

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**

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**VOLUME III**

(A Group Study of 10 Remedies)

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**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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## THE RUBRIC - SHRIEKING, AID FOR

### A GROUP STUDY OF THE DRUGS

**Camphor, Ignatia, Kali Carb,  
Levomopromazine, 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 detail 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 **Campbor** 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.

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\*\* Main rubrics means around which the whole story revolves and the sub-rubrics if inferred deeply will be found already expressed through the main  
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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 -- forbearance 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 him; 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 indifference 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 deaths?" 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 <sup>2</sup> bounded by a wall (which is not open) and also<sup>3</sup> 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 <sup>2</sup>. 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.<sup>3</sup> 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 aloof<sup>4</sup> 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.<sup>5,6</sup> 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 wants to).

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 morality. 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. I 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 mat 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, pains 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 does 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 are 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 time 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.

