m

Conscientious: sense of right or wrong. To speak about injustice.

EXCITEMENT agreeable: *pip-m*

Agreeable: Enjoyable, pleasant, feel satisfy.

Amel: To make better.

Aur: Feels Ennui (boredom) but the sense of responsibility stops him to occupy some where else.

Lil.tig: Has no Ennui feeling but he likes to indulge in enjoyment but fears suffering by God.

Pip.met: Feels Ennui (boredom) so he needs all sorts of things even bad.

Case 5

Patient: R

Age: 33 years

Occupation: Working in a service tax department and before that patient worked with custom department.

Presenting Complaints:

Patient visited with the problem of tiredness and sleepy feeling almost all day from the last 5 years.

Beside that he was suffering from shoulder pain and sometimes pain in other parts of the body and constant

urge to pass stool 4-5 times in a day, cramp in legs.

Urine: Yellow colour, 6-7 times in a day and 2-3 times at night.

Patient told me that he had married against the wishes of his parents and that also in other caste.

I asked him how come he decided to marry in other caste and against the wishes of others.

Patient told me, firstly it was a love marriage and second from my childhood it was my dream to marry out of caste as that time I used to hear opinion of close relatives who were against the marriage in different caste. That time I had decided that I am going to marry in a different caste.

In spite of a good marriage somehow there are lots of differences with the wife.

Patient was always ambitious and wanted to grow professionally in life. With the job he continued to study for higher course but didn't get success. In spite of failure he didn't want to give up.

P: From inside nothing pleases me. I can sleep anytime. I am not satisfied with my job.

D: Why are you not satisfied with your job?

P: I have been getting transferred because of my sincerity.

D: What do you mean?

P: I always want to help those people who are innocent and tough with those who break the law. I want to do

my job with sincerity and my colleagues and boss does not like it. Due to this I do not get the desired work. They give me a less important work where I do not have to deal with public.

On the basis of following rubrics **Nux vom 3** was given.

GENEROSITY

Generous: Liberal gives space to other, unbiased.

ARDENT: Intense in his thinking and working, committed, enthusiastic, keep making efforts.

SENSITIVE, rudeness to

Rudeness: Ill mannered, not giving Proper attention, not respecting the Honor, status or position, discourteous, blunt.

SENSITIVE, moral impression to

Moral: Ethical, blameless, principled, Habit of life with regard to right and wrong conduct.

Impression: Attack, issue

PERSEVERANCE

Perseverance: Determination, keep on making efforts.

Neither a nux.vom patient can tolerate the slightest contradiction to her wishes nor will the gentlest persuasion make her do things differently from what she always does. (**Allen Encyclopedia**)

Follow up, after 6 weeks:

Patient reported that he started getting relief with medicine from the next week onwards. In his last report his urine, stool, shoulder pain, tiredness and sleepy feeling have gone.

Besides relief in physical symptoms, a complete change has come in his attitude towards his working condition in office, ambition and relation with wife. The change is he accepted that there is no use to keep on taking exams and dropped the idea from his mind to make any attempt further. There came a change in his thinking that he has to maintain a good relation with his colleagues and boss without compromising his morals as he has dropped the idea of exam. He told me that, now he has started adjusting to things about which he was rigid.



Case 6

It is very rare that someone approach a homeopath as a first priority in case of an emergency. In one way it is a normal thinking for anyone who has some severe emergency problem related to him or family members to make an immediate attempt to get rid of the problem as quickly as possible. There is another notion in the mind of people that homoeopathy is good for chronic cases that is why in case of emergency they cannot think of visiting a homeopath.

A lady, 40 years, came to me and said, "Today after lunch I felt some burning sensation while passing urine. After 2 hours when I passed the urine again that time the pain was more severe than the first time. Now I have a frequent urge to pass urine and with that the burning is also getting severe.

She asked, "Doctor, do you have any idea, why I have got this problem, if you advice shall I go for some investigation like urine test or x-ray to check if there is something wrong with kidneys".

LIGHT desires for

I asked her do you wish to take medicine or to know what the cause of your problem is.

She said, "For now I want both, I want you to give me some strong medicine, which could bring me out of this trouble in a short time, as it is unbearable, and I am not able to sit or do anything".

And also I will be happy to know in case you could tell me how come I have got this problem.

CARRIED, desires to be fast

I asked her, how come she has decided to visit me?

She told me, I always like to take homoeopathic medicine whenever I have some trouble. For the last many months I did not need to visit the doctor as I was healthy. First I thought of taking allopathic medicine to get quick relief, but I thought to first try homoeopathy as I always prefer to take it first in case I get some trouble. As you are nearby so I thought of approaching you as my homoeopathic doctor whom I used to visit lives far away.

P: Please give me some good medicine which can at least bring the problem down if not remove it completely.

D: Why you do not take allopathic medicine?

P: She laughed and said, "It can give relief for a short period, and as I know and have experience that the problem will come back again." "Also I do not like the taste of allopathic medicine; homoeopathic medicine is nice to take it."

OBJECTIVE reasonable

I gave her **bell. 30**, 6 globules in 10 minutes interval and asked her to report me after 2 hours.

She reported, the problem is almost 50% better and she could sleep for one hour.

She asked me if I know what the cause behind the problem is.

I told her, it could be urinary tract infection due to unhygienic conditions.

She mentioned, that it could be as she had used public toilet a day before.

I asked her to report me after 2 days in case problem is going to persist.

After two days she visited and said, "I have come to tell you I am completely ok and do not feel the need of medicine."

Case 7

Age: 6 years/female child

One night, I got a call from my neighbour that her daughter was in a very bad condition. The mother told me that she is calling from inside the toilet as her daughter is not allowing her to go outside.

I asked her, what the issue with the child is.

Mother told me, all of a sudden in the middle of the night, her daughter woke up with strong urge for urination. Then she started going to toilet to pass urine after every 15-20 minutes. The girl asked her mother to sleep with her as she was not feeling well.

Within half an hour her problem became severe and she started weeping and asked her mother to come inside the toilet and stay with her as she was not able to pass the urine. She told her mother that it hurts a lot while passing the urine. When her mother asked what exactly the problem is, child irritatingly asked the mother not to speak with her and just stay there quietly.

Her mother told me when she came out to call me the girl screamed and asked her to come back and stay with her. Child held the hand of the mother tightly.

Mother told me that this is the general tendency of the girl, that whenever she gets sick, she does not leave her for a minute.

As they live next house so father came to collect the medicine. After 5 minutes of taking the medicine child came out of the toilet and went to bed. Within next 10 minutes she slept and in the morning she woke up without any trouble.

I applied the rubrics:

CINGING, to person and furniture etc.

SHRIEKING, pain, with the

CLINGING, held wants to be

IRRITABILITY, spoken to when

Gels. 30 was prescribed, 3 doses to be given in 10 minutes interval, but as the child slept after the first dose, mother did not give other doses.

Case 8

Lady aged 43 years

Occupation: Housewife

Married, has two sons

Patient came to me for:

Joint pains (knee, lower back, shoulder) due to which she could not walk or lift the things.

According to the patient, problems started 22 years ago, after the first delivery. From the last 3 years problem

started to increase to the extent that she needed to take pain killer more frequently.

She was taking vitamin D. In between she had taken Ayurveda medicine for 2 months, and homoeopathy for 1 year, but did not follow the treatment for a long duration.

Other problem was:

Headache for which she would take pain killer, but only when it would get intolerable as she was not in favour of taking allopathic medicine due to its side effect. Sometimes she would must take the pain killers otherwise the headache remained there for a long time.

Breathlessness upon walking even for a short distance was the other symptom.

Dreams due to which she never felt freshness in the morning.

Mood swings, could easily weep, get angry, but also become happy after some times.

Appetite: Normal

Stool: 3 times a day mostly after meal.

Problem with Indigestion, due to which patient suffer from sour eructation after eating.

While she was narrating her problems, patient started to weep.

I asked her what has happened.

She told me that more than her physical problem she is suffering from her negativity towards life.

D: Since when you have developed this negativity?

P: Last 5 years.

D: Any reason do you know why you became negative?

P: I got married just after my graduation at the age of 23. Mentally I was not prepared for the marriage. It was a sudden decision of my father to get me married. My father had selected the groom, and I had no idea about the life style of my in-laws. I have lived a lavish life as my father was at a high post in a Government job. I was living with my family in a big bungalow with many facilities like separate guest room, servant and cars. I lived in an open atmosphere with no restrictions.

After marriage it was a shock for me to live in a conservative atmosphere where I need to take permission for everything from my mother-in-law. Everything was going in an opposite direction. I had never seen such a critical life in financial terms. On the top my husband did not support or I can say totally ignored me and my needs.

D: When did you feel it has started to affect you, causing negativity?

P: In the last 5 years only.

D: How come it started to affect you only from the last 5 years though you had started to feel it 23 years ago?

P: You are right doctor; I think I did not understand the whole situation that inside it is affecting me. It was just 5 years ago that it came to my mind that enough is enough.

D: What do you mean enough is enough?

P: I have started feeling of no self-respect. The most problem is from my husband who has never supported me in all these years. In case my mother-in-law would say something against me, he would keep quiet. I used to ask him to support me when he knows his mother is wrong. He would say you have to bear it. I cannot fight with my mother.

P: Now the major issue is extreme jealousy towards women who come near my husband. I have become very possessive. I feel my husband neglects me when we go to a party. He has started taking interest in other women. He has no time to take care, listen or talk with me. At home he is always busy on his computer. He travels a lot for his work and never asked me how I am managing the house. Alone I had taken care of my children. When he returns home after 2 days or one week, he starts working on computer and does not talk at all and even do not look at me with affection.

Now I have developed so much jealousy that I cannot tolerate if he shakes hand with any women, which he likes very much. When we are walking together, and if a woman is passing by us, he would keep looking at her.

P: In anger I become hysterical. I bang my head against the wall, and do it so that my husband could see my pain. I do not want him to come near or touch me.

I asked the husband's views regarding the complaint of the patient.

H: I agree to her complaints against me. I think somehow I could not give time to her due to my professional liabilities or you can say my passion to grow.

D to H: Is there anything personal you have against her, like no love or feeling of affection feeling for her?

H: No, it is not. I do not know the exact reason, but to my knowledge I never felt like the way she is telling you. There are differences between my mother and her and I admit I never interfered or stood by her. Apart from that I am too occupied with my job that I never could demonstrate my feelings towards her. When she is in a bad mood which happens very frequently, I cannot help or say any word. If I try to placate her, she gets more aggressive, so I just have to listen or leave her alone.

P: I do not want to live with him. I hate him. I wish I stay only with my children, let him enjoy his own life.

On the basis of following rubrics, I prescribed her Nitric acid 6, on 22/06/2015 and then on 04/08/2015 Nitric acid C 30 and in the last on 06/12/2015 Nitric acid 200.

EMBITTERED, EXASPERATED (9): ambr, ang, ign, mang, nit-ac, phenob, puls, *sulph*, valer

Embittered: A feeling of deep and bitter anger.

Exasperated: Frustrated

CURSING; rage; in (4): anac, falco-p, *nit-ac*, verat

ADMONITION; agg (9): bell, calc, carc, kali-c, lac-leo, nit-ac, *nux-v*, plat, salx-f

REBELS, against poultices (17): bor, bry, *calc*, carb-v, *cham*, *lyc*, merc, mur-ac, nit-ac, nux-v, phos, puls, rñus-t, sep, spig, staph, *sulph*

Obstinate and refuses to be comforted about her misfortune.

Constantly thinks about past troubles.

HATRED; revenge; and (22): agar, aloe, am-c, anac, aur, *calc*, cic, falco-p, fl-ac, hep, hydr, lach, led, mang, mygal, **NAT-M**, *nit-ac*, op, *ph-ac*, phos, stann, *sulph*

TALKING; unpleasant things agg of (5): *calc*, cic, *ign*, nit-ac, *teucr*

Clinically it is seen that the area where a nit.ac. shows perseverance is his hatred and rage for others.

In the follow ups patient relaxed in her mood. She had lesser episodes of anger and stopped getting hysterical. After one and a half months she told me that all problems are better almost upto 50%, but her jealousy feeling has got increased again. That time I raised the potency. In December 2015 she developed problem of urine infection and agglutination in eyes. That time C200 was given.

Patient reported last on 15th January 2016, and told me that she is happy with the progress in the case, as she has started to accept the life with the husband and never got hysterical in the last 2 months.

Case 9

Patient: A

Age: 30 years, Male

Occupation: Software engineer, working in a private company.

Date of first consultation: 05/12/2015

Reason for visit:

- Pain and burning in the nostrils.
- Constant feeling of blockage in the nose, for which he needs to clean the nose without much help, due to which he used to feel difficulty in breathing.

Patient told me about the history of his present problem with the nose.

In October 2014, for 15 days, he had to visit hospital to stay there for the delivery of his wife. At that time he suffered from cold and a runny nose. He did not take any medicine for it. Then in the winter of 2014 he had another episode of cold which remained there for 4-5 days, and that time he took some allopathic medicine and used steam.

After 4 months one day he had noticed some swelling in the left nostril. He looked with the help of torch in the mirror and found some swelling there. He had visited a hospital in Delhi, and doctor told him that he is having sinus problem.

Patient has a history of nasal blockage problem from the last 15 years for that he used to take steam or some medicines.

As he was not feeling comfortable with the nose, he agreed for operation which was conducted on 9th November 2015. After few days of the surgery, problem of blockage started again and this time it was with pain inside the nose and bleeding. He had visited the same doctor and he was told to have another surgery as some part is still left. Then patient decided to visit me after recommendation from his relative.

Apart from nasal problem, patient was having problem with ineffectual desire for stool from many years. No desire for work, lethargy, and desire to sleep.

I asked the patient apart from physical problems if he has felt some change in his life in the last one year.

P: Yes, I am having a guilt feeling, due to that I feel angry with myself.

D: Why you are having guilt feeling?

P: Because of my problem.

D: But, the guilt feeling comes in a person if they had committed some crime or sin. So what is the reason for you to feel guilty because of sinus?

P: The guilt feeling is because if I would have taken some medicine at the first time I suffered from cold then I would not have suffered so much.

D: But, you have not ignored your problem purposely.

P: It is like this, but I feel I should have done something for it.

D: Since when you have developed this guilt feeling?

P: From the last 4 months, and it is still there.

D: Because of the guilt feeling you get angry with yourself or with others?

P: I am angry with myself for not taking action at the right time which causes hindrance when I have to finish a project, and when this thought comes in my mind I grind my teeth in anger.

D: What makes you angry?

P: The reasons of getting angry are:

Why the sinus problem is not getting better.

Because of it I have to take lots of care, like to have steam daily at least 2 times in a day, then not to eat certain things, to keep my face covered with scarf all the time in the winters.

In the winter I have to breathe from mouth.

In the morning and evening every time I have to spend one hour to take steam and doing other things to clear the nose.

Due to this I cannot work continuously. I have to take break while working on an important project.

I do not want to get involved in any kind of domestic work.

I get upset when my family member asks me to do some extra work. I tell them I am having so much troubles in my life so please do not trouble me more.

All the time I keep on thinking that how to get rid of this problem.

I keep on thinking had I taken the medicine at the right time I never have to suffer like this.

I feel very heavy in the mind due to sinus problem.

I do not like someone to contradict me.

Recently patient started suffering from body pain and lethargy.

On the basis of the following rubrics, I gave him **Cocculus Indicua C6**.

DELUSIONS, wicked deed, he had committed a

Wicked: Highly offensive arousing disgust, extremely unpleasant, unredeemable.

DELUSIONS wrong he has done

Wrong: Based on judging in error.

CONSCIENTIOUS about trifles

Conscientious: In accordance with right or wrong.

ANGER, interruption from

REMORSE

Remorse: Self-reproach

Report on 02/01/2016:

Patient felt light on the third day of taking the medicine, no body pain and lethargy. He started to breathe comfortably from the nose. No pain and bleeding from nostril. He did not need to use steam after the 3rd day of taking the medicine. No anger and guilt feeling. Stool regular and no heaviness in stomach.

Follow up on 05/02/2016:

Patient visited the hospital to have check up with the surgeon who had operated and suggested for another surgery to remove obstruction from the left nostril. Surgeon told him that the swelling has almost reduced and only 10% left and probably it will disappear and he does not need surgery.

In the last whole month patient did not use steam, could breath easily.

Patient is asked to visit after one month for next follow up. No medicine is given.

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* * * *

Understanding of Depressive Patients and their Treatment in Homoeopathy

Dr. Hahnemann on mental sickness:

It is quite false that patients affected with emotional and mental diseases require and bear enormous doses of medicine, as physicians still imagine.

In such cases, he says, "health is often but little affected and the patients are often very robust".

As we all are aware of the fact that in Homoeopathy we do not treat the disease itself. That is, if a patient comes to us, and ask for medicine to treat depression, we have to tell them that in homeopathy we do not have a specific drug to treat the depressive patient, like in allopathy. All over the world 60% of the population is suffering from one kind of depression or other. Some of the patients are not able to work or feel useless in their life and even commit suicide as a result. From my practice I have reached to a conclusion, that there are two kinds of conditions. One is, there are patients having depression as a whole - associated with less or more physical problem, appearing after the onset of their depression, or they already have it but kept ignoring it and have no idea about it .There are others having partial depression, mostly originated due to a long term severe physical problem for which they have failed to find any solution, and they are told or think is incurable.

Next point is when a patient says, "Doctor, I have visited you for depression."

As a homeopath, firstly, we must ask the patient, what do they mean by depression?

A patient must describe in their own words - without any medical terminology - what do they mean by depression?

I have noticed that, most of the patients are not aware of exactly what actually is the meaning of depression. To them any little disorder in the behaviour, frustration in life, mood swing is depression. So it is better to ask the patient to narrate their feelings.

In the Sehgal method we do not need to understand such patients in a different way. We have to work on them as we work on any other case related to any physical problem.

How to take the case of a depressive patient?

Points to be considered in case taking of Depressive cases:

1. If the patient has visited on their own.

Or

If they have been forced or compelled to visit you.

I have seen more than the 60% of depressive patients are not willing to take the medicine. They are forced by their family members to take the medicine or visit the doctor.

2. Sometimes the Cause is known, means, some patients can identify the issue behind their depressive state.

Or

Sometimes the cause is Unknown, which means, some patients have no idea what exactly is the real reason of depression or even if they are actually suffering from it.

For example, if we ask the patient to tell us what has made them depressed. Some patients would easily describe the reason to be failed relationship or

business, weather, long term disease or death of a near or dear one, another may say they have no idea what has made them depress. Such patient may say, 'I don't feel that, I am having any depressive symptom, but my family members or friends tell me that I am under stress or depressed.

For a physician, it gets easier to take the case if the patient gives the reason which has made them depressed in comparison to those who are unable to identify or tell the reason for their depression.

3. Some patients are co-operative, and some are not.

It means those patient who are co-operative are willing to get better as they want to live, want to enjoy their life again in a better way, and those who are non-cooperative do not wish to get better or like to remain in the same state as they do not want to live and have any charm in life. They are indifferent towards their condition.

Those who are co-operative are easy to handle by their family members and a physician understand them easily due to better communication, and those who are non- cooperative it becomes harder for family members or a physician to take their case.

If you ask a patient who is non-cooperative to talk about the problem or issue they would keep silent.

What is the need of the patient to visit a doctor?

If the need is to get rid of the depression as a whole, just to get better to improve the quality of life as they may believe it is not curable or to get rid of it as it is a social stigma or hindrance in life. Some patients start living with it and have no idea what to do for it. For treatment they are dependent upon family members.

What the patient has done to get rid of depression or the effort made by close ones?

Patient may tell you, "They have taken lots of medicine or have tried different therapies, or they are looking for some experienced doctor or good treatment. They may say, we have searched the internet, medical journal, asking people or looking for cure of it."

No idea what to do?

Or

Tried allopathic medicine and do not want to take it anymore.

Or

They have been taking allopathic medicine, but do not want to continue it due to the fear of side effects.

Or

They do not want to take any treatment; it was due to the compulsion from their family members that they have come to you.

Some rubrics can be used for above versions:

DELUSIONS; well; he is (11): *apis, ARN, ars, bell, cinnb, hyos, iod, kreos, merc, op, puls*

REFUSES; help (1): *cina*

HAUGHTY; look; self; contented (2): *ferr, ferr-ma*

REFUSES; to take the medicine (8): *arn, cimic, hyos, kali-p, LACH, stram, verat-v, visc*

REFUSES; treatment; every (4): *bell, caust, lach, plat*

WELL; says he is when very sick (15): *androc, apis, ARN, ars, atro, bell, cann-s, cinnb, coff, hyos, iod, kreos, merc, op, puls*

The most known reasons to cause depression are:

1. Conflict

With:

- **Family members**
- **Friends**
- **Boss**
- **Colleagues etc.**

What is the conflict?

Conflict is a state of opposition between persons, ideas or interests, or goes against set rules and laws.

For example, a patient says, 'My depression has started due to difference of opinion between my boss and me, for example, my boss always wishes to have meeting in the afternoon, but I wish they were in the morning. However, my boss has never agreed to my opinion, and when I try to convince my boss about my idea he rebuke me and says that if I want to work in this office, I must agree with his opinion.'

Another example, is when a husband or wife do not agree to each other on certain points, for example a husband thinks it is no problem to give freedom to children, but the wife is against it; or a child is having problem with the parents, such as a child between 16-19 years of age, wants to spend time with their friends late

at night, but parents do not permit, and they tell the child that in their opinion they are too young to stay out late night, although the child may feel that they have grown up enough to take care of themselves. Some children accept it or keep arguing about it, but some takes it as an attack to their freedom or when under pressure from their peer group. They may feel offended and gradually makes themselves sick or it is possible that later in their life, due to some physical problem this grievance against may appear.

Sometimes it reaches to the state where a patient feels like leaving the job or a couple wants to have a divorce or a child wants to leave the house.

Rubrics which can be referred to for this cause of depression:

ANGER; answer, when obliged to (14): ARN, ars, bry, cina, coloc, haliae-lc, hippo-k, lyc, nat-m, NUX-V, PH-AC, puls, rhus-t, sanic

Anger: Is a strong emotion, a way of retaliation towards some real or supposed grievance.

For example, when a mother gives an instruction to her son or daughter that whenever they have to do something or wherever they are going to or with whomever they are going to spend time with, they must keep them informed. It annoys the children and they retaliate towards such instruction. Another example is, when a child comes late, parents ask them where were they. It makes the child angry and they do not feel like answering such a question since they

feel they are not supposed to answer about everything as it is a matter of their freedom.

Obligated: Duty bound

The cause of depression is when the patient does not like when they are told that it is compulsory for them to answer whatever is questioned to them.

ANGER; contradiction, from (66): aesc, agar, **ALOE**, am-c, **ANAC**, ars, **AUR**, aur-ar, bro-s-g, **BRY**, cact, calc-p, carc, *cassi-s*, caul, **CHAM**, **CIMIC**, cocc, cop, dendro-p, echi-a, emer, falco-p, **FERR**, **FERR-AR**, gado-n, gall-ac, glon, grat, helon, hep, herin, hura, hydr-ac, **IGN**, ignis, **LAC-C**, lac-h, lac-leo, **LYC**, med, merc, nat-ar, nat-c, nat-sil, **NICC**, nit-ac, **NUX-V**, olnd, op, petr, pitu-a, prot, querc-r, ros-d, **SEP**, **SIL**, staph, stram, sulph, syph, tarent, tax, **THUJ**, til, **VERAT**

AILMENTS from; contradiction (7): anac, *aur*, aur-ar, cael, cham, ign, sil

Contradiction: Opposition between two conflicting ideas.

Version: I do not like when someone asks me to do something in one way and later on they change their opinion. So before I do something I make it clear with the other person how to do it, but then I do not like when I am in the middle of my work they ask me to do something. Or, when once I start a task I do not like someone to tell me that it would have been better to do it in another way.

One must take into consideration two words, Anger and Ailments. In anger contradiction, a patient

reacts in retaliation, whereas in ailments a patient suffers in terms of losing appetite, sleep, sadness, some elevations in problem, a patient is already suffering like hypertension and so forth.

AILMENTS from; discords between relatives; friends (9): ars, graph, hep, lach, merc, nat-m, nit-ac, nux-v, sulph

Discord: Absence of unity or harmony.

To apply this rubric we must be clear, if there is a discord between patient and relative or friends that bothers the patient, that means, the patient has some disharmony with parents or a friend; or it is that a patient suffers, as there is a disharmony between two relatives or two friends. In case it is about discord between relatives then it could be mother and father, father and son, brother and sister and it can cause ailment to the patient, and in case of friends it could be two close friends who are close to the patient.

Version: "A patient may tell you that since their childhood they have seen no unity between their mother and father or father and brother/sister, and that is one of the reasons of their depression."

Or

"A patient may tell you that their problem has started because of a sudden break in the relationship between their best friends."

Or

“A patient may tell you that their problem has started since they feel no unity or harmony with their relatives and friends.”

So it could be that a patient suffer when they see dispute between two relatives (mother and father) or two friends (very close ones) or they may suffer when there is no harmony between a patient and their relatives (bad relation between patient and husband/ wife or with a close friend).

DELUSIONS; happy in own house; he will never be (1):
ars.

Why someone feels they will never be happy in their own house?

What is a house?

For this rubric, the term house is to remain stable or fixed in some state or condition. It could be also a feeling of living like a noble family.

What is a feeling of ‘own’?

To have a legal or rightful title – it could be on a property, person or a thing.

What is feeling of ‘happy’?

A person may be feeling happy due to various things, one of them is to feel overall satisfaction in life.

As we know an arsenic patient is fastidious and cannot rest till things are in proper place, so a patient may say, “Since I have become sick, there is a feeling

of no inner satisfaction to live in a place where there is no harmony or unity.”

There is all sort of mess in the house.

The other reason which annoys an arsenic patient is not to be forced to do certain things or to answer those questions to which they are not comfortable with.

DELUSIONS; happy in own house; he will never be (1):
ars.

+

ANGER; answer, when obliged to (14): ARN, ars, bry, cina, coloc, haliae-lc, hippo-k, lyc, nat-m, NUX-V, PH-AC, puls, rhus-t, sanic

Arsenic is common to both the rubrics.

2. Ambition

- To gain money
- To gain status
- Fear of losing job
- Not able to face competition

One of the factors out of the above conditions could be responsible to make a person depressive. On a day to day life there is a possibility that one may suffer from some kind of losses which could be financial, respect,

status, and social and so on. It may or may not affect a healthy person as they feel they would recover the losses or they could easily convince themselves that it is not necessary to be so ambitious; or it is not possible that all their ambitions gets fulfilled. During the sick state, (physical or mental) one tend to start feeling bad / guilty/ frustrated about the money they have lost in the past/present, or the fear that they may not be able to continue the job due to high competition, or their prolonged illness, or not getting the kind of status in the family or at work place' or not able to achieve the goal they have set for themselves in life because of the illness.

One can get depressive due to the constant struggle going on inside to achieve what they have lost or to reach to the goal which seems unachievable due to illness, or to maintain their status. They may lose the charm towards their business, job or work. There is no desire left to grow in their field or they keep on brooding over their disappointments or they start working harder, ignoring the power in the body. They become eager to hoard the money. Such patients may stop spending and become greedy. For example, a patient at the age of 60 starts feeling that they must work more, otherwise how are they are going to survive, and under this pressure there arise some symptoms like anxiety, avarice, greed, envy, jealousy or fear.

All sorts of counseling or support from their family members or friends fail to help them.

It is possible that a patient may recognize this unwanted state, where they start feeling a sudden need to grow or in a hurry to achieve their goal, due to envy or

jealousy seeing the kind of growth or life style of another family member, close relative or friend has achieved in their life. They feel helpless to remove the sadness, envy or jealousy from their mind.

So here we have to understand that somewhere the mental state of the patient got changed. They were living a satisfactory or happy life with whatever they had in life, but due to physical or mental disorder, a sudden change has appeared in their mental state which is affecting their personal or social life very badly.

Some patients have problem due to competition and are not able to face any competition.

These people are not so strong at mental or physical level. They constantly worry or think about growing in their profession or education, but fear of failure due to their weakness does not allow them to work or think freely. Such patients are very frequent in our clinics and can be helped by the rubrics given below:

AILMENTS from; ambition deceived (6): bell, merc, *nux-v*, plat, puls, verat.

Ambition: A strong drive for success.

It is a normal feeling to be ambitious in life, and one can resist or do not feel sad; or disappointed so deeply when they cannot achieve their goal. But due their sickness, the patient feels under financial pressure or due to fear that they are not going to get better and, therefore they may miss their aim or goal in life, and suffer from depression. Ambition could be hunger for status, to get rich quickly, to reach a high

position and till they do not get the desired result it makes them feel low.

How can ambition get deceived?

When a patient is not able to fulfill their mission, purpose or goal in life, due to circumstances, people around them, or sickness they feel things have gone wrong in their life.

There are six medicines under the rubric, and if we want to know how nux. vom suffers when their ambition gets deceived. There is the rubric **PLANS**, making many, if we combine the following:

AILMENTS from, ambition deceived

+

PLANS making many

Then we have only one medicine Nux. Vom.

But, if we combine:

AILMENTS from ambition deceived

+

THEORIZING

Then we have Puls. and verat.

Difference between Plan and Theory.

Plan is, 'I want to be rich and for that I must see how I am going to be rich and what has to be done for that', whereas theory is, 'I want to be rich but no thinking how and what has to be done for it.' Plan is a structure, like making a holiday plan, whereas theory

is vague, there is no holiday theory. A plan can fail when it does not go the way one has structured it, and one can fail in theory as there is no understanding in it.

AILMENTS from; business failure (13): *ambr, calc, cemic, coloc, kali-br, nat-m, nux-v, ph-ac, puls, rhus-t, sep, sulph, verat*

Please keep in mind that in the above rubric it is about business specifically, so a physician needs to be careful that they should know how to differentiate it with words like work, duty or job.. Business can be done with a passion keeping in mind only profit, and is done with a positive frame of mind, that in case there is a failure they will accept it bravely. When someone invests in business, there are possibilities of both failure and success.

Let's understand the feeling of failure.

Anyone who works is liable to fail. It means when a person makes an attempt, seriously or not so seriously, on their own or due to other's advice or it could be a family business or of their own choice or other's choice. For business, there are chances of failure.

People with a strong passion or dedication or skill are not too worried about failure and it doesn't affect them (mentally or physically) in case they fail.

A patient may visit you and say, all their problems have started after their failure in business,

or they have failed in their business after becoming sick (mentally or physically).

When asked, why they have taken the failure so seriously, that is affecting them or they should have made another effort or they should not have given up.

The patient may say, I am not going to start again, as I have no more courage, or I have no money or financial support, or I have understood that I am not good in business, or I do not want people to make an image about me being a loser.

There are people who give up the idea and start a new life. However those who take it to heart may suffer from depression. On the contrary, there are some patients who do not want to give up. When they are told or asked to change or stop, they may get furious and say, they are not ready to give up. When given a medicine it brings change in their attitude and as a result they start to recognize the reality that, it is not good for them to continue with the business so they give up easily and think of starting a new venture.

If we combine the following two rubrics:

AILMENTS from; business failure

+

PERSEVERANCE

There are two remedies common to each Nux. vom and sulphur.

AILMENTS from; reverses of fortune (6): ambr, con, dig, lach, stann, staph

Fortune: An unknown and unpredictable phenomenon that causes an event to result one way rather than another. It can amount to wealth or health. One can feel born fortunate by the grace of God, parents, circumstances.

Reverse: Turn inside out or upside down, something which does not move forward.

How can a person's fortune be reversed?

It can be reversed when the things starts moving in a backward direction, to what one has planned or thought about their life. For example, a patient comes and says, from childhood I had a dream of becoming a pilot, doctor or an architect, but due to some poor circumstances or wishes of the parents or bad advice they could not fulfil their dream. Or, a patient may say, In spite of the good job or business or being in another profession, they do not feel satisfied as their wish or dream to be what they want has not got fulfilled.

Reverse of fortune means the luck is not in their favour, it could be related to money matter, fame, status or position. It may happen in terms of negligence or improper treatment or medicine which has caused a severe illness due to which a person could not pursue their life as they wanted.

It could be a long term feeling-meaning a patient keeps in mind, that alas! If they had done or gained some additional skill or knowledge; or got proper treatment or right advice, their fate would be different.

A short time feeling however, means it appears only when a person gets ill due to some sort of problem (cold, fever or any serious disease). Some patient may have made some attempt to remove the bad feeling such as blasphemy, cursing, rage, wrong suffered, from their mind by meditation, counselling, psychiatric medicine, but they could not find any permanent solution for it. In such cases homoeopathic medicine helps to get fully recovered, with higher chances of not getting the same feeling again in life. Some patients may not have taken this too serious in life, but time to time with the onset of some acute illness it comes up in their mind.

ANXIETY; sedentary employment; from (2): *ars, graph*

Sedentary: Little active.

Employment: The occupation for which you are paid.

The above rubric can be used, when a patient says, "Since I have become sick, I am not feeling comfortable, as I keep on thinking that I have been doing an ordinary job/work/business/duty in comparison to the people around me. I think people around me are doing much better job than me." This feeling even can even be seen in a patient who are doing an excellent job and have many people working under them, still they are not satisfied. It was a happy situation for them, but after becoming sick their feeling gets changed.

AILMENTS from; position; loss of (4): *ign, pers, plat, staph*

Loss of position: In the sense of degradation from a post, not getting same importance as the head of a family, organization, society etc.

ANXIETY; business; about (11): anac, aq-mar, bar-c, bry, calc, lac-h, NUX-V, *psor*, puls, rhus-t, sulph

BROODING; disappointment; over (1): *ph-ac*

Brooding: Persistent morbid meditation on a problem, deep serious thoughtfulness.

' Here the issue is not disappointment, but it is about brooding. It is common to have disappointment in life, and we move further, but this patient start meditating upon it and keep thinking how far it may grow.

DELUSIONS; engaged; ordinary occupation; in (5): ars, atro, bell, plb, stram

The above rubric gives a feeling of emptiness, even if their occupation is worth a lot.

FEAR; destination; of being unable to reach his (1): lyc.

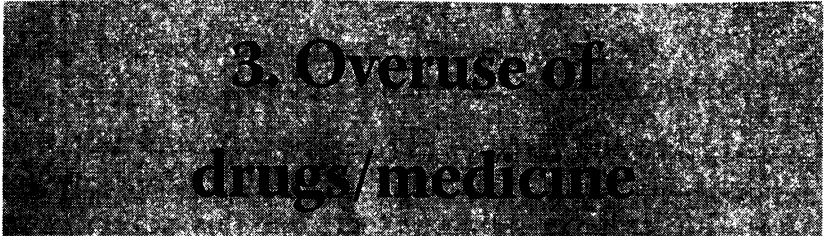
Destination: The ultimate goal for which something is done.

Destination has to be decided before the start of the journey. There are people who make a big aim in their life and to achieve this they could do anything. Lyco patient is the one who can do all sorts of things to achieve his goal. For example, a patient comes and says, "Now, I am 45 years old, and I have still 15 years to work before I retire, but I am afraid that, with the present problem if I am able to work for another

15 years, I would not be able to achieve what I have planned in my life.”

GRIEF; Business in; Morning; when thinking of his (1):
Puls

Morning: When it is time to start, a new day.



3. Overuse of drugs/medicine

There are certain problems that arise due to the overuse of drugs or medicine. Due to this a patient gets afraid to take medicine. They refuse to take the medicine or hesitate to visit a doctor. A patient may say that the real cause of their depression is long use of antibiotics which they had taken for some physical problems in the past.

Rubrics which can be referred for this cause of depression:

Superstitious:

A normal human being tend to be less or more superstitious for different reasons. In the sick state a patient start believing that they are not getting better due to some black magic or bad karma. A patient who is superstitious cannot convince others the reason for their belief in such things.

A patient may say, "I have tried so many treatments, but from nowhere I have got any relief. Now, I have a feeling that the reason I have become sick or no medicine is helping me is because someone has done black magic against me."

The other way to use this rubric is:

A patient may say, "Doctor, whenever I eat spicy food my stomach gets upset." Or "Whenever I take medicine my problem gets aggravated." Or "After taking the medicine all my problems have got worse." Or "I am pretty sure that the real reason of my not getting better is that after I ate food cooked by my friend, neighbor, or any close person." Or "I was so perfect in my life; I never had to suffer any minor problems in my life. All my problems started after I visited that place, I think there was something wrong in the surrounding which has affected me."

Due to the superstitious feeling such patient stops touching, drinking, eating or they start doing something unusual to neutralize its affect.

REFUSES; to take the medicine (8): *arn, cimic, hyos, kali-p, LACH, stram, verat-v, visc*

Refuse: Decline to accept.

Why a patient has to refuse medicine?

We all know it is not pleasant to take medicine, but one has to take it to get rid of their problems. A patient who is in pain or suffering from any kind of sickness, when refuse to take the medicine there has to be some reason behind it. Those who are depressed

have their own reason to do so. Some of the reasons common to all kind of patients could be:

1. Not to spend money on medicine.
2. Problem is going to get heal itself.
3. Past bad experience/s.
4. No refractory result of the medicine already taken.
5. It is like consuming a poison.
6. Side effects.
7. No need to spoil the body with chemicals.
8. No hope of recovery.
9. Discouraged in life.
10. No desire to live any more
11. Financially weak.
12. Likes to be treated by non medicinal substance.
13. Family tradition.
14. They have no respect for the medicine, as it is useless and does no help.
15. Got bored of taking medicine.
16. Do not like the taste of the medicine.
17. It is bitter.

Firstly we have to understand how such patient is going to visit you when in their mind they do not want to take the medicine?

They may or may not visit the doctor on their own. Most probably they are sent by family members or friends, or they somehow convince themselves to visit the doctor but in the mind not ready to take the medicine. For some patient medicine means allopathy

and they do not mind taking homoeopathy or Ayurveda as for them they are natural medicine having no chemicals. Some patients like to wait and watch till the problem does not grow further.

If we club two rubrics:

REFUSES, to take the medicine

+

CONTEMPTUOUS

There are 4 medicines covering the above two rubrics: arn, hyos, lach, stram

And if we combine two rubrics as follows:

REFUSES to take the medicine

+

FEAR, poisoned, of being

There are 4 medicines covering the above two rubrics: cemic., hyos. Lach. Verat .v

And, if we combine the two rubrics as follows:

REFUSES, to take the medicine

+

DELIRIUM well declare he is

There is only one medicine Arnica.

And if we combine the two rubrics as follows:

REFUSES to take the medicine

+

DISGUST, medicine bottle, on, sight of the

There is only one medicine Visc.

And if we combine the two rubrics as follows:

REFUSES to take the medicine

+

FEAR, weary of life, with

We get kali phos.

4. Weather

There are many patients in the world who suffer from depression due to the extreme weather condition like too hot or cold weather that they are not able to cope with due to their sensitivity or not having proper means to protect against such weather. The cause of depression may or may not be the weather itself, but there are certain things which they are not able to do as freely as they wish to, like meeting friends, going out freely, or getting some kind of ailments like allergy or increase in their present problems.

Rubrics which can be referred for this cause of depression:

ANGUISH; stormy weather; in (1): phos

Stormy: Unpeaceful, characterized by violent emotions or behaviour.

For the above rubric one can use it in a literately sense as if a patient is going to affected by some real weather conditions, on the other side, in Sehgal method, it can be used when a patient says, "If there is a some sort of condition at home or office where someone talk or behave in a violent way, it starts affecting me physically or mentally.

So what is the impact of stormy weather?

A person who is stuck in a stormy weather may feel helpless or seized as it gets difficult to move or drive. As, we have phosphorous the only medicine who is under this rubric so with two rubrics given below we can understand the anguish feeling in stormy weather.

HELPLESSNESS, feeling of (18): aether, agath-a, aids, anac, arg-n, *calad*, germ, haliae-lc, hell, hydrog, jasm, kali-br, LYC, petr, phos, salx-f, stram, tax

DELUSIONS; seized; as if (3): canth, *hyos*, phos.

ANXIETY; stormy weather; during (2): *falco-p*, lyc

In the above rubric we have lyc. The important point is the stormy weather is bringing anxiety in the patient. As we all know a lyco patient is hard to their inferior and soft to superior. Means they can abuse their power against the weaker, but where they feel weak they get soft. So a lyc patient does not feel comfortable in the adverse condition where they have to face something hard or powerful.

CONTEMPTUOUS; hard for subordinates; agreeable to superiors or people he has to fear (4): lach, lyc, plat, verat.

HARD; for inferiors kind for superiors (4): lach, lyc, plat, verat.

THUNDERSTORM; mind symptoms during (12): bor, bry, caust, lach, nat-c, nat-m, nit-ac, petr, phos, rhod, sep, sil

Thunder: Move fast, noisily and heavily. It can also be used as a sense of extreme responsibility.

Mind symptoms: Any change happens at the level of thinking, working after suffering from any disease.

A patient who is suffering from some kind of anxiety, or fear during the sickness, they could easily get affected by real thunderstorm condition or any form of aggression which they are not able to handle.

5. Isolation

Isolation means:

- **Socially reserved**
- **Unfriendly behaviour of near and dear ones**

There are people who are less interactive or completely reserve. They only talk or answer when it is

necessary or required from them. They live happily on their own. Neither they interfere in other's life, nor do they like others to interfere in their life.

But, there are people who are socially blocked by their near or dear ones due to their sickness, bad deeds or acts. It has been seen that patients suffering from depression mostly get neglected, not given proper attention to what they say, and left on their own by family members. They do not have someone to sympathise with them. They lack friends with whom they can share their feelings. They have feeling of loneliness in life.

There are cases where I have seen patient suffering from depression as they lived on their own from the childhood. They never have felt the support of their parents. They were deprived of friends due to their sickness or social status. This brings a sense of isolation feeling and they are not able to take part in parties and prefer to live on their own.

Sometimes a depressive patient comes just because of this problem or sometimes a patient comes when due to some physical problems or social status they got abandoned by their relatives or friends. Some patient wants to live alone as they do not feel any emotions from others or some patient feels that they are alone and no one is there to support them emotionally or any other way.

Rubrics which can be referred for this cause of depression:

DELUSIONS; alone; world; she is alone in the (8):
androc, camph, choc, cycl, hura, irid, plat, puls.

Such feeling in a patient, that they are alone, could be sudden means without any real issue, or it is a long deep seeded feeling coming from the past.

Alone: Means, no support. One has to fight their fight alone.

Where is the problem?

Problem is a patient starts feeling that people around them have abandoned them, which is not true.

If asked from a patient how come it is possible that they are alone in the world as there are so many people around them, like family members, relatives or friend? They can go out and meet people or mix with their family members or friends.

To this a patient may reply, "I agree that there are family members and friends, but during sickness I feel alone. They are there but no one understands my problem."

A patient may say, "I do not feel, the kind of closeness or warmth in their emotions as I like to have. I feel it's all artificial."

DELUSIONS; friendless; he is (6): aids, falco-p, lac-h, mag-m, posit, sars.

Friendless: Outcast, unwanted

For this rubric, a patient may say, "They feel that they are unwanted by their friends as they do not

share or discuss anything with them.” They try their best to reach them, but no one accept them. It could be due to their sickness, or their acts or nature.

FORSAKEN, FEELING; beloved not by parents; wife; friends feels of not being (8): aids, *ars*, calc, lyc, *mag-c*, sep, sil, sulph.

Forsaken: Leave someone who needs or counts on you.

Beloved: Someone who loves sincerely and heartfelt manner.

Such patients have a feeling that they cannot count on anyone in life in case they are in trouble or in present circumstances also.

FORSAKEN, FEELING; friendless; feels (2): agath-a, alum.

FORSAKEN, FEELING; isolation; sensation of (23): aids, *anac*, androc, *anh*, *arg-n*, arist-cl, camph, cann-i, cann-s, choc, coca, cortico, cyni-c-g, falco-p, *germ*, hura, hydrog, irid, lap-mar-c, plat, posit, salx-f, stram.

6. Cheated

How can a patient feel cheated and its effects on their health?

One can be cheated in professional (in job or business) or domestic (relationship or property) life. One

can feel deeply hurt when someone close cheats them like brother, sister, husband, wife, close friend.

One can feel cheated at any level or any way, less or more.

There are people who make adjustment in their life by consoling themselves that they should not mind it as it is a part of life and they have to accept it. But there are some who could not accept it and that makes them depressed.

Why the cheated feeling becomes the reason of depression?

It happens mainly due to the break of trust. A person who has trusted someone with a belief that no matter what so ever happen they will always keep their secret or support them in their difficult times or will finance them when they are in great need, and when that person refuses to do so or does not abide by their promises that can create depression.

Rubrics which can be referred for this cause of depression:

AILMENTS from; friendship; deceived (7): *ign, mag-c, mag-m, nux-v, ph-ac, sil, sulph.*

How can friendship be deceived?

A friendship happens after a long term of being together as a friend. There is a lot of trust in it. A person can blindly follow the advice with which they are having a long term friendship. In such cases a patient suffers due the unwanted acts or deeds which

they have not imagined from there long term friend to do so.

AILMENTS from; love; disappointed (29): am-c, ant-c, AUR, bell, bufo, cact, calc-p, caust, cimic, coff, com, con, hell, HYOS, IGN, iod, kali-c, lach, NAT-M, nux-m, nux-v, PH-AC, phos, salx-f, sep, STAPH, sulph, tarent, verat.

Love: It is not a matter of trust only, but it is a matter of possession. When a person is in love with something or somebody they wish it to be only for them. They don't want to share it with anyone or they cannot tolerate if they see that person sharing their emotion with any other person. Like, a child cannot stand if their mother loves another child in front of them.

What is a difference between love and care?

In love a person wants other person to sacrifice their needs and in love the sole concern is me first then others.

In care a person sacrifices their own comfort for other's need. In care the sole concern to take care what other wants. In care there is a feeling to serve other first, then to fulfil own need.

DECEPTION, causes grief and mortification (11): AUR, IGN, LYC, merc, NAT-M, nux-v, op, PH-AC, PULS, sep, verat.

7. Dispute

- **Property**
- **Family**
- **Friend**
- **Office**
- **Colleagues**
- **Boss**

Dispute: Stand up or offer resistance to somebody or something. To question the truth or validity of something.

Rubrics which can be referred for this cause of depression:

COMPLAINING; relations and surroundings; of (1):
merc.

ANARCHIST (1): caust.

8. Insult, humiliation, punishment etc.

Insult: A deliberately offensive act or something producing the effect of deliberate disrespect.

It means, a person who is getting insulted, by others, it happens so when the other person ask, does or say something inspite of knowing that they are not able to perform, act or have no knowledge/idea due to some personal reasons or sickness. It is like to highlight someone's weaknesses purposely in front of others. To make someone aware how poor they are in terms of knowledge or financially.

Humiliation: An instance in which you are caused to lose your prestige or self-respect.

It means, to make a person lose their self-respect by means of denying rights, like asking not to perform some rituals, not to be a part of an important meeting. One can also be humiliated when someone refuse to acknowledge their skill or knowledge.

Punishment: Someone is made to do to compensate for a wrongdoing.

Usually it is right to punish someone if the person is lawfully wrong or have done something wrong socially or unacceptable. The person who gets punished for their

wrongdoing accept it and try to not to do it again. There are some person who gets punished for their wrongdoing, but they do not feel so, means either they feel they were punished too much or unnecessarily. This makes them revengeful or brings hatred feeling for those who had punished them.

Rubrics which can be referred for this cause of depression:

DELUSIONS; abused; being (4): arist-cl, falco-p, lac-leo, lyss.

Abused: Subjected to cruel treatment, or to change the function of a system, someone has used something excessively to its limit like energy, power or money.

A patient feels being abused by a boss who is taking advantage of their position in job or work place or from parents at home as they put restriction on their outings, and they are helpless because they are dependent upon them or by friends.

Till this feeling does not affect a person they keep ignoring it or they have courage to fight against such things. With sickness it gets difficult for a patient to tolerate it any more. Either they become rebellious and fight against it or they yield and bear it. With the help of medicine we can correct both the impact that is rebellious and yielding, and let the patient handle it in a right way that is to find out how they can correct the situation in a legal way, or by talking or convincing other about their point of view.

AILMENTS from; punishment (2): ign, tarent.

AILMENTS from; mortification (37): agath-a, anac, *arg-n*, ars, *aur*, *aur-m*, bell, *bry*, calc, caust, *cham*, **COLOC**, con, falco-p, form, gels, haliae-lc, **IGN**, *lach*, **LYC**, *lyss*, merc. **NAT-M**, *nux-v*, *op*, **PALL**, **PH-AC**, plat, posit, *puls*, *rhus-t*, *seneg*, sep, **STAPH**, stram, *sulph*, verat.

Mortification: Cause to feel shame, to hold within limit and control.

A patient may say, "My boss, colleague or family members keep pressure on me, they do not allow me to do things freely. I am told not to cross the limit. If I want to say or suggest something they stop me in front of outsiders, known or unknown person."

AILMENTS from; reproaches (11): agar, carc, coloc, gels, *ign*, med, **OP**, ph-ac, *staph*, stram, tarent.

Reproach: A mild criticism.

A person gets reproached for their irresponsible behavior.

Sometime a mild criticism does not affect a person, but if it is going to happen repeatedly then it starts affecting the person mentally. A patient says, "Every time I do something my family members, boss or friends find some mistake in it and criticize me for not doing it properly."

It could be true that the patient is irresponsible and for that they get criticized, but they do not change their attitude. After the medicine they tend to be less irresponsible or do not take criticism in a bad way.

DELUSIONS; accused; she is (2): laur, zinc.

Accused: Blame for, make a claim of wrong doing or misbehaviour.

Here the patient has a trouble as they get accused by others for some wrong doing. So what is the issue in it? If someone has done something wrong or misbehaved then others will accuse him. Here we must take care that the patient is talking about the present accusation, but it happened in the past after which all the problems have started in their life.

Upon asking the patient why do they mind accusation by others when they had done something wrong?

Patient may reply, "I feel that I am wrongly accused'. ' I have not done things deliberately." "It was not my fault."

After getting the medicine, a patient may realize that actually they were at fault or the feeling will get disappear altogether and they get rid of all complaints.

DELUSIONS; insulted; he is (13): adam, alco, bell, cham, haliae-lc, ign, kali-br, lac-c, lyss, nux-v, *pall*, puls, tarent.

DELUSIONS; enemy; everyone is an (2): *merc*, plat.

OFFENDED, EASILY; takes everything in bad part (84): *acon*, agar, aids, *alum*, anac, ang, *apis*, arn, **ARS**, ars-s-f, *aur*, aur-ar, aur-s, *bell*, bor, *bov*, *bufo*, **CALC**, calc-ar, calc-s, camph, cann-s, *caps*, carb-an, carbn-s, *carb-v*, *carc*, carn-g, **CAUST**, cench, cham, chel, chin, chin-ar,

cic, cina, cinnb, cocc, coloc, croc, cycl, dros, germ, graph, hyos, ign, IOD, irid, kali-n, lach, lap-c-b, lap-gr-m, lap-mar-c, LYC, lyss, mag-s, merc, nat-c, nat-m, nit-ac, NUX-V, pall, petr, phos, plat, posit, puls, ran-b, sars, sep, sil, spig, stann, STAPH, stram, sul-ac, sulph, syph, thuj, TUB, verat, viol-o, zinc, zinc-p.

RAGE; insults; after (2): sang, stram.

SENSITIVE; reprimands; criticism; reproaches to (8): aids, calc-sil, carc, coloc, ign, lap-mar-c, med, staph.

*Most known symptoms of
all kind of depressive symptoms:*

**1. Blame others for their
depressive state**

The above feeling is common in some patients who visit for their problem and they tell the doctor that the reasons behind their sickness are family member, friends, colleagues or boss. The reasons could be wrong upbringing, negligence, or dominancy.

Rubrics which can be referred for this cause of depression:

DELUSIONS; persecuted; he is (32): aids, anac, androc, ars, bell, calc, CHIN, choc, con, cycl, dream-p, DROS, falco-p, hydrog, hyos, ign, kali-br, lach, merc, nat-m,

nux-v, posit, rhus-t, salx-f, spong, staph, stram, sulph, thyr, uro-h, verat, zinc.

Persecuted: Cause to suffer.

DELUSIONS; wrong; suffered has (6): *adam, HYOS, lach, lyss, naja, posit*

Wrong: Any harm or injury resulting from an error or misjudgement.

DISCONTENTED; wrong; everything another does; is (1): *cham.*

2. Blames themselves for their depressive state

The above feeling is common in some patients who blame themselves for their depressive problem and tell the doctor it is due to their own mistake, error, or negligence that they are suffering today.

Rubrics which can be referred for this cause of depression:

DELIRIUM; blames himself for his folly (1): *op.*

Folly: Foolish act, a stupid mistake.

A patient comes and says, "I waited a long time for the problem to disappear. Now I am realizing that it was foolishness on my part to do so, as the problem has grown three folds.

What is the point of stupidity here?

The point of stupidity is to keep on ignoring even when the problem has grown two folds.

For example, a patient knows that drinking even a glass of wine would bring suffering, and they try their best not to drink it. But one day when they visit a party, someone offer them wine or upon seeing the wine they thought of taking a half glass of wine. Next day, they suffer and that time it comes to their mind it was stupid on their part to do so.

DELUSIONS; neglected his duty; he has (13): AUR, cycl, dream-p, falco-p, hell, hyos, ign, lava-f, *lyc*, naja, nat-ar, ptel, puls.

Neglected: Disregard, leave undone, give little or no attention.

Duty: Is done with devotion, responsibility.

Patient comes and says, "I am not a good wife, husband, mother or father as I have not devoted my time towards my family members. I curse myself for not paying proper attention to my mother when she was sick.'

A patient may neglect their duty as they themselves are sick or they become sick due to the guilt that they have not done their duty towards their work or family members or they feel that they have not paid attention to their own health which was like a duty towards the body.

DELUSIONS; succeed; cannot; he does everything wrong (8): adam, anac, *arg-n*, *aur*, bapt, germ, nat-c, salx-f.

Succeed: To prosper, to obtain the object desired.

What is the need of the patient to come and say, "I have a feeling that what I do everything wrong and cannot succeed in life."

This feeling could be there in a normal human being too, but as a patient it puts a lot of pressure in the mind of a patient due to which it takes away the charm of working hard or no desire for competition or always has a fear to start anything new.

From where this feeling of doing everything wrong and he cannot succeed is getting originated?

It gets originated after repeated failure, thus losing a great amount of money, respect or confidence of others. It could be related to anything not only work, but also managing the relationship, family welfare, or exams.

What is the impact of it?

Such patient loses the confidence in them and lives with fear to start anything new in life.

DELUSIONS; unfit for the world; he is (1): *aur*.

Unfit: To deprive of the strength, skill, or proper qualities for anything; due to sickness unfit to perform their duty.

Patient comes and says, "I have a feeling that due to my sickness, I am not anymore fit to do the things as I used to do.'

What does it mean to feel unfit for the world?

It means, to condemn oneself. It is a curse for self.

If we club two rubrics:

DELUSIONS, unfit for the world, he is

+

CONTEMPTUOUS; self of; (7): agath-a, agn, *aur*, cop, falco-p, lac-c, thuj.

We have only one medicine Aur.

DELUSIONS; wrong; he has done (21): agath-a, aids, *ars*, *aur*, aur-ar, cycl, dig, falco-p, germ, *hell*, hyos, *ign*, lyc, merc, nat-ar, posit, puls, salx-f, sil, sulph, thuj.



It has been seen that, during the sick state, a patient has no desire to work. They remain indifferent towards their income. They do not care how they are going to manage their finance and those dependent upon them. They may get agitated when asked to do something. Some patient has a feeling towards their business/

work/duty, but sometimes the body does not cooperate and sometimes mind.

Rubrics which can be referred for this cause of depression:

BUSINESS; averse to (44): acon-l, agar, am-c, anac, androc, arn, ars, ars-h, asar, aur-m, *brom*, chin-s, cimic, con, cop, fl-ac, graph, hipp, kali-ar, kali-bi, kali-br, kali-c, kali-i, kali-s, lac-ac, *lach*, laur, lil-t, lyc, mag-s, nat-ar, nat-c, nux-v, opun-a, *ph-ac*, *phyt*, *puls*, rhod, rhus-t, **SEP**, stann, sulph, syph, ther.

BUSINESS; neglects his (2): op, *sulph*.

It is interesting to know that opium and sulphur patients neglect their business. On the contrary both are in the rubric **BUSINESS** talks of. So how could it possible that one time same patient is showing concern for business and other time they are neglecting it.

This teaches us that we should not carry drug pictures in the mind, rather use the rubric to their merit.

An opium patient has no issue till things are under their limit. So they can neglect it. For example, a patient who is sick for the last 2 days, due to which they are not able to perform their business. It does not going to bother them. Till this state they are neglecting it. But on the 3rd day when the problem does not get better, they start feeling concern about the business. On the same day they think of visiting the doctor, as they realize that it is already two days gone

without any income and if it continues to be like this then they suffer more loses. On the 3rd or 4th day when they visit the doctor, they say, "Doctor, please see that, I should get better by today evening or maximum by tomorrow morning, as I have not attended my business for the last couple of days, which is the only source of my income and survival, and if I will not attend it tomorrow then my loses are going to increase."

A sulphur patient keeps on working even if the problem is severe. This patient says, "Doctor, I have to work, as I cannot afford to lie in bed." This patient is not going to relax till they have strength to do so. This they could do because of perseverance. A sulphur patient must work due to the fear of poverty.

Then what makes them to neglect the business?

It is when they feel that there is no strength left in the body that they need to relax. That time they can neglect their business, as they think that at present they have some money in the bank or home, and with that they can survive for some days.

DELUSION wealth imagination of:

So with the feeling of wealth a sulphur patient could neglect their business.

DUTY; aversion to domestic (4): cench, cit-l, falco-p, sul-i.

DUTY; no sense of duty (12): alum, ambr, anac, ars, CALC, coloc, hep, lach, merc, nat-m, sil, sulph.

Sense: Feel, or consciousness.

Under the influence of sickness, it may be that a patient likes to look after things for which they are responsible and they try their best to handle or manage it somehow. There could be some patients who lose the interest towards their responsibility. It could be due to fatigue, some past grievances, lack of time, lack of money or it is too much for them.

A patient may come and say, "Doctor, I was always looking after my responsibilities and make sure that I must fulfill them no matter how busy or how difficult it was for me. But after the sickness I have lost the feeling to fulfill my responsibility, like earlier I would visit my parents every week and buy some fruits and vegetables for them, but now I do not have such a feeling. It is now almost 4 weeks that I did not visit them."

WORK; fatigues (20): abrot, achy, *acon*, **AUR**, cocc, coff, **CON**, *graph*, hypoth, *ign*, lach, lyc, **NAT-C**, *nux-v*, *pic-ac*, *sel*, sil, staph, sulph, v-a-b.

Work: To exert one's self for a purpose; to put forth effort for the attainment of an object; to labor; to be engaged in the performance of a task.

Fatigue: Exhaustion of strength.

A healthy human being can work as they like and when they like, and after exerting for a long time the body needs some rest or break.

Because of sickness, the same person who was able to work continuously for hours, starts feeling fatigue due to which they get irritated like a Sulphur

patient (IRRITABILITY, exertion from) or become indifference and lies with eyes closed like a cocc. Patient (INDIFFERENCE, lies with eyes closed).

AMBITION; loss of (12): am-m, apoc, ars, calc-sil, dios, dream-p, erig, nat-p, petr, polys, rob, sep.

Loss: Diminution, something which was there but at present is not there.

How ambition gets lost?

It means, it was there, but after becoming sick a patient due to lack of energy, or discouragement of getting better, no hope of getting better, no support from colleague, family members, or less or no profit one does not want to continue whatever they have aimed in their life.

Even all kinds of counselling, suggestions, or kind advices get failed. Such patient does not want to pursue whatever aim or goal they had set for themselves.

DELUSIONS; sick; being; work; and for this reason will not (4): calc, caust, nux-v, sep.

Sick: not in health.

It is common that during sickness a patient does not feel like working or not capable of working depending upon the acuteness of the problem.

There are some patients who are actually sick, but they pretend or exaggerate their sickness so that they do not have to work.

They like to be in bed or postpone the things for next day.

When asked that they are not so sick that they cannot work then why are they not working?

They may reply, " They are so weak or not in a position to work."

SADNESS; work aversion to; with (8): berb, bov, croto-t, dros, laur, mez, prun, zinc.

4. Lying in the bed

It is a common symptom for a patient to lie in bed for the sake of rest, fatigue or tiredness during sickness.

But there are patients who keep on lying in the bed even when it is not needed. When asked why they are lying in bed, when they can work as the problem is not so serious, they may reply, "They do not feel like moving or there is a extreme desire to be in bed.

Rubrics which can be referred for this cause of depression:

ANGUISH; lie down; must (3): mez, ph-ac, phel.

BED; remain in, desires to (61): acal, adam, aego-p, alum, alumni, am-c, ant-c, arge-p, **ARG-N**, aur-m-n, **BAMB-A**, **BOS-S**, **BRY**, but-ac, cact, calop-s, choc, clad-r, coca, con, cygn-c-b, dros, ferr-ar, ferr-m, ferr-ma, geoc-c, *harp*, helo, hydrog, **HYOS**, ip, kola, lac-c, loxo-r, lsd, mand, merc, mobil-ph, oplo-h, ph-ac, *phas-*

c, phos, phyt, plut-n, por-m, psor, pter-a, puls, rob, ros-d, sals-t, salx-f, sep, sil, sile-c, succ, taosc, thuj, ulm-c, VERAT, VERAT-V.

BED; remain in, desires to; morning (7): *ferr-m, ferr-ma, hydrog, lac-c, oplo-h, sep, ulm-c.*

5. No wish to talk/seek company/speak etc.

There are many patients who do not want to speak, talk or prefer any company. They like quietness or solitude. They want to be left alone.

What is the reason for that?

There are various reasons for it, like:

1. No energy
2. No topic
3. Do not want to talk / speak about their problem
4. It is a burden on their mind

Rubrics which can be referred for this cause of depression:

COMPANY; aversion; avoids the sight of people (17):
acon, ars, calc, CIC, cupr, cur, cyri-c-g, ferr, gels, hydrog, iod, lac-d, led, nat-c, posit, sep, thuj.

COMPANY; desires; treats them outrageously; yet (1):
kali-c.

COMPANY; aversion; bear anybody; cannot (4): merc, nux-v, staph, *sulph*.

COMPANY; aversion; friends of intimate (7): bell, cham, coloc, *ferr, iod, nat-c, sel*.

ESTRANGED; from her family (21): am-c, anac, ars, choc, con, falco-p, hep, hydrog, lap-c-b, *nat-c, nat-m, nat-s, nit-ac, nux-v, phos, plat, plut-n, posit, psor, sep, staph*.

RESERVED (61): aeth, alco, alum, alum-p, aq-mar, arg-n, arn, ars, aur, aur-ar, bell, bism, cact, *calc, caps, carb-an, carc, caust, cham, chin, clem, coloc, cycl, dros, euph, euphr, fl-ac, grat, hell, hydrog, hyos, ign, indg, ip, irid, lach, lyc, mag-c, mang, meny, mur-ac, nat-m, nit-ac, nux-v, olnd, op, petr, ph-ac, PHOS, plat, plb, puls, rheum, sabad, sabin, salx-f, sil, spong, stann, staph, verat*.

SADNESS; aversion; children to whom he is devoutly attached become burdensome (1): KALI-I.

SPOKEN, TO; averse to being; alone wants to be left (10): ant-t, aur, bell, caj, dream-p, helon, hipp, *iod, lil-t, sulph*.

UNFEELING; family; with his (3): falco-p, kali-i, lava-f.

6. Easily getting angry, or losing temper on small things

Rubrics which can be referred for this cause of depression:

FIGHT, wants to (104): aego-p, alch-v, anac, ANDROC, apis, arn, atp, atro, aur, bell, bov, bung-f, calc-p, camph, canth, caras, CARC, caust, chir-f, citl-l, cocc, crot-c, culx-p, cygn-c, cypr, *dendro-p*, diox, dulc, dysp, dysp-c, dysp-f, dysp-n, dysp-o, dysp-p, dysp-s, elaps, ephe-v, erb, falco-p, ferr, gado-n, galeoc-c, granit-m, HALIAE-LC, harp, herin, hipp, holm, hura, HYOS, ign, lac-as, lac-cpr, lac-d, lac-eq, lac-f, lach, *lac-leo*, lamp-c, lith-c, lyss, med, merc, musa, nat-c, nat-p, nelu, neod-o, neod-s, nicc, nux-v, onc-t, pass-d, past, peg-h, phas-c, pras-o, pyrus-c, querc-r, ros-d, sam, sam-c, sam-f, sam-m, sam-o, SCORP, sec, seneg, serang, sia-c, stoi-k, succ, sulo-ac, tarent, teg-a, terb-o, thal-s, thlaspi, thul, thul-c, tub, tung, uran, verat-v.

ANGER; throws things away (7): androc, coff, *coloc*, hydrog, ignis, STAPH, tub.

ANGER; violent; things don't go after his will (1): thuj.

ANSWERS; civil; cannot be (1): CHAM.

ATTACKS, others, desire to (1): lyss.

+

DELUSIONS, wrong has suffered = Lyss

BREAK, things, desire to (14): androc, *apis*, bell, carb-n-s, hura, hyos, irid, *nux-v*, sol-t-ae, staph, *stram*, sulph, *tub*, verat.

CRUELTY; brutality; inhumanity (34): abrot, absin, ANAC, *ars*, bell, bry, canth, carc, chin, choc, croc, cur, dream-p, falco-p, haliae-lc, HEP, *hyos*, *kali-i*, *kali-p*, *lach*, lap-mar-c, lyss, nicc-c, *nit-ac*, *nux-v*, op, *plat*, plut-n, posit, sel, staph, *stram*, tarent, verat.

CURSING; all; night and complains of a stupid feeling (1): verat.

DESTRUCTIVENESS (39): agar, anath, androc, *apis*, bell, bufo, calc, *camph*, canth, carb-n-s, carc, *cimx*, con, *cupr*, cur, hep, hura, *hyos*, iod, *lach*, laur, lil-t, merc-i-f, mosch, *nux-v*, oena, op, phos, *plat*, plb, sec, sol-t-ae, staph, STRAM, stront, sulph, *tarent*, *tub*, verat.

COMPLAINING; threatening; and (1): tarent.

EMBITTERED, EXASPERATED; offenses from slight (1): ang.

FIRE; wants to set things or house on (8): alco, ant-t, BELL, HEP, hyos, phos, staph, *stram*.

HATRED; revenge; and (22): agar, aloe, am-c, anac, aur, calc, cic, falco-p, fl-ac, hep, hydr, *lach*, led, mang, mygal, NAT-M, *nit-ac*, op, *ph-ac*, phos, stann, sulph.

QUARRELSOME; alternating with; silent sadness (1):
con.

RAGE; consolation; from (1): *nat-m.*

RAGE; touch; renewed by (4): *bell, lach, op, stram.*

REBELS, against poultices (17): *bor, bry, calc, carb-v, cham, lyc, merc, mur-ac, nit-ac, nux-v, phos, puls, rhus-t, sep, spig, staph, sulph.*

SNAPPISH (4): *aran-ix, calc-p, CHAM, lil-t.*

REVERENCE; lack of (3): *anac, coloc, verat.*

SPITTING, DESIRE TO; faces of people; in (13): *ars, BELL, calc, cann-i, cann-s, cupr, cupr-ar, hyos, merc, phos, plb, stram, verat.*

VIOLENT; chases family out of house (1): *verat.*

7. Hopeful or Hopeless with no desire to live

It is a normal feeling for a patient to get hopeless or have no desire to live. They want to die or ask for death from the God or Doctor.

Why does a patient develop such a feeling?

Such feeling appears, when all efforts of getting better get failed, there is no ray of hope from anyone or anywhere, inspite of best medicine no refractory result came.

Or

There are some patients who inspite of making lots of efforts and not getting succeed in getting any relief remain positive, optimistic or hopeful that one day they are going to find a solution about their problem.

Rubrics which can be referred for this cause of depression:

ANGUISH; suicide; attempts to commit (1): *hep.*

ANXIETY; suicidal disposition; with (10): *aur, caust, dros, hep, merc, nux-v, plat, puls, rhus-t, staph.*

DELUSIONS; seized; as if (3): *canth, hyos, phos.*

CUT, mutilate, slit others, desire to (2): *lyss, posit.*

DELUSIONS; hang himself; want to (1): *ars.*

DEATH; desires (77): *adam, agath-a, agn, alum, alum-sil, ambr, anh, ant-c, apis, aran, ars, ars-met, ars-s-f, AUR, aur-ar, aur-m, aur-s, bell, berb, calc, caps, carb-v, caust, chel, chin, clem, cortico, der, euph-c, gad, germ, glon, hep, hura, hydr, kali-bi, kali-br, kreos, LAC-C, lac-d, lach, led, lil-t, lyc, merc, merc-aur, mez, nat-c, nat-m, nat-s, nit-ac, nux-v, op, phos, phyt, plat, plb, plut-n, posit, psor, puls, ran-b, rat, rhus-t, rob, sec, sep, sil, spong, staph, stram, sul-ac, sulph, thuj, verat-v, vip, zinc.*

BED; jumps out of; wants to destroy himself but (1): *chin.*

DEATH; desires; despair; from (1): *kreos.*

DESPAIR; recovery; of (49): *acon, adam, agath-a, ALUM, aq-mar, ARS, aur-ar, aur-i, aur-s, bapt, bar-c, bry, CALC, calc-ar, calc-s, cann-i, carc, caust, cham, chlol, cimic, coloc, germ, hell, hura, ign, kali-ar, kali-br, kali-c, kreos, lac-c, lach, lyc, mag-c, med, merc, nat-s, nit-ac, nux-v, plut-n, psor, salx-f, sep, sil, SYPH, ther, thyr, verat, zinc.*

DELUSIONS; disease; incurable has (18): *acon, adam, alum, arg-n, arn, cact, calc, chel, ign, lac-c, lach, lil-t, mag-c, nit-ac, plb, posit, sabad, stann.*

DISCONCERTED (2): *brom, ign.*

DOUBTFUL; recovery; of (31): *acon, agn, alum, arn, ars, ars-h, aur, bry, calc, calc-sil, cecr, ign, kali-c, kreos, lac-c, lach, lept, lil-t, lyc, merc, nat-s, nit-ac, nux-v, ph-ac, phos, psor, puls, sep, stann, sulph, syph.*

INCONSOLABLE (28): *acon, ambr, ars, asar, brom, caust, cham, chin, coff, dig, kali-br, lyc, m-arct, nat-c, nat-m, nux-v, petr, phos, plat, puls, rhus-t, sep, sil, spong, stann, stram, sulph, verat.*

SADNESS; suicidal disposition; with (24): *alum, AUR, calc, caust, chin, cimic, con, graph, hep, hydrog, ign, med, merc-aur, naja, nat-m, nat-s, op, psor, ran-b, sep, spig, STAPH, stel, sulph.*

SELF; torture (7): *acon, ars, bell, lil-t, plb, tarent, tub.*

STRIKING; himself; knocking head against wall and things (9): *apis, ars, BELL, con, hyos, mag-c, MILL, rhus-t, TUB.*

SUICIDAL; despair about his miserable existence (1): *sep.*

TEARS; things (20): agar, **BELL**, *camph*, canth, *cimx*, cupr, gink, hyos, ign, iod, *kali-p*, merc, *nux-v*, *oena*, op, phos, **STRAM**, sulph, tarent, *verat*.

THREATENING (8): agar, choc, *hep*, polys, *stram*, **TARENT**, *tub*, valer.

TORMENTS; everyone with his complaints (2): *psor*, **ZINC**.

WEEPING; desire to weep; all the time (16): ail, *ambr*, *camph*, *ferr*, *ip*, *kali-c*, *lyc*, merc, merc-c, *murx*, neon, op, *puls*, *samb*, *stram*, *thuj*.

8. Low self-esteem

Due to the sickness a patient loses his self-confidence, and scared of meeting people, attending parties due to the low feeling.

Rubrics which can be referred for this cause of depression:

CONFIDENCE; want of self (269): adam, *agar*, agath-a, agki-p, **AGN**, aids, alab, aloe, alum, alum-s, **AMBR**, am-br, am-c, *amet*, **AML-N**, am-m, **ANAC**, anath, **ANG**, *anh*, apei-s, aq-mar, aquila-a, arbu-m, **ARGE-P**, arg-n, argo, *arist-cl*, **ARS**, atp, **AUR**, aur-i, **AUR-M-N**, aur-s, **BAMB-A**, bar, bar-acet, **BAR-C**, bar-p, bar-s, bell, beryl, **BOS-S**, **BRY**, bufo, buth-aust, cact, **CALC**, calc-br, calc-m, calc-sil, calen, calx-b, **CAND-A**, **CANTH**, caras, carb-an, carb-v, carc, caul, caust, cench, cer-c, cere-b, cer-p, cham, **CHIN**, chir-f, chlor,

choc, *cinis-p*, clad-r, clem, cob, cocc, coli, conv, corv-c, culx-p, cygn-c, cygn-c-b, cyni-c-g, des-ac, diox, dpt, dros, **DYS-CO**, *emer*, eps-b, erb-c, eur, eur-n, eur-o, **EXCR-CAN**, falco-p, ferr-m, ferr-p-h, fic, fic-m, *fic-sp*, foll, form, gado-m, gado-n, gall-ac, gard-j, gels, **GERM**, gink, granit-m, graph, *haliae-lc*, harp, helod-c, herin, her-s, hippo-k, *hoch*, **HURA**, hydrog, hyos, ign, ilx-p, iod, irid, **KALI-C**, kali-n, kali-s, **KALI-SIL**, kola, lac-as, **LAC-C**, lac-del, *lac-drom*, **LAC-EQ**, lac-f, lach, **LAC-H**, lac-lup, lamp-c, lant, lant-br, lant-c, lant-o, lant-p, lap-a, *lat-h*, lava-f, *leon*, lith-c, lsd, **LYC**, **MAG-M**, manc, mand, mangi, **MED**, melal-a, merc, meteo-a, mobil-ph, mosch, mur-ac, musa, naja, nat-c, nat-glt, **NAT-M**, nat-p, nat-s, nat-sil, nelu, neod, neod-c, neod-f, neod-n, nicc, *niob*, nit-ac, *nitro*, nitro-o, nux-v, **OLND**, onc-t, op, oxyg, ozon, pall, pass-d, **PETR**, **PH-AC**, phas-c, phos, phyt, pic-ac, pier-b, **PLAC**, plb, *plut-n*, polyst, por-m, posit, pras, pras-br, pras-c, pras-f, pras-o, pras-s, prot, pseuts-m, psor, pter-a, **PULS**, pyrit, ran-b, rhod, rhus-g, **RHUS-T**, ruta, sabad, **SAC-ALB**, salx-f, sam-p, sant, scler-a, scorp, sep, ser-ang, **SIL**, sile-c, **SOL**, sop-m, spect, spong, staph, *stoi-k*, stram, stront-c, stront-m, succ, sul-ac, sul-i, sulph, sumb, syph, tab, tant, tax-br, telo-s, terb, terb-m, terbo, thea, *ther*, **THUJ**, thul-c, thul-f, tour-chr, tub, ulm-c, *uran*, **URO-H**, uv-lux, verat, verb, viol-t, vip, ytte-c, zinc.

ENVY; qualities of others; at (6): ars, calc, lach, lyc, puls, sulph.

Qualities: The condition of being of such and such a sort as distinguished from others. Peculiar power, capacity, or virtue; distinctive trait.

A patient comes and says, "These days when I see someone older or of my age, walking, running or working faster than me, I feel why not I can be like them or do like them."

Or

A patient comes and says, "When I visit a party and there I see everyone enjoying freely without any thinking about getting problem after eating or drinking, it comes to my mind that one day I may be able to enjoy like them."

Or

A patient comes and says, "My friends have achieved so much in their life, like status, position, car or money, I get the feeling how come they have achieved it in such a short time, and when/how I shall be able to get all such things."

FEAR; duties; she will become unable to perform (1):
lac-c.

FEAR; self -control; of losing (3): *arg-n, gels, staph.*

FEAR; failure; of (15): *aids, arg-n, arist-cl, arn, carc, cob-n, gels, iod, lac-c, naja, nat-m, phos, salx-f, sil, sulph.*

SELF; control; want of (2): *lach, sil.*

SUCCEEDS, never (11): *am-c, asar, aur, canth, merc, mur-ac, nat-c, nat-s, nux-v, polys, salx-f.*

UNDERTAKES; lacks will power to undertake anything (5): *androc, haliae-lc, phos, pic-ac, salx-f.*

UNDERTAKES; many things; perseveres in nothing (20): *acon, alum, androc, apis, bism, bor, cortico, graph, haliae-lc, ign, lac-c, lach, LIL-T, lyc, nux-m, petr, pin-s, plan, stann, verat.*

9. No care for personal hygiene

Some patient may visit a doctor with proper dress up, or moderately dress up or improper dress up means without looking at mirror or sense of clothing.

It could be due to certain reasons like:

1. No charm in getting dressed.
2. No one cares if they are dressed up properly or not.
3. No desire to spend money on new dress.
4. Lack of money.
5. To show other how sick they are.

Rubrics which can be referred for this cause of depression:

CHAOTIC; orderly manner cannot perform anything in (6): *BOS-S, hura, hydr-ac, lach, lsd, maia-l.*

DRESS; averse to (in melancholia) (1): *con.*

DRESS; indecently; dresses (5): aids, hell, hyos, salx-f, stram.

ORDERLY, manner cannot perform anything in (2): irid, lach.

TASTELESSNESS, in dressing (11): calc, caust, hell, hyos, lyc, nat-m, nux-v, sec, staph, stram, sulph.

10. Averse to advice/ support/caring etc.

Some patients are eager to take advice, support or care. They mind if there is no one to support them and most of the time they get sick as there is no one to advice, support or care for them.

And some patients gets angry or do not like if someone advice, support or want to care them.

Why do they react to advice, support or caring?

The reason being, they feel they do not need it. They want fight their own. They like to take their decision independently. They do not trust other.

Rubrics which can be referred for this cause of depression:

ADMONITION; agg (9): bell, calc, carc, kali-c, lac-leo, nit-ac, nux-v, plat, salx-f.

ADMONITION; kindly agg (6): bell, chin, ign, nux-v, plat, stann.

What is the difference between admonition aggravation and kindly aggravation?

Admonition: Gentle or friendly reproof; counseling against a fault or error; expression of authoritative advice; friendly caution or warning.

Aggravation: The act of increasing in severity or add something to a wrong and enhancing its guilt.

Kindly: Humane; sympathetic; beneficent or to be soft towards others.

If someone like family member, friend or neighbor shows their emotions in a way of friendly advice for the sake of protection or safety then one should not mind it. Usually such situation comes in life very often. Depending upon the nature of a person one can react to it on their own way.

A patient takes it in a different way. It could be due to ego, pride, or haughtiness that they do not want to have any reproof from their near or dear one or even from their close friends. They behave awkwardly towards it.

So a simple admonition we can say is done in an authoritative way and a bit harsh, whereas kind admonition is done with a feeling of compassion, pity or sorrow for others misfortune or suffering.

CARESSED; aversion to being (4): *cina*, *irid*, *nit-ac*, *posit*.

CONSOLATION; agg; (39): *aids*, *arn*, *ars*, *aur*, *bell*, *cact*, *calc*, *calc-p*, *calc-sil*, *carc*, *cham*, *chin*, *falco-p*, *graph*, *hell*, **IGN**, *kali-c*, *kali-p*, *kali-s*, *kali-sil*, *kalm*, *lil-t*, *lyc*,

merc, NAT-M, *nit-ac*, *nux-v*, *plat*, *sabad*, *sabal*, *sabin*,
SEP, SIL, *staph*, *sulph*, SYPH, *tarent*, *thuj*, *visc*.

RAGE; medicine; from forcible administration of (1):
bell.

WEEPING; consolation agg (22): *bell*, *cact*, *calc*, *calc-p*,
chin, *hell*, *ign*, *kali-c*, *lil-t*, *lyc*, *merc*, *nat-c*, NAT-M,
nit-ac, *nux-v*, *plat*, SEP, SIL, *staph*, *sulph*, *tarent*, *thuj*.

WEEPING; pitied; if he believes he is (1): *nat-m*.

11. Losses or Lack of interest in socialization, party, entertainment, amusement

There are patient who are very keen to participate in events like party, or to visit theater, cinema or like listening music at home just to divert their mind from sickness or it helps them to get rid of negative thoughts.

And, there are patients who are completely opposite in nature. They prefer to stay alone, averse to parties, cinema, or theater. They do not like to move out or pass time with their family members and friends.

Rubrics which can be referred for this cause of depression:

AMUSEMENT; averse to (7): androc, *bar-c, ign, lil-t, meny, olnd, sulph.*

AVERSION; members; of family; to (19): am-m, aur, *calc, con, crot-h, fl-ac, haliae-lc, hep, iod, kali-c, kali-p, lyc, merc, nat-c, nat-m, phos, plat, senec, SEP.*

DWELLS; on past disagreeable occurrences (44): aids, *ambr, am-c, arg-n, asar, benz-ac, calc, cham, chin, cob-n, cocc, con, cop, form, glon, goss, haliae-lc, hep, hydrog, hyos, kali-p, kiss, kreos, lyc, meny, mez, NAT-M, neon, nit-ac, op, phos, plat, posit, psor, rhus-t, salx-f, sep, spong, staph, sulph, syph, thuj, verat, visc.*

EAT; refuses to (22): ars, bell, *bor, caul, caust, cocc, croc, grat, HYOS, ign, KALI-CHL, kali-p, lach, op, PH-AC, phyt, plat, puls, sep, TARENT, VERAT, VIOL-O.*

GOING, out, aversion to (6): am-c, anh, clem, *cycl, haliae-lc, hydr.*

PLAY; aversion to (in children) (8): *bar-c, bar-m, cina, hep, lyc, merc, RHEUM, Sulph.*

SENSITIVE; music; to (45): acon, aloe, *ambr, anac, androc, bry, bufo, cact, calc, carb-an, carc, caust, cham, choc, coff, cop, croc, cupr, dig, falco-p, graph, ign, kreos, lyc, merc, NAT-C, nat-m, nat-p, nat-s, NUX-V, pall, ph-ac, phos, puls, sabin, SEP, stann, sulph, tab, tarent, thuj, tub-k, viol-o, zinc, zinc-p.*

12. Memory weakness or lack of concentration etc.

A patient may come and says, "Since I have become sick, I have not been able to concentrate properly. I am forgetting things due to which they have lost money, status or position." Such patients are worried about it and want to get out of such situation.

Rubrics which can be referred for this cause of depression:

CONCENTRATION; cannot fix attention (6): *aesc*, *bov*, *hipp*, *hyos*, *ign*, *sil*.

CONCENTRATION; difficult; studying; reading etc. (56): *acon*, *AETH*, *agar*, *agath-a*, *agn*, *aids*, *alum*, *ambr*, *ANDROC*, *ang*, *asar*, *bar-c*, *bar-m*, *bell*, *brass*, *calc-f*, *calc-sil*, *carb-ac*, *carbn-s*, *caust*, *cham*, *choc*, *coff*, *corn*, *dros*, *fago*, *falco-p*, *ferr-i*, *germ*, *HELL*, *hydrog*, *iod*, *kali-c*, *kali-p*, *kali-sil*, *lach*, *lyc*, *merc*, *nat-ar*, *nat-c*, *nat-p*, *neon*, *NUX-V*, *olnd*, *ox-ac*, *pic-ac*, *plut-n*, *salx-f*, *scut*, *sin-a*, *spig*, *staph*, *sul-i*, *sulph*, *tab*, *tung*.

CONFUSION; loses way in well known streets (15): *arist-cl*, *falco-p*, *germ*, *GLON*, *irid*, *merc*, *nux-m*, *nux-v*, *petr*, *plb*, *posit*, *puls*, *ran-b*, *salx-f*, *thuj*.

DELUSIONS; think; she cannot (1): *chel*.

13. Non co-operative

There are many depressive patients who do not cooperate during the treatment. They do not like visiting a doctor. Upon visiting a doctor they speak or talk about nothing. In such cases it becomes difficult for a doctor to bring out the information necessary for prescribing a medicine.

Why they do so?

Reason could be:

1. Anger with the family members.
2. Self -torture.
3. No understanding about the problem.
4. Do not want to get better.
5. Do not know what to answer.
6. Do not feel they have a problem.

Rubrics which can be referred for this cause of depression:

ANSWERS; questioned; does not answer when (1):
tarent.

ANSWERS; offensive (1): lyss.

ANSWERS; refuses to answer (32): *agar, ambr, arn, ars, atro, bell, calc-sil, camph, caust, chin, chin-ar, cimic, hell, hyos, kali-ar, led, lyss, nux-m, nux-v, petr, ph-ac, PHOS, sabad, salx-f, sec, stram, sul-ac, SULPH, tab, tarent, verat, verat-v*

ANSWERS; foolish (2): ars, bell.

ANSWERS; inappropriate (2): *ph-ac*, *sul-ac*.

SECRETIVE (17): aur, bar-c, bov, caust, cyni-c-g, dig, *ign*, lap-mar-c, lyc, nit-ac, phos, plb, plut-n, salx-f, sep, syph, zinc.

14. Suspicious

Most of the patients have a feeling that the reason for their sickness is someone has done some kind of black magic against them. They do not accept any eatable from family members, a strange or new person. They suspect of getting medicine in food so they prefer to monitor what has been cooked for them or they cook themselves.

Rubrics which can be referred for this cause of depression:

DELUSIONS; pursued by enemies (33): absin, anac, ars, aur, bell, carn-g, *chin*, cic, *coch*, con, crot-h, cupr, cycl, dros, hell, *hyos*, kali-br, *lach*, lepi, lyc, meli, merc, nat-c, nux-v, plb, plut-n, posit, *puls*, rhus-t, sil, stram, stryp, zinc.

DELUSIONS; poisoned; he is about to be (8): carc, falcop, *hyos*, kali-br, *lach*, plb, *rhus-t*, verat-v.

DELUSIONS; someone behind him (1): *med*.

DELUSIONS; spied on; being (2): *lach*, posit.

DELUSIONS; strangers; control of; under (2): aster, bry.

DELUSIONS; walks; behind him; someone (5): *anac, crot-c, mag-m, med, staph.*

FEAR; behind him; someone is (7): *anac, brom, crot-c, lach, med, phel, salx-f.*

SPYING, EVERYTHING (7): *carb-v, lyc, neon, posit, puls, sep, verat.*

SUSPICIOUS; enemy; considering everybody his (1): *puls.*

SUSPICIOUS; medicine; will not take (1): *cimic.*

SUSPICIOUS; plotting against life people; are (3): *aids, ars, cyni-c-g.*

Kingdom of mind
the art of understanding and
application of rubric and
medicines under it

Absent-Minded and sub rubric under it
&
Rubric **Cautious** and medicines covering it

Absent-Minded and sub rubric under it

In Kent's repertory the rubric is given as **ABSENT MINDED** (see **forgetful**), perhaps the author want us to examine the rubric 'FORGETFUL' also as a cross reference before putting into use the rubric 'ABSENT MINDED'. In the synthetic repertory the author seems to be interpreting the rubric as **ABSENT MINDED** unobserving. Kent had given in his repertory **ABSENT MINDED AND FORGETFUL** separate identity and they are treated as two separate rubrics.

As the word **ABSENT-MINDED** itself explain the state of mind which is absent. In other words it is not present where it should be. It is somewhere else and not there where its presence is needed.

Unobserving: It is related to the function of eye which is although looking towards the object yet the object remains out of its vision.

Literally and also in theory there is no difference between the meanings of these two rubrics but while analysing the actual performance we find a glaring difference. In the first where the mind seems to be absent, and the word unobserving means eyes seems to be lacking in their power to impress upon the mind the image of the object. Or, in other words mind is not giving the due attention to the subject and is not in a position to observe in a particular situation the rule of giving due

importance, attention or consideration to a subject or an object as demanded by the situation. The mind may be trying yet may not be able to focus its full attention in order to get the full grasp of the matter because of lack of proper or full concentration.

So the difference lies in the fact that whereas in the first instance the mind absents itself or becomes absent and in the second mind nullifies the performance of the power of vision.

In the first case something happens as a matter of habit where no effort of eye is affected in spite of the best effort to focus the attention or lack of required effort.

To conclude the mind remain elsewhere jumping over the fields and not there where it is expected to be present and that is why it is called Absent minded.

Dr. Kent wants us to compare it with forgetfulness. In forgetfulness things go out of mind after coming into it and when the patient says, "It just went out of my mind which I now remember that you told me to report to you on Monday instead of Tuesday." This statement is to be termed as Forgetfulness. Quite opposite to that when things are not being allowed to enter your mind because it is pre-occupied as something else is already occupying it. For example, when your patient says, kindly repeat your question since the things have not entered into my mind.

ABSENT MINDED alternating with animation

Animation means full of life, and alternating means two states appearing successfully one after the other. It implies that the mind becomes inactive when it is absent and it comes to life when it is present. In certain cases you will observe that your patient answers your question sometimes spontaneously without asking you to repeat your question and at others times he will request and ask what had you said.

It means that a person will be called live or full of animation if he has presence of mind because while doing so he is in a position to keep himself in touch with his environment and react as required and vice versa.

ABSENT-MINDED conversing when

It will be noticed particularly that certain people do not seem to be receiving ideas while talking to others because their mind gets occupied in something else. Sometimes they are conscious about their lacking and sometimes not. In the first case where they are conscious about their lacking they are worried as they struggle to empty their mind with the thoughts which are not allowing the new ones to enter while conversing with others and feeling embarrassed. And in the later where they are not aware of their problem patient does not seem to be worried about what the opposite party is going to feel when they are conversing with them. The other person has to remind him with strong words in annoyance or joking mood if he is interested to listen to what is being said to him or not.

To conclude it is the state where even if a patient has understood the question, it goes out of his mind as something else has occupied his mind and he forgets what he had thought to say in reply or what actually could be the reply.

ABSENT-MINDED dreamy

As a cross reference, we have other rubrics also DREAM, as if in a, FANCIES absorbed in and UNCONSCIOUSNESS, dream as if in a

Dream: A succession of images, thought and emotion passing through the mind during sleep is called dream.

A vision voluntary indulge in while awake is called day dreaming. A person who indulges in dreaming while awake is called dreamy.

A person who is required to attend to the call of another person, efforts are made to make him listen to what the other party wants him to listen but he remains so extremely occupied in his own thoughts that he seems to like and sticks to it. The sense of this rubric is other party has to pull forcibly the patient from this state to which the patient gets annoyed as to why he was disturbed, this we call **ABSENT-MINDED dreamy**.

Cross reference:

DREAM as if in a

This is purely an objective symptom and that is why will come into the observation of others that a particular person at a particular time or at present gives the

impression that as if he was dreaming which actually is not to be called as dreaming.

FANCIES absorbed in

Where dream means to focus one's vision on one particular thought in a limited way, and fancies absorbed in means flying one's imagination over a variety of subjects and objects involuntarily and without premeditated.

It is like a chain of thoughts which enters one's mind without his previous knowledge and he keeps on spreading his imaginations over then like a poet or an artist will do and will like to keep on as long as the natural flow of his mind keeps on indulging into it.

To conclude while a person who dreams knows his subject and continues to keep on thinking about it and a person indulge in fancies does not know his subject and keeps following the path of thoughts to whichever direction it goes and the subject it selects.

UNCONSCIOUSNESS dream as in

Unconsciousness means, cut off from the outside world or without awareness or for the purpose of interpretation of this rubric more suitable meaning for us that a person is in a state of general unawareness and outwardly look as if he is in dream, a state of slumber, sleepiness. This state of mind which we can compare with the person who is drowsy and that is why is not properly conscious of his surroundings.

ABSENT MINDED inadvertence

Inadvertence: Lack of attentiveness.

This is the effect of oversight since a person is busy with some other subject. It went out of the sight to pay attention to something which you should have preferred to do.

The peculiarity with this rubric will be that in this type of absent mindedness there is realization that it is unintentional and the person is sorry for it. If it comes into the notice of the observer only he is in a mood to forgive the person.

ABSENT-MINDED periodical attacks of short-lasting.

According to this the absent minded appears in attacks that is for and over a fixed period of time which remains for a short time.

ABSENT-MINDED reading while

To read means to look carefully so as to understand the meaning of something that is printed or written by hand, to render in speech a bit aloud, so as to enable the listener to hear it.

Reading can be done in 3 ways:

1. Just to look at a thing to understand it.
2. By speech also. This is a simultaneous process of reading and speech, this to make help others also to understand it.

3. By way of interpretation given the performance of a dramatic part.

To conclude, it means working at a thing to understand their meaning or while reading written matters to others. A person is actually not succeeding in understanding which he is trying to do because his mind is absent.

ABSENT-MINDED spoken to when

Spoken to means, a person is being address by others or in other words when he is required to listen to what others have to say.

It will be seen that when a person is himself busy in speaking and answering others question during the conversation he has no problem, but when in a situation in which he is required to listen to others his mind gets absent.

ABSENT-MINDED standing in one place, never accomplishes what he undertakes

Standing means to be upright with the whole weight of the body on the feet. To rise to one feet. To be or remain in a specified state or condition. A person is so absent minded that although he keeps standing or in other words remain upright on his feet in a fixed place which actually is a position that indicates a person's desire or an effort to do something and that is why he undertakes things yet is not able to accomplish the job

undertaken because his mind remains absent and not on the job which is in need of it.

ABSENT- MINDED starts when spoken to

Starts means a sudden involuntary movement of the body as from surprise or pain.

· A person is so preoccupied that at the time of when he is required to listen to what others want to tell him, he jerks as if from fear, as if his ears were not ready to receive the directed sound which was so expected.

ABSENT-MINDED vertigo during

This is a pathological condition in which a person feels that he or his surroundings are whirling about. During vertigo means, actually a state during which a person is required to be totally attentive which in this case seems to be absent therefore means an unusual behaviour.

ABSENT-MINDED waking on, does not know where he is or what to answer

Waking means to rouse from sleep. So this is the time of being absent minded soon after he gets out of sleep and is expected to recognize the place where he is and the answer that he should give but his mind is so occupied elsewhere that he is not able to apply it properly.

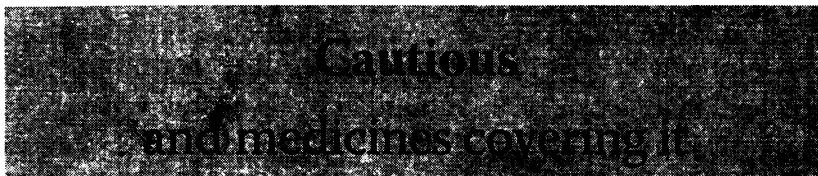
ABSENT-MINDED work when at

Work is an effort directed to produce something to be used as a means of livelihood. This is a time when one is required to be serious, but is not able to do so because his mind gets occupied with something else while writing.

ABSENT-MINDED writing while

Writing means, to form character, letters or words on the surface of some material as with a pen to express or communicate one's thought.

So a person is not able to express himself properly while giving shape to his thoughts by using his fingers to hold the pen perhaps that is why he doesn't attempt to write and express his inability to do so.



Acon., Ars., Cact., Caust., Cupr., graph., hyos., Ip.
Ign., n.v., op., puls., stram., verat.

Every living being on earth lives with a sense of caution. In everyday life while walking, driving, on the road, or doing something where there is a danger to life we work, or move cautiously. Then how come we make this rubric apply to a patient? What is the difference between a general sense of cautiousness and to be cautious as a patient?

In a normal life the sense of cautiousness varies from a minimum level say 1% to a maximum level 100% depending upon person to person. After becoming sick a patient may feel the difference in this level, the one who used to have 1% sense of cautiousness feel it has changed to 50 or 100% and one who used to have 100% sense of cautiousness it comes down to 50% to 1%. A patient either gets more cautious or no more cautious after becoming sick.

A) A patient may say, after becoming sick I have started feeling a change in my attitude. Earlier I was a frivolous person, living without fear or sense of danger, but after becoming sick I do not know why, but I am taking care not to do things which can hurt or aggravate my problems.

Or

B) A patient may say, after becoming sick I have started feeling a change in my attitude. Earlier I was a very cautious person, always living with fear and taking care not to eat, drink or do something which can harm or aggravate my problem.

So, a patient (A) who visits for treatment can be treated using the rubric Cautious.

A patient who is cautious:

- Does not want to invite problem.
 - To avoid getting fresh problems.
- Or
- Watchful before anything unwanted happens.
 - This is as a matter of prevention.

P: I had the similar problem some days ago. That time I didn't take the medicine immediately of its occurrence. Due to that I had to suffer from it for a long time. So today morning when I felt some uneasiness in my throat I immediately took the appointment from you so that it should not aggravate any further.

If we combine two rubrics:

- CAUTIOUS
- +
- ALERT

One common remedy to two rubrics is **Opium**.

Difference between cautious and anticipation:**Anticipation**

P: I had the similar problem some days ago. That time I did not take the medicine immediately after occurrence. Due to that I had to suffer from it for a long time. Today morning first I felt some uneasiness in my throat, after sometime itching started, then I know that if I don't take the medicine now, in a shorttime it will change into other problem or become worse.

Versions for Cautious

- "Doctor, I do not want that it should increase further."
- " It's better to stop the problem at this stage"
- "The moment I feel some problem I completely stop eating outside food."

Differentiation between cautious and careful:**Careful:**

A careful patient may say, during the problem if I have to take someoutside food then I prefer to take things which are less spicy or sour. And even if I have to take then I take care not to drink something cold.

If we combine the two rubrics Cautious + Carefulness there are three medicine covering the two rubrics: ars., puls., nux.vom.

What are the factors which can make a patient cautious?

1. Cowardice

Means, unwilling to fight.

COWARDICE: Acon, caust., cupr., graph., ip., Ign., puls., n.v., stram., verat

Cowardice: Want of courage to face danger.

If we combine cautious + Cowardice, we find that cact. and hyos are not in this group.

It is surprising to see that hyos is not in the rubric cowardice, whereas in our clinical experience it has been observed that they are the one who are extremely cautious. A hyos will not move or do anything until they make it sure if it is safer for them or not. They hesitate to try something new. They never like to take any risk during sickness. They have to be sure if the doctor has understood them or taken note of their sickness properly. They are highly suspicious and never believe even their near and dear ones.

If they are not coward then why they are so cautious?

The sense of cautiousness comes in a hyos patient after they had suffered badly in the past due to anything, like medicine, toy or a person. On the basis of their past bad experience whenever they have to do, eat play with a toy or take medicine they become cautious as they do not want to suffer again.

If a patient gives this information to their physician, and the physician does not give importance to their feeling, it may happen that patient gets better symptomatically like disappearance of cold, fever, pain or any other suffering, but a general sense of well-being will not come unless the medicine removes the feeling of cautiousness from their mind.

This patient will remain sick in terms of getting problem again and again till the feeling is not removed. To make a patient healthy it is important that the feeling related to their sickness should go first and then other symptoms simultaneously.

If we ask a hyos patient do they wish to fight against or do something against the person, thing or doctor who had prescribed the medicine, making them suffer, they may answer, they wish but hesitate to do it.

Is it because they are coward?

No, they are not coward, but they keep their cool, in order not to worsen their problems. This patient may say, I can fight but why to invite further complications. It's like if I sue a person then there is no guarantee that I will win. In case I lose then I invite further complications more than now.

FEAR of being injured.

2. FEAR of death

If we combine FEAR of death + CAUTIOUS, then we find all medicine from the cautious are there except - *Magnetis arcticus*.

Death: Cause of loss of life.

Death applies to the termination of every form of existence, both animal and vegetable; the other words only to the human race is the term used in law for the removal of a human being out of life in the ordinary course of nature.

In clinic when a patient comes and says, the only reason they have visited a doctor is they have developed a fear with the onset of sickness or during the course of sickness is fear of death.

When asked why they have fear of death when all of us know it is inevitable.

A patient may say, I know this, but I do not want to die so soon or I know this, but I do not want to die as I have lots of responsibilities in life which I have yet to fulfill or I know this, but still I have a fear of death.

So, there could be various issues for a patient to have fear of death.

If the fear of death to a patient only means loss of life or there could be something else which can be interpreted by us from their common language.

Like death could be freedom of speech or anything one wish to do freely and not allow doing.

Next thing we have to ask a patient why they have such a fear that they are doing to die in future?

A patient may give any of the reason as follows:

- I have seen many cases where a patient having same problem like me did not survive.
- I feel so as my problem is not getting better.
- I have tried so many medicines, but did not get any result from it.
- This fear has developed as my father; mother or any close relative had the problem and died due to it.
- If I die who is going to look after my children or family.

With any of the above the reason the moment the patient develops any problem they start searching for something to avoid the death. They may stop eating, working or doing anything which can bring them near to death.

Isn't it a common feeling for a living being to have fear of death? It is indeed.

We all want to survive and if one feels any danger to it they get cautious.

3. FEAR of impending disease

Impending: Threatening

A patient may suffer any kind of problem, but there are some problems like hypertension, diabetes Mellitus, cancer or any other disease, which is incurable and are

threatening to life. So a reason for a patient to visit you is not about their actual problem, but fear if in the future they may end up with something dangerous which can be threatening to their life.

If we combine two rubrics as follows:

FEAR of impending disease + CAUTIOUS, then we find Acon., ars., puls., m.arct. n.v., ign. From cautious are there, but not in - Cupr., graph., hyos., ip., Op., stram., verat., caust., cact.

4. ANXIETY, health about

Health - Freedom from disease.

If we combine two rubrics as follows:

ANXIETY health about + CAUTIOUS, then we find Acon., ars., caust., cupr., hyos, ign., puls., m.arct. n.v., But not in - cact. graph., ip., op., Stram., verat

Some patients may say, they do not feel comfortable as all the time they are worried that due to their sickness something bad may happen to their health. If asked what bad can happen? To this they may say, they cannot say exactly what is going to happen with them.

Opium is not keen about their health, but they do not eat due to the fright from the past experience causes fear in him.

5. ESCAPE attempts to

If we combine two rubrics as follows:

ESCAPE attempts to + CAUTIOUS, then we find
Acon., ars., caust., cupr., hyos, ign., puls., m.arct. n.v.,
op., stram., verat, But not - cact. graph., ip.

Escape: To evade and become secure from danger,
The act of fleeing from danger.

Attempt: make trial or experiment; to make an effort
or attack upon.

Although there are 56 medicines under the rubric
ESCAPE, attempt to and it justifies. It's a common sense
that whenever a living being feels to be in a difficult or
dangerous situation they must attack that thing or person
in order to protect their existence. But to apply for a
patient one can say, nearly many patients has such a
feeling. But it is not so simple that we are going to use the
one rubric for all our patients. Even if want to use this
rubric there is a limitation, and that is out of 56 which
remedy is for your patient.

Why a patient needs to makes an attempt in order to
escape from their problem?

- The previous experience with the problem was tortures.
- It is not good to have same problem repeatedly.
- It does not look nice to suffer again and again.
- It looks horrible.
- I have a fear that it may get complicated.

Different versions for this rubric are:

A patient comes and says, "In every winter I get skin allergy, and I want that in the coming winter I should not get the same problem again."

Or

A patient comes and says, "After I had severe headache, I always keep medicine with me, so that whenever it may appear I take the medicine quickly in order to stop it before it gets severe."

Or

A patient comes and says, "The moment I feel a little problem, I immediately take the medicine to stop it growing further."

Or

A patient comes and says, "I prefer to take homoeopathic or herbal medicine, as I do not want to have side effects in future."

Or

A patient comes and says, "I have a feeling that day by day I am getting weaker, so I thought let me start the medicine before I lose all my strength."

Next points to understand that those who are weak not necessarily are cautious, but there could be some patient who are bold, but still gets cautious if they feel some threat to their life due to sickness.

Patients belong to Acon, Ign and puls are in the rubrics:

- AUDACITY
- COURAGEOUS
- DEFIANT

But they are cautious too.

AUDACITY: One who keeps the quality of meeting danger without fear, a patient may say, as such I have no worry from the problem I am ready to face any consequences.

AUDACITY + Cautious: Acon., Ign., m-arct., op., puls., verat

COURAGEOUS: Daring with confident, disregard for personal safety and conventional belief. Not showing sign of nervousness.

COURAGEOUS (30): acon, agar, agath-a, alco, alum, ant-t, berb, bov, calad, cyni-c-g, dros, falco-p, ferr-p, ign, insul, merc, mez, nat-c, op, phos, plut-n, puls, salx-f, squil, sulph, tab, tarax, ter, valer, verat

A patient may say, even in this condition when there are so many difficulties in my life due to the problem and also my financial condition is not so good, still, I am not worried about it. I am spending the money as usual. And while I work I feel so much pain but I am fighting with it."

For example, sulphur is courageous so they can spend the money till they do not feel they are getting thin (resource wise).

COURAGEOUS + Cautious: Acon., Ign., op., puls., verat

DEFIANT: One who boldly resist an authority which is trying to dominate, Rebellious.

P: "I know my problem but still I don't want to accept it. I do not want to live like this for all my life."

DEFIANT + Cautious: Acon., caust., Ign. ,nux.v.

Let us understand the differentiation between the medicines coming under the rubric cautious.

1. Aconitium Napellus

This patient does not give much importance to their problem until they feel threatened by their condition. Then terror strikes them. So long as he is out of the danger zone he remains calm.

So long as it does not occur to him that his problem is dangerous he feels safe in his mind and does not worry too much about it. He believes that it is not a big problem and is hopeful of its getting better.

DELUSIONS, sleeping, while awake insist that he was

Insist: You have to listen or obey me.

Patient's version:

- Believe me doctor; I did not know when this problem has started.
- You have to believe me this time.
- For God's sake please believe me, I never had imagined that my problem is going to grow to such an extent. Now I have learnt the lesson. I am not going to repeat the same thing in my life. Now, if

there comes any problem I will report to you immediately.

- This time please do something for it, I do not want to die. I have a fear that I will die from it.
- CARRIED, desires to be
- FEAR, of death
- CAUTIOUS

DELUSIONS, sheep driving

What makes an aconite cautious?

Usually an aconite patient is bothered by two things. One is he might not have a normal life and second is, fears of death. His fear is imaginary but big enough to bother him deeply. Initially he does not pay much heed to his problem and is hopeful that it will get better by itself but later when he realizes that it is taking away his strength and turning threatening he rushes to the doctor.

When he discovers that his problem is not as trivial as he thought he panics.

In the panic state an aconite patient, observes no barriers when giving personal information. In a fit of anxiety about his condition he unwittingly passes over his inhibitions.

TALKING, sleep in

EXPANSIVE, too demonstrative

(Unreserved and make overly clear)

Very often aconite gets very worried when a treatment does not work for him.

He is discouraged and begins to lose hope.

ANXIETY, chill during

Chill: No response

2. Arsenicum Album

An arsenic patient has two phases, one phase is where they do not consider their problem too important and do not talk about it, for this state we can use rubrics as follows:

- WELL, says he is when very sick
- OBSTINATE
- REFUSES, treatment, every in spite of being very sick
- DELIRIUM, well declare he is
- DELUSIONS, well he is
- ASKS, for nothing

On the other side depending upon the acuteness of the problem any unimportant thing make them attentive.

ANXIETY, trifles about: Arn., ars., bar.c., bar.a., bor., calc., Calc.i., caust., chin., cocc., con., Ferr., graph., kali.m., kali.sil., laur., sil

Trifles: Not so important.

DELUSIONS, arrested is about to be: Arn., ars., bell., cupr., kali.br., meli., plb.zinc

Arrest: The act of stopping, or restraining from further motion. Arrest is not permanent but temporary. In the arrest state a person is made restricted to stay for a certain period in isolation or with some people after committing any crime.

When a patient feels they are going to be arrested, it means they are talking about a situation which actually is not there, but any day it is going to happen that they are not able to move freely or get restricted by their sickness.

DELUSIONS, body putrefy, will: Ars. Bell

Putrefy: progressive decline since I have pain in my body I have a feeling that for a short period I am going to lose my freedom. This makes me restless.

DELUSIONS, injury is about to receive

One of the feelings behind an arsenic patient is to keep check upon their symptoms as they believe that anytime something harmful can occur in his life. And the basis of this fact is present/past history of severe problems in his family members.

DELUSIONS, being sick

From the last few months I have been getting one or the other problem. I have never been well even for one day.

DELUSIONS, sinned away his day of grace

Sinned: To violate human rights, law, or propriety; to commit an offense.

Day of grace: When by miracle God dispensed great gifts.

After getting sick, I have a feeling that, I have committed an offence due to which I have lost the blessing of God.

After all such above feelings he becomes cautious then he can't rest.

ESCAPE, jumps or springs up suddenly from bed: Ars., bell., chin., crot.h., glon., nux.v., oper., rhus.t., verat

Next thing to learn about an arsenic patient is depending upon the intensity of the problem either they are caring in nature or cruel in nature. Till they are able to tolerate the problem they think of not bothering others and remain mild, but when they are not able to tolerate the problem then they behave in a cruel manner. Cruel manner means getting irritated easily on a simple matter will not allow other to rest, create fuss around, wants everything to be done instantly.

CRUELTY inhuman

3. Cactus Grandiflorus

- **FOOLISH, grotesque behavior**

Grotesque: Unnatural

It means he thinks foolishly about his condition and takes precaution as he thinks he will not recover. He fears that something terrible is going to happen but is unable to describe it. The mental stress in Cact. is lesser

than Acon. An acon. Patient feels he is going to choke to death with more anxiety than Cact. He shrieks and weep with the pain and thinks that he must die.

- **MANIA** fear during
- **STRANGE**, things impulse to do

Impulse: A mental force which simply and directly urges to action.

It means patient restore to such things which are out of the world, in order to achieve comfort or to overcome panic situation. Due to the sickness an impulse comes in patient's mind to do certain things which are laughable or to other person near to them fails to understand the action of the patient.

For example, a patient may say, the moment I feel palpitation it makes me panic, that moment I start weeping loudly. I call my friend and tell them that today is my last day perhaps I am not going to see them tomorrow. I start doing something unnecessary like start coughing continuously thinking that it may help not to get heart attack, or listening loud music, laughing, doing things in a slow manner, like slowdown while walking or working, or thinking of swallowing medicine in large doses with the intention that perhaps it is going to help me.

- **SHRIEKING** pain with the
- **WEEPING** hysterical
- **MEDICINE** desire to swallow large doses of

Swallow: To take something inside as a matter of putting in stomach or accepting an idea or suggestion without tasting or verification.

Medicine: A remedial agent given to remove the disease or suggestion, advise to bring someone out of a difficult situation.

- **SLOWNESS, in work**

He stops talking, does not answer to any question. To curtail the activities.

4. Causticum

This patient is in the habit of understanding things thoroughly before doing it.

Although they are slow in understanding and take time to become familiar with the situation.

DULLNESS, understand question only after repetition

He takes preventive measures and remains uncomfortable until he knows the real cause of the problem.

ANXIOUS cautious

He will always be keen to know the name of his disease and cause of the disease and will try to educate himself to the maximum about the measures to be employed by him to prevent disease. And will like to talk with everyone about his disease to achieve this objective of collecting maximum knowledge as much as he can and while talking he become so excited that he is not able to control his wish and he will speak so loudly that others have to request him to speak in low tone but yet

he forgets and one has to repeatedly remind him to lower his voice.

EXCITEMENT, while talking

All the above things tell that he is not a matured person. His actions are idiotic and foolish.

5. Cuprum metallicum

FEAR tread lightly or will injure him, must

Tread: walk

Lightly: Not putting burden or to make effort without any extra pressure.

APHASIA, fear after

COWARDICE

FEAR, with desire to escape

HIDE, on account of fear

For this patient death is imminent. The other factor which bothers this patient is something misfortune has to happen.

6. Graphites Naturalis

Does not like to be interrupted in any way but cannot openly resist and express his disliking for it.

ANGER, interruption from

He is too weak to assess and take stock of his ability to handle a particular situation.

Simply he moans upon his weakness to face the difficulty that makes him slow in his purpose and determination.

COWARDICE, opinion without courage of own

He takes his business or any other work very cautiously.

FASTIDIOUS

His apprehension gets better either by lightening his mind, by weeping or by receiving warm and affectionate regard from others.

FEAR weeping amel,

7. Ignatia Amara

COWARDICE, opinion, without courage of own

This patient also cannot gather courage to express his opinion because she has met with repeated failures and thus feel disheartened.

In her opinion she is right and honestly feels that others are not justified since her position is overwhelming that she feels that in her arguments she will not be able to convince others and it is useless to make any effort in that direction and accepts defeat for good.

- **SECRETIVE**

- **HIDE, desire to**
- **FEAR position to lose his in society**

8. Ipecac

CONTRARY

He does things opposite to his wishes.

DESIRE, inexpressible, full of

Inexpressible: not able to describe.

DESIRE indefinite

To not spoil their health they must control their desires.

INSANITY, gluttony alternating with refusal to eat

This patient has many desires and full of greed which is extreme and irrational. It could be for work, food etc. but then they realize that it could harm them and refuse to eat.

GESTURES, covers mouth with hands

Cover: To make something hidden from the sight, to protect something or some person from attack, seen or to enter in an unauthorized area.

The desire is so extreme that he cannot stop eating by himself. He has to stop himself by force, putting his hand over the mouth so that he can stop eating. Though he wishes to eat more but then he afraid it will come out and spoil everything.

Here he becomes cautious.

Other aspect of this is to fulfill his desires he works hard, but and wishes to be successful overnight, but if he fails then he is angry about it.

- **INDUSTRIOUS, mania for work**
- **ANGER, business about**
- **MOROSE, business does not proceed fast, when: He gets angry over this situation and angry about business not running so good according to his expectation but then he has to slow down his passion by meditating which helps him to calm down.**
- **MEDITATION**
- **TRANQUILLITY, anger after**
This again is his cautious step.

9. Nux vomica

A patient says, "I never got sick and tried not to get sick. I have never left my work for my ailments. Since last few days I am finding some weakness in my body.

I have an apprehension how I could do my work which is so important for my Family's and my living."

N.v. patients stress on their well -being which they feel they have to maintain.

He hates to get sick. He wants that he should always remain fit.

He does not want that other should call him a sick person.

INDIGNATION, feeling

To remain fit he takes utmost precautions. He may ask for some preventive medicine or measures to avoid getting infectious diseases.

Due to his present problem he imagines that one day some sudden harm is going to happen him.

DELUSIONS, injury, is about to receive

His feeling is not only limited to his above belief but he actually gets affected very badly by small problems which can be ignored easily.

SENSITIVE, ailments to the most trifling

That is why he cannot tolerate even minor illness which he fears can take the shape of some disease and ultimately some unspecified thing will take place.

INTOLERANCE ailments of

FEAR, happen something will

FEAR, disease of impending

- **UNDERTAKES nothing, lest he fail**
- +
- **Cautious**
Nux is the only remedy
- **SENSITIVE, to moral impression**
- **DELUSIONS sick, work, and for this reason not**

- **DELUSIONS** poor he is
- **DELUSIONS** injured, injury is about to receive
- +
- **Cautious**

10. Pulsatilla Pratensis

A puls patient is not only cautious, but they are CAUTIOUS, anxiously.

So what a puls patient does in order not to get sick or when they get sick?

They restore to preventive mode, means if they are not having any physical problem but somewhere they are insecure mentally due to some personal issues in their life, they would like not to get affected by any problem as there is no one to look after them. If there is going to be any outbreak of disease they are the first to corner themselves and try not to interact or come out of the house.

DELUSIONS, alone, world, she is alone in the

Puls. has a very strong harsh, bitter, grievous feeling towards her near and dear one. She misses someone who really can nurse her or care about her like a mother.

When asked why do they feel alone in world?

A puls patient is cautious in a way that they like to learn about their sickness through internet or reading medical books.

- **INQUISITIVE**

- **READING passion to read medical books**

Moreover like an arsenic patient, puls patient do not ask or like to bother others for her problem.

ASKS, for nothing

And then they feel there is no one to take care of them.

DELUSIONS, people around him do not exist (s*)

When asked when they do not want to take help from others then how come someone help them. To this they may answer, they need help, but from that person who understand and pay respect to my feeling.

The other reasons for puls. Patient are:

Fear of poverty

Because of his fear of poverty he has to be cautious about his health. He worries and care for his business and domestic affairs.

- **ANXIETY, business about**
- **CARES, business about his**

11. Opium

The most important factor which makes an opium patient cautious is their fear that if they do not take action towards their problem then it may increase and cross the limit of their tolerance.

FEAR of extravagance

Most of the opium patient gets cautious after they had suffered in the past from something which has caused their problem to aggravate.

An opium patient may come and says, Doctor, I have heard that after taking homoeopathic medicine all problems first gets increased, so I have a request, please do not give me any medicine by which my problem gets increased, as I already have too much problem.

ALERT

If asked how come they know that after taking homoeopathic medicine the problem gets increased?

Patient may reply, I have come to know it from my family member or friend, or I have experienced it. Last time I took homoeopathic treatment and after taking all my problems got aggravated, after that I never dared to take homoeopathic medicine again.

Even now I do not feel comfortable to take homoeopathic medicine as the problem I had suffered last time is still in my mind.

The nature of an opium patient is to avoid completely anything which can aggravate their problem further. For example, if an opium patient has to visit a party, they promise to themselves that they are not going to eat or drink anything in the party as it can cause problem to them. They try their best to keep themselves away from all those things which can affect them badly. Even if they have to eat they take little amount and check if it is ok or not.

12. Stramonium

Usually a stram patient has no worry from their problem and does not show much concern or respect towards the problem. The thing which makes them uncomfortable and cautious is when they get diagnosed with a problem that they have never expected to get it in their life.

The other thing which makes them worried is that despite of maintaining their health like not to eat outside food, always good to others, never ever had a bad feeling for others, obedient towards God then how come they get sick.

DELUSIONS, pure he is

They keep a bold front towards their sickness as if they do not care about it, but when they are told that if the problem is not going to get better then they might need to go for surgery that they get panicked. Then they rush to the doctor and ask to save them from surgery.

Most of the stram patient prefers to take homoeopathic medicine, due to cautiousness. They apprehend that taking allopathic medicine can cause further complication and also they do not want to depend upon it. They have an opinion that once a patient start taking allopathic medicine then they need to take it for whole of their life.

Due to their cautious nature they do not perform or think anything which can offend the GOD.

Dark and Strangers aggravate Stram, these are the two things which pose a problem for Stramonium individuals.

For example, "Astonishingly he says, "I know what is itching and eruption, but I have no idea about this swelling and pus on my skin, it is very unusual kind of a problem for me.

In my knowledge I have never seen such a thing in my life. Since I have this I am very uncomfortable with it. I want you to remove it because till it remains there I can not be at peace. I am also asking everyone about it, and she laughs."

ANXIETY, strangers, in the presence of

Stranger: Seeing or meeting first time. Never seen the thing or person before not familiar with. Don't know about his behavior, act, deeds etc.

In the presence of strangers (unknown problem) he keeps moving around restlessly.

13. Verat

ANXIETY, with fear

FEAR, society, of his position in: Sep, staph, verat

Society: People with whom one has companionship or friendly association.

Position: Status, rank, head of a family or organization etc.

Why a patient has to fear about his position in society during sickness?

As a normal human being, one like to maintain whatever status, rank or head of organization they have achieved, and for that one can make all necessary efforts. It is a general belief that it is difficult to get once status or position back ones you lose it. So, those who are over ambitious in this regard may suffer when they feel threat to their position or during the sickness they worry about their position in society.

Patient's version:

I am talking with the people about in general about sickness and how to be healthy. So I do not like to speak about my problem with people.

FEAR position, to lose his lucrative

LUCRATIVE: Advantage

Due to their such fears of losing position in society or lucrative position they becomes cautious means, avoiding such things which can bring their weaknesses or problem into the notice of others.

FEAR driving him, from, place to place: (lyc. Plat., verat)

Driving: exert activity

Other thing they do is to ask for the medicine which can act fast so that they can preserve their lucrative position which they have earned with a lot of efforts.

CARRIED, desires to be fast

Those who fear their position in society or fear to lose their lucrative position, they must hide or secretive about their sickness or anything due to which there position is going to be in danger.

It is surprising that a verat patient inspite of fear of losing his position does not hide or is not secretive.

Sepia: Secretive

Staph: Likes to hide.

Verat: Neither hides or secretive.

Why it is so that they do not hide or are not secretive about their problem?

Reason is, Verat. Patient no matter even if the problem is serious he keeps his moral high.

HIGH, spirited

The factor behind his or her high spirit is:

**DELUSIONS; god; communication with; he is in (2):
stram, verat**

*

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