KEYNOTE PRESCRIBING IN KALI CARB

Dr. P. S. KRISHNAMURTY, Hyderabad

"At present day there is only a very small number of homoeopathic physicians that can come together in a body and say things that are worth listening to, a shamefully small number, when we consider the length of time Hahnemann's books have been before us." —Kent.

1.00

Keynote prescribing is vehemently denounced by Hahnemannians and Kentians right from the time of Hahnemann up to date. This is because it encourages unhomoeopathic procedures in the treatment. Undoubtedly such prescription falls short of the qualities of a similimum. When the remedy does not hold good as a similimum to the patient, it cannot work from centre to circumference. It is unable to evoke curative powers in the organism on the lines of Hering's Laws of Cure. This type of wrong prescription, is far from the truth of the great philosophy of unlocking the miasmatic diathesis of Hahnemann's chronic diseases. In such a dangerous prescribing what all relief to the patient is there, it is only palliative, suppressive, and stimulates the disease process, from periphery to the centre. The effects of wrong-direction manifestation will take place in the patient, depending upon the resistance of the body, in other words, vital force.

<u>)</u>

- 1

Usually Hahnemannians in the practice, note and observe the keynote symptoms in the patient, and do not simply prescribe, a remedy on that lonely information. After thorough case-taking they verify the entire drug picture for which they are led by the keynote. If it tallies well in the patient's anamnesis, they prescribe that remedy, which will be curative to the patient. Here practically it is the keynote symptom in the patient that led the physician to the research of symptom totality prescription. Therefore to recognise the keynote symptom in the patient and to verify that keynote symptom in the drug for successful homoeopathic practice is the sine qua non.

When all is said about the merits and demerits of keynote prescribing, a couple of limitations and exemptions are also advocated by no less than Kent, when there are no worth-mentioning general symptoms in the patient, where even the available particular symptoms are only common symptoms. In such cases one has to prescribe only on single and lonely symptoms. Kent highlighted this aspect while mentioning Symphoricarpus racemosus, on the indication of severe gagging and vomiting in pregnancy.

Not only such prescription can be adopted in the acute remedies but also in the chronic remedies, in the advanced pathological states, like phthisical patients. Here there will be good palliation, if the case is reversible. Such repeated remissions of symptoms in such a patient, turns out to be curative, if the resistance in the organism is good.

~ ("

Ź

Dr. Pierre Schmidt high-lighted and reported, a successfully treated case of orthopnoea, on the keynote symptom of "must sit up-right or bent forward or rock in respiratory disorders" in Kali carb. Dr. E. B. Nash reported a case of hydrothorax successfully treated with 3 a.m. aggravation by Dr. Sloan, when Dr. T. L. Brown failed in his father's-in-law case. The indication is just a location "right lower lung" even in advanced case of PTB.²

Many prescribers verified many a time 3 a.m. aggravation in Kali carb. The interesting finding of this wonderful time modality is observed in the original proving in only one prover and it has become the major keynote of Kali carb.³ There is a fascinating article on 3 a.m. aggravation in the British Homoeopathic Journal. The time modality in Kali carb. got me good dividends. An important point is worth mentioning here, i.e., observation of clinical symptoms in practice. The valuable work especially with the partially proved medicines, will enhance the further development of homoeopathic materia medica. We may utilise such clinical symptoms in our future work.

The author failed in a case of backache with several remedies. Finally the gracious patient had three classic, most common symptoms: "backache, sweats during pains, and weakness". Because I just read thoroughly Kali carh, to prepare contra-indications for the materia medica, I prescribed her Kali carb. She never had it again. It is nearly five years. Farrington says that there is no remedy in the materia medica with this symptom, except Kali carb.

A gentleman had a distinguished career as a patient for his haemorr-hoids. He went from doctor to doctor with no relief. To add to it he had fissure in ano to tease him, when he had temporary relief in pains and bleedings per rectum. The keynote symptom of "sitting in cold water" in him revealed to me, a few more general symptoms of Kali carh. With all his affluence in all directions, he was most unhappy for nothing. Kali carb. not only relieved his rectal trouble but thereafter he remained happy.

Bag-like swelling on upper eyelids and below the eyebrow line, is another trustworthy keynote in Kali carb. It becomes a very common symptom in the aged. But in other cases is a big symptom not only to unlock the curative powers in the patient but also to complete the picture of Kali carb. A young lady patient of hysteria got wonderful cure with this keynote. The following symptoms of the patient were also present in the repertorial analysis: capricious nature, dread of being alone, with a h/o of anaemia with long and copious periods in Kali carb.

A new-wed complained of sleeplessness after coition. He was unwell with non-descriptive indispositions for a couple of days after copulation. The remedy Kali carb. was not listed in the rubric "sleepless coition, after"; but a first grade remedy for aggravation coition after in general. Yet his symptoms, sensitive nature; whimsical, hurried dispositions, liking for sweets, aversion to bread and meat, in his repertorial analysis, assured me of the

ċ

<u>)</u> .

usefulness of Kali carb. He never complained of sleeplessness, thereafter for ten years of happy wedded life.

A middle aged patient with menopausal syndrome, was unduly startling, when I was eliciting reflexes in her sole. Also it was impossible to put speculum in her ear for the fear of unusual ticklishness. "Apprehension in the stomach when touching the foot or any part"—the wonderful keynote of Kali carb. led me to the verification of her symptoms from her repertorial analysis in the drug picture. She had, sleep and stool after aggravation, fear of death, timidity, ailments from bad news. In the family history she had h/o tuberculosis. Kali carb. brought her wonderful recovery. Kali carb. was not listed in the menopause in the Kent's Repertory. Kali carb. is not only psoric and sycotic but also tubercular.

We find Kali carb, as one of the remedies for solar plexus patients. Kent says such patients are hard to cure. T. F. Allen warns us not to give Kali carb in fevers, although it is first grade remedy in pneumonias. I solicit the learned opinions of stalwarts here to elucidate further on such of these important statements. If these findings are properly interpreted, to narrow down an incurability in a patient becomes a certainty. With such meticulous introspection, one can cure and prevent, gout, hysteria, diabetes and high blood pressure with foolproof certainty in Homoeopathy.

Homoeopathy is a successful therapy in acute and chronic diseases, but the only system of medicine to narrow down an incurability in a patient. Kali carb is my favourite horse. It never let me down for betting on its lovely keynote symptoms.

REFERENCES

- 1. Kent, J. T.: Homoeopathic Materia Medica, American ed., p. 591.
- 2. Nash, E. B.: Leaders in Homoeo. Therapeutics, 6th American ed., p. 129, 130.
- 3. Roberts, H. A.: The Principles and Art of Cure, 2nd revised ed., p. 269.
- 4. Kent, J. T.: Repertory, 14th American revised ed., p. 724.
- 5. Boericke, Wm.: Homoeopathic Materia Medica, 9th American ed., p. 366.

EDITORIAL

(Continued from page 243)

wonder a devout Hindu keeps the doors open every evening to let Lakshmi, the goddess of wealth, enter the house, a rare privilege that is not extended to Saraswati, the symbol of knowledge!

The views and opinions expressed by the authors of articles published in this journal are not necessarily those of the editor and publishers.