

## DATA ON WHICH THE HOMOEOPATHIC PRESCRIPTIONS ARE BASED\*

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For guiding us to the remedy which is more or less homoeopathic to the case in hand, not only for the purpose of cure but even for temporary palliation, we have got to ferret out the required data from the following spheres of investigation in the particular case:

### SYMPTOMATIC SPHERE

Of all the symptoms as obtained by the physician from the narration of the patient as well as his attendants or associates and the facts observed by himself, only those will be of any value for a homoeopathic prescription for the case, which are of characteristic, individualising value on the score of sensation, location, modalities and concomitants. How any of these features can impart a characteristic value to a symptom has been discussed in some detail in article V of my book: *Repertorization*.

The data obtained in this sphere of investigation, i.e. the characteristic individualising symptoms are generally the most dependable basis for homoeopathic prescription. But for this purpose a minimum of three such symptoms is essential. Nash compared this essential requirement with a three-legged stool for a stable equilibrium. A dependably representative cartoon of the real totality of symptoms, can generally be drawn with a minimum of three such characteristics.

### ETIOLOGICAL SPHERE

The onset of the disease, particularly an acute or semi-acute one, may coincide with a number of facts or events each of which may claim to be the exciting cause of the present condition of the case. But, in any case, if we can definitely spot out the precise exciting cause of the condition, that will always lead us a longer way towards our goal of finding the simillimum.

Usually the solution of the problem of spotting out the exciting cause is not so difficult, if only we can definitely relate the nature of the disease or the general symptomatology of the case with any of the coincidental exciting factors. A model example will make the point clear. Take a person who fell ill after walking a long distance with a load, in a dark cold rainy night and got severely frightened while passing a cremation ground; on returning home, got high fever with restlessness and intense fear of death (pointing towards Aconite) and no other remarkable symptoms, we shall give maximum value

\* 4th Homoeopathic Scientific Seminar, Second Session held at Belgaum in July 1976 under the auspices of All India Homoeopathic Editors' Guild.

to the *fright* as the exciting cause, even ignoring the exposure to the wet cold; and if the patient has no other remarkable symptom except some vague hysterical symptoms like convulsion, sighing etc. (Ignatia), we shall again give maximum value to the *fright*; if the patient with all the above mentioned symptoms of Aconite, the restlessness is found to be due to intense body-ache, we shall pay maximum value to the exposure to wet cold and exertion and think of Rhus tox (which, of course, has fright as the exciting cause and also fear of death); if, on the other hand, the patient has no *determinative* symptom except the persistent fright (Opium) or vague neuralgic pain in the heart, etc. (Acon.) we shall pay more value to the *fright* as the exciting cause; and so on.

Thus, we see, the etiological data are only complementary to the data obtained from the symptomatic sphere, and becomes highly useful when the latter fails to provide any dependable basis for the homoeopathic prescription.

In order to apprehend the real significance of etiological factors in the matter of individualization, which is the deciding factor in a correct homoeopathic prescription, we should remember one fact, viz. the same etiological factor is found to produce different reaction in different persons. For example, wet cold may upset a person of the type of Ammon. c., Calc. c., Rhus t., etc. but innocuous to those of Acon., Caust., Hepar., Nux vom.; Milk may upset a person of the type of Calc. c., Mag. m., Sepia, Sulph., but congenial to those of Apis, Ars., Graph., Rhus t., and so on. Thus etiology may be taken as equivalent to the grand modality of the case, and thus the most reliable basis for the homoeopathic prescription.

#### THE MIASMATIC SPHERE

This sphere is to be specially investigated in *chronic cases* with a view to trace out the activities of the particular miasms, from the most significant points in the whole history of the case (present accessory symptoms, past history and family history) and thus ascertain *the fundamental cause* of the case, and the curative homoeopathic prescription has to be based on the data thus obtained. In this sort of cases *indirect Isopathy* (use of the appropriate nosode) may be immensely helpful if we can definitely trace out the particular miasm as the fundamental cause.

This sphere is to be investigated very occasionally in *acute cases* also, in the following conditions:

- (i) When the remedies based on the present acute symptoms fail to cure.
- (ii) There occur repeated relapses of the same disorder.
- (iii) Or the syndromes shift frequently.
- (iv) There threatens or actually supervenes any form of complication.

#### IATROGENIC SPHERE

In this sphere we must include the various *drug diseases*. Many of the syndromes are occasionally found to be too callous to our best selected

remedy, even on miasmatic basis, or devoid of any determinative symptoms, or too complex to provide a dependable basis for selecting the appropriate remedy. We face this sort of condition most often now-a-days due to rampant introduction of various types of foreign proteins into the body tissues in the form of various sorts of vaccination, inoculation, antitoxins, toxoids, etc. Burnett categorised all types of this condition under the common name of *vaccinosis* and emphasised Thuja almost as the specific for all these conditions. But we have also other remedies for such cases, e.g. Ars., Ant. t., Maland., Silicea, Sulph., etc., any one of which may be required on the basis of available symptoms.

Such conditions are also very often found to be due to prolonged use of some chemotherapeutic drug or drugs, specially the highly potent modern drugs (like the various sulphas, antibiotics, steroids, tranquillizers etc.) in material doses. In such cases, we have to make all efforts to spot out the particular drug responsible for the present situation. This can be done by investigating in the following lines:

- (i) Since the use of which particular drug the present troubles are persisting.
- (ii) The similarity of the present symptom-complex with the known side-effects of a particular drug.

These investigations will yield data for providing a basis for the use of the causative drug in potentised form (Tautopathy).

#### CONSTITUTIONAL AND TEMPERAMENTAL SPHERE (INCLUDING THE GENERAL MODALITIES)

I do not venture to go into the details of this sphere, as any attempt to do that will produce a fairly big paper by itself. I have discussed this subject in a number of my previous articles. (vide, Constitution and Temperament, *H. G.*, October 1971, Chilly and Hot Patients and Remedies, *H. G.*, March 1973). Here I only refer to them, and the valuable book of Dr. J. H. Clarke *Constitutional Medicine*.

#### PATHOLOGICAL SPHERE

Although pathological data, as they are, provide very poor basis for a homoeopathic prescription, on account of their commonness in all cases having the same type of morbid changes. Even then, they cannot be at all neglected, especially in cases where sufficient number of determinative symptoms are not available. A pathological datum can provide basis for a homoeopathic prescription on the following grounds:

- (i) Sensation (i.e. nature of the lesion).
- (ii) Location.
- (iii) Modalities.
- (iv) Causative factors.
- (v) Concomitants.

I can explain this point better only by some examples—

A necrosis (sensation) of lower jaw (location): Phos.; upper jaw; Merc. c.

A necrosis (caries) of foot: Hecla, Merc., Sil.

Attacks of felon (sensation) every winter (modalities): Hep.

A felon caused by a splinter or pin-prick (causation): Led.

A felon on thumb (location): Bufo, Hep., Sil., Sulph., Led.

Nephritis with diarrhoea (concomitant): Acetic ac.

Acute meningitis with acute cystitis: Canth.

#### IN THE SPHERE OF CHRONOLOGICAL ORDER OF APPEARANCE OF SYNDROMES

The late Dr. S. M. Chowdhury worked throughout more than the last two decades of his life in evolving a new basis for homoeopathic prescription exclusively on chronological order of appearance of some set group of syndromes (vide his books: *A New Aspect of Homoeopathy*, *Ayurvignan*, *Proving and Curative Power of Medicines* published by Dr. Subrata Chowdhury, 3, Sambhu Chatterjee Street, Calcutta 700 012).

Personally, I do not see completely eye to eye with him in this approach of his, as I find some fallacies and impracticalities in it, which he could not satisfy in spite of several personal discussions and written polemics.

Even then, in the experience of all of us we often find a glimpse of some definite order of appearance of symptom-complexes, particularly in chronic cases; and the same phenomenon is found by going deep into the records of the long provings of some drugs. So there must be some positive content in this approach. In any case, this phenomenon deserves more meticulous and critical observation, at least in our drug proving researches.

Clinically we do often find some hints of the phenomena of chronology in cases of suppression or spontaneous disappearance of a different group of symptoms. For example, in case of epilepsy in a boy, baffling all remedies based on all the available symptoms, it was revealed that he had eczema capitis in infancy of *Cicuta* type, but that disappeared without any remarkable treatment in course of about 2 or 3 months. And the epilepsy started by about the age of 10 years. *Cicuta* completely and permanently controlled the epilepsy. A case of asthma in a young lady was recovered with *Sepia* on the history of leucorrhoea before puberty, which disappeared sometime after puberty.

Before I conclude, I must mention that, in my opinion, none of these data fall outside the purview of the grand totality of symptoms, as I understand it, and any of these data can be fitted into the cartoon of the grand totality. The real fact is that, all these data are not available in all cases, but only some of them in the particular case in hand. Our task is to ferret out these available data and base our homoeopathic prescription on them alone.

These large list of multifarious data for a homoeopathic prescription may  
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and tongue. No medicine has been given for the last two years and the child remains perfectly well.

*Cupressus lawsoniana*: Botanically this is a Coniferous evergreen tree, in the same family as *Abies nigra*. A tincture of berries and leaves are used in making the medicine. Another closely related medicine is made from the *Cupressus australis*, but this has had only a scant proving.

*Characteristics*: *Cupress. l.*, has been proved in a fragmentary way by Burnett, who had to relinquish the proving on the account of the "terrible pains it caused in the stomach." He concludes from his experience that the action is very like that of *Thuja*, and he has successfully used it as a variant of that remedy and of *Sabina* in the cure of tumours: cocks-comb growth in the mouth; lipoma of thigh; keloid.—*Materia Medica*, John H. Clark, M.D., Vol. I.

—*Journal of Am. Inst. of Homoeopathy*, March 1974

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appear rather awe-inspiring to novices and students of Homoeopathy. But a little acquaintance with all these various sources and little practical training in the clinical field or a little practical experience will bring all of them to the finger tips.

#### SUMMARY

The data on which a homoeopathic prescription can be based, are to be procured from the following spheres of investigation:

1. Symptomatic sphere
2. Etiological sphere
3. Miasmatic sphere
4. Iatrogenic sphere
5. Constitutional and temperamental sphere
6. Pathological sphere

All these data are actually covered by the grand totality from which a dependable cartoon totality can also be drawn.

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