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## Foreword

I have known Dr Ashok Borkar as my student and later as a very sincere and good practitioner and popular teacher of classical homeopathy. He has a large practice in Goa and has impressed me with several good, well-taken cases. This book by Dr. Ashok Borkar, his first one, is an important contribution.

It highlights the fact that beyond matching the Sensation and the symptoms of the patient with the remedy, one also has to consider if the genius matches too.

This facilitates healing at the deeper levels and not only relief of symptoms or state of mind.

The genius includes: sphere of action, pathological generals, general modalities and Sensation: in short the very nature of the patient or the remedy.

The several cases in the book illustrate the combined use of all the three sides of the triangle: namely symptom, system (sensation and miasm) and genius.

A note of caution is called for. We need to be flexible - as the last case of the book shows, there are no fixed rules. Each case needs careful evaluation. If one finds in a given case a very strong peculiar symptom, or a very clear sensation and miasm, one can give the remedy even if it is not known for the pathology in the case. We have seen this repeatedly. After all, the pathological indications of many remedies only came after their clinical use. So, nothing is absolute.

Yet this book does make a point that is sometimes overlooked: it is important that the match between the patient and the remedy should be at several levels, and the genius, the affinity and pathological tendencies known about a remedy are certainly among the important and sometimes crucial areas that need our attention.

– *Rajan Sankaran July 3, 2012.*

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Finally, I would like to profusely thank the editor of this book, Armeen Jasavala, for her dedication and genuine efforts to make this publication the sharpest it could be.

## **Author's note**

*To derive maximum benefit from this book, the reader is advised to read in serial order from the first to the last page. This will help to systematically build up the reader's ideas, concepts and personal understanding of the book in the right perspective. Only then the reader will be able to use this material to good effect. Every chapter in this book is connected to the previous chapter and to the one that follows it and the continuous flow of this work is maintained up to the concluding chapters.*

*Also, I chose to design this book in a way that resembles an effortless conversation. I decided to select this way of delivery in order to convey my thought process throughout a case. Additionally, I utilize the conversational style of presentation even while teaching at seminars and in the classroom, and overall this interactive method of lecturing is appreciated by my interns, students and fellow colleagues.*

*It is also of importance to point out the use of archaic English in the chapter, "The Burnett Experience". I avoided changing the language and manner of writing, as I did not want to disturb the originality and raw essence of his work.*

*Furthermore, many cases in this book have clinical and diagnostic investigations attached which demonstrate immense changes before and after the homoeopathic remedy of choice. This in itself is a true indicator of how much homoeopathy can influence and improve various pathological diseases. For homoeopaths, my message is that we always must remember that we are physicians first, and must recognize and understand the pathology in order to prescribe the right homoeopathic remedy.*

*My final words of thought include sending a heartfelt thanks to all of you, the readers. I wish you the best in your experiences, and hope you will evolve after reading this work.*

## The Golden Eagle

*A man found a couple of eagle's eggs and placed them under a brooding hen. The eaglets hatched with the chickens and grew to be like them. They clucked and cackled, scratched the earth for worms, flapped their wings and managed to fly a few feet in the air.*

*Years passed and one day the eagles, who were very old, saw a magnificent bird above them in the sky. This bird glided along in graceful splendor against the powerful wind, with scarcely a movement of its golden wings. Spellbound, the eagles inquired of their neighbor, "Who is that?"*

*"That is the king of the birds...the great eagle," said their neighbor. "He belongs to the sky and we belong to earth because we are only chickens."*

*One of the eagles believed this story, so he lived and died as a chicken, for that is what he thought he was. The other suddenly became aware of his majestic wings and attempted to test his own abilities. As he released his wings, he soared high in the air.*

**All the abilities and tools that you need to do good work are easily and readily available to you. Once you become aware of them, you will be able to put them to good use and get amazing results. Let the eagle within you soar high into the sky!**

## Preface

On the 26th of January 1992, barely 3 months into my homoeopathic practice, I was called upon to treat a 56-year-old lady who was suffering from continuous uterine hemorrhage for six months. She was gasping for breath and her hemoglobin was 3mg%. The Tata Cancer Hospital, Mumbai, had diagnosed her as a case of *Carcinoma of the uterus* and they had advised her not to undergo surgery, radiotherapy or chemotherapy. They said that she was in the advanced stage of endometrial cancer and she would be unable to bear any of these aggressive remedial procedures. The tumor was huge and it extended from the pelvis to the epigastrium. It was as hard as a cricket ball. When I asked her what was happening she directly talked about wanting to eat spicy food. She was restless and she wanted her relatives to change her position constantly, as she would feel anxious if she were in one place. I got her admitted to the hospital and the first thing she said on admission was that the place was so dirty that she felt like taking a broom herself and cleaning up the whole place. I gave her Arsenic alb 30C three times a day, and there was drastic improvement within a day. She could talk without gasping for breath. The bleeding stopped altogether in another three days. The remedy was continued three times a day for about a month, and the tumor went on reducing in size. The tumor disappeared completely in about one year and she enjoyed good health for the next twelve years.

The remedy was prescribed on the following rubrics:

- Restless, anxious
- Restless; move must
- Desires spicy food
- Washing, cleanliness mania for

Around the same time I treated a 35-year-old tailor who was not able to hold scissors as the joints of his hands were painfully stiff and swollen with rheumatoid arthritis. He would spend sleepless nights worrying and caring for his four-year-old son, who suffered from idiopathic thrombocytopenic purpura and had to undergo platelet transfusion every month. His anxiety had worsened after his son's ill health, although previous to this he was always worried about the health of his relatives. He would be the first person to take sick people to the doctor. Another peculiarity of his character was that he was not firm in his decisions. His new house was under construction and the whole project was getting

delayed because he was not able to take a final decision in these matters. Finally, he would get very angry whenever he was contradicted.

The remedy selected was based on the following rubrics:

- Anxiety, night watching from
- Anxiety, health about relatives
- Irresolution
- Anger from contradiction

Single doses of *Cocculus indicus* 200 were given infrequently, about three times in six months. This medicine cured him completely and he has been in good health ever since.

These successes early on in my practice made it clear to me that the scope of homoeopathy is unlimited, provided we make a good prescription.

It should be noted that good results in such so-called 'incurable cases', or cases with structural changes, were few and far between. There was no consistency. The few good results would confirm the truth that homoeopathy works well and cures such cases. However, the many failures would drive home the fact that *homoeopathy itself works, but homoeopaths themselves fail*.

So the question arose: 'Why did I succeed in some cases while I failed in others?' On looking back, I observed that all of my prescriptions were based mainly on mental symptoms. If that was the right technique, then it should have worked well for all of my patients. Obviously, I was missing something and I realized that I needed to improve my skills as a prescriber. After twenty years of practice, I realized that there were a few good results because unknowingly, I had done something right in those cases, but what was that?

To find a solution to this question I embarked upon an intensive journey to study the subject. I attended various seminars, observed many cases of successful homoeopaths and read many books. Not entirely satisfied by what I saw and heard, I started studying the successful cases in my clinic and tried to find out what was common in all of them. Was there a pattern running through and through? What was it that I was 'doing right', albeit unknowingly in these cases? To my amazement, I found the answers I was looking for and this book is a result of the study and the conclusions derived thereupon.

This book is not the final word on the subject. Rather, it should be treated as a study in progress.

## **Essentials of a Good Prescription**

A good homoeopathic prescription consists of two parts:

1. Proper case taking
2. Correct case analysis

For correct case analysis, it is absolutely essential that the case history be taken according to the principles laid down by Hahnemann in *The Organon of Medicine*.

To improve your case taking and case analysis skills, I strongly recommend that you learn the Sensation Approach introduced by my teacher, and world-renowned homeopath, Dr. Rajan Sankaran.

Dr. Sankaran and other well-regarded teachers of homoeopathy have now come together and started The Other Song International Academy of Advanced Homoeopathy in Mumbai. This academy imparts excellent education to homoeopaths from all over the world, in an effective and reproducible way.

Dr. Sankaran has made a vast contribution to homoeopathy by clarifying the concepts of kingdoms and their differentiation, in addition to introducing the ten coping up mechanisms (called miasms). These advancements have made the task of remedy selection much easier.

By using the concept of kingdom differentiation we can safely and quickly come to a small group of remedies. It then becomes easy to select the exact remedy required for the patient. We now have a clear understanding of the common features of each kingdom—the plant kingdom, the mineral kingdom and the animal kingdom, and accordingly we can easily classify the patient into one of these three kingdoms.

To quote Dr. Sankaran, “Patients who need remedies from each of these three kingdoms differ fundamentally in the way they perceive and react to reality.”

The main issue in the mineral kingdom is regarding the patient’s STRUCTURE. There is either a lack or a loss of structure. The main issue is, ‘The problem is with my structure. The problem lies within me’. In every area of his life the basic problem is with his ability, his development, his needs, and what he has lost, or needs to gain or maintain.

In the plant kingdom, the main issue is about his SENSITIVITY. The basic feeling is, ‘I react to different stimuli or situations with a specific sensation’. In every area of his life, you will see that the same sensation comes up.



In the animal kingdom, the main issue is SURVIVAL. The basic feeling is, 'Me versus You', or 'Victim versus aggressor.' In a patient needing an animal remedy the perception is that the other person is the problem: 'He is doing things to me; he should be put down'. There is comparison and competition. In a patient needing a remedy from the animal kingdom, we observe multiple sensations and they describe a process. It may be a process of attack, defense, feeding, locomotion or death.

In order to understand the kingdom correctly we have to explore the following seven areas of the patient's life: the chief complaint, the associated complaints, his experience in stressful situations, fears, dreams, childhood, and hobbies & interests.

The other important concept taught by Dr. Sankaran is the concept of *miasms*. Dr. Sankaran has presented ten miasms otherwise known as the ten coping mechanisms. The miasm [or coping mechanism] of each patient can be classified into one of the following:

1. Psora [possible type]
2. Sycosis [fixed type]
3. Syphilis [impossible type]
4. Acute [panic type]
5. Typhoid [crisis type]
6. Ringworm [doubtful type]
7. Malarial [harassed type]
8. Cancer [chaotic type]
9. Tubercular [claustrophobic type]
10. Leprous [isolated type]

Every patient has one predominant miasm at a given point of time and needs a remedy that covers that miasm. To know the miasm, we have to understand how he copes with his problems. This is depicted by the subsequent criteria:

1. His *perception* of the situation
2. His *reaction* to the problem
3. The *degree of desperation* with which he experiences the problem
4. The *pace* of his problem
5. His *attitude* towards the problem

## A Case of Ovarian Mass and Ovarian Cyst

This is a case of a 37-year-old woman who presented with menorrhagia and had an ovarian mass along with an ovarian cyst. The following case history was taken in May 2009.

*D: Tell me, what is your problem?*

*P: My problem is bleeding.*

*D: Okay*

*P: And pain in the right side of the abdomen and sometimes pain in the legs. Nothing else. Sometimes cough. That's it.*

*D: Bleeding and pain. What else?*

*P: That is my main problem.*

*D: What other problems do you have? Tell me whatever is happening to you, tell me everything.*

*P: Only that thing, my bleeding doesn't stop. It goes on continuously. Shall I start from when it started?*

*D: Yes. Tell me whatever you want to tell me; tell me everything.*

*P: My baby was delivered normally. But the placenta remained inside. So they had to manually take it out. They operated and they gave me an injection in the backbone. And it was taken out. And after four months my periods started. It was normal for five days and then it stopped. After ten days it started again, little by little. A little bleeding was there. Later on it increased a little bit more. And since then I have been bleeding.*

*D: For how many days was there continuous bleeding?*

*P: Continuous, for a whole month.*

*D: A whole month?*

*P: Almost two months.*

### What are the important aspects of this case so far?

We observe in this case that the area of affinity is the uterus and she has been bleeding continuously for the last two months.

She had a history of retained placenta.

I asked her more about what happens symptomatically, and she mentioned that she gets pain in the abdomen.

Let us see the rest of the case...

*D: How is this pain now?*

*P: The pain is bearable. Means I can walk. It's just feeling heavy.*

*D: Heavy means? How is that?*

*P: Heavy means, if I want to get up I cannot get up and jump. I have to get up slowly. But it is bearable, not paining a lot.*

*D: How does it affect you?*

*P: A little bit. Not much. Means I can do normal things. But you feel there is pain. You feel the pain.*

*D: So how do you feel because of the pain?*

*P: I don't feel like going out or doing anything, just feel like taking rest.*

*D: Don't feel like going out? Don't feel like doing anything, just want to rest?*

*P: Yes.*

*D: Tell more. How does it feel?*

*P: I cry when I get the pain.*

**What is our understanding of the case at this point of time? Has the patient given us anything peculiar?**

She has not given us anything peculiar, but we have understood something important about her. We can see that her problems are bearable, not severe.

**How does this help us?**

It helps us to understand the degree of desperation in her case.

**Why do we want to know the degree of desperation?**

We need to know the degree of desperation in the case in order to understand the miasm.

We have not observed any desperation in her coping up mechanism.

Let us continue...

*D: How do you feel at the time when you are feeling heavy and don't feel like doing anything?*

*P: I just want to rest.*

*D: You just want to rest. How do you feel at that time?*

*P: If I rest, I don't get the pain. The bleeding is not much. If I do something then the bleeding increases.*

## A Case of Cholecystitis with Diabetes

This is a case of a 65-year-old retired police officer. The history was taken in April 2004. He was a very aggressive, angry person who was addicted to smoking. He was suffering from cholecystitis for twenty-five years and diabetes for the past ten years. He told us that he did not believe in homoeopathy and his wife had to persuade him a lot to take homoeopathic medicine.

*D: What is the problem?*

*P: I have gallstones. I have been advised to undergo cholecystectomy. I have diabetes and high blood pressure.*

*D: Tell more about it.*

*P: I get pain in the right hypochondrium and epigastrium. I get burning pain in the epigastrium. The pain is unbearable. I become restless with the pain.*

*D: Tell a little more.*

*P: I am tortured by the pain. Because of the pain I lose my equanimity.*

*D: Tell more about it.*

*P: During the attack of pain, I feel everything coming from this side and that side [points out to the areas below his epigastrium] and giving me pain. Something hits me from down below. Something comes up from down below and hits or strikes the epigastric area (Hand Gesture).*

*D: Describe this (Hand Gesture).*

*P: The pain is as if someone hits you with a lathi (stick).*

*D: Describe this a little more (Hand Gesture).*

*P: (The patient got up and hit his fist on the wall.) To strike means to go, go, go and hit with a lathi. Striking is done on purpose. Striking is as if you are hit a thousand times. In a lathi charge people are struck and they run away and we arrest them.*

*D: Tell me about your fears.*

*P: The word 'fear' is not in my dictionary. If someone comes with a pistol, I won't get scared. I can defend myself even with my bare hands. Even if five or six people come, I will not surrender. I will see that my entire family is saved.*

*D: What are your hobbies and interests?*



## A Case of Indian Childhood Cirrhosis

A 10-year-old girl was brought on March 29, 2007 with a painfully distended abdomen and a sickly-looking pale face, with marked pallor and jaundice. She was diagnosed as having Indian childhood cirrhosis with portal hypertension. She had liver cirrhosis, ascites and massive splenomegaly. All her liver function tests were highly abnormal. The doctors at the biggest private hospital in Goa told the parents that she would start vomiting blood and die in fifteen days. The parents were very scared and had been crying continuously for two or three days after they were given this news. The child wanted to eat every fifteen minutes but she would not put on weight. She could not tolerate hunger. She could not tolerate heat. She would get very angry, scream and cry if anything was done against her wish. She had pain in the legs and heaviness of the head. She would sleep only when her forehead was lightly rubbed and she wanted her head and legs to be pressed and rubbed. Her abdomen was so distended that she could not wear her school uniform. She had burning pain in the neck, back, head and eyes. She was hospitalized in June 2006, December 2006 and March 2007 when she had severe episodes of vomiting, fever and epigastric pain.

End of case.

### Case analysis:

The following rubrics were considered for this case.

(Complete repertory):

- Abdomen; enlarged spleen
- Abdomen; cirrhosis liver
- Abdomen; dropsy, ascites.
- Emaciation general, appetite ravenous, with
- Fasting, while, aggravates
- Rubbing ameliorates
- Pains, burning
- Hot patient

Iodum 6C was given twice a day for 15 days.

When she was brought to the clinic the disease picture was dominated by the cirrhosis of liver and the massively enlarged spleen. So I had to make sure that this was covered by the remedy. As we know from



## The Burnett Experience

While studying the works of great homoeopaths of the past, I came across Burnett's *Collected Writings*. In the chapter 'Curability of Tumors by Medicines' he mentions the importance of:

1. Seat of action
2. The kind of action
3. The range of action
4. Stop-Spot of the action

### **Seat of Action:**

About the seat of action he writes,

*Hahnemannic medicine in its pristine purity is based on pure pharmacodynamics. It is in fact therapeutically applied pharmacodynamics; its first and deepest groundwork being the principle that given drugs affect given organs (parts) by self-elective preference.*

### **The Kind of Action:**

About the kind of action he says,

*If we admit that certain remedies do really affect definite organs and parts specifically, we come at once to the question, 'How?'*

*What is the quality of such action?*

*All things considered, the symptoms producible by a drug, give to a certain large extent the answer.*

*Thus, in pneumonia and phthisis, blood comes from the lungs, and we know from experience that the pulmonary lesions found in consumption and inflammation of the lungs fully explain why it is that blood is extravasated, and a consideration of the lung-functions shows why it is cast out by expectoration.*

*Now, if we examine into the effects of phosphorus on the lungs, we find that it also produces pulmonary lesions like those found in certain cases of phthisis and pneumonia. The homoeopath can foretell, with scientific precision and accuracy, what remedy should be given in your lung disease. How?*



## **A Case of Multiple Myeloma**

A 52-year-old man was diagnosed as having multiple myeloma on January 4<sup>th</sup>, 2012. When he was brought to the clinic on the January 10<sup>th</sup>, 2012, he appeared very frail and he was barely able to walk. He was in severe pain and from observation he looked like he was 82 years old.

The x-rays showed multiple, tiny, well-defined osteolytic lesions in the skull, ilium, pubis and the upper femoral shafts. An x-ray of the lumbosacral spine showed marked osteoporosis, sacralisation of L5, and lumbar spondylosis. The normal spinal curvature was lost resulting in the straightening of the lumbar spine. His lower ribs showed multiple lytic lesions.

He had been suffering for the past two months before he came to the clinic. He said that one day he got a sudden, sharp, poking pain in the chest when he sneezed. It was like a catch. When he sneezed again, he got the same type of pain in his back on the right side. The pain was like a cramp. Since then, his ribs had started paining. He also suffered from severe pain in the back due to which he could not turn sideways at all. He needed support to stand and also had dragging pain in the waist area. He needed to rise slowly from the chair and after walking slowly for a while, he felt a little better. When he sat, the dragging pain would start again and he would get a cramp in that area. Whenever he turned in bed he would get a sharp poking pain. On coughing, he would get pain in the chest. Whenever he would get a catch, he was unable to move due to the pain and would get stuck in that position. In addition to this, he was getting recurrent cramps in different parts of his body. He also had fullness of the abdomen after eating. Even after eating a little food he would get the fullness. In order for him to not have the fullness, he would not eat anything at night. Furthermore, he had a peculiar sensation as if waves of water were flowing down his chest.

Rhus tox 30 was prescribed. A single dose was given first and later on it was given twice a day for four days. The remedy was given this way because his pain had increased and he was unable to rise from the bed.

By January 16<sup>th</sup> his condition worsened. The cramps had increased and he would now get a cramp when straining to urinate. The pain was sudden, very severe and it was worse with the slightest movement. He would scream with the sudden pain and could not bear the pain at all. He described it as a sharp poking pain and it would last for ten minutes. He wanted to be fanned in this state. Another important

## A Case of Alcoholic Cirrhosis

This is a case of a 52-year-old male, suffering from alcoholic liver cirrhosis. He was hospitalized five times from October 2011 to January 2012. When he came to the clinic he was feeling very weak and he had just been discharged from the hospital.

*D: What is happening to you?*

*P: It started with loss of appetite. Then they checked my blood and detected jaundice. Then I took the injections that they gave me. Then, I got an abscess here, (inguinal area) and I was again admitted to the hospital for jaundice. Then it was okay. After that, they detected diabetes. My blood sugar was above 180. Then, I became weak. The sugar levels then came down and after that I suddenly got pain in abdomen. That was relieved with intravenous fluids. Then I started getting pain here (sides of abdomen). Then, they did USG. Two stones were found in the kidney. Now I am getting pain here (epigastrium).*

*D: What happens there?*

*P: It pains here.*

*D: What exactly happens?*

*P: Nothing, it pains. It is as if you get urge for stools. I get proper motions in the morning.*

*D: How is it over here? Urge for stool means?*

*P: It is as if you are having an urge for stool. The sensation is as if you have an urge for stool.*

*D: It happens over there?*

*P: Yes. Now I have swelling on my feet. They said it is because of the liver.*

I asked him what other problems he was having, and he said that he had developed vitiligo spots in the last five months.

*P: The spots are there since six months. They are on the hands and feet. But I don't have any problem.*

*D: What else?*

*P: Nothing else.*

*D: What troubles you the most?*

*P: Nothing troubles me much. I feel weak.*





## A Case of Systemic Lupus Erythematosus

This is a case of a 40-year-old woman who was diagnosed with systemic lupus erythematosus (SLE).

*D: What is the problem?*

*P: I am having fever.*

*D: Since when?*

*P: Since two months.*

*D: What happens to you?*

*P: I feel cold, so I cover myself fully. I wear a monkey cap and cover my head and ears also.*

*D: Tell more.*

*P: I get pain in my ribs (points to the axillary area of the chest ). The pain is as if I have got a blunt injury there. It is as if somebody is hitting with a hammer (hand gesture).*

*D: Describe this pain a little more.*

*P: It is as if somebody has given you a blow with his fist (hand gesture of hitting with a closed fist). I get pain on this bone (points to the ribs). I get pain when I breathe in.*

*D: What other problem do you have?*

*P: I get pain on the dorsum of my foot. My foot is swollen.*

*D: Since when are you having this swelling?*

*P: Since a long time. If I press with my finger it produces a depression on the foot. There is black discoloration on my foot. This black area pains if I press it. This pain is also as if I have got a blunt injury there. Just like the pain in my ribs. There is no difference, the pain is exactly the same type of pain.*

*D: Explain that.*

*P: (Thinks for some time and answers:) It is not poking pain. (Again thinks for a long time and answers:) The pain is as if I have got a blunt injury.*

*D: What other problem do you have?*

*P: I have these black patches below my elbow. They also pain the same way when I touch them. It is the same type of pain. No difference. The pain is as if I have suffered a blunt injury. When I press, it pains the same way as my foot and the ribs. When it is*

## **A Case of Infertility with Vitiligo**

This is a case of a 28-year-old woman with extensive vitiligo all over her body. The vitiligo began at birth and increased as she grew up. One and a half year back, she started getting it on the face and now 80% of her face had white discoloration. She was married at the age of 17 and conceived immediately but there was intrauterine fetal death at seven months.

She used to get nausea whenever she would travel by bus or car even for a short distance. She had pain in the vertex area of the head. She had papular eruptions on the neck which were itching. She was unable to eat well because she would feel nauseated when eating. She was thin before, but recently had put on a lot of weight.

What bothered her most were her white patches. She would feel very conscious to go out of the house. Whenever she would see good clothes she felt that it was no use wearing them because her body does not look good. She felt that others do not like her because she looks like this. When she went to her village in North India, she felt that others think that she has committed some sin. When her husband shouted at her she felt that he is angry with her because her skin is like this and she does not have a child. She would just sit in the corner and cry and feel that her face is spoilt. She would not talk to anybody because she felt that nobody would want to sit next to her. She felt like going out, but did not want anybody with her. She preferred being alone. She felt that her husband would leave her and go away because of her disease.

She was irritable but she kept most of her anger inside. She would cry a lot but would not show others that she was crying. Crying would make her feel better. Her vitiligo had increased after a fight between her husband and his brother. The brother-in-law said bad things about her. After that incident she felt as if the brother-in-law was the owner and they were the servants in the house.

She had a dream that she went to the toilet and there were feces everywhere. She felt dirty and did not know where to step, as there was no clean place available.

Another dream was that a person who looks like her husband comes and lies down next to her. She tries to touch him to see if it is her husband. When she sees that it is someone else she gets scared that he will molest her and then tries to push him away.

She was very scared of darkness. She feared ghosts and even at 7:00 PM she would take her husband along with her if she had to go to



## A Case of Keloids

This is a case of a fourteen-year-old boy who had been suffering from keloids since the age of twelve.

The patient said that all of this began when he had a fall on a tar road and his right knee was injured. Later, he had a fall again and there was a cut at the same site. He also had eczema on the left ankle, which had started when he was nine years of age and would come up again and again. He suffered from recurrent headaches and he would also get recurrent throat infections with difficulty in swallowing. He would get sneezing, running nose and cough, which were aggravated in the monsoon and from change of weather.

The keloid was reddish in color. He said that since the first injury, his wounds do not heal completely and they become black. The pain in the keloid would become severe when he moved his leg, and so he could not move his leg easily. It was numb.

This is how the history proceeded:

*D: How is the pain?*

*P: The pain is as if someone bites you. It is as if someone is pinching you. I can't do anything.*

*D: Tell more about it.*

*P: The pain is sudden. Like a sudden, tight pinch.*

*D: Explain a little more.*

*P: The pain is as if teeth are going into it. It pains a lot and stops. There is sudden burning. I feel as if skin was going to come out.*

*D: Tell a little more.*

*P: It is as if someone is biting through you. I feel like hitting that person. The pain is as if something has suddenly pierced through your skin and gone through. It is like a sting. The whole part becomes numb. You can't do anything about it.*

*D: How is this 'sting'?*

*P: 'Sting' feeling is as if it will tear and bleed. You get a burning sensation.*

*D: Burning?*

*P: You feel hurt. It is painful. You want to hit that person so that he stops.*

*D: Tell more about burning?*

## A Case of Painful Keloid

This is a case of a fifteen-year-old girl with a keloid on the left arm.

*P: I have a keloid on my arm. It pains a lot. It hurts me when I am studying and even when I go out. It appeared after a BCG injection [vaccination against tuberculosis] was given at birth. It was very small when I was five, but now it has increased and itches a lot.*

*D: Tell more.*

*P: It hurts me. It pains very badly. It is like a strike on the arm. Sometimes, I can't raise my arm. It strikes me here. It hurts me. If anyone touches it, then it pains a lot and then it pains the whole day. It pains more in winter. It hurts a lot and in between, it strikes.*

### What important symptoms did we get so far?

She feels that the pain is as if she is struck on the arm. It pains even on touch and it pains a lot.

*D: Describe this a little more.*

*P: It is like a pin. As if a safety pin has pricked and I feel like pressing it tight with my hand. But it goes on hurting. Pinning, pinning, pinning. That's the way it hurts me. It also happens when I am sitting idle. It pains when I am studying. Then I can't study. I just hold the arm with my hand till the pain is better. When the pain goes, I start studying again. Then after some time, it hurts again. When I am sitting, I am always conscious that this arm should not be touched. It pains horribly and I feel as if I am going to faint. It pains as if I have hit a cupboard door. I try to press very hard so that it stops. But it continues. I feel like crying. It hurts very badly like some sharp object is beating on my body. Like somebody coming and beating me again and again. Then, the pain radiates down the arm. It's like hitting me, 'Thaak! thaak!' One second it hits me, and after two seconds again it hits me. It hits at regular intervals. After five seconds, it becomes continuous.*

### What do we understand about her from the history we have got so far?

The pain is poking like a pin. She presses the part tightly. It is as if beaten, or as if you have struck somewhere. It is intermittent when it starts. The pain radiates down. It pains horribly—this indicates the intensity of the pain. She feels she will faint with pain and finally, she cries with pain.



## A Case of Wrist drop with Imbecility

This is a case of a 37-year-old male patient who approached me with a peculiar problem. He said that he is not smart.

He said, "Make me smart doctor. In front of people, I behave as if I don't understand anything, as if I am an idiot. I keep my mouth open and I get dribbling of saliva. I just keep looking down."

He was on allopathic treatment and if he did not take it everyday, then he was unable to get out of bed. Sometimes he would not go to work for days together. He was prescribed Pregabalin, which is given for neuropathy and generalized anxiety disorder.

This is how the interview started:

*D: What troubles you the most?*

*P: My abdomen gets bloated.*

*D: What else happens to you?*

*P: I am unable to have sex. I have sexual problems. I don't have any sexual desire.*

*D: You don't have any sexual desire?*

*P: I don't have any sexual desire. If I do more exercise, then only I get it. When I do exercise for two to three hours, then I get it. Otherwise, I don't get it.*

### What do we observe here? What is peculiar?

We can see that exercise ameliorates his sexual desire.

*D: When you don't do exercise, then what troubles you the most?*

*P: The thing which troubles me the most is that I feel lazy; I don't feel like doing anything. I don't get proper digestion. I don't feel thirsty; I don't feel like doing anything; I can't remember anything; I don't feel like working; I can't do any calculations. If I take the tablets then only I feel better for some time, but this also does not work much. I feel better for some time after exercise.*

*D: You don't feel like working? How do you feel?*

*P: I feel lazy. I feel bored.*

*D: Bored means?*

*P: I feel bored and lazy.*

*D: You feel lazy means?*



## **A Case of Cerebral Hypoxia with Hallucinations and Stupor**

This is a case of an 85-year-old woman who had started hallucinating and was not in her full senses. Her daughter came to the clinic to give her history on October 4, 2011.

*She said, "She has become forgetful. She does not remember how many children she has, but after reminding her, she remembers it. She does not want to talk. If you ask her anything, she does not answer back. You have to ask her three to four times and then she answers by just moving her lips but no words come out, or the words are very soft, of a low volume. Or she does not answer at all. She appears lost. She is a little better when her relatives are around. She just wants to lie down. She is not focusing. She does not look at our faces. She looks elsewhere. She has hallucinations. She sees children and tells us to give them something to eat. She wants to go back to Mumbai to stay (this place had been sold eleven years ago). There is total apathy. She is just not interested in anything. The other day I burnt my fingers and I was showing her again and again but there was no response from her. No reaction. There is a blank look on the face. She is disinterested. Everything is slow. All her movements are slow. Her hands are icy cold. She cannot grasp objects and she can't hold a teacup or a spoon. She likes fruit juices and cold drinks."*

End of case.

### **Case analysis:**

The following rubrics were chosen for this case (*Complete repertory*):

- Generalities; Reaction, lack of, old people, in
- Generalities; Food and drinks, juicy things, desires
- Extremities; Coldness, hands, icy
- Mind; Dullness, understands questions only after repetition
- Mind; Indifference, apathy, everything to
- Mind; Talk, indisposed to
- Mind; Forgetfulness, of old people
- Mind; Homesickness
- Mind; Slowness of old people



## A Case of Cerebral Parenchymal Oedema

This is a case of a 38-year-old female who came to the clinic on December 8, 2009.

In this case, the history was given by the patient's husband and also by the patient.

### History given by the patient's husband:

*In 2003 she had headache. One day suddenly, she stopped talking. We asked her something and she answered something else. She couldn't put on her footwear herself. When we were taking her to the doctor, instead of getting into the autorickshaw she started walking away in another direction. On the way, she kept asking us, "What is the time?" again and again. In the clinic she screamed suddenly and got a convulsion. She became unconscious. She was put on steroids. After that she was admitted twice for headache and since then, she has been on continuous medication.*

### History given by the patient:

*P: I get a headache. It comes suddenly. With the headache I get heaviness of the eyes. There is pain at the root of the nose. I get pain in my ears when I lie on them. I get cramps in my hands and feet. I don't remember what I have to bring and bring something else. I forget where I have put things. I forget what work I have to do. I know that now I have to boil water but after some time, I forget it. I get pain in the lower ribs at the back which is more when I turn in sleep.*

*D: What else?*

*P: I don't remember now what I have to tell. Even when my brother rings me up, I forget what I have to tell him. I have swelling of the legs.*

*D: What is your main problem?*

*P: Headache and forgetfulness.*

### What is the main sphere of action?

The main sphere of action in this case is the cerebrum.

*D: Tell about it.*

*P: The headache is as if a heavy stone is there inside the head. During the headache I cannot concentrate when anyone is talking. For the last three days, I am not getting sleep. I get up*

## **A Case of a 16-Year-Old Girl with Epilepsy**

This is an unedited case. The patient was uneducated and lived in a village. She was quite dull when answering questions. There were three attendants in the room and they had done most of the talking in the first part of the history. In a case of epilepsy, the history given by the attendant is very important, as they have seen the convulsions. A proper description of the convulsion is very valuable for a good prescription.

*D: Tell me what happens to you.*

*P: I get convulsions but I don't come to know that I am getting it. Sometimes I can make out and sometimes not.*

*Attendant: Most of the time she can't make out.*

*D: Tell me what else happens to you.*

*P: When I get convulsions, I get very angry.*

### **What is important here?**

The first and spontaneous symptoms given by the patient are always very important. They offer you a totally unprejudiced view of the disease. We have two important symptoms here:

1. She does not know that she is getting it. She is not conscious at that time.
2. There is anger associated with the convulsion.

*Attendant: That time she does not want to eat anything. When she vomits, her head becomes lighter. If she vomits she feels better, otherwise she sleeps the whole day.*

*D: After getting this, she sleeps?*

*Attendant: After she gets a convulsion she can't do anything, so she sleeps till her head becomes lighter.*

*D: How does it start?*

*Attendant: I had seen her when I had gone to Vailankani, Madras, that, before she gets convulsion she can feel it and then she says that she is not feeling well. Then she becomes unconscious and she gets froth in her mouth and she remains unconscious for almost two to three minutes. When she is unconscious we don't touch her, but automatically she gets her senses back. Then she feels drowsy. Then, we make her lie down on the bed.*

*D: Whatever you have seen, just describe it again.*



## A Case of Cervical Spondylolisthesis

This is a case of a 50-year-old male who presented in July 2010 with unbearable pain in the cervical back and right arm. He was put on traction and given the latest painkillers, but there was no relief. He had a history of three surgeries in the past. He was operated for anal fistula in 2007. He was in an accident in 2008 in which his femur bone was broken into three pieces, and there was a ligament tear in the knee due to that accident. Then he developed stones in his right kidney, and he was operated for that also. After one month, he again developed two stones. He also suffers from diarrhea whenever he eats pungent food—he has been suffering from this since he had dysentery at the age of ten.

He had been crying day and night with severe pain, and he had to touch his C6-C7 vertebrae constantly to get some relief. He would touch this area even at night in bed, as he would not get sleep due to pain. His posture was unusual during the interview. The whole history was given with the patient touching his fingers to his cervical spine with the elbow pointing upwards. And every now and then he would try to bend backwards.

### His MRI read as follows:

Reversal of the normal lordotic curvature with retrolisthesis of C6 over C7. Large extruded right foraminal and posterolateral disc herniation at C5-C6 causing severe compression at the right traversing and exiting nerve roots and mild indentation of the cervical cord. Disc bulges from C3-C4, C4-C5, C6-C7 intervertebral discs causing mild thecal sac indentation.

Let us see what he says about his pain.

*P: When I am looking at the computer at one angle, I get the pain. All of a sudden, I started developing shooting pain down in the right shoulder to the mid-arm. When I touch that part at the back, I feel a little bit of relief. This pain is especially in the night, doctor, and sometimes it is unbearable.*

### So what do we know about his pain now?

His pain is of a shooting type and goes down the right arm. Also, it comes all of a sudden and it is unbearable. When he touches the part he feels better—this symptom is peculiar. His severe pain is better by touching the part, so he touches it all the time. Further, he says it is a nagging pain and he feels better by pressing it with his hand.

*P: This part feels as if there is a knot or as if the muscle is twisted inside. It pains terribly and I can't sleep on the right side. Nor*

## A Case of Cerebral Frontal Lobe Atrophy

This is a case of a 61-year-old woman. Her C.T. scan shows mild frontal lobe atrophy and hyper-density in the soft tissue on the right side.

Here is an edited version of the history that she narrated when she came for the interview. She began by saying:

*Four months back, I started getting numbness of the toes, and slowly the whole left leg, left hand and the left side of my face became numb. The skin of the soles of my feet feels thick and numb. The left side of my tongue also feels numb. I get throbbing in my nerves and feel like rubbing the area. I feel better by stretching. I am not able to hold anything in my hand. If I hold anything in my left hand then the grip is not good. It feels loose as if there is no strength. I get cramps in my toes and calf muscles. My toes get twisted and become tight. I feel better by massaging. I can't bear any noise. I feel irritated and shout at them. I want them to stop immediately. If my daughter says anything to me, I brood over the same thing again and again. I don't get sleep the whole night. I feel nobody gives any value to me. I am tensed that when my daughter gets married and goes away, I will be alone. There is no one to take care of me. Who will take care of me? With tension, I get numbness of the left hand and left leg. Then I am not able to do any work. My husband was an alcoholic. So I felt that I don't have anybody. I am alone, no support to look after my daughter. I was all the time in this tension. If something happens to me, who will look after her? This feeling is still there. I have this anger that instead of him supporting me, I had to work and support him. He doesn't give importance to my words, doesn't listen to me. He never gave me support. I felt my own people have cheated me by marrying me to him. Whenever I am tensed, I experience weakness and I don't feel interested in work. As if there is no strength in my body. I don't mix with others. Nowadays I get itching on the left side of my face. The doctor told me that it is the first sign of paralysis. So I'm tensed that if something happens to me, then who is there to take care of me? Now when I'm telling you all this I'm getting numbness in my left hand and head. In my childhood, my mother would not treat me well. Even today, I feel that I didn't get my mother's love. Nowadays I wear a sweater and socks to prevent numbness.*

End of case.

## A Case of Lumbo-Sacral Spondylolisthesis

This is a case of a 33-year-old male, suffering from lumbo-sacral spondylolisthesis for three years. He was in severe pain and had tried different therapies. He was advised to undergo surgery.

*P: I have lumbo-sacral backache. I cannot stand or walk for more than two minutes. The pain is more when my pants are tight. This sciatic pain goes down my right leg. It is intermittent. It restricts my physical activity. There is a piercing, radiating pain down the leg as if needles are piercing. I also suffer from allergic rhinitis. There is itching and redness of the eyes with running nose. I feel breathless in the chest. It is always from 8:00 PM to 8:00 AM. I also have fullness of the abdomen. It comes up every day at the same time.*

*D: What else?*

*P: I want a financial position, not marginal, but very big. I want success which brings name, fame, money and a luxurious life. I can't see the way to this kind of growth. That saddens me. In my life my enemies always had an upper hand on me. They cheated me in money. I could not see through their designs. There has been a lack of strategy in countering their designs. Since I feel I am lacking in strategy I started playing chess. I got a coach also.*

About stressful incidents in life:

*P: Ten days back I met a boy from my school who would never greet me. I was in my car. He fired a bad word at me. It simply shook my system. That night and the next day I was thinking, how I am going to counter this man?*

About his dreams:

*Once I got a dream that my wife and I go to the Wagah border (Indo-Pakistan border) and stray into Pakistan. I say that these people are going to catch us and finish us. I say to myself, "How can you make such a mistake? Can't you see through?"*

*D: Any other dreams?*

*P: Two cousins who have been estranged from our family have come back. I am not willing to patch up with them. All have gone for a picnic and I don't want to join them.*

*D: What exactly do you feel?*



## **The Importance of Diagnosis**

After observing all of the cases mentioned, we have learnt that we must use a combination of the Sensation Approach, the rubrics, the materia medica and the key notes as well as the pathology to arrive at the right remedy.

In certain cases, we succeed in understanding the patient at a very deep level. We are able to see the kingdom, the subkingdom, the sensation and the miasm clearly. If we have understood the patient correctly, then you will see that the same remedy will be indicated by the rubrics, the materia medica, the key notes and the peculiarity of the pathology. However, if we have made an error in understanding the patient, then the rubrics, the materia medica and the pathology will not indicate the same remedy and we will have reason to doubt our understanding and will have to review the case.

When we use rubrics to solve a case, we come to a small group of remedies after repertorization. Our knowledge of the Sensation Approach will help us to zero in on the right remedy. The peculiarity of the pathology will also help us in the final prescription of the remedy. If our rubric selection is wrong, then we will see that the Sensation Approach and the peculiarity of the pathology do not point to the same remedy.

The two points that are mentioned above need to be clarified, so we should ask ourselves:

1. *How do we make sure that the rubrics selected are correct?*
2. *What do we understand by the term 'peculiarity of the pathology'?*

First, we will try to understand the peculiarity of the pathology and we will talk about rubric selection in the chapter "Technique of Case Solving".

### **Peculiarity of the pathology:**

#### ***What makes the pathology peculiar?***

A patient's individuality is expressed clearly in the peculiar location, sensation, modality and concomitants of his symptoms.

*A given drug substance has the power to influence certain organs*, as is evident from our drug provings. This is the unique quality or property of that drug substance. It is a characteristic symptom of that drug.

#### **For example:**

- Bryonia affects the serous membranes

## Technique of Case Solving

The essentials of a good prescription are:

1. The important rubrics in the case should be covered
2. The materia medica should indicate the same remedy
3. The keynote should be covered
4. The Sensation, the kingdom, the subkingdom and the miasm should suggest the same remedy
5. The pathology has to be covered

Success in practice will depend on how we use these tools. However, we should ask ourselves what we should give more importance to in any given case. Whether to give more importance to the rubrics, the pathology, or the sensation will depend on that individual case.

### Situation 1:

If we have a clear-cut Sensation in the case, our task becomes very easy. If you have taken the case properly then the kingdom and miasm approach will quickly take you to the exact remedy or a very small group of remedies. From here we read the remedy from the materia medica and note the similarity, check out the rubrics and confirm that the pathology is covered. Then we are ready with a good prescription. The case of *Fel tauri* (cholecystitis) and the *Aranea diadema* case (*sciatica*) were solved with this approach.

### ***What if you come to a new remedy (unproved remedy) or a remedy that has not had an extensive proving?***

In this case, we have to check out the toxicology of that substance and see if the pathology is covered. It may happen that you come to a known remedy, but the pathology is not covered. Then we have to find out more information from alternate sources such as the internet. Read about the toxicology of that substance. We do not know all the toxicological effects of all the remedies given in our materia medica, and the internet can be put to good use to get this information.

### Situation 2:

If you do not have a case with a clear-cut Sensation or if you do not know the Sensation Method, then the following technique will be of great use:

## Case-Taking

Our case analysis techniques can be put to good use only if we have taken the history correctly. Faulty data will lead to wrong analysis. So it is imperative that we learn the art of case-taking.

I would once again like to suggest that every homoeopath make the best use of the courses offered at The Other Song International Academy of Advanced Homoeopathy, where the art of case-taking is taught by some of the world's best teachers of homoeopathy.

Here are some guidelines that will help you enhance your technique of case taking:

### The aim of case taking

The aim of case taking is to understand the individuality of the patient and to find out what is most peculiar about him. Only this will help us to select the right remedy for the patient (Aphorism 153).

### Where do we look for his individuality?

In order to understand a patient's individuality, we have to explore the following seven areas of his life:

1. Chief complaints
2. Associated complaints
3. Emotional state in stressful situations
4. Fears
5. Dreams
6. Childhood
7. Hobbies and interests

While exploring these seven areas, you will observe that there are some issues that come up over and over again in different areas. These are known as the core issues of the patient or the essence of the case.

### How do we go about it?

Hahnemann has given important instructions regarding case-taking in the following aphorisms. These guidelines have to be followed strictly.



## The Final Diagnosis

The experience and ideas expressed in this book will surely help you to treat your patients more efficiently. However, as I have said before, this is not the last word on the subject. A lot more work needs to be done in this field. It is not just the right remedy, but the right potency is equally important to succeed in such cases. In my experience, the sixth and thirtieth potencies of the centesimal scale yield the best results in cases with extensive structural changes.

In the chapter, “Essentials of a Good Prescription”, I mentioned that for a prescription to work well we have to make sure that the same remedy is indicated by a combination of the following:

1. The Sensation Approach
2. The rubrics
3. The keynotes
4. The materia medica

Once you have understood this book correctly, you can *add one more essential factor* to this list:

5. The pathological process

The diagnosis usually spells out the pathological process going on in the body. It tells us the *seat of action*, the *kind of action*, and the *range of action* of the disease. When investigating the peculiarity of the pathology, we must look at the location, sensation, modalities and concomitants.

In order to wisely use the pathology in making a successful prescription one must follow this rule:

*Arrive at a small group of remedies after applying the knowledge of Sensation Method, rubrics, materia medica and keynotes. Then refer to various books and sources to see which remedy covers the peculiarity of the pathology.*

The essential books to refer to include: Phatak’s *Materia Medica* (‘Generalities’ section), Burt’s *Physiological Materia Medica*, Hughe’s *Encyclopaedia*, and Clarke’s *Dictionary of Materia Medica*.

In addition to these literary works, reading the toxicology of the particular drug substance will aid in choosing the remedy. This information can be found in Vermuelen’s *Prisma* or on the Internet.

Once this is done you are in a position to make a good prescription.

## Discussion with Dr. Borkar

**Q: What is the pathology factor and how do you find it in a patient?**

A: There are different things to be considered while making a prescription. We have to decide the approach that we are going to take. Are we going to use the Sensation Method or rubrics (and if we are using rubrics, do we take the mental symptoms or physical general symptoms first) or materia medica, or keynotes? What do we give more importance to? Rubrics, materia medica, and keynotes have been used traditionally to prescribe a homoeopathic remedy. More and more homoeopaths are now using the Sensation Method (kingdom, miasm and source approach) successfully.

There is one more factor that has to be considered other than these four factors. The fifth factor is the pathology that is present in the patient. I have heard colleagues say that the pathology should not be considered for prescription and to be frank, even I thought so earlier in my practice. However, I started to consider and use the peculiarities of the pathology for prescription and this gave me much better results in cases with structural changes.

If you know the diagnosis of the case under consideration then you are in a position to understand the main sphere of action of the disease in the patient, and the disease process going on in his body.

**Q: Which homeopathic literature is best to find the pathological factor?**

A: Boger's *Synoptic Key* gives maximum space to the sphere of action. Phatak's *Materia Medica* which is based on Boger's book is my personal favorite. In Phatak, if you read closely, the process of disease is given in italics and the sphere of action is given in bold. Phatak gives more importance to the sphere of action and the mode of action.

Other sources include Burt's *Physiological Materia Medica*, Hughes' *Encyclopedia*, Clarke's *Dictionary*, and Vermuelen's *Prisma*.

**Q: In the book you have prescribed rare remedies like *Aranea diadema* and *Fel tauri*. In pathological cases, what gives you the confidence about these rare remedies, when many authors say that 90% of cases require polycrest remedies?**

A: I give most importance to those factors that are clearly observed in



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