

PREDICTIVE HOMOEOPATHY

PART II

THEORY OF ACUTES

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Dedicated to

My Mother

Mrs. Mohini Vijayakar

Who left for heavenly abode on 17th April 1999

&

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Preface

Homoeopaths and Homoeopathy have taken a second seat for long. In the 'bus' of medical sciences it is the only science with firm, UNALTERED principles and concrete philosophy as its base. None of the Homoeopathic principles or age-old, time-tested remedies have become obsolete. None of them has developed resistant strains to viruses or humans alike. They are as effective in 'single dose' as they were 250 years ago when they were discovered. All this persistency and 'consistency' of Homoeopathic drugs and their results is despite a drastically changing world scenario and having no research advances done by any multi-million-dollar multinational companies! This, in itself, speaks volumes of the STABILITY and 'SCIENTIFIC'ness of this science called **Homoeopathy!** The other medical sciences who call themselves scientific sciences are busy redefining their 'principles' in the multi-million-dollar racket industries and laboratories which 'churn' out newer and newer versions of 'killer-drugs' (supposed to kill the bacteria and viruses, of course), only to be discarded as dangerous and ineffective within a decade of its invention - so much for the 'scientific'ness!!

These sciences are still struggling to find a drug which can 'cure' an allergy or a 'common cold' in the real sense of the term. Their superficial knowledge limits them to 'think' of a human being as a conglomeration of 'spare parts'. Trying to treat in parts, calling themselves 'specialists and super specialists', they are blissfully unaware of the '**dangerous connections**'.

Knowing little about the mind-body connections, these so-called 'Leaders of Knowledge' have the nerve to criticize a 'Holistic Homoeopathic Science' as unscientific, baseless and MYSTIC.

Who is responsible for this 'plight' of Homoeopathy? None other than us, Homoeopaths. We don't practice the science as it should be - on 7 Cardinal principles. We don't follow the homoeopathic parameters of improvement in a patient i.e. Generals, which are exactly the opposite of allopathic parameters. We are not interested in Hering's Law of Cure. We are trying to please the statistician, of other sciences presenting statistics in their concept of diseases. We are not taking risk of undertaking acute serious illnesses or terminal illnesses all on our own. We are not trying to establish scientific connections to our theory of similia-similibus curantur. In short, we are not trying to put our foot down and say with conviction - **"We are Homoeopaths and we beg to differ"**.

This book I have written, is an essay to produce 'conviction' in those homoeopaths who are not fortunate enough to get results in acute and serious cases. If the book and chart is followed strictly, anybody can get results in such cases and that too with ideal **ONE DOSE**. Once they grow in confidence I'm sure they shall all prescribe holistically both in Acute and Chronic illnesses and this, I am sure, shall ring the Death-knell for those hypocritic Homoeopathic leaders of multi-homoeopathic-patent fame.

Finally, a word of advice dear friends, remember our homoeopathic motto-- **AUDE SAPERE - Dare to be Wise** and act accordingly, since the future belongs only to Homoeopathy. Come on - let's grow together to welcome the **'Homoeopathic Millenium' - Year 2000 plus**.

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FOREWORD.

After the publication of his first book in homoeopathy "The Predictive homoeopathy - Theory of Suppression" which gained immense popularity among the Homoeopathic World, my son Prafull who has hardly any time to spare for his family and friends due to his busy clinical practice, has somehow found time to enrich the homoeopathic world with his sparkling knowledge, against all odds.

My son Prafull's nature since childhood has stood him in good stead. His inquisitiveness has led him to paths not tread by many. His creativity which won him praise in handicraft, has today helped him to create easier paths, new theories and hypothesis'. His obstinacy has made him stand by his theories with conviction. His greed for knowledge has made him acquire sound knowledge of genetics, embryology human-biochemistry, physiology, medicine and materia-medica. Above all his mischievous, cheerful and jovial nature has helped him to make light of boring subjects and situations.

This second book, in which he has dealt with acute diseases and their management, will prove to be a boon to the practicing homoeopaths as well as students who want to practice classical homoeopathy with ease. With this book he has divulged all his secrets of a successful practice and that is another quality of his, which will benefit the homoeopathic fraternity. I wish Dr Prafull a grand success in his venture and pray to almighty to help him to serve the ailing humanity.

Dr. GAJANAN VIJAYAKAR
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CHAPTER 1

Introduction

- **Concepts old and new**

- **The old concepts**

INTRODUCTION

Whenever Homoeopaths, even successful Homoeopaths encounter or come across cases of pneumonia and typhoid they prefer to just **refer** the case to an allopathic physician. Most of the time the reason forwarded is "**Homoeopathy is a slow acting therapy**", "*it is meant for chronic diseases only not for emergencies*". "*You get the acute attack of this disease controlled with allopathy then we'll treat you to raise your immunity so that you don't get it again*". This lame excuses put forward even by so called classical Homoeopaths, expose the limitations of those Homoeopaths and not Homoeopathy.

Remember **Homoeopathy** is a 'complete science'. Hence limitations and scope of Homoeopathy is the Homoeopath himself. The Homoeopath's knowledge is what falters. If not, it is the application of his knowledge which falters.

Many materia medicas have been written on therapeutics of fevers and acute diseases. Yet Homoeopaths find it difficult to get results in such cases. The reasons may be many, but the main reason is **lawlessness** i.e. all the 7 cardinal principles of Homoeopathy are not applied and the laws like that of Hering's, are bypassed.

CONCEPTS - OLD AND NEW

Aconite for fever--Podophyllum for diarrhoea-

I call it an **old** concept because 90% of the Homoeopathic physicians have been using it for last 200 yrs. It is because of wrong applications of Homoeopathic principles while prescribing our remedies, that we have not been able to get good results. Hence we have remained second to allopathy. The **new** concept which I have proposed here, is *not actually a new concept but a rejuvenation of the basic tenets of Homoeopathy* as preached by the masters but not understood by many. I have devised a simple way of arriving at the similimum in acute cases. It is nothing but simplification of reaching the similimum without violating the seven cardinal principles of Homoeopathy.

The Old Concept - (A wrong application of knowledge.)

Acute diseases e.g. fevers, diarrhoeas, dysenteries or abdominal pains, neuralgias have been, up to date, treated with as much 'panic' as is proportionate to the severity and acuteness of the disease. I have been guilty of and party to the type of prescriptions prevailing in majority of homoeopathic circles in the earlier years of my practice.

Fevers were and are treated on non-homoeopathic principles with homoeopathic medicines e.g. Ferrum-phos 3x or 6x, Kali-mur 3x/6x, Nat-Mur 3x/6x or a combination of Belladonna, Aconite, Ferrum-phos or Eucalyptus, China, China-ars, etc. in 30 or 200 potencies or Azadirachta, Baptisia, Pyrogen etc. in mother tincture form repeated frequently.

Diarrhoeas are treated with Podophyllum, Aloes, Gratiola, Gambogia, Veratrum alb, Chinas, Arsenics, Croton-tig and all these repeated every hour or 2 hours or 3 hours depending upon the 'Mood' of the Homoeopath or the fixed formula of the homoeopath (a formula which he or she has had best results with). Wither similia.....?

Such prescriptions are **BLIND PRESCRIPTIONS**. They **NEVER** give results - certainly not satisfactorily enough to boost anyone's morale. The fevers go down IF AT ALL, gradually from 103 degrees on first day to 102 degrees on 2nd day to 99 degrees on 3rd or 4th day and normal on the 5th day. This bringing down of fever is **CERTAINLY NOT HOMOEOPATHIC** result. The fever generally goes down because the acute infection has exhausted itself and the patient has recovered by himself! The physician who takes credit for this result, be it in fever or diarrhoea is oblivious of the fact or ignorant of the fact that the tremendous weakness and tiredness and bodyache or joint pains and loss of appetite which ensues is **NOT A HOMOEOPATHIC RESULT**. Any amount of explanation that "the weakness is naturally going to be there because of the 4 days of fever or loss of vital fluids in diarrhoeas, etc." is an 'excuse' especially when you

see the 'glaring difference' when the patient has been treated with classical SINGLE DOSE THERAPY. In the first place the fevers or diarrhoeas or pains DO NOT and should not take more than 12 hours (at the most 24 hours) be it TYPHOID, be it PNEUMONIA, be it URINARY TRACT INFECTION with 100-200 pus cells in urine (such number of pus cells come to zero in a space of 3 days - a feat which any 4th generation antibiotic cannot perform.) Secondly the patient does not feel RUN-DOWN, weak or tired despite the high fever nor does he lose his appetite for food or stamina to work. Even patients with Widal test positive for typhoid upto 350 units have been seen to go to office and do normal work without being aware of the fact that they are suffering from typhoid. And all this with fever responding to single dose of the indicated remedy within 24 hours! Chest X-rays follow-up of pneumonias show complete regression of lesions within 3 or 5 days (at the most) of the indicated remedy dose.

SINGLE DOSE CLASSICAL HOMOEOPATHIC treatment overshadows the old multi-dose, multi-drug treatment by miles!

In the old concept the doctor himself is not confident of the result.

In the New Concept doctor can 'PREDICT' by '9 a.m. tomorrow' you'll be fit to go for work etc. In the 'Old Concept' crutches of Allopathy are often needed.

In the 'New Concept' no crutches of allopathy etc. are needed.

In the 'Old Concept' NONE of the 7 CARDINAL Homoeopathic principles are being respected except the principles of drug dynamisation!(obviously since potencies are used.)

In My 'New Concept' NONE of the 7 CARDINAL Homoeopathic principles are violated!

In the 'Old Concept' Hering's Law is seldom seen.

In My 'New Concept' Hering's Law is a MUST in every result e.g. cough and fever gone - slight coryza has to follow, followed by transient itching on the skin.

Typhoid cure, is never and should never be followed by 'hair fall'. This is not what is meant by exteriorization.

Dysentery cure is never and should never be followed by backache or joint pains or muscular pains.

Reason: Hair-roots are embedded deep into the dermis.(Embryological off-shoot of Dermatome Mesoderm). Muscle pain, Backache or joint pain means inflammation of synovial membrane or bursae. [Embryologically originating from Myotome and Sclerotome (somites)] - Mesoderm.

Typhoid is enteritis - inflammation of intestines (Entera). Embryologically originating from Endoderm.

Looking at the embryological origin one can safely conclude that the disease has moved from Endoderm to Mesoderm which is definitely deeper in origin and more important. Hence, Alopecia after Typhoid is suppression. Hence Backache or joint pains after typhoid or dysentery is suppression.

One can safely assume or presume that in EACH and EVERY ACUTE ILLNESS [also] **HERING'S LAW OF CURE** HAS TO BE SEEN and if you don't, dear Homoeopath, you are going wrong somewhere in your application of the 7 cardinal principles.

CHAPTER 2

ACUTE ILLNESSES

- **Definition of Acute illnesses**
- **CHART OF CHART- EFFECTIVENESS**

- **Types of Acute illness**
- **Acute infections / inflammations and pains**
- **Acute Exacerbations of Chronic diseases**
- **Indispositions.**

ACUTE ILLNESSES

By acute disease we mean any disease or illness which can disturb the health of a person temporarily in a negative way. These include high fevers, acute pains and neuralgia's, acute infections either bacterial, viral or parasital. Most of these illnesses are SELF-LIMITING.

TYPES OF ACUTE ILLNESSES

<u>(a)</u> Acute Infection	<u>(c)</u> Indisposition	<u>(b)</u> AcuteExacerbations Of Chronic Diseases.
Viral fevers, Influenza, tonsilitis Sore Throat, Typhoid, Pneumonia, Pneumonitis, Lung Abscess Septicaemia, Food poisoning, Infective diarrhoea, Dysentery, Urinary tract colics, Infection Pleurisy.	TREATMENT NOT REQUIRED	Malarial paroxysms Ulcerative collitis Pulmonary koch`s <p style="text-align: center;">constitutional required</p>

Chart- shows list where 'chart of acutes' can be used.

Acute illnesses are of three types:

- a) Non-recurring acute infections e. g. acute diarrhoea, dysenteries, high fever either viral, bacterial or parasital, e.g. typhoid, malaria, influenza. It may include pneumonia's, lung abscess, pleuritis, pleurisy, urinary tract infections.
- b) Acute exacerbation of chronic e.g. Asthma, pulmonary koch's, chronic ulcerative colitis, relapsing malarial fevers,
- c) Indispositions - like acidity, transient, malaise, coryza, gastric upsets due to overeating or heavy food, mild injuries and abrasions etc. are self-limiting and do not require any treatment.

The (b) group i.e. acute exacerbation of a chronic diseases should be strictly treated as a chronic case with genetic constitutional similitum. It does not warrant an acute remedy. The acute flow charts presented in this book should not be used to get results in such exacerbation. If used it might give you a temporary amelioration followed by aggravation of the disease. It might also lead to suppression.

The (a) group is the one which is under consideration here. The 'acute infections' are the ones which need acute treatment. This **ACUTE TREATMENT** is misunderstood by majority of Homoeopaths. Under the guise of acute treatment a lot of liberties are taken and any medicine unrelated to the constitution is selected on the basis of just one or two symptoms and prescribed. The 'rule' to remember is that any remedy which gets indicated in an acute stage is bound to be in mathematical relation with the **genetic constitutional similitum**. (For scientific explanation see Remedy -Relationship.)

CHAPTER 3

USING THE FLOW-CHART OF ACUTES

- **Using the chart of acutes how to get best results**
- **Activity**
- **Activity-Thermal-Thirst Axis**
- **Conscientious - Diligent**
- **Diligent and Non-Diligent remedies**

Using the 'CHART OF ACUTES' how to get best results.

For years, young Homoeopaths have found it difficult to put to practice the *law of similars*. Their dilemma begins right from the basis of prescriptions where there is no uniformity as every homoeopath interprets the law according to his own understanding. Some prescribe a similitum based only on mind, some only on p.q.r.s, some only on disease picture, and some only on organ involved. None of them represent man as a whole.

Remember as Homoeopaths we treat the '*Man in disease and not the disease in man*'. As a homoeopath I am concerned with knowing what type of a man or what constitution I am dealing with. For that I would like to know how this particular constitution (patient) has behaved when attacked by bacteria or viruses. For example when you hit your fist on a wooden panel, glass panel, thermocol, coir, a cotton mattress, the reaction obtained by your 'hit' in terms of noise or behaviour of the panel concerned will make you aware of what material you are dealing with, even when blind folded. Similarly the reaction shown by a patient to the disease or infection will tell a physician what constitution he is dealing with. What changes occur or do not occur in the organism (constitution) shall in the first place be reflected by the **activities** of that affected constitution.

ACTIVITY

WHY THE WHOLE CHART IS BASED ON ACTIVITY?

ACT is a primary reflection of life or **living being**. Life means **change**. Anything in this world which does not change at all is **death**. Hence **act** or **actions** represent **life**. The **speed** and **type** of actions are specific for specific constitutions.

A Calcarea Carb, Baryta Carb, Helleborus, Gelsemium, Silicea etc. have **slow ACTIVITIES** (speed).

On the other hand drugs like Tarentula, Mercurius, Belladonna, Nux Vomica will have **fast speed**.

An Agaricus, Stramonium etc. will have jerky or gyratory actions respectively.

Such different actions and speeds are projected by different constitutions in original healthy forms, which albeit all Homoeopaths need to know and observe to become successful Homoeopaths. They also ought to observe the change if any in these 'Activities' when the respective constitution is affected. The new picture thus formed is known as an **ACUTE PICTURE** which is no doubt in relation to the original constitutional picture.

Thus if Opium - 'genetic constitution' suffers from fever or dysentery i.e. if affected by stronger dynamic influences it will bring about temporary change in the basic constitutional picture in terms of **activity, thermals, thirst** and will be giving rise invariably to a picture either of Aconite, or Ant-tart or Belladonna or Bryonia or Hyos or Nux Vomica or Nux Moschata, which are in relation to OPIUM. This may occur if and only if, Opium picture changes, which is not a must.

This change in **activity, thermals, thirst** and physical or mental symptoms which are thrown out by the constitution are basically compensatory in nature and is a **natural effort** by the organism to provide immunity and restore the sick to health. Hence more often than not the health is restored without the aid of any medicine, Homoeopathic or allopathic. If such recovery does not take place then and only it calls for an intervention.

In Homoeopathy our basic **LAW OF PRESCRIPTION** stands firm i.e. **Similia Similibus Curantur**. Hence the remedy required (if at all) shall be in keeping with our basic law a 'similimum' to the **acute totality** which of course should be based on activity, thermals, generals like, thirst and food and mental changed state or attitude and not only on physical symptoms.

The remedies chosen on these lines are so effective that they 'make' us obey all the cardinal principals i.e. not more than **ONE** remedy, **ONE** dose, is required to take care of a typhoid or a malaria or a lung abscess or a U. T. I. Not only the principles are abided by but also the pleasant sight of **Hering's Law** coming true each and every time is a bonanza received by the prescriber.

Above all the speed of recovery or cure is like the effect of a magical wand. Lung consolidation disappears within three days, pus cell count of 100 - 200/hpf in urine disappears within three days. The fevers come down be it typhoid or malaria, within 24hrs with general sense of well being and no subsequent weakness ensues. The patient gets his appetite back within 24hrs and resumes work the next day.

To bring about such results one has to prescribe as previously mentioned on **activity, thermals, thirst and mentals** which have changed. This is called as **ACTIVITY-THERMAL-THIRST and Mental Axis**

It being difficult to analyse for some especially new Homoeopaths I have simplified the analysis in the form of a **FLOW-CHART**.

The flow chart starts with **ACTIVITY**. This is further divided into
ACTIVITY -- INCREASED
ACTIVITY -- DECREASED
ACTIVITY -- NO CHANGE.

- Every section is further divided into thermals
- **HOT or**
- **CHILLY** group of drugs.

- Further differentiation is done on the basis of **THIRSTY or THIRSTLESS** to narrow down the number of drugs indicated.

- The 'zeroing' down on the similimum is provided by short 3 line description of every remedy in the chart as REMEDY POINTERS. These remedy pointers form a 'TRIAD' of important symptoms, which are the base of the remedy. They have to be present in every case besides the thermo-general axis. These are given in the form of a TRIANGLE. A few more confirmatory points are also provided to ensure the remedy. Some of these have been evolved from practical experience. 3-line materia-medica pictures of 60 drugs have been provided in the materia-medica section of this book.

- The generals provided in this book under the heading of the drug are during heat, fever, pain etc and may not be the same in chronic picture of the drug e. g Cina, Carbo-Veg, Kali-Carb, Lach, Bry are generally thirsty but during fevers become thirstless. Pulsatilla, Apis which are basically thirstless may become thirsty. Some drugs like Sulphur, Opium, Ant-Tart, Arsenic may be both thirsty or thirstless. There are many drugs which may appear in more than one place in the chart indicating that they should not be neglected even in other conditions.

- Thus by selecting a

ACTIVITY-THERMAL-THIRST axis

Dull+Chilly+Thirstless (DCTL) or
Dull+Hot+Thirstless (DHTL) or
Dull+Chilly+Thirsty (DCT) or
Dull+Hot+Thirsty (DHT) or

MENTAL-PHYSICAL-VERBAL

Active+Hot+Thirsty (AHT)
Active+Hot+Thirstless (AHTL)

and adding to them the mental state and **REMEDY POINTERS** the **SIMILIMUM** is ready.

CONSCIENTIOUS AND DILIGENT

Dictionary meaning of Conscientious:- Scrupulous, showing care and precision.

Dictionary meaning of Diligent:- Hardworking, showing care and steady effort. The rubric or quality which I consider as Diligent is sometimes mentioned as Conscientious. This is an important quality of nature which can be used virtually as an **eliminatory** rubric to zero down the simillimum.

Obviously the question can be raised why is this so important? How can Diligent or Not Diligent 'point' make so much of a difference in deciding the simillimum? The answer is simple for people who understand the genetic make-up of a human being.

A human being or any organism as we all know, owes its existence, structure, tolerance, susceptibilities, nature, emotions, immunity, idiosyncrasy etc. etc. to the genetic code present in each and every cell-nucleus. How are all these genetic qualities expressed? Every character on the gene is expressed by synthesizing corresponding protein which is directly or indirectly responsible for the exhibition of that particular character. Every protein responsible for green color of iris or say a fair skin or curly hair, or angry nature or a reserved nature etc. is synthesized as per the inherited code. Hence we owe our entire existence, appearance, attitudes, sufferings etc. to the products (proteins) manufactured in this factory 'the cell'. The nucleus is the manufacturing machinery or plant. The Genes are the workers along with the D.N.A., R.N.A. The success or the failure of this factory rests entirely upon how diligently the workers work for the production. Their work is to synthesize the protein with **care and effort** (if the organism has to live). Never mind if one of the character on the genetic code leads to disobedience or avarice or even debauchery. So diligence does not mean exactly conscientious or anxiety of conscience or industrious etc., it only implies that there is an **INNATE** quality in the cell to do that thing which it is supposed to do when created. Every creation is created to **progress and evolve**. **Evolution** of man in the universe is synonymous to progress of life and every organism in the universe. Man and every living cell has to work for a living sincerely, and engulf as much knowledge as it can to deal with, to face life with success and finally evolve to a higher state, thus fulfilling the sole object of existence.

Thus **DILIGENT** stands for sincere, hard working, steady working, knowledge accumulating person.

How then to determine the diligence of a patient?

In infants - A child or an infant interested in going after a book or a magazine or paper and pen, trying to write with a pen or pencil in a paper is taken as **CONSCIENTIOUS-DILIGENT**.

In children -- A young boy or a teenager is considered **DILIGENT** if and only if, he or she has NEVER to be forced or even asked to study. He/she performs her duty and studies on his own. He/she never takes a leave or bunks her school. Wanting to go to school, despite high fever is also **diligently-conscientious**. Here we have to rule out **diligence** in a child who insists on going to school for fear of being punished or because of other vested interests.

In adults -- A middle aged man who has never taken a leave from his office or service in last 20 years; or a man who insists on going to office, not from avarice of getting money nor from fear of boss, is a **diligent** person.

In Working ladies - A lady who works for the family, cooking and doing daily chores despite having pains or suffering from fever can be safely taken as 'Diligent' provided she's not doing it because she says "who else will do it?" or "I'll get scolding from my in-laws or husband."

DILIGENCE of a cell shall make an organ or system function **Diligently** and subsequently the disease suffered by diligent patients shall be different from non-diligent patients. Thus these two Diligent and Non-diligent rubrics (formed by me) divide the constitutions in 2 major groups and are major eliminating factors in my practise.

Caution

The above rubrics of diligent and non-diligent should be used with **caution it deserves**.

CHAPTER 4

GOLDEN RULES OF ACUTE PRESCRIBING

- **Be a minimum prescriber**
- **Be a Single remedy prescriber**
- **Be a Single dose prescriber**
- **Hunt for ACTIVITY-THERMAL-THIRST Axis**
- **Know the Remedy Relationship**
- **Look out if the moon is a 'round'**
- **Expect fever, diarrhoeas or aggravation**
- **Know Homoeopathic parameters**
- **Do's and don'ts for the patients**
- **Advice to doctors**

GOLDEN RULES OF ACUTE PRESCRIBING

1) **BE A MINIMUM PRESCRIBER:** As every acute disease initiates a reaction in the body called 'immune-response', most of the infections or the acute illnesses are self-limiting. If and only if the organism or the body fails to recover within stipulated time, the physician is justified in interfering with a homoeopathic remedy assisting the body to recover.

Cure or recovery should be brought about by reaction of the organism (the patient's body) to our remedy rather than action of our remedy. Bringing down fevers with Ferrum-Phos, Belladonna, Aconite, Azadirachta, Eucalyptus, Methylene Blue etc. is wrong and may lead to suppressions. (Refer- Scientific explanation)

2. **BE A SINGLE REMEDY PRESCRIBER:** There cannot be TWO similimums of the given state holistically at one time in one organism. Any multi-remedy theory is a blatant violation of our Homoeopathic Cardinal Principles.

3) **BE A SINGLE DOSE PRESCRIBER :** If generals, mentals, and thermals of the drug coincide with the patient's changed state, all that is required is ONE DOSE to take care of any acute or serious illness.

Remember: If **ONE DOSE** does not initiate a curative process, your remedy is wrong. Throw away that remedy. Do not try to repeat and get results. Homoeopathy is such a **gentle- touch art**, that not more than **one** stimulus is required to produce recovery or cure!

4) HUNT FOR ACTIVITY-THERMAL-THIRST AXIS: Find out the activity of the affected patient. Find the right thermals of hot or chilly as shown later in this chapter.

Find out the mental changes. Find out the desires and aversions and the 'RIGHT SIMILIMUM' is ready to be prescribed.

5) KNOW REMEDY-RELATIONSHIPS ACUTE SIMILIMUM indicated, is most of the times related to the **genetic constitutional similimum**.

6) LOOK OUT IF THE MOON IS A 'ROUND': The constitutions which are very sensitive find themselves easily affected by Full Moon or New Moon. They fall ill, get fevers, pain in the joints, neuralgias, malaise, urticaria etc.

These problems generally arise two days before New Moon or Full Moon. Just wait and watch. Do not prescribe to these patients on these days. Predict to these patients that your cough or your pains will disappear in the morning at 10 a. m on a Full Moon day or New Moon day. Just sit back in comfort and win laurels or a title of **ASTROLOGER-DOCTOR** and enjoy! In this way, you increase your reputation as a 'knowledgeable' physician!

7) EXPECT fevers, diarrhoeas or aggravations on the first day and amelioration on the second day. Fever on the first day is a good sign. Loose motions on the first day is a good sign. AGGRAVATION of already existing fever or cough is a good sign. **Remember feeling better on the first day but worse on the next day is a sign of wrong medicine** unless there is a moon phase around in which case wait! But, all these should be accompanied by the betterment of generals or what I call as '**Homoeopathic Parameters**'.

8) KNOW HOMOEOPATHIC PARAMETERS :

Homoeopathic parameters are exactly opposite of allopathic parameters. Since we treat the MAN in disease the parameters of improvement are the **generals** e.g..

- a) Desire to work.
- b) Stamina to work.
- c) Desire to eat and drink.
- d) Sleep.
- e) Excretions i.e.: stool, urine and perspiration.

Know these parameters well and look out for their improvement in a patient rather than looking out for improvement in temperature, cough, headache, throat pain, nose-block etc. Slightest improvement in desire to work, stamina, appetite can be the most dependable signs of patient proceeding towards cure or recovery than even pathological reports of Hb increasing or W. B. C count coming to normal or Serum Bilirubin coming down in jaundice or X-rays showing improvement!

ADVICE TO PATIENTS

DO'S AND DON'TS

DO'S

- a) Allow your patient to eat or drink anything including things which aggravate him e.g. cold drinks, ice-creams, sour, fruits like bananas etc. We are trying to immunize the patient against the allergic factors. What better test can one conduct?
- b) Allow your patient wholesome food, as a normal diet helps to increase the energy within him to fight the illness and recover without weakness.
- c) Allow your patient to work or do his normal duties, if he has interest and desire to do so.

DONT'S

- a) Do not allow anything which is in anyway an anaesthesia to tissues or cells. Menthol or mint containing things like polo, colos, icy cool, vicks tablets may anaesthetise the

laryngeal cells which may benumb their fighting properties i.e. stop the natural cough-reflex or sneezing reflex thus work against the homoeopathic action of increasing the immunity to cure. Spiritous drinks may also hamper cure in the same way.

- b) Local application, not only of menthol, xylocaine etc, but also any medicated ointment including homoeopathic Calendula, Arnica, Graphites ointment should not be applied on the skin. These and other skin ointments may alter the Electro potential-Gradient at the cellular and tissue level of the skin, thereby obstructing our third excretory system i.e. skin (first two being stool and urine) from excreting toxins on to the skin. These local applications also including eyedrops, eardrops, chemical tattoos, hair conditioners, mehendi, anti - dandruff shampoos, medicated soaps etc. should not be allowed for best results. *[only exception may be menthol in the toothpaste since every person is habituated to these toothpastes for years together and the homeostasis establishes itself since childhood with these pastes].*

ADVICE TO DOCTORS

Have patience- don't repeat.

Homoeopathic medicine does not fail to work within 24 hrs giving either aggravation or amelioration when indicated. Let the body **cure**. Don't force a cure, just stimulate the body to cure. Herring's law is a compulsory knowledge which every Homoeopath has to have.

During the course of recovery, expect symptoms in lesser important spheres and do not interfere. **Cure** is in progress. Just watch it. e.g.

- 1) If cough disappears, expect sneezing and coryza or itching in the eyes - **don't treat**.
- 2) When sneezing or coryza disappear, expect itching or small eruptions on the skin which proceed from above downwards; from trunk and chest to upper and lower extremities.
- 3) When pain in the neck of cervical spondylitis disappears, expect pain in the lumbo-sacral region and then down to the knees - legs - ankle - foot and then toes. This may be followed by coryza or diarrhoea i.e. the toxins have come down from the mesoderm to the endoderm. Further, the same patient has to develop mild skin eruptions when the toxins come down to the ecto-dermal level.

WARNING:

Any skin eruptions should be mild and non-septic. A gross long standing septic or a destructive skin lesion is not what you should expect in exteriorization of the disease. It is not CURE.

Expect diseases to come down from syphilitic to sycotic to psoric types e.g. in skin lesions deep cracks and destructive ulcers should disappear first followed by disappearance of corns, callosities or warts followed lastly by acne and boils. (For further details refer Chart of 7 layers of Suppression).

A good knowledge of Chart of 7 layers of Suppression is essential to understand 'Cure' taking place in the body in embryological order of descendance.

Finally, if no result is obtained, take the generals again and reconsider the case. Perhaps, some 'causative factors like grief, shock, mortification, suppressed anger may lead you to a different group of drugs.

The drugs in the chart have been compiled from my experience of the last 25 years. They may yield a result of 70-80%.

There may be drugs indicated out of the chart. A short chapter on 'HINTS' attached in this book may help one to bridge the shortcomings in the flow chart.

CHAPTER 5

SCIENTIFIC EXPLANATIONS OF THE GOLDEN RULES

- **BE A MINIMUM PRESCRIBER**
- **BE A SINGLE REMEDY, SINGLE DOSE PRESCRIBER.**
- **THERMAL AXIS**

SCIENTIFIC EXPLANATIONS OF THE GOLDEN RULES

BE A MINIMUM PRESCRIBER:

He who prescribes the least is the best Homoeopath. This is a **Golden Rule**. One who wants to be a successful homoeopathic physician has to be wary of prescribing unnecessarily. He should in the first place be aware of 'when to prescribe and when not to'.

There are thousands of books on Materia Medica, as well as Organon and Philosophy which give you indications of prescribing remedies. None of these tell you when not to!

But in my practice of 25 years, that has given me credit and that too predictive credit is 'No-Prescribing' or 'Minimum-Prescribing'- both in Acute as well as Chronic diseases!

Paradoxical as it may sound this Golden-Rule of NON-PRESCRIBING has a Scientific base.

Case: A patient having acute infective diarrhoea came to me complaining, Doctor, today is the third day of severe watery diarrhoea. I have been suffering since two days. I have passed more than 25-30 stools all liquid, almost transparent or sometimes yellowish. As soon as I would eat, I had an intense urge to run to the toilet. If there was a fraction of a second delay, I was unable to control my stools. When asked-"Why didn't you come to me yesterday or 2 days back?"

Prompt came the reply "I had no strength to move about nor did I have any control over my stools to wait in your clinic for 2 hours". "Then how did you come today?" was my next question. He said "I just couldn't eat, drink since I had no desire to. Hence, I felt weak and drowsy since 2 days. Since yesterday, the number of stools have gone down, I could get the desire to eat and today, since morning, I have passed only three loose motions. I have the energy to walk after a good night 's sleep and so I came to you."

Next question to the patient from me "do you really feel like eating today or you have forced yourself to eat?" "No-no I had a real desire to take my breakfast today almost after 3 days!"

In the above case the diarrhoea which occurred was no doubt due to some infection or some toxins which were consumed with food. The body or the system of the human being is so made up that it tolerates no nonsense or no toxins or nothing which can cause harm to the person. Hence, it has its own defensive mechanism which instantly starts throwing out the toxins in the gut by inducing hyper-peristalsis which appears to us as diarrhoea. In fact, diarrhoea at least in this case, was a defensive mechanism of the body to **cure** itself. The **Cure** was already taking place and after the eviction of the toxins from the system the patient was already feeling better e.g. less of tiredness, less weakness, good sleep, less stools. He was gaining in strength and his appetite was already back.

Overall, the general parameters of health in a human being e.g. desire to move, to work, stamina to work, desire to eat (not forcefully) and sleep are more important than the loose motions. If these parameters are better then, it goes without saying that the loose stools HAVE TO STOP! Stop is a wrong word used here. What should happen is, stools have to become

normal and this normalisation should occur at the most in the next 24 hours. Thus, what the patient required was placebo with a sure short prediction- "Go, your stools will be normal by tomorrow morning"!

Such **predictions** are possible, if you understand the physiology of man well.

The **Internal Physician** residing inside the body has to be respected.

When **HE** is **Curing**, a Homoeopath (or even an Allopath) has no right to interfere for **HE** knows what is best for him.

Case: A child coming to us for treatment of fever since 4 days.

The child was dull, drowsy, coughing badly at night with thirst for little quantity often. This child when treated with Homoeopathy or Allopathy before coming to you has to be assessed not in terms of what medicine to prescribe, but in terms of whether he requires a remedy, as on today. First of all, find out whether the range of fever has come down in the last 3 days or not. Find out whether the child is less cranky today. Find out whether the child has asked for something to eat today or not? If yes, then the child is definitely on the improving path.

If the child is playful today vis-à-vis yesterday, and asked for something to eat by itself is a clearcut indication (even if the fever persists) that this child is 'curing' itself (the allopathic physicians may call it a self limiting viral infection). It is not only **WRONG** to treat this child with indicated (or non-indicated) remedy but grossly 'criminal'! Any prescription or stimulation of the child's immunity is bound to bring about exacerbation or aggravation of the fever or diarrhoea and the child's recovery will be prolonged. Respect the Internal Curative Immune Mechanism of Man.

When not to prescribe and yet Cure is a hidden art of Homoeopathic practice.

BE A SINGLE REMEDY, SINGLE DOSE PRESCRIBER.

If a Homoeopath wants to see miracles happening; if he wants to see typhoid fever vanish in just 24 hours; if he wants to see pneumonia's clear up (radiologically too) within 48-72 hours; if he wants to see 100-135 pus cells in urine disappear within 48 hours; or for that matter wants to surprise his allopathic counterpart, it is only possible with a single dose of a **SIMILIMUM** and the similimum is always a **SINGLE REMEDY**.

Doctors who prescribe mixtures, patents and combinations of say Ferrum phos 3x, Kali Mur 3x, Nat. Mur 3x for fevers or Aloes 30, Podo 30, Croc. Tig 30 for diarrhoeas etc, etc are entirely not at fault for **Abandoning** the very principles of **Similia Similibus Curantur** or the **Seven Cardinal Principles** of Homoeopathy.

There has been up-to-date **NO REAL EFFORT** on the part of **Homoeopathic Scientists** to justify these principles scientifically (i.e. as much as or as far as science has advanced). Secondly, Homoeopaths practising **rightly** have never expressed their views on **HOW TO STICK TO THE CARDINAL PRINCIPLES** and yet get results. Thirdly, **EGO** of other friendly neighbour Homoeopath is so big that he refuses to accept anything which another Homoeopath proposes and sticks to his own guns. Fourthly, the knowledge of the right prescribing image or drug picture not being available, failures abound.

Example:- a) Patient coming with chills at 3 a.m.; followed by fever at 4 a.m.; intense thirst for ice cold water during chill; headache after fever and chill has subsided; the patient lies dull no sleep though; wants fan despite chilliness; no bone pains or bodyache; does not complain much. When the case is analysed and repertorised :

- a) Chill at 3 a.m.- Symptom Rubrics which can be considered
1) Chill (chapter); Night; midnight after; 3 hrs on waking- only Ferr

- 2) Chill, night, midnight after- Ars, Calad, Hep, Op, Thuj, Coff, Dros, Mag-s, Mang, Merc, Mez, Petr, Sil, Sulph
- 3) Chill (chapter); Time, 3 hrs- Aloe, Amm-mur, Canth, Cedron, Cimic, Cina, Eup-perf., Ferr, Lyss, Nat. Mur. Rhus. t. Sil, Thuja..
- 4) Same rubric: 3 a. m- Ars (complete repertory)3-5a.m. Kali. Carb (complete repertory)
- 5) Fever (chapter); succession of stage Chill followed by heat- 98 drugs.

Such rubrics when considered confuse the homoeopath completely. Besides, the questions asked by the physicians, confuses and frustrates the patient.

The smaller rubric of Chill followed by perspiration with thirst or without thirst and heat following chill and perspiration whether it is before the heat or after the heat or chill etc, are totally confusing with different repertories giving different versions and indicating different remedies. Thus, the Homoeopath is taken on a wild goose chase. He lands up with two, three or at times six remedies(?) being indicated commonly in chills, heat, thirst and administers the mixture every 2 hourly or 1 hourly as the emergency demands. The fever comes down gradually from 103 F to 102 F to 100F on the 3rd day and may disappear on the 4th day. The homoeopath is pleased and happy that he has kept the patient away from anti-typhoid drugs or anti-malarial drugs or at least away from an allopath. He does not realize that the fever has subsided because it had to subside. The viral or the bacterial infection had to run its course and the immunity was geared up again to gain equilibrium.

I have in the beginning of my career practised in all these and other ways frantically trying to get results. I even admit of being so non-confident with so many drugs and so many repetitions that many cases were referred to the allopathic physicians saying that serious diseases have no treatment in homoeopathy. "You take a course of antibiotics, control the acute infection, then, I will strengthen your immunity". These words are not just mine. I'm sure most of us who have a conscience will agree that they have done this innumerable times in their practice. BUT and this is a real BUT when I started understanding the importance of treating **Man in Disease** and not **Disease in Man** the whole world changed. To treat disease i.e. fever I had to give so many medicines, repeatedly, to literally hammer down the fever or diarrhoea etc. To treat the MAN, I had to just stimulate the man with a single dose of similia! I had to just perk-up the immunity, to just encourage the man "come on-fight the disease.

You'll remember, when we are seemingly doing this in modern medicine. Yes, it's when we vaccinate, Vaccination is Homoeopathic in principle. We stimulate the immunity with an antigen which is either the bacteria in subclinical form or an immunogen which simulates the bacteria which is injected inside the body. This stimulus procures a reaction in the body which subsequently develop antibodies to the antigen or bacteria and thus defend our body. **It 'cures' and protects by 'Reaction'. (and not action). Our Homoeopathic medicines also cure similarly by REACTION and not by ACTION.** Now, a million dollar question is when allopaths can use **Homoeopathic Principle Similia Similibus Curantur.** (i.e.: inject tubercular bacilli for protection against Tuberculosis and Tetanus toxoid to cure tetanus) and for all this require only one dose per month or then at the most three doses (spread over six months or five years) to make the person healthy. Why? Oh Why? Should a Homoeopath whose science is based on this principle require repeated Stimuli and Repeated doses? Do the allopaths require three or four types of bacteria to be attenuated and injected together to give immunity to a patient from Tuberculosis? Then, why do Homoeopaths require two or three or more remedies to be administered to boost the patient's immune system? If Allopathic vaccinations can work (selectively though) with a single dose and single bacterial stimulus, the Homoeopath with his holistic approach has to cure following **Law of SIMPLEX and Law of MINIMUM DOSE.**

Thus, by this method of single dose single drug practice, one manages to adhere to two of the most important cardinal principles of Homoeopathy.

By not using mother tinctures and sticking to dynamised single doses, the third **LAW of DRUG DYNAMISATION** IS ALSO ADHERED TO.

Coming back to case A, the importance should never be given to chill, the time of chill, the type of chill, the succession stages, the headache, the time of perspiration. This chill and shivering is a symptom of disease or rather a general mechanism of heat production. It has manifested itself only when the patient is diseased.

Chill or shivering occurs as a temperature increasing mechanism when primary motor centre for shivering situated in the dorsomedial portion of posterior Hypothalamus is excited by cold signals from skin and spinal cord. This results from feedback oscillation of muscle spindle stretch reflex. Shivering causes body heat production to kill the bacteria or virus or parasite. This is a part of immune or defensive mechanism of the body and no doubt may be exhibited differently in different constitutions. But with the profuseness of material available in the repertory all of which may not be reliable, one is bound to be confused. And above all, it is a disease symptom, a reaction to a disease. Then, if we don't consider fever, chill, what should we consider for prescribing?

We are interested in treating the **MAN** in disease. The **MAN** or CONSTITUTION or the changed IMAGE is what is required by us, to understand and prescribe the SIMILIMUM. No doubt, every symptom whether it is a pain, or a chill, or the type of fever is going to be the representative of the ill person, but some are more representative of the person than others! These vital representatives of the VITAL FORCE are on the Activity-Thermal-Thirst axis in acute illnesses, to which we add other important symptoms to get the similimum.

Activity - Thermal - THIRST - (Mental) Axis

What we would like to know is, has the constitution been affected so drastically as to bring about a change in Activity, other Generals and thermals, thirst and mentals. This means, how has the constitution reacted to the ACUTE ILLNESS? If, and only if, the Generals, the thermals, the thirst and the Mentals have changed from the 'original' then, and only then, should the patient require something different from the original constitutional drug.

This means that if there is change in ACTIVITY of a person the Generals have changed. If there is a change in tolerance to Heat and Cold - the THERMALS have changed. If there is a change in water intake, - the Thirst is changed. If there is a change in Mental attitudes e.g. irritability, anxiety, etc., - the 'MENTALS' have changed. Thus, the ACTIVITY-THERMAL-THIRST (MENTAL) AXIS has changed. A new remedy which is 'Similimum' to the new Activity-Thermal-Thirst Mental Axis is required to bring about a 'cure' on the basis of our cardinal principle of SIMILIA.

Generals - Activity: Why 'Activity' is important in assessing the changed constitution is already explained in the previous chapter of ACTIVITY (ref. Page 27- for scientific explanation)

Q. What to Assess in Activity?

ACTIVITY of a person may be

- a) INCREASED
- b) DECREASED or
- c) NO CHANGE

This change should not be asked by a direct question but has to be observed by the physician; except in case of infants.

Activity Decreased

Normally an active person, talkative person, fast moving person, becomes dull, inactive, quiet and slow. He either

1. just lies down not doing anything
2. Sleeps continuously.

The mother may point out that the child is sleeping today almost for 10 hours, and did not wake up to eat or to drink etc. In the above case (a) the patient was dull though not sleepy; hence, we chose the first option. 1. Dull and just lies down. Decreased activity is due to large amount of energy i.e. ATP from the mitochondria of the cell is being used up to combat the invader, or transfer the toxins from cell to cell by means of active transport.

Activity Increased: This increase in activity can take place in physical sphere or mental sphere. The mental activity can result in either mental anxiety or mental hyperactivity causing loquacity. Thus, Increased Activity is further divided into

- a) Physical Restlessness (without mental Anxiety)
- b) Mental Restlessness (with Anxiety)
- c) Verbal Activity (Loquacity)

Physical Restlessness:- Here, the patient just moves or is compelled to move by inner unknown urge. The patient just does not sit in one place. Moves constantly; knows not for what. He either paces the floor or goes out for walks just to keep moving.

Mental Activity: Here, changes in the biochemistry of the patient make him ill-at-ease in mind hence, the patient becomes ANXIOUS. A child keeps on crying or becomes snappish or just becomes ununderstandably obstinate and starts kicking, striking, biting, etc. an adult cannot bear anybody disturbing him or asking him questions all of which send him in a fit of Anger. In short, the mental tolerance to all external stimuli is reduced causing the patient to go in a state of anxiety; a state of insecurity as to what will happen to me next?

Verbal Activity: In certain constitutions an acute illness can cause confusion in Wernicke's area in the brain wherein due to unsynchronized impulses from the neighbouring areas, the interpretation area of Wernicke's sends chaotic messages to Broca's area of speech thus causing loquacity. This is expressed in three forms

- (a) Singing,
- (b) Makes Verses and
- (c) Cursing.

SINGING:- The patient, as the fever or toxicity rises becomes more exhilarated and rhythmic. He starts singing or talking in rhyming language. Singing always does not mean actual singing song. He starts becoming rhythmic, starts substituting words from famous songs by his own words. "Jack and Jill went up the hill to fetch a pail of water!- nursery rhymes or a famous film song is repeated again and again.

c) No Change: There are certain conditions which do not change under the ravages of acute infections or illnesses. This means there is no change in **ACTIVITY** of the patient. The patient has neither dulled nor become hyperactive.

For all practical purposes these patients are the ones who tolerate their illness without complaining.

No complaint are be due to various causes

- (a) because of contentment e.g. opium;
- (b) because the patient is averse of pity sympathy from others e.g. Nat. Mur.,
- (c) or the patient does not want others being troubled for him nor does he or she wants to miss his duties, work or school e.g. silicea.

Question 2. We come to the next question whether the patient is

- hot
- chilly

THERMAL AXIS -- Hot or Chilly: This is controversial. I've seen Homoeopaths not believing in Hot or Chilly. Excuses being given for not believing are: -

- a. Hot or Chilly recorded in books are by western standards, which may not be true by Indian standards.
- b. If mentals or PQRS or all other symptoms are coinciding with a particular remedy, neglect the thermals.
- c. Hot or Chilly are very difficult to derive, hence neglect it.

My answer to this:

a. If Hot or Chilly has been recorded in the western temperatures even 4-a.m. aggravation or mid-night aggravation is also by western standards. Should we then convert it to Indian standard time and take mid-night aggravation as 7 p.m. or 8 p.m.? Then, arsenic will be given to Bryonia etc. If time is relative so also is temperature. Hot or Chilly is to be taken according to the Indian standards, which also varies according to altitudes.

A Chilly patient of Punjab may feel hot in Mumbai or Chennai. A Hot patient of Mumbai may feel Chilly in Delhi.

Hot patient does not mean repertorily "Heated becoming aggravation" or "Warmth aggravation" or "Sun aggravation".

Similarly, Chilly patient does not mean "Cold aggravation" or "Cold air aggravation" or "Cold becoming aggravation" as given in the repertory.

Hot or Cold aggravation makes it a particular. We are concerned with "GENERALALS". Now, we are concerned with the tolerance of that person to heat or cold as compared with others around him in the same environment.

- a. Decreased tolerance to heat (as compared to others in the same climate) can safely be taken as HOT.
- b. Decreased tolerance to cold (as compared to others in the same climate) can safely be taken as CHILLY.
- c. Increased tolerance to cold (as compared to others) can safely be taken as HOT.
- d. Increased tolerance to heat can be taken as Chilly.

Examples:

(i). People who cannot sit in a place without AC or fan even in winters or pleasant climate in which others are comfortable are distinctly HOT. People who need AC or Fan to be comfortable even in a pleasant climate are bound to be hot. People who rarely wear sweaters or are the last to wear sweaters as compared to his friends or family members are apt to be HOT.

(ii). People who require double clothing or put-on a sweater easily on the slightest drop of mercury are mostly CHILLY. People who can sit comfortably with Tie and closed collars in a warm sultry room can be taken as CHILLY.

Many a times one finds the patient mentioning " I feel heat as well as cold very easily". There are patients who say, " I cannot bear the extremes of both heat and cold". These are **Ambi-thermal** drugs. e.g. : - Merc-sol, Antim-crud, Natrum-carb, Cinnabaris may be constantly sensitive to, intolerant to, and aggravated by both heat and cold.

Mercury in acute diseases like cough, cold, coryza, fever or diarrhoea i.e. in **PSORIC conditions** presents itself as **Hot**. In chronic conditions like hypertension due to atherosclerosis, ulcerative colitis etc. i. e. when **sycotic or syphilitic miasm** prevails mercury presents itself as **Chilly**.

In demonstrating Chilly constitution please do not ask for warm bathing or cold bathing. I have students being misled by bathing water temperature.

Bathing with warm or cold water is not reliable because it is more of a habit. In cities and advanced urban areas where electricity is easily available and heaters and geysers are easily available there is tendency of bathing with warm water which ultimately becomes a habit. The more the sophistication the more the people tend to incorporate geysers and heaters even in a warm climate as in Mumbai. In the rural areas or not so advanced areas where heating of water daily is impracticable one shall find people bathing with cold water even in coldest of winters, but it does not stamp them as hot. It is more of habit.

Sitting and working daily in an airconditioned environment is also habit forming. One finds that chilly person working continuously in AC and that too chilled environment through the day but hates AC or even fan at night when he is going to bed. He has a constant tussle with his wife or room partner who puts on the fan when he goes and switches it off again and again.

Talking of beds, one finds many patients saying, " I have to have a thin or a thick covering on myself when I sleep at night"; again here it could be a habit. In such patients, one has to take the nature of the patient into consideration before stamping him as hot or chilly.

A timid constitution like Calcarea who prefers to retire into a shell finds blankets and covers simulating a shell and hence wants them for comforts irrespective of hot or chilly.

Another point to note in this hot or chilly section is, in most of the neurotic hysterical patients, one can safely neglect the importance of thermals. This sounds antagonistic. The reason here being that hysterical patients as the word hysteria suggests have a tendency to react more than normal to natural-normal stimuli. Say for instance an ordinary tussle for fan at night between husband and wife is going to be exaggerated by one of them to lead to a divorce to suicide; one of them is positively reacting hysterically. When ordinary contradiction by one sends the other into a rage the person is hysterical. In short, when any reaction to a situation is out of proportion to the action or stimulus the sensitivity of that person is increased bordering on hysteria.

Here in thermals too, same rule applies. Heat or Cold is a stimulus. If a patient is already hypersensitive to all stimuli he/she is bound to react more to heat or cold as well. Hence, hysterical drugs cannot be confined to the mathematics of hot or chilly. They either react excessively to both or on the other hand you find them changing from hot to chilly at a drop of a hat with swings of the moods. Pulsatilla, a definitely a hot remedy in acute illnesses with intolerance to heat and closed rooms with desire for cold open air is known to be chilly at times albeit when hysterical symptoms predominate. The changeability of Pulsatilla can also make it swing from hot to chilly or thirsty to thirstless with its famous now well-now ill constitution.

Other hysterical drugs like Moschus, Valeriana Asafoetida etc. should be considered similarly.

Now, comes the "Million Dollar Question" whether one should consider the genetic constitutional hot or chilly or the changed state of hot or chilly in acute illnesses.?

HOT AND CHILLY: In order to understand the importance of Hot and Chilly it is important to study and understand the Insulator system of the Body.

THE INSULATOR SYSTEM OF THE BODY

There are two Temperatures of the Body.

1. Core temperature
2. Surface temperature

The temperature of the deep tissues of the body the "**CORE**" remains almost exactly Contrast within +/- 1° F, day in and day out except when a person develops a febrile illness.

The **Surface** temperature, in contrast to the core temperature, rises and falls with the temperature of the surroundings. This is the temperature that is important when we refer to the ability of the skin to loose heat to the surroundings.

The mechanisms for control of the body temperature represent a beautifully designed control system, which operates in **health** and in **disease**.

IN HEALTH

The skin, the subcutaneous tissues, and the fat of the subcutaneous tissues are a heat insulator for the body. The fat is especially important because it conducts heat only one third as readily as other tissues because most body heat is produced in the deeper portions of the

body, the insulation Beneath the skin is an effective means for maintaining normal internal core temperature.

Heat is continually being produced in the body as a byproduct of metabolism differently in different constitutions. Body heat is also continually being lost to the surrounding. The various methods by which heat is lost from the body are

- (1) Radiation 60%
- (2) Evaporation 22%
- (3) Conduction 18%

when the rate of heat production is exactly equal to the rate of loss the person is said to be in "**Heat balance**".

The factors that are important in determining the rate of heat production are

- Basal rate of metabolism of all the cells of the body
- Increase in rate of metabolism caused by muscle activity.
- Increase in metabolism caused by the effect of epinephrine norepinephrine and sympathetic stimulation on cells.
- Increase in metabolism caused by increased temperature of the body cells.
- Effect of thyroxin on body cells.

Hence heat production in every individual depends upon the basal metabolic rate, muscle activity, amount of epinephrine, nor-epinephrine thyroxin and sympathetic stimulation. All these are different in different individuals depending upon their genetic constitutions (code) To maintain the heat balance in every healthy individual and make all the systems function normally the amount of heat radiated has to be controlled, This means people who have less heat generated through their metabolic or muscular activity have to conserve heat by accumulating more fat underneath the skin. Therefore **Chilly** people will have excess fat. This is proved by the fact that three or two marks drugs listed in the repertory under General rubric of **Obesity** in Synthesis Repertory are mostly **chilly** drugs. **Out of 30 drugs mentioned 24 drugs are out right chilly.**

OBESITY:

3 Grade remedies - CALC, CAPS, FERR, GRAPH, PHYT,

All 3 grade remedies are CHILLY

2 Grade remedies -

CHILLY REMEDIES: *acon, am-br, am-c, am-m, ang, ant-c, ars, asaf, aur, bell, calc-ar, calo, coc-c, cupr, elaps, fuc, hura, hyos, kali-bi., kali-c, lac-d., phos, pitu-a, thy.*

HOT REMEDIES: *apis., croc., lyc., nat-m., puls., sulph.*

Their excessive fat is deposited to prevent the loss of internal heat to the environment by radiations.

Vice-versa the patient or constitutions which have excessive heat produced within them have to release it out to the surroundings Hence fat which is a poor conductor of heat as mentioned earlier is an obstacle and should be done away with so lean thin people like Iodum, Tuberculinum, Secale cor, Bry, etc. shall be hot.

The above idea is not a hard and fast rule but just an indication of how the constitution of a person can have an effect on his built and how thermals i.e. tolerance to heat or cold is a part and parcel of the constitution prescribed for.

IN DISEASE

In acute cases i. e. during fevers or loss of fluids from diarrhea, maintaining the heat balance is slightly more intricate and different. It is the neuronal effect mechanism that decreases or increases the body temperature here. When the hypothalamic thermostat detects the body temperature as either too hot or too cold it institutes appropriate temperature decreasing or temperature increasing procedures.

Temperature decreasing mechanism are: -

- (a) Vasodilatation all over the body caused by sympathetic centres in posterior hypothalamus,
- (b) Sweating too causes heat loss by evaporation.
- (c) Decrease in heat production by inhibiting shivering and chemical thermogenesis.

In order to achieve this the changes which are brought about in the activity of person as a whole, the osmotic regulation increasing or decreasing the thirst, the increase or decrease in secretion of epinephrine, nor-epinephrine and thyroxin thereby giving rise to change in the behaviour of the patient. All these constitutes an image as a drug picture which may or may not be the constitutional, but definitely has to be in relation to the original constitutional similitum.

Example: If a constitutionally known 'sulphur' patient has to suffer from fever with rigors. If he has changed thermals from hot originally to chilly. If he, who liked being with many friends suddenly starts getting angry at the crowd around him or gets irritated at slightest noise or questions or when disturbed and has tremendous increase in thirst than it is Nux vomica single dose which is indicated and not sulphur because his Activity-Thermal-Thirst-Mental axis has thus changed (For Chilly and Hot remedies chart see page no.157)

Relationship of Remedies:

It has been observed that this world is mathematics. Human being and its beautifully well-balanced feedback systems are all in homeostasis because of mathematics. Even the intricate mechanism inside a cell or in human is governed by the laws and mathematical formulae.

Nernst equation that governs the sodium and potassium in all tissues and cells. States.

$$\frac{\text{Diffusion Potential (in millivolts) For sodium concentration of sodium inside}}{\text{Concentration of sodium outside}} = \frac{-61 \times \log}{}$$

Permeability of a cell membrane to various elements is given by a formula

$$\text{Permeability of membrane} = \frac{\text{No of channels per unit area} \times \text{Temp}}{\text{Resistance of channels per unit length} \times \text{length of channels} \times \text{square root of molecular weight}}$$

These and many other mathematical formulae abound in physiology textbooks. The definite values quoted as normal for hemoglobin, leukocytes, M. C. V., M. C. H. C., blood sugar fasting and post-prandial, cholesterol, triglycerides, proteins etc. are in it self ample proof of mathematicity of the body.

It will be only adamancy (if not foolishness) on the part of physician who does not agree that if any changes occur in the nature or behaviour or in other words in secretions of neurotransmitters which result in anger and fear (adrenaline), depression and sadness (serotonin, epinephrine) etc. are unrelated to the original nature of a person.

In short, if changes are temporarily seen in genetic constitutional similitum during acute phase the new drug picture is almost certain to be in relation to the original drug picture that is a Sulphur might develop diarrhoea of a Nux vomica or a Pulsatilla or an Aloe Soc. or Arsenic all etc. A Calcarea Carb constitution in fever shall develop generals e.g.. Thirst and thermals of Belladonna or a Rhus tox or Nux vomica or Sepia or Silicea or Graphites or Nat Carb if chilliness in thermals is still maintained. If the thermal has changed from chilly to hot during the fever then it may mathematically manifest the symptoms of Lycopodium or Pulsatilla etc.

Lycopodium constitution if affected by dynamic stronger influence may change to manifest general symptoms of Lachesis, Sulphur, Pulsatilla, Bryonia, Iodium, Kali Iod or Ignatia, Ipecac, Silicea, Sepia, Nux vomica, Phos.

Thus it is of utmost importance to know the relationship of remedies.

This knowledge may accidentally help us or guide us to find the right genetic constitutional simillimum. A case of tuberculosis of the lungs which I have cured amply demonstrates the upper concept.

Case: A lady aged 38years suffering from Pulmonary koch's came to me with a picture of Rhus Tox. She would be better and relapse again and again and dose of Rhus Tox every 15days would relieve her. But the X rays follow-up after 1 month did not show any change in her cavity. This led me to interrogate her husband about her nature again. He insisted that she has not told me her real nature. He summed up her whole nature as "unlivable with". She's so touchy, anxious, irritable and discontented that everybody in the house is afraid to talk to her. We keep distance from her because of her irritating nature. Then she nags and nags and complains that we don't care for her. She wants me to be with her everywhere she goes. She is so restless that she just cannot sit and do anything continuously (This restlessness perhaps had misguided me to Rhus Tox). Here after seeing Rhus Tox act partially I was sure the constitutional was not far off. I had only to open the relationship book to find out which drug had Rhus Tox following well. Since Rhus was acute the constitutional drug has to have Rhus Tox following well.

The remedy Cina showed Calc, China, Ignatia, Nux vom, Plat, Puls, Rhus tox, Silicea and Stannum following it well. With the picture now clearly showing the mentals and generals of Cina. I did not hesitate to prescribe a single dose of Cina 200. Believe it or not the cavity disappeared within 3 weeks never to relapse again.

Thus knowing of relationships of remedies is a must.

Those who do not feel the need to do so perhaps are not practicing "holistically hence when I used to practice it that way haphazardly. I never realised the importance of relationship of remedies. (For Remedy relationship chart - refer page no. 155)

PART II

THE MATERIA MEDICA OF ACUTES

CHAPTER 6

ACTIVITY DECREASED.

- **Sleep Overpowering**
- **Dullness**

ACTIVITY DECREASED.

A) SLEEP OVERPOWERING:-

This section constitutes all patients or constitution which become dull to such an extent that they sleep a lot during acute infections or fevers. The mother complains that the child who wakes up daily at 7 am slept today upto 12 noon, woke-up had something to eat and went back to sleep again. In short, need for sleep becomes great. Sleep overpowering all sense. The patient is difficult to arouse. This should be differentiated clinically from 'sleep comatose' or

Coma or unconsciousness. Here unlike the coma or unconsciousness the patient is fully alert when awake. His consciousness is not altered.

SLEEP OVERPOWERING
(Opium, Ant-Tart, Nux-M)

After waking

Quick in actions-**OPIUM**
Irritable-**ANT-TART**
Too giddy to move-**NUX-MOS**

OPIUM

AXIS: SLEEPY+ HOT

POINTERS TO REMEDY

- 1) Sleep-difficult to awaken or disturbed by slightest noise.
- 2) Never complains.
- 3) Constipated.

OTHER INDICATIONS

- 1) Deep profound **slumber** during fever or alternatively awakened at slightest noise or knock at the door.
- 2) Appears **contented**, complacent and has **no complaints**.
- 3) Hot, thirsty or at times thirstless.
- 4) Stools- obstinate constipation.
- 5) When awake actions are **quick**, quick to move, turns the head, change the position etc (Unlike Helleborus or Nux Moschata.)

ANT-TART

AXIS: SLEEPY+CHILLY+THIRSTLESS

POINTERS TO REMEDY

- 1) Excessive **Weakness**
- 2) Excessive **perspiration**
- 3) Excessive **sleep**

OTHER INDICATIONS

- 1) Irritability
- 2) Thirstless or sips of water often.
- 3) Aversion to milk.

NUX-MOS

AXIS: SLEEPY+CHILLY+THIRSTLESS

POINTERS TO REMEDY

- 1) Sleep Excessive
- 2) **Dry** mouth with no thirst.
- 3) **Fainting** spells.

OTHER INDICATIONS.

- 1) **Dryness+++** of mouth causing dry cottony saliva.
- 2) Dry stools.
- 3) Excessive **drowsiness** with neuralgic pains and abdominal pains.
- 4) Tendency to blank out without any reason.

ACTIVITY DECREASED

DULLNESS

By dullness we mean hypo-activity of mind and body. whenever any acute illness occurs certain constitutions reduce in activity.

Reduction in activity is obvious from the fact that these patients would like to lie-down on bed more than usual. Their voice does not have zest and vivacity. They just rest and sleep. They may not be in slumber or many not be in overpowering sleep.

DCTL

4)Sepia 5)Gels 6)Ac. Phos 7)Ignatia 8)Staph 9)Ipecac 10)Nat-Carb 11)China

DCT

12)Nux-vom 13)Eup-per 14)Phos 15)Calc-c 16)Bell 17)China 18)Silicea 19)Hyos

DHTL

20)Puls 21)Bry 22)Apis 23)Lach 24)Sulph 25)Lyc 26)Thuja 27)Opium 28)Carbo-v

DHT

29)Bry 30)Nat. Mur 31)Sulph 32)Lyc 33) Merc. S. 34)Apis

SEPIA

AXIS: DULL+CHILLY+THIRSTLESS (DCTL)

POINTERS TO REMEDY

Dull. chilly. thirstless, indifferently and Indolent.

- 1) **Indolent:-** No desire for any work or Amusement.
- 2) **Indifferent:-**
 - a) to complaints and pain
 - b) to amusement.-no desire to watch T.V. or listen to music.
- 3) Lies down but does not sleep
- 4) **Averse to consolation or help.**

Note:- sepia is indicated

1) when patient becomes dull or when new symptoms develops after WRONG HOMOEOPATHIC DRUGS.

2) Also indicated when patient becomes dull chilly after exposure to strong vibrations or energy, e.g.: electric shock, after sonography, after x-rays being taken etc.

Rule-out:- if there is desire and interest in work and surroundings.

GELSEMIUM

AXIS: DULL+CHILLY+THIRSTLESS (DCTL)

POINTERS TO REMEDY

- 1) dull
- 2) Thirstless with heavy eyes.
- 3) Very sleepy but cannot sleep.

OTHER INDICATIONS:-

- 1) **Heaviness above eyes** and of upper eyelids with occasional heaviness of limbs.
- 2) Sleepy but **cannot sleep.**
- 3) **Timid** and apprehensive
- 4) Ailments from vexation.

Rule-out:- If no heaviness of eyelids.

ACID-PHOS

AXIS: DULL+CHILLY+THIRSTLESS (DCTL)

POINTERS TO REMEDY

- 1) Dullness, chilly, thirstless with strong desire for cold **refreshing drinks**. e.g.: lemonades.
- 2) **Anger++** when forced to **answer**.
- 3) A/F:- Grief, Anger, Mortification.

OTHER INDICATIONS:-

- 1) Mental **weakness** followed by physical.
- 2) Desire cold-drinks, cold milk, refreshing things though thirstless.
- 3) Aversion to **dry food**. e.g.: Bread, biscuits, pizza.
- 4) Pain in limbs > motion.
- 5) A/F vexation, mortification.
- 6) Fever after Suppressed skin eruptions
- 7) Resignation.

Rule out:- if no desire for cold drinks.

IGNATIA

AXIS: DULL+CHILLY+THIRSTLESS (DCTL)

POINTERS TO REMEDY

- 1) Very **studious**
- 2) Sits **erect** without support
- 3) A/F **Hurt**.

OTHER INDICATIONS:-

- 1) **Good boy/girl** Image: Children who become obedient or start taking interest in studies suddenly when ill. They study despite fever-Conscientious(diligent)
- 2) Always sitting erect without support of the back of the chairs.
- 3) Fever or diarrhoea etc coming on after being upset e.g. on losing **1st rank**, acquiring less marks than her friend, from being scolded or punished.
- 4) Anxiety coming on suddenly at night between 2am and 5am.
- 5) Desires **hot food**, which **ameliorates**.
- 6) **Hungry** after fever. (Hunger before/during fever - **Staph**)
- 7) Raw food ameliorates. (Raw, dry food aversion **Ac-Phos**)

STAPHYSAGRIA

AXIS: DULL+CHILLY+THIRSTLESS (DCTL)

POINTERS TO REMEDY

- 1) very **studious**
- 2) A/F **anger**, Mortification, vexation.
- 3) **Hunger**.

OTHER INDICATIONS:-

- 1) Studious-"**Good Boy**" Image- wants to study or go for daily work despite fever or pain; not out of any compulsions.
- 2) Increased **HUNGER** fever before and during
- 3) Acute complaints come after having had a quarrel with someone or being angry with someone and not able to express it.

IPECAC

AXIS: DULL+CHILLY+THIRSTLESS (DCTL)

POINTERS TO REMEDY

- 1) **Nausea** Incessant which is not be relieved by vomiting.
- 2) **Clean** tongue.
- 3) Haughty.

OTHER INDICATIONS:-

- 1) Continuous Nausea not ameliorated by vomiting pale, cold, clammy looks.
- 2) Haughty, difficult to please, contemptuous.
- 3) Disdainful humor.
- 4) Clean tongue.

NAT-CARB

AXIS: DULL+CHILLY+THIRSTLESS (DCTL)

POINTERS TO REMEDY

- 1) **Chilly** yet heat of **sun** aggravates.
- 2) Conscientious.
- 3) **Misanthropy** yet fear of being alone.

OTHER INDICATIONS:-

- 1) TIMID, BASHFUL, LONER, RESERVED yet fighter
- 2) Desires bread, Aversion-milk.
- 3) Nibbling Hunger at 5am
- 4) < sad music, Thunderstorm.
- 5) Wants to be alone, yet **dreads** being **alone**.
- 6) Aversion to certain persons.

CHINA

AXIS: DULL+CHILLY+THIRSTLESS (DCTL)

POINTERS:

- 1) **Sensitivity** to touch (Slightest / lightest)
- 2) Periodicity.
- 3) Desires **Fruits**

OTHER INDICATIONS:

- 1) Irritation seen on the face as **reverse frown**
- 2) Weakness flatulence, craves fruits
- 3) Sensation as if everything is hindering or tormenting him- tormented face.
- 4) Physically sensitive to slightest noise
- 5) Periodicity, **weakness**, tormented face.

NUX VOMICA

AXIS: DULL+CHILLY+THIRSY (DCT)

POINTERS:

- 1) **Anger** when obliged to **answer** or on being disturbed.
- 2) Anger **noise**, light
- 3) Ineffectual urge for stool

OTHER INDICATIONS:

- 1) Anger on himself
- 2) Angry/irritable when disturbed or asked what he wants or if question is repeated twice.
- 3) Irritable by T.V, light, children, noise.
- 4) A/F **Antibiotics**.

- 5) Stools-ineffectual urge

EUPATORIUM PERFOLIATUM

AXIS: DULL+CHILLY+THIRSY (DCT)

POINTERS:

- 1) Unquenchable **thirst** for (ice) cold water
- 2) Severe **bone** pains
- 3) **Vomiting**

OTHER INDICATIONS:

- 1) Postponing fever or fever with 25 hrs periodicity.
- 2) Desires Hot or warm drinks sometimes.

PHOSPHORUS

AXIS: DULL+CHILLY+THIRSY (DCT)

POINTERS:

- 1) Fearful- dark; **in room.**
- 2) Desires **touch** - magnetized desires to be
- 3) Desires **Ice-creams**

OTHER INDICATIONS:

- 1) Thirst for ice-cold drinks or water
- 2) Desires- Touch, hugging, holding hand of visitors.
- 3) Fear of darkness, of somebody in the room or something creeping out of the corner.
- 4) Good looking (tubercular features)
- 5) Loves drawing or painting
- 6) Aversion Sweets
- 7) No desire to work or study.

CALCAREA CARB

AXIS: DULL+CHILLY+THIRSY (DCT)

POINTERS:

- 1) Timid
- 2) Wants mother's touch
- 3) Desires Eggs, sweets

OTHER INDICATIONS:

- 1) **Mild, timid**
- 2) Desires **touch** company, protection.
- 3) Wants mother by the side
- 4) Craves **Sweets** and **cold drinks**
- 5) Extreme thirst
- 6) Perspiration cold, clammy, profuse.

BELLADONNA

AXIS: DULL+CHILLY+THIRSY (DCT)

POINTERS:

- 1) Suddenness
- 2) Redness
- 3) Desires Lemonades

OTHER INDICATIONS:

- 1) Great sensitiveness to light, **jar**, noise.
- 2) **Sudden** appearance and sudden disappearance of pains and complaints.
- 3) **Redness**, heat, congestion.
- 4) Desires **Lemonades**.

SILICEA

AXIS: DULL+CHILLY+THIRSY (DCT)

POINTERS TO REMEDY

- 1) Studious/Conscientious.
- 2) Mild and yielding yet obstinate
- 3) Face bloated.

OTHER INDICATIONS:-

- 1) **Mild** yielding yet obstinate children looking SAD and SENSITIVE.
- 2) Extreme **desire to study** or go to school or **work** despite high fevers.
- 3) Concerned about mothers problems more than her own illness.
- 4) Silicea though otherwise anxious has **no anxiety** about health during fever or acute ailments.
- 5) Aversion to cooked food. Desires **raw vegetables** (Sulph, Alum, Calc, Tarent, Ign)
- 6) **Bloated** face with or without redness and distended abdomen.
- 7) Though **chilly, heat** in head, spine and feet
- 8) A/F cooling after overheating; **Anticipation**.
- 9) Extreme thirst. Thirsty at night/thirstless during day.
- 10) Ability to swallow only liquids but **Aversion to Milk**.

NOTE:- Silicea has extreme thirst but could also present itself as thirstless during day, thirsty at night.

HYOSCYAMUS

AXIS: DULL+CHILLY+THIRSY (DCT)

POINTERS TO REMEDY:

- 1) **naughty** looks
- 2) Sings
- 3) **Smiling**

OTHER INDICATIONS:

- 1) Child is dull, heavy eyelids but easily. Smiling (Carcinosin) responds smilingly to your questions.
- 2) Goes to the extent of joking, playing mischief quietly with a naughty look in the eyes, all this despite high fever.
- 3) Entertains by reciting rhymes or poems.
- 4) Hyperactive and Jesting.

PULSATILLA

AXIS: DULL+HOT+THIRSTLESS (DHTL)

POINTERS:

- 1) Dry mouth with no thirst.
- 2) Changeable modalities and symptoms.
- 3) Desires consolation and open air.

OTHER INDICATIONS:

- 1) **Dry mouth** yet thirstless or **changeable** thirst.
- 2) Mild, meek, weeping, wants mother near, carrying, caring, consoling.
- 3) Wants doors and **windows open**.

- 4) Changeable: thermals, thirst e.g. felt chilly yesterday, hot today or thirsty in the morning, thirstless in the evening.
- 5) Involuntary moaning with fever.
- 6) A/F specially diarrhoea from **rich** food, heavy, fried food.

BRYONIA

AXIS: DULL+HOT+THIRSTLESS (DHTL)
(see also DHT)

POINTERS:

- 1) Dry mouth yet thirstless.
- 2) Lies motionless.
- 3) > Pressure.

OTHER INDICATIONS:

- 1) Dry mouth- thirstless; or thirst for large quantities at large intervals.
- 2) **Dry, listless**, irritable people lying or emotionless.
- 3) Dull but not sleepy.
- 4) Bodyache > pressure < movements.
- 5) Hard stools.
- 6) **Business** thoughts.
- 7) A/F anger, mortification.
- 8) **Diligent**/ Conscientious.

APIS

AXIS: DULL+HOT+THIRSTLESS (DHTL)

POINTERS:

- 1) Oedema
- 2) Anger/ Dominating.
- 3) Associated urinary symptoms.

OTHER INDICATIONS:

- 1) Angry, Dominating, Jealous.
- 2) Sadness, indifferent, stuporous.
- 3) **Oedematous** face especially eyelids with frequency of urine increased but **scanty urine**.
- 4) Loss of speech or inability to talk i.e **aphasia** with fever.
- 5) Does not complain.
- 6) Shrieking in sleep.

LACHESIS

AXIS: DULL+HOT+THIRSTLESS (DHTL)

POINTERS:

- 1) Jestng with complaints.
- 2) Increased sensitivity to clothes.
- 3) < Sleep after/ during.

OTHER INDICATIONS:

- 1) Eructations, hiccoughs with fever,
- 2) Speech becomes **fast**.
- 3) **Jesting** with pain and acute complaints.
- 4) **Quick** in action and perception.
- 5) **Night or sleep**<; **waking** <.

SULPHUR

AXIS: DULL+HOT+THIRSTLESS (DHTL)
(See also DHT)

POINTERS:

- 1) Lips bright red.
- 2) Head, palms, soles hot.
- 3) Angry with himself.

OTHER INDICATIONS:

- 1) Internally, anxious but bursting open with **anxiety at night at 1.00 a.m.**
- 2) Angry on himself for feeling ill.
- 3) **Reddish** hue on face with red lips **palms soles red, hot.**
- 4) AV to bath, hair haphazard, **dirty** appearance. Indifference to external appearance.
- 5) Anxiety health, yet **not ready** for any investigations; not even measuring BP.

LYCOPodium

AXIS: DULL+HOT+THIRSTLESS (DHTL)

POINTERS:

- 1) Loves studies, books, knowledge
- 2) Desires hot food/drinks, sweets
- 3) ##### inferiors, soft with superiors

OTHER INDICATIONS:

- 1) Serious looking, never smiling child.
- 2) Child with bean shaped face with bossed forehead
- 3) Anger with timidity surfaces on face as doctor approaches to examine.
- 4) Hot patient who loves hot food, hot milk.
- 5) Adult who are always keen on thorough investigations.

THUJA

AXIS: DULL+HOT+THIRSTLESS (DHTL)

POINTERS

- 1) Diligent
- 2) Cautious
- 3) A/F Vaccinations.

OTHER INDICATIONS

- 1) Delicate but, fat, stout children.
- 2) **Cautious** afraid to walk or move or jump lest he /she might be injured (frail sensation)
- 3) Crankiness < **5a.m. - 10 a.m.**
- 4) A/F **Vaccination**, insect - bites.

OPIUM

AXIS: DULL+HOT+THIRSTLESS (DHTL)

POINTERS:

- 1) **sleep+++**
- 2) **Contented and complainless**
- 3) Constipated

OTHER INDICATIONS

- 1) Sleepy, never complains.

- 2) Contended with himself or his condition but **irritated when disturbed**.
- 3) SLEEP : deep, long difficult to waken or sleep disturbed by slightest noise.
- 4) **Never anxious** about his condition.

CARBO-VEG

AXIS: DULL+HOT+THIRSTLESS (DHTL)

POINTERS:

- 1) Stasis of all systems.
- 2) **Unfortunate** feels he is
- 3) Wants **fan**

OTHER INDICATIONS:

Mental / Physical stasis

- 1) Quiet **slow**, confused, sad, silent.
- 2) Timid yet sarcastic, mocking as if deeply hurt.
- 3) Physical stasis or slowness of all systems causes **offensive** discharges e.g.- stool, urine, perspiration.
- 4) **Flatulence** with H /O jaundice in past.
- 5) Excess perspiration yet wants fan, chilly in collapse HOT in infective acute illnesses.
- 6) Slow portal circulation causing piles, jaundice, cramps in legs, varicose veins, headaches

RULE OUT - If active.

N.B. -carbo-veg is gen. Thirsty.

BRYONIA

AXIS: DULL+HOT+THIRSY (DHT)

(See also DHTL)

POINTERS

- 1) Dry, Business minded
- 2) Motionless
- 3) > pressure

OTHER INDICATIONS:

- 1) Dry mouth, tongue.
- 2) Dry, listless, irritable people **lying motionless**, dull but not sleeping.
- 3) **Business** thoughts.
- 4) A / F anger, mortification.
- 5) **Diligent** conscientious.
- 6) Bodyache >> **pressure**.
- 7) < **movement**.
- 8) Hard Stools.

NAT-MUR

AXIS: DULL+HOT+THIRSY (DHT)

POINTERS

- 1) **Non - diligent**
- 2) < **SUN**
- 3) < **Visitors**

OTHER INDICATIONS:

- 1) Silent, quiet **Aversion** to guests, **people asking how are you?**
- 2) **Angry when obliged to answer**.
- 3) Desires loneliness but wants **one person in room**.
- 4) **Vomitting** with fever.

- 5) Craves **salt**.
- 6) Lower lip scaly or cracked in middle.

SULPHUR

AXIS: DULL+HOT+THIRSY (DHT)
(See also DHTL)

POINTERS

- 1) Lips bright red.
- 2) Head, palms, soles hot.
- 3) Angry with himself.

OTHER INDICATIONS:

- 1) Internally, anxious but bursting open with anxiety at night at 1.00 a.m.
- 2) Angry on himself for falling ill.
- 3) Reddish hue on face with red lips palms soles red, hot.
- 4) Aversion to bath, hair haphazard, dirty appearance. Indifference to external appearance.
- 5) Anxiety health, yet not ready for any investigations not even measuring BP.

LYCOPodium

AXIS: DULL+HOT+THIRSY (DHT)
(See also DHTL)

APIS

AXIS: DULL+HOT+THIRSY (DHT)

Pointers:

- 1) Oedema
- 2) Anger/ Dominating.
- 3) Associated urinary symptoms.

OTHER INDICATIONS:

- 1) Angry, Dominating, Jealous.
- 2) Sadness, indifferent, stuporous.
- 3) Oedematous face especially eyelids with frequency of urine increased but scanty urine.
- 4) Loss of speech or inability to talk i.e aphasia with fever.
- 5) Does not complain.
- 6) Shrieking in sleep.

MERCURY

AXIS: DULL+HOT+THIRSY (DHT)

POINTERS:

- 1) **Disobedient**
- 2) Excess **thirst**
- 3) **Salivation**

OTHER INDICATIONS:

- 1) Constantly **moving**, restless.
- 2) Rough behaviour, **revolting** against whatever told hence disobeys mother's commands.
- 3) Precocious, intelligent but not at all studious
- 4) Excess perspiration
- 5) **Obese but active**
- 6) Anarchist, revolutionary
- 7) Hurry, haste, chaotic

RHUS-TOX

AXIS: Physically restless/Active + Chilly + Thirsty

POINTERS:

- 1) **Physical restless no mental anxiety.**
- 2) **> Motion**
- 3) **Mild + obsequious**

OTHER INDICATIONS:

- 1) Patient Moves from one seat to other without reason, or moves or paces in the room.
- 2) Offers seat to others and pays excessive undue respect to others. As if he is willing to go out of way to give you any thing (**OBSEQUIOUS**)
- 3) Fever comes on usually in the **evening about 6pm.** and lasts upto early morning.
- 4) Pains and bodyache > by motion < rest
- 5) Patient becomes extremely superstitious during acute illness.

KALI-SULPH

AXIS: Physically restless/Active + Hot + Thirsty or Thirstless

POINTERS:

- 1) **Restless, but not anxious**
- 2) **Timid**
- 3) **Fair, lean, thin**

OTHER INDICATIONS

- 1) Restlessness here means only playful jumping from bed to chair to table etc.
- 2) Child has **no anxiety**, no weeping, no discomfort despite high fever
- 3) Movements are pure physical. It is **parents** who are **more anxious** hearing the chest rattling and seeing the child cough and temperature rising
- 4) Appearance of child is fair with red tips, delicate features, mild look.
- 5) Never well since pneumonia

MERC-SOL

AXIS: Physically restless/Active + Chilly or Hot + Thirsty

POINTERS:

- 1) **Disobedient**
- 2) **Excess thirst**
- 3) **Salvation**

OTHER INDICATIONS:

- 1) Constantly **moving**, restless.
- 2) Rough behavior, **revolting** against whatever cold hence disobeys mother's commands.
- 3) Precocious, intelligent but not at all studious
- 4) Excess perspiration
- 5) Obese but active
- 6) Anarchist, revolutionary
- 7) Hurry, haste, chaotic

TARENTULA

AXIS: Physically restless/Active + Chilly + Thirsty

POINTERS:

- 1) Constantly **motion of limbs**
- 2) **> Music**
- 3) **Disobedient**, contrary behaviour.
- 4) Eats indigestible things **collar** of shirt, towels, send etc.

OTHER INDICATIONS:

- 1) Child has to be forced to eat, drink, sleep, get dressed.
- 2) Mischievous, loves to Trouble others
- 3) Destructive even while loving the child will slap or pinch
- 4) **Bites Or Strikes**
- 5) Thirsty constitutionally-Thirstless in fevers.
- 6) Heedless not afraid of being hit or hurt.

ARSENIC

AXIS: Mental restless/Anxiety + Chilly + Thirstless/Thirsty

POINTERS:

- 1) Desire **sips** of water
- 2) **Desire warm** food and drinks
- 3) **Fastidious**

OTHER INDICATIONS:

- 1) Anxiety about health
- 2) **Graceful**
- 3) Weakness
- 4) Conscientious
- 5) Midnight aggravation

CINA

AXIS: Mental restless/Anxiety + Chilly + Thirstless

POINTERS:

- 1) **Boring Nose**
- 2) **Thirstless**
- 3) **Cranky; Piteous crying**

OTHER INDICATIONS:

- 1) Boring in any of the orifices esp. the nose
- 2) Capricious + cranky
- 3) **Carried** desire to be with abdomen over shoulder Which relieves temporarily.

NUX VOMICA

AXIS: Mental restless/Anxiety + Chilly + Thirsty

POINTERS:

- 1) Fastidious
- 2) Irritability, crankiness < questioned when
- 3) < Light, Noise

OTHER INDICATIONS:

- 1) Quarrelsome, spiteful, malicious
- 2) A/F High living, stimulants, late hours, sedentary life
- 3) H/O Allopathic medicines
- 4) Oversensitiveness to noise, light, strong odours, talking
- 5) Ineffectual urgings

CHAMOMILLA

AXIS: Mental restless/Anxiety + Chilly + Thirsty

POINTERS:

- 1) **Uncivil, snappish**

- 2) **Desires to be carried, >>carried**
- 3) **Red Hot**

OTHER INDICATIONS:

- 1) Offensiveness - Mental and physical
- 2) One cheek red, other hot (Unbalanced state)
- 3) A/F After a fit of anger / Emotion
- 4) Oversensitiveness - Mental/Physical - Intolerance to pain/suffering
- 5) **Thirst +++**
- 6) Kicking and crying(**demanding** cry)
- 7) <<<**9.a.m.**(bryonia-similar state <9.p.m)

BARYTA-CARB

AXIS: Mental restless/Anxiety + Chilly + Thirsty

POINTERS TO REMEDY

- 1) Functional deficiency of mind & body
- 2) Averse to strangers.
- 3) **Misplaced** Anxiety.

OTHER INDICATIONS:-

- 1) Mind and body do not work upto their fullest capacity. Thus mind has reduced capacity of thinking, reduced confidence, reduced will, lack confidence, shy of strangers, does not talk during illness.
- 2) Misplaced anxiety:-Patient who come for Bell's Palsy or ptosis of eyelids do not understand the importance or seriousness of the disease but will be more anxious of cough or sneezing or itching which disturbs their sleep at night. Anxiety not in proportion to illness.
- 3) Patient appears TIMID-answers foolishly.(but not mild).

Note:- Baryta carb, Baryta sulph which have absolutely no anxiety of health. Become very anxious during fevers but has misdirected anxiety.

FERRUM MET

AXIS: Mental restless/Anxiety + Chilly + Thirsty

POINTERS:

- 1) **Reddish** discoloration
- 2) Strong **positive**
- 3) **Conscientious**

OTHER INDICATIONS:

- 1) < Contradiction
- 2) Anaemic, chlorosis - False plethora
- 3) > Open air /Cool air, > **Gentle motion**

FERRUM PHOS

AXIS: Mental restless/Anxiety + Chilly + Thirsty

POINTERS:

- 1) Reddish discoloration / **Flushing** of face
- 2) **Timidity**
- 3) Acuteness of complaints

OTHER INDICATIONS:

- 1) Aversion to company
- 2) Intolerance to interruption / hinderance
- 3) Right sidedness
- 4) Anaemic

- 5) Relaxation (General)
- 6) > Open air, **confusion**>**walking**.
- 7) Indifference to exciting events

CHINA

AXIS: Mental restless/Anxiety + Chilly + Thirsty

PULSATILLA

Axis: Mental Anxiety + Hot + Thirstless

SULPHUR

Axis: Mental Anxiety + Hot + Thirstless

APIS

Axis: Mental Anxiety + Hot + Thirstless

TUBERCULINUM

AXIS: Mental restless/Anxiety + Hot + Thirsty

POINTERS:

- 1) Travel/**Wander** desire to
- 2) Desire **cold milk and sweets**
- 3) **Loquacity** during fever

OTHER INDICATIONS:

- 1) Long bones, Nose, sharp features.
- 2) **Fearless, hopeful**

MERC-SOL

AXIS: Mental Anxiety + Hot + Thirsty

CHAMOMILLA

AXIS: Mental Anxiety + Hot + Thirsty

VERBAL ACTIVITY INCREASED.

BELLADONNA

The redness, suddenness and desire for lemonades with such singing will point towards BELLADONNA. The song sung are usually in loud voice.

Example: A doctor who was treated by a close friend of mine and for whom I was also consulted developed suddenly side-effects of Norflox antibiotic taken for some infection. The side-effect of Norflox was **Psychosis**. The 60yr old doctor started talking continuously in a loud voice. The 'talk' was so continuous that people hearing it would be tired, but the patient was not. This went on throughout the night, non-stop. When I visited him his face was 'flushed' and on seeing me he started - Prafulbhai, Prafulbhai, Prafulbhai; How are you, How are you, How are you, ? every question or sentence was being talked in a rhythm of three. Without waiting for reply he went on I'm fine, I'm fine, I'm fine. A dose of belladonna 30 administered by my friend Dr. Mehta, cured him completely to the surprise of the hospital authorities who were treating him in vain.

STRAMONIUM:

- 1) **Panic** in dark
- 2) Aversion to **bright** light also.

- 3) Singing or talking on **one subject**
- 4) Chilly - Thirsty
- 5) Face Dull - Anxious- Panic Stricken

OPIUM :

- 1) **Singing**
- 2) Sleep - Over powering
- 3) Sleep- difficult to awaken or disturbed by **slightest** noise
- 4) No complaints- **contented**
- 5) Ailment from fright
- 6) Hot

VERAT ALB:

- 1) Singing
- 2) Loves **Lemonades** or **cool** refreshing drinks
- 3) Chilly in collapse condition or perspiring condition. **HOT** otherwise.
- 4) Haughty, Hopeful, Slanders, Curses at the same time prays.

CANN IND:

- 1) **Vivacious** speech, **Laughs+++**
- 2) Talks on **one subject** specially **science**
- 3) Makes verses
- 4) **Chilly** + Vivacious

LACHESIS:

- 1) **Hot** Thirst or Thirstless
- 2) Sensitive to **clothes** touching **throat**, averse to tight clothing
- 3) Worse **sleep** during or after
- 4) **Jesting** on his own illness.

COFFEA:

- 1) **Vivacious**, Timid, Benevolent
- 2) Talks irrationally during fever
- 3) Makes plans for future
- 4) Talks of pleasant scenes and surroundings
- 5) Makes verses on Nature
- 6) Easily **overjoyed**, easily **saddened**.

ANTIM CRUD:

- 1) Though **Chilly**, aggravated by the **Sun**
- 2) Desires **sour** which **aggravates**
- 3) **Gastric** disturbances
- 4) Aversion to people, **oversensitive**, **sentimental**
- 5) Makes Verses.

NO CHANGE: There are certain conditions which do not change under the ravages of Acute infections or illnesses. This means there is no change in **ACTIVITY** of the patient. The patient has neither dulled nor become hyperactive.

For all practical purposes these patients are the ones who tolerate their illness without complaining.

"No complaint" is due to various causes

- (a) because of contentment e.g. opium;
- (b) because the patient is averse to pity and sympathy from others e.g. Nat. Mur.,

or the patient does not want others being troubled for him nor does he or she wants to miss his duties, work or school e.g. silicea.

PART III - CLINICAL

- **Helpful Hints**
- **Cases**
- **Remedy Relationship Chart**
- **Hot and Chilly remedies**
- **Thirty and thirstless remedies**

OTHER HELPFUL HINTS:

There are times when certain presenting symptoms lead us to think of a particular group of remedies. **These presenting symptoms form a strong basis for prescription, of course by equating their generals and thermals with that of the patient.**

- a) Excessive thirst for cold water makes us think primarily of
Chilly: Aco, Eup. Perf., Phos., Calc. C., Verat. Alb.
Chilly and Angry: Cham, Nux-v, Coloc, Hepar-s.
Hot: Nat-mur, Bry, Sulph, Merc-sol, Tub.
- b) No desire to drink at all: Puls, Apis Bry
- c) Thirst for sips of water often:
Chilly: Ars, Ant-tart, Nat-ars, Coloc, China
Hot: Puls, Sulph.
- d) Thirst for warm or hot drinks: Lyc, Casc, Eup-perf.
(Eup, perf has desire for ice cold drinks as well as warm drinks)
- e) Nausea accompanying a fever - one should think of Nat-mur first. Other remedies in differential diagnosis are: Ipecac, Ars, Eup-perf, Phos, Bry, Sepia.
- f) Excessive vomiting accompanying the chief complaints:
NAT-MUR, EUP-PERF, ANT-TART, IPECAC
Verat-alb, Cocculus, Cina, Cham, Lyc, Ars, Ferr.
- g) Fever with headache at vertex: Graphites should be ruled out.
- h) Patients removing covers for sometime and taking covers back again, alternately with perspiration, weakness and yet strong mental state is Camphor.
- i) Children who insist on going to school or insist on studying and doing homework in high fever, which in normal condition they tend to neglect should get one of the GOOD BOY

REMEDIES e.g. Aur iod, Aur met, Silicea, Ignatia, Staph or Lyc. (If generals and thermals correspond)

j) Children who are friendly with the doctor but become panicky and do not allow the doctor to touch or examine require (if generals, thermals and thirst correspond) - Aco, Thuja, Stram, Lyc, Ars, Ambr, Bar-c, Ip, Ant-tart, Arg-nit.

k) **Points to note:**

- Some drugs can be both Thirsty and Thirstless. e.g. - Ars, Ant-tart, China, Puls, Apis, Bell, Sil.
- Thirsty in Chronic and Thirstless during Acute illness: e.g. Cina, Kali-carb, Lachesis, Bryonia, Sulph, Tarent, Bell, Baryta-carb.
- Thirstless in Chronic and Thirsty in Acute: Ipecac, Apis, Puls (for sips), Ant-tart (for sips), China.

l) When a patient does not like to be questioned about how are you feeling or what would you like to eat or drink? specially by his wife, or why you did not take your medicine today? Or if he is asked the same question twice and he expresses his irritation by a frown or not answering --- the remedies to be considered are

CHILLY: Nux-v, Ac-phos, Arn, Ars, Colo

HOT: Pulsatilla, Nat-mur

m) All Kalis and silicas -- Anxiety disappears during fever or illness (except Kali-carb -- Anxiety¹)

Kali-ars along with other kalis (except Kali-carb) are ANXIOUS³ have anxiety of health, but Anxiety disappears during fever or illness.

LYCO³ has A. about health -- disappears during fever

NIT-AC.³ has A. about health -- disappears during fever

SILICEA³ has A. about health -- disappears during fever

Bar-C, Bar-S, have hardly any anxiety about health, but tremendous anxiety during fever. Similarly Cina, Tub, Ipecac have no anxiety about health, but increased anxiety during illness or fever

Natrum -- less A. about health during both - so averse to consolation.

Arg-n -- Anxiety in general, but no anxiety of health and no anxiety of fever.

Silent Anxiety of health (Where patient is just looking steadily and indifferent with) is Sepia.

n) **EASY WAY TO REMEMBER THIRSTY AND THIRSTLESS REMEDIES**

(a) Most CARBONS and CARBONATES are thirsty.

CARBONS: Carb-veg, Carbo-an, Carb-sulph, Carb-ac, Graph, Kreos, Petrol.

CARBONATES: Calc-carb, Kali-carb, Mag-carb, Nat-carb, Amm-carb

(b) Most **POLYCHREST** are thirsty: Sulph, Nat-mur, Phos, Ars, China, Op, Sil, Verat-alb, Stram, Secal-cor, Rhus-tox,

(c) Most angry drugs are thirsty - Nux-vom, Colo, hep-s, Cham, Aco

(d) Most **BARYTAS** are thirsty - Bar-c, Bar-m, Bar-Iod

(e) Most **CALCAREAS** are thirsty except Calc-p which can be thirstless also.

(f) Most **MERCURIES** are thirsty except Merc-cor and Merc-i-r which can be thirstless also.

(g) Most **KALIS** are thirsty except Kali-c, kali-P which can be thirstless also.

(h) Most **NATRUMS** are thirsty

- (i) Most **MAGNESIUMS** are thirsty but to a lesser degree than natrums.
- (j) All **SNAKES** are thirsty
- (k) Most **SPIDERS** are thirsty except Tarentula which can be thirstless
- (l) Most **METALS** are THIRSTLESS except Cup-met, Plb
- (m) Most **ACIDS** are THIRSTLESS but desires juices and refreshing things
- (n) **POLYCHREST** which are THIRSTLESS are Lyc, Puls, Amm-mur, China, Gels, Sep, Apis, Ant-tart, Nux-mosh, Tarent, kali-c.
- (o) Tarentula Kali-carb and China can be both.

CASES

Case 1 :

Date 18-2-97

Case of child 6 years old. Fever since 2 days. X-ray showed :- Right sided mid-zone pneumonic consolidation - on 18-2-97 Fever 103 degrees F; The child was quiet. Sleep was less. Wanted to open his books and read during fever. Did not trouble the mother. Mother had brought the child with a blanket wrapped around with a warm sweater inside. All this did not disturb or discomfort the child indicating he was 'chilly' at that stage. No thirst at all. One thing which was peculiar was that this mild, quiet child would 'hit' his father but very slowly. He was as though angry with the father but friendly to all in the clinic.

Activity Thermal Axis :-

General Activity - DULL (Not sleepy)
 Thermal - Chilly
 Thirst - Thirstless
 Activity Thermal Thirst = D.C.T.L.

D.C.T.L.:- SEP, GELS, Ac-Ph, Ign, Staph, Nat Carb, Ipecac, China

Diligent- Conscientious - Ac-Ph, Ign, Staph, Nat Carb.

No craving for refreshing drinks - Ign, Staph, Nat Carb

No Misanthropy, not unfriendly, no effects of study - Ign, Staph

Ignatia and Staph coming up meant the child has had some mental cause for fever either the child was insulted or hurt. So a direct confirmatory question was asked - What had occurred before the fever? The answer confirmed the drug. The child had been scolded by the father for not keeping things in the proper place after which the child was not angry but hurt and he went into brooding without giving any expression after which he got fever.

18/2/98 - Ignatia 30 single dose was given

19/2/98- Fever increased to 103.5 degrees F at night of 18th

Cough increased at night of 18th

Fever came to normal on 19th morning. Appetite improved, Thirst increased. Child started Playing around - Sac.lac.

27/2/98 - X-ray showed complete regression of lung pathology.

Here in this case things to note are:
Scolding was an action:

Staph. Reaction would have been -- giving vent to his anger in some way or the other e.g. kicking, throwing things; or showing anger on other people whom he knows will cause him no harm e.g. his mother

But Ignatia being a more cultured and intellectual constitution broods as a reaction -- feels bad, hurt and broods which staph does not.

So Ignatia was selected over staph.

These subtle difference in reaction give us the right similitum and the desired result!!

Case 2 :-

A girl aged 10 years with high fever since 5 days, coughing day and night and fever not responding to antibiotics and other allopathic line of treatment. She had come to me after a gap of 2 years. The mother said, "After you treated her last for recurrent cough and cold and asthmatic bronchitis, she was just fine. She could eat and drink cold things and any trash but she never really fell ill. Therefore, when the doctor could not cure her with antibiotics, I thought of coming to you especially since he said she has to be X-rayed".

I looked up her registered case and found she had responded excellently to a dose of Pulsatilla 200, 2 years back.

I looked at the girl who did not look sick, sitting calm and quietly on the chair. As I told her to lie on the examination bed, she got up promptly and followed the orders. The mother said, "Yes, she's not worried about her fever, cough; she is more worried about me. She says she wants to help me. Even for water which she is drinking a lot, she gets up on her own and drinks so that I don't get troubled. She feels cold and lies with a thick blanket".

I got her X-ray chest done and Blood C.B.C. done. X-ray showed left-sided pneumonia and W.B.C. count was 18000.

In the above case I perceived that she had first of all shifted from Pulsatilla which had cured her of the asthma. She was no more hot or anxious, weeping Pulsatilla type.

Fever had not changed her activity. She was neither dull nor anxious. She was chilly, thirsty. Above -all, she was a 'Good Girl'. Obedient and caring towards her mother.

So the good Girl type i.e. Silicea which has no change of activity, thirstless, chilly was prescribed in ONE DOSE.

Fever rose to 103 degrees F the same night.

Next day fever was gone. No cough or lethargy was observed.

X-ray chest showed clearing and complete regression of lumps on the 4th day. W.B.C. count came down to 9000 on 5th day.

Case 3 :-

Fever in child 3 years of age.

The child wanted to be carried continuously. Wanted to go out of the house where he was comfortable. If kept down, would constantly hold mother's hand. If the mother went away he would cry and force her to come back. Thirst the child had was for cold water but he would sip and even force the mother to sip. If she would not, he would start crying. He did not bear any coverings on him. The case was studied thus.

General Activity - Activity Increased
- Mental Anxiety.
- (PULS, SULPH, APIS)

Thermals - HOT (PULS, SULPH, APIS)

Thirst - For cold water.
Actually thirstless (but sips often and wants Mother also to sip.) He was drinking only to keep his mummy near and occupied. The child wanted her attention.

ANXIOUS + HOT+ THIRSTLESS = (PULS, SULPH, APIS)
Wants to hold mother's hand = Wants consolation } PULS
Wants to be carried out = Better in open air.

12/12/95

- Hb 9.3 gm %
- WBC Total count 28000
- Neutrophils 76%

(allopathic doctor had frightened the parents that the child might go into Leukaemia).

13/12/95 -

Child was playful, fever gone. No medicine

15/12/95 -

Child was completely O.K., playful, eats well; no fever.

Blood report :- Hb. - 9.3

WBC - 19000

Neutro - 64%

25/12/95 - Child reported fine.

Blood report :- Hb. - 10.8 gm

WBC - 8,700

Neutro - 60%.

Case 4 :-

Case of ACUTE OTITIS MEDIA

Girl aged 8 years complains of acute pain in right ear. Since the pain had started, she had become listless, was not moving about, was just lying down covering herself with a blanket. She was not interested in drinking, eating or even television programmes.

Activity Thermal Axis : = Dull, Chilly + Thirstless

D.C.T.L. = Sep, Ac/Phos, Ign, Staph, NC, Ipecac, China

Indifferent to everything + Indolent = Sepia

One dose of Sepia 200 cured her pain forever.

Case 5 :-

Case of Typhoid.

Girl aged 16 years suffering from Typhoid having serum Widal +ve. S. Typhi A titre of 350 units presented with a history of fever since 6 days not responding to antibiotics. She presented as a silent, quiet girl, more or less sullen looking answering my questions with a constant frown. The mother told me that since she's unwell, she's been sitting in her room and only wanting me to be in the room as company. She hates me or anybody questioning her about her illness. She would love to be under the fan constantly even when the fever was high. She loved only to drink cold water and was averse to eating food or reading books.

The patient was :-

DULL+ HOT + THIRSTY

+ Averse to Visitors

+ Irritated when obliged to answer.

+ Wants loneliness but wants one person in the room.

She was given Nat.Mur 200 single dose. Fever was gone the next day. Started going out on third day to her college. Widal titre high or not, the patient resumes normal activities within 24 to 48 hours of Homoeopathic dose - the Similimum!

(For other indications of Materia Medic refer page no 107)

Case 6 :-

Case of U.T.I. + Jaundice + Bronchitis

A Parsi child, age 2 years, was brought to me crying continuously with urine pus cell count of 40 - 60 h.p.f., serum bilirubin 1.7 mg and chest severely congested. The child was constantly crying and wanting to be carried. I saw the mother trying to distract the child by showing her electric switches. The child would keep quiet for some time seeing the switches and cry again. It was having intolerance to fan, drank no water and the face had a reddish discoloration around the mouth.

When I heard the child cry - it was a piteous and nagging one. The anxious, cranky chilly thirstless axis mad me ask her a confirmatory question of whether she bores into the nose."

Yes, her hand has to be pulled away from her nose again and again", came the reply.

The drug given was CINA 200 - in one dose.

Next day: The mother reported that the child asked for food after 4 days; was less cranky and played for a little while alone.

But pus cells had risen to 80 - 90 h.p.f. and cough was more. But because pus cells are particular; and both were <.

Where as General's of appetite was >, playing away from the mother was a General improvement. So, I waited with placebo.

Fourth Day : Fever had gone on the 2nd day,

Pus cells 0 - 5 h.p.f.,

Serum bilirubin came to 1.1mg.

The child was transformed into a playful, cheerful, independent, naughty child.

The chest X-ray came clear on the 6th day. Here Cina worked as an antibiotic, and anti-jaundice remedy and B'complex 'all-in-one' and all this in ONE DOSE.

Case 7 :-

Case of Acute Headache after Diarrhoea.

Lady aged 35 years, complaining of severe headache rang me up for help. "Headache is torturing me", she said. "Please cure me. But without asking me your whole set of questions. I can't come to your clinic because I can't sit there in chilled atmosphere for two - two hours. I know you will ask me my thirst. I feel like drinking lots of water." Most of the history which I required she had given me. I said, "Just one thing. Tell me whether you had a quarrel with someone just before this headache?". "No" was the answer. "I will now tell you something. I'm SURE you've taken antibiotics for something

About 5 days back. "Yes, for diarrhoea" she said.

I knew Nux.Vom. was the remedy.

She was : 1. Mentally Anxious - chilly - thirsty and

2. Angry when obliged to answer.

She was either Bell, NV, Ars, China - from rubric No.1, or she requires Ars, NV, Ac-phos, Colo, Arn - angry when obliged to answer.

Chilly and large quantity of water means she was either Nux.V or Colo.

There was no ailment from anger, quarrel, vexation, etc. hence, Colo was ruled out. Only Nux.V was coming up.

Hence, my last question about antibiotics .

She was advised a dose of Nux.V. 200 after which she should expect transient loose, motions for a day as headache goes down.

She reported on the 3rd day saying, "I'm fine. All that you predicted came true.".

Case 8 :-

A child with Bronchitis.

A child of 2 years with Bronchitis starting after some work of repairs started at home. The child was cranky, wanted to be carried, wrapped up cozily in a blanket with the mother carrying a bottle of water which he would drink in-between crying spells.

Increased Activity - Mentally Anxious + Chilly + Thirst for little water often. -

Arsenic Alb 30 cured the child.

(The only other drug indicated - Anxious, Chilly, Thirsty - was Cina which was ruled out because there was no rubbing or boring of nose.)

Case 9:-

11 year old girl with Hyper Pyrexia : 105 degrees F.

She couldn't come to the clinic obviously because of excessive weakness with fever only of one day's duration. The mother said, " She just covered up and was sleeping since afternoon. She didn't even get up to take tea or water. She's sweating like hell. Please come and see her." I said, "I can't come at least upto 11.30 p.m. I'll come and see her only after I have finished seeing all the patients but in the meanwhile, give this single dose to her and let me know within two hours from now.". It was 6.30 p.m. then. At 9.00 p.m., to my surprise, the 'girl' herself walked in saying, "Thank you, Uncle I'm fine. I just came to thank you and tell you don't take the trouble of coming for visit.".

Such results stun not only the patients, the allopathic world, but also the Homoeopaths themselves. The remedy was worked out on the following points :

Activity Decreased - sleep overpowering - chilly - thirstless and the triad of DROWSINESS + WEAKNESS + PERSPIRATION made me give her Ant.Tart 200 which made the MIRACLE.

Next day of hyperpyrexia, she resumed her school again.

Case 10 :-

A Homoeopath with hyperpyrexia

This is a case of hyperpyrexia about 105 degrees F of a homoeopath whose wife, also a homoeopath, rang me up saying, "My husband has got fever since two days partially responding to homoeopathic drugs. Very peculiarly, my husband goes into a peculiar delirious state as soon as the fever rise, he starts saying a sequence of words in Marathi, his mother

tongue, which does not make sense at all but is quite rhyming. After this he wants all the family members to come and sit around him. He then starts giving lectures of advice to them. The lectures are on Hahnemann and Homoeopathy. He has 'BORED' us all since the last two days - especially at night he calls all of us. We all family members have not slept at all. But one thing is certain all family members have received full knowledge of Homoeopathy. Do something; We all are tired of his lectures on Homoeopathy. He is outright chilly and lively. Sir, I've tried Belladonna which relieved him slightly but now he is worse."

- Assessment : - (a) Makes verses
(b) Chilly
(c) Talks nothing but one subject
(d) Talks science of

A SINGLE DOSE OF CANN. I 200 first increased the fever slightly and then cured him with sense of well-being.

INCONCLUSIVE -CONCLUSION

After having gone through this book many an eyebrow will be raised. The sceptics and critics will have a field day, for I have given them food for thought. The mixture prescribers and single remedy similimum prescribers both may disagree with the pattern forwarded by me of Activity-Thermal-Thirst-Mental Axis. But then I have found this axis covering the holistic concept.. The remedy thus evolved is a representative of one of each of the constituents that man is made up of. Man as we all know is a part of the Universe and is made up of five essential elements or the 'Panchatatva' which is accepted by Hindus, Chinese, Buddhists, Judaists and Mohammedans alike.

These five elements are: **Fire, Water, Air, Earth** and **Ether**.

Ether represents the cosmic energy which is all-pervading and which controls the activities of this universe as well as the activities of man. The Activity-Thermal-Thirst Axis based similimum is a true representative of the holistic man since the Activity represents **Ether**, the Thermals i.e. the heat regulatory mechanism of the body represents **Fire**, and Thirst which controls the osmolality i.e. water content of the body represents **Water**.

This covers three of the five essential elements which each human being is made up of. To this we add either a symptom from air (mind) or earth (body). This covers the man as a whole. So, the drug prescribed has a representative from each of the elements and hence works holistically to give miraculous cures in incurable or advanced or serious cases with minimum effort. Above all, Hering's Law of Cure can also be observed in such cures. We will discuss more about it in my forthcoming book- **The Theory of Chronic Diseases**.

HOMOEOPATHY IS EASY!
Homoeopathy is mathematics!

author