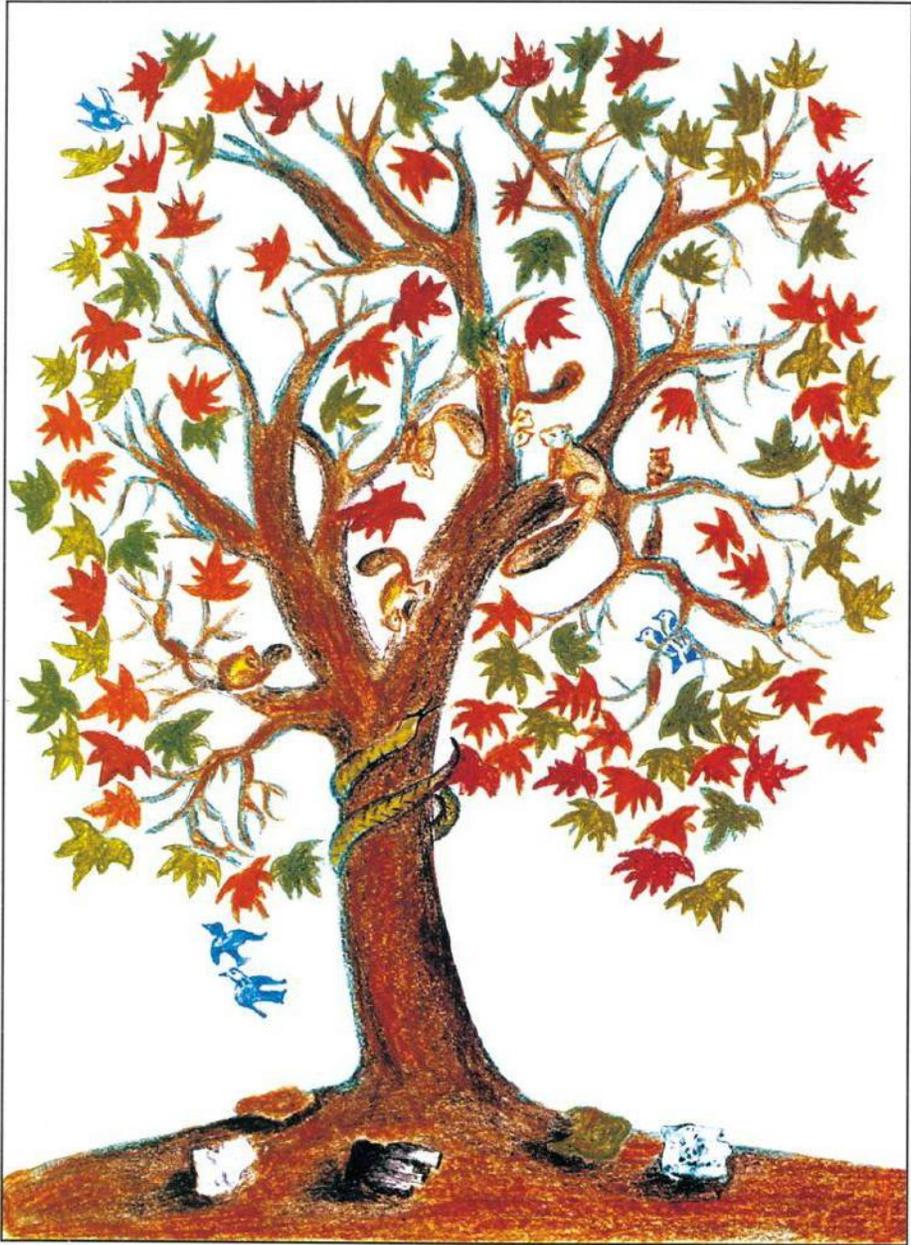


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# THE SUBSTANCE OF HOMOEOPATHY



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**RAJAN SANKARAN**

# THE SUBSTANCE OF HOMOEOPATHY

by  
RAJAN SANKARAN



*Homoeopathic Medical Publishers*

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**Made in India**

**First Edition** : 1994  
**Second Edition** : 1994  
**Third Edition** : 1997  
**Fourth Edition** : 1999  
Reprinted in : 2000  
Reprinted in : 2001  
Reprinted in : 2002  
Reprinted in : 2003  
Reprinted in : 2004  
Reprinted in : 2005  
Reprinted in : 2009

**ISBN-81-900810-1-2**

**Printed in India at**

Thomson Press (India) Ltd.  
Plot No. 5/5A, TTC Ind. Area, Thane-Belapur Road,  
Airoli, Navi Mumbai-400 708.

**Published by**



*Homoeopathic Medical Publishers*

20, Station Road, Santacruz (W), Mumbai-400 054, INDIA  
[www.rajansankaran.com](http://www.rajansankaran.com)

## PREFACE

More than two years have passed since “The Spirit of Homoeopathy” was first published. These two years were spent investigating two aspects of Homoeopathy: the concept of miasms and the link between drug source (origin) and its symptomatology.

Part of this investigation comprised of drug provings, which greatly enhanced my understanding of the Materia Medica. A study of the Periodic Table of Elements helped me appreciate the relationship of remedies, and made it possible to form some broad, yet valid, generalisations. Not only did this increase the depth of my understanding of remedies already “known”, it also enabled me to comprehend the quality of some rarer remedies, which I now use with some success. *Working at the very source of our remedies, a possible direct application of the Materia Medica has been devised, which I find useful in practice.*

It is quite possible that many of these ideas are familiar to some, but I would like to share what I had the joy of discovering for myself – knowledge which has already benefitted me immensely.

I present these ideas and concepts with the hope that they will be studied with an open mind, yet critically. The ideas in this book are neither complete nor final. They are as yet evolving in my mind, and are here presented to stimulate the reader’s thought and observation. It would be unfortunate if this book (or any other) were followed dogmatically; such an attitude narrows the vision and prejudices the mind. With this word of caution, I invite you to feel the Substance of Homoeopathy.

**Rajan Sankaran**  
5th December 1993

## ACKNOWLEDGMENT

I wish to acknowledge the support of my colleagues, friends, patients, students and seminars organisers – who provided a positive atmosphere for the development of the ideas of this book.

Most of the ideas are derived from practice, but some have been stimulated by the work of such original thinkers as Jan Scholten of the Netherlands, Jurgen Becker of Germany, Jeremy Sherr of Britain, and many others. Ideas about the Periodic Table find mention in Clarke's Dictionary and a good elucidation in Otto Leeser's *Materia Medica of Inorganic Remedies* (translated by W. Boyd). Later M.L. Dhawale of the Institute of Clinical Research, Bombay, developed many ideas on the groups and salts. All these have surely made my work easier.

Lucinda Dyer helped to do the ground work in some chapters. Sudhir Baldota, Paresch Vasani, Sejal Shah and A.V.S. Prasad helped me in organising my cases and notes. Jean Child of England kept accurate notes of my seminars. These have been extensively used in this book. Kartik Shah indexed this work.

The unenviable task of typing in the work was done by Mr. Unnikrishnan, with whom it is a pleasure to work.

For the music provings, I got much support from Mr. Rajesh Nagjee and Pandit Giriraj.

The rubrics and symptoms mentioned at the end of the remedy are those I see as the main rubrics of the remedy and which I use for confirming the remedy.

We wish to express our gratitude to Carolyn Hallett who volunteered to carry out corrections and has polished the language of this edition.

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# *Part I*

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*Introduction*

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# 1

## INTRODUCTION

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

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

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

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

I somehow saw such a possibility through Hahnemann’s idea of miasms. The idea of miasms, which I had classify disease states. I interpreted the miasms using my under-standing of disease as delusion, and the result, I find, is a classification of the most practical utility.

Miasms now represent to me the different possible types of reaction, which naturally mean the different types of perception of reality. One type perceives reality as an acute threat and reacts instinctively and suddenly in an impulsive manner. This

## THE STORY OF THIS BOOK

(taken from “The Spirit of Homoeopathy”)

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

As students of the Homoeopathic College, we found the homeopathic Materia Medica very dry, the Repertory mechanical and the philosophy theoretical and obsolete. In fact, philosophy was our worst subject because we could not relate it in any way to practice. We found the lectures so boring that we had literally to be dragged into them. This was just the beginning of our troubles. When we started our practice, we found different schools of thought, different ways to look at Homoeopathy. Some practitioners were giving combinations of medicines, some were giving specifics, some were looking only at pathology, a few were basing their prescriptions upon keynotes, and others were using the Repertory. Among the last group some were using Kent’s method, others worked with Boger’s, and a select few were following Boenninghausen’s. Some gave importance to miasms while others criticized them. This situation only added to our confusion.

### First steps

Once I got out of college, I started working with the Repertory because of prior familiarity with it and I started repertorizing cases mechanically. I was trying to use the characteristic and peculiar symptoms mainly because there are less remedies in these rubrics which made repertory work easier. I would choose a few characteristic symptoms, look at the relevant rubrics in the Repertory and prescribe the medicine which was common to them. In some cases it worked, but in many it failed. I remember one early case of mine: my grandmother had difficulty in swallowing and I took her symptoms: “Potatoes disagree” and “Choking, esophagus, on swallowing”, and from these I came to the remedy *Alumina*, which helped her wonderfully.

## WHAT IS TO BE CURED IN DISEASE

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

Vital to developing the homoeopathic vision is the understanding of what is to be cured in disease. It is to be able to perceive, to feel and to know as the truth that disease is not something local but a disturbance of the whole being. It is to have the unshakable conviction that if we treat the disturbance at the centre, the local problems will be lessened. It is to understand that remedies in potency produce the central disturbance alone.

These points need to be stressed repeatedly, explained and exemplified so that they become a part of our thought process. This and only this conviction can make us staunch and successful homoeopaths and remove from our minds the confusions that arise in practice. This vision will make several things clear, and the rules and principles of Homoeopathy will become absolutely logical derivatives and no longer remain dogmas.

Questions about the importance of mind, the differences in the various approaches to totality, the evaluation of symptoms, the importance of pathology, the site of action of a remedy, selection of potency and the prognosis of the case – all these questions will be solved quite easily once this vision develops. It is for this reason that I am writing this.

We are going to begin with one of Hahnemann’s most profound observations which he mentions in Aphorism 211 of the “Organon”, namely that the mental state often chiefly determines the choice of the remedy. We are going to examine what a mental state means. We are going to talk about peculiar and characteristic symptoms and how they too represent the central disturbance. We will see the oneness of Kent’s, Boger’s and Boenninghausen’s philosophies. We will use case illustrations to bring home all that we have said.

Aphorism 211 from the “Organon” reads:

“This holds good to such an extent, that the state of disposition of the patient chiefly determines the selection of the homoeopathic remedy, as being decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician.”

Look at the words. It says “the state of disposition”, “the state” and not the “symptoms”. Hahnemann did not write “this holds true to such an extent that mental

## *Part II*

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*The natural classification of disease*

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## HISTORICAL PERSPECTIVE

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

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

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

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

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

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

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

## THE PURPOSE OF CLASSIFICATION

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

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

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

## UNDERSTANDING MIASMS

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

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

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

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

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

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

## SURVIVAL RESPONSE

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

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

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

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

# *Part III*

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## *The natural classification of drugs*

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## INTRODUCTION

The homoeopathic drugs are classified according to their source into:

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

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

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

## **MINERAL KINGDOM**

## METALS AS PERFORMERS

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

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

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

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

In Hering's "Guiding symptoms" is found: "Inclined to talk a lot and argue with great facility. Debates until there is loss of mental power and an inability to think".

## PERIOD 4 (FIRST LINE OF METALS)

### NICCOLUM

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

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

#### Rubrics:

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

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

## PERIOD 5 (SECOND LINE OF METALS)

### PALLADIUM

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

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

#### Rubrics are:

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

*Part IV*

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*Philosophy*

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## A CASE FROM PRACTICE

### Transcript of a video case with explanation

I will give a case below, a detailed case which demonstrates all aspects of the approach to a case. It demonstrates case-taking, observation, importance of history of the mother during pregnancy, route (**ROOT????**) of disease, understanding the case, rubric selection, remedy selection, follow-up and the effect of allopathic drugs during homoeopathic treatment. This is the case of a three year old boy. He gets attacks of allergic asthmatic bronchitis and has been given a lot of antibiotics and allopathic medicines.. His diet has been strictly controlled, yet he gets attacks which last for two days despite medication. He has a cold since two or three days and is coughing a lot especially now. As the mother is giving the history, the boy is very restless and is banging the desk repeatedly with a bunch of keys. During the attacks he becomes stubborn, violent and irritable. He doesn't listen to anything. [Taken together, what is this behaviour? – a tantrum. He is usually happy, easy to handle and has a fixed routine, but is a different child during the attacks. So, he is not uniformly restless and stubborn, but only in attacks.] He is a very bright child and needs lots of stimulation. He is not disobedient, not aggressive or destructive. He lets other children take his toys, his bike, and he never fights back. The mother is also quite restless. [The remedy is the same for both of them.] He watches other children play, he observes. The mother says:

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

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

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

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

- He hates being scolded. I never hit him. Even if I raise my voice, he starts crying. He can be very stubborn, very obstinate. He says yes/no. He is very sure of himself. He is usually much quieter than this, especially for the first few minutes.

## THE PHYSICIAN'S REACTION

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

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

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

### Empathic response

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

## PICTURE BEHIND PICTURES

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

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

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

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

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

## THE TOTALITY OF SYMPTOMS

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

We can describe the totality of symptoms under different aspects:

1. Pace,
2. Sensitivity and excitability,
3. State of mind and dreams,
4. Nature of pathology and its meaning to the patient,
5. Causation,
6. Characteristic symptoms,
7. Miasmatic consideration,
8. Past history.

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

### **Pace**

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

### **Sensitivity and excitability**

Sensitivity and excitability to various external factors like atmospheric changes, food, emotional factors, etc., has to be judged accurately and one has

## STATE AND PATHOLOGY

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

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

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

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

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

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In his earlier work, "The Spirit of Homoeopathy", Rajan Sankaran delved deep into homoeopathic philosophy and introduced many original ideas of great value to the practitioner. That book, while generating some controversy, was very well received by the profession and has won much acclaim. Starting where the "Spirit" left off, this much awaited book rekindles the flame of Homoeopathy – the spirit flows into the substance.

In the "Spirit", Rajan presented his concept of disease as delusion. Here, he shows how delusion can be classified using Hahnemann's theory of miasms. With numerous illustrative cases, he shows how this classification can be used as a map of disease to facilitate remedy selection. Next, a detailed study of homoeopathic drugs with reference to their source reveals the purpose of traditional classification into plant, animal and mineral kingdom.

The result of a detailed study of the Periodic Table are presented which show the relation between Chemistry and Homoeopathy, underlining the scientific basis of Homoeopathy. The mineral remedies are studied in detail and with cases, call forth vivid images to mind. A number of recent drug provings conducted by Rajan in his seminars all over the world are included, which give a new insight into these drugs. After a study of some plant and animal remedies, there follows a differential analysis of drugs from the various kingdoms – this study will prove a landmark in the homoeopathic field. Finally, many original ideas on homoeopathic philosophy are expounded, chief among these being his thoughts on how and why organic pathology develops.

Rajan has drawn from his vast clinical experience to give us many original and thought-provoking ideas. Lucid though succinct, and copiously illustrated with cases, the book will be of interest to all serious students of the healing art.

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"This book is a gem, for the experienced homoeopath as well as for the beginner. For the student it offers a glimpse into the wider range of possibilities Homoeopathy has to offer after the basic skills have been learnt; for the experienced it may be a welcome stimulus to expand their own framework and find new challenges to learn, experiment and grow."

Dr. Beat Spring  
(*Review in Homoeopathic Links 2/94*)