

Helps to the Study  
of  
**HOMOEOPATHY**

( PART ONE )

*By*

**DR. RAJIB LOCHAN BANERJEE**

**M. D. ( Hom. )**

**ARBI**

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53201  
BAN  
HELPS

The copy of this humble work  
is presented to - honorable  
Dr. S. Mondal  
as a token of love and respect.

~~Handwritten signature~~  
15/9/79



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of  
HOMŒOPATHY**

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*Dedicated  
in memory  
of my  
Godly father,*

**Bhupendra Nath Banerjee**

*— Author*

## Introductory

At last, Dr. Rajib Lochan Banerjee, M. D. ( Hom. ), agreed to publish his varied knowledge on the homœopathic healing art in abridged form for the future generations of Master Hahnemann.

Though many requests came to him from various corners of the profession to elucidate his knowledge about this subject, in his earlier ages, yet his replies were like the humble remarks of Sir Issac Newton, as, "I am like a child.....".

At last, a junior Homœopath, Dr. Ekramul Haque Mollah, succeeded in convincing him to publish his knowledge through a book form, named "Helps to the Study of Homœopathy". Hope, the sons of the profession will be grateful to Dr. Mollah, mainly.

This book, rather say literature, is helpful to the homœopathic practitioners, mainly and who desires to learn the essence of this great medical science.

Like Master Hahnemann, the author has also dealt with the natural diseases, mainly.

The author is inclined to explain the art of homœopathic prescription, through two parts. The part one, mainly consists of the theoretical knowledge which is essential to know the science of the healing art of Homœopathy which will be dealt with the practical part of part II of this book.

We are graced with the right to publish Dr. Banerjee's creation.

Lastly, we regret for the creeping mistakes, which might have happened due to the hurried publication of this book.

*Calcutta, 14. 8. 79*

**Publisher**

## Preface

"Helps to the Study of Homœopathy" dares to occupy the position of keynotes in the study of Homœopathy and in the practice of great truth of similars.

The name of the book is self explanatory regarding its object, aimed at. It does not cherish the audacious idea of replacing the need of the monumental works of "Organon of Medicine" "Chronic diseases" by Hahnemann or the works of the greatest Hahnemanian exponents like Drs. Kent, Stuart Close, Roberts etc. on the subject of Homœopathic philosophy.

These original works should be read and re-read to assimilate their valuable contributions. But "Helps to the Study of Homœopathy" no doubt, helps the digestion and assimilation of the indigestibles in those original works producing a nutritional conviction in the mind of the students and practitioners.

The book is intended to help to thrive the rational thinking of the growing mind of the Homœopathic students and attempt has been made to throw light on various matters, of course, only in the practical line and on salient points to remove the clouds, specially in the practice of the great laws of similars.

I beg to be excused for the redundancy on many points that has been admitted most reluctantly to impress strongly on the mind of the students.

The book is designed to be completed in two parts, of which the present is part one.

I don't know how far this humble presentation will satisfy the inquisitive minds of the learners of the great science of therapeutics, both in theory and in practice.

Lastly, I am greatly indebted to beloved Dr. Ekramul Haque Mollah, D.M.S., Dr. Satya Sharan Nandy, D.M.S., Dr. Nirmal Kumar Samanta, M.B.S. (Hom.), and my eldest son Dr. Rabindra Nath Banerjee, M.B.S. (Hom.) for rendering their valuable assistance in completing the works.

Let the credit go to my Creator if the work deserves any thing at all.

Let me stop the pen saying—

“এতদ্ কর্মফলম্ শ্রীকৃষ্ণায় অর্পণমস্তু।”

Dated, Uluberia.

Howrah,

the 26th June, 1979.

Rajib Lochan Banerjee



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## VITAL FORCE

*"It will be profitable to glance at some general principles which Hahnemann laid down for his guidance in his great work of creating a new science and art of therapeutics".*

He declares : *"Medicine can and must rest on clear facts and sensible phenomenon, for all the subjects it has to deal with are clearly cognizable by the senses through experience. Knowledge of the disease to be treated, knowledge of the effects of the medicine and how the ascertained effects of the medicines are to be employed for the removal of disease—all this is taught adequately by experience, and by experience alone. Its subjects can only be derived from pure experience and observations, and it dare not to take a single step out of the sphere of pure, well observed experience and experiments, if it would avoid becoming a nullity and a farce".*

*"Hahnemann starts, then, with the conception of life as a real or substantial entitative power or principle, having laws of its own, and refers all the phenomenon of health and disease to it. This is Hahnemann's*

*greatest discovery, and the absolute bed-rock of his system".*

Being guided by the above principles he starts building up the edifice of Hom.œopathy avoiding all conjectures and speculations and bases on observation of facts and logical deductions therefrom. In order to proceed in his line, he clearly defines disease, medicine, the principle of therapeutical application, cure and obstacles to it and all allied affairs including qualifications of physician and his object.

Hahnemann starts his monumental work "Organon of medicine" with the aphorism, "*Physician's high and only mission is to restore the sick to health*".

Here the duties of a physician are well clarified. His duty he lays, that is "*to restore the sick to health*". Pertinently the question arises—who is sick? Reply we get is, that the man is sick. Now let us think what a man is i.e. what are the component parts that constitute a man! From our daily observations and rational thinking we find that the man has got a physical body and a spirit like immaterial enlivening force termed as 'vital force' working

within it and a by-product of the life force and physical body, known as mind. Then as a matter of fact, we get an algebraical expression that—

$$\text{Man} = (\text{Physical body} \times \text{Vital force}) + \text{Mind}.$$

Next pertinent question arises that we can feel the existence of the physical body through our senses, but what about the vital force? We can neither feel nor see its existence. But through our rational mind we can feel its existence by its activities in the physical body and can understand that it is in constant motion, i e undergoes constant changes in its instrument—the body, so long as it is living. That's why it is expressed as 'Dynamic'. It has got a definite direction of its action. It carries on its functions from the centre and proceeds towards periphery, and all organic control is performed therefrom. Another thing we come to understand that it cannot prove its existence in the relative world without a material body to live in and to work upon; and a body without this force is dead and it comes under the perview of the laws of physics and chemistry. Hence in order to express ourselves regarding vital force we define it as follows :

**Vital force is spirit like autocratic force maintaining the integrity of individual tissue-lives and controlling their functions to form an integrated whole for the purpose of self-preservation, development and reproduction.**

Apart from the immaterial spirit-like dynamic quality of the vital force it is endowed with the basic qualities of susceptibility, reactivity and adjustability.

It may be exhibited either in the state of health or in the state of disease.

Health is the normal co-ordinated functional activity of the life-process on the individual tissue-lives of the body.

Disease is the abnormal in-co-ordinated functional activity of life process on the individual tissue lives of the body.

*"In health we live and act and resist without knowing it. In disease we live but suffer and know ourselves in conscious or unconscious exaggeration".*

In healthy condition the physical body does not create any disturbance in executing the order of the King—"Will" (supported by reaso-

ning) and man can use the body and mind as his instruments for the better purpose of life with ease.

In disease, the in-co-ordinated functions of life-process produce an abnormal sensation of discomfort and the orders of the King—"Will" is executed but not with ease.



## SUSCEPTIBILITY AND REACTIVITY

Susceptibility means the quality or capability of the living organism of being impressed by a stimuli. Upon this fundamental quality depends both physiological and pathological functions of the life process.

Susceptibility, in other words, relates to in-taking or receiving quality of the life process and reactivity, to the quality of being acted upon by the stimuli received by the susceptible vital force producing a mutual action on the tissue-lives.

Adjustability is the process and nature of reactivity adopted against the stimuli primarily taken by the susceptible vital force constructively or destructively.

Obviously it comes to reasoning that reactivity of the life process to which we, as physicians, are directly concerned with to effect a cure is fundamentally dependent upon susceptibility of the vital force. If the susceptibility is lost, the reactivity is also to be lost and the life is going to extinct.



Under the circumstances, susceptibility which is the only asset to a prescriber must not be impaired with under any circumstances by any of his deeds.

Susceptibility and reactivity are the two different perspectives of the life principle.

It is fit to be modified. It may be increased, diminished or destroyed. Morbid susceptibility is a state of lowered resistance in relation to morbid agent and is a demand notice for its satisfaction.

Physicians are mainly interested in reaction and in order to get the reaction we are to utilise the susceptibility primarily which furnishes the basis of medicinal action and reaction of the vital force against the medicinal quality which is imperative to effect a cure.

During drug proving we are to give several doses of the medicinal substance to bring out the symptoms, because the susceptibility of the man, on whom we are proving, is normal and in order to make him a victim to the medicinal quality we are to increase the medicinal strength in relation to the resistance of the normal susceptibility of the individual ; where as in a diseased condition, a similar medicine in a very

minutest dose produces reaction in the man. Because in this diseased condition, the susceptibility of the man is maximum in the affected parts.

The homœopathically selected remedy also affects the same and already diseased organs in the same manner. These affected parts now require very small excitation to react to. It is for that reason a very minutest dose of a homœopathic remedy is sufficient to produce reaction in the system i. e. to satisfy the susceptibility. Just as we can tolerate sufficient pressure on muscles of the body normally, but when those muscles become inflamed a light touch on it becomes intolerable.

Hence the conclusion is that, in diseased condition the vital force is more susceptible to the action of similar remedies rather than dissimilar ones and requires the minutest quantity of the remedial agent to react to. This reaction is practically against the medicinal potential quality rather than the quantity.

Also more quantitative use of medicinal substance is required, the more dissimilar the medicinal action is in relation to the manifested disease condition.

## APPROACH TO THE VITAL FORCE

The spirit like immaterial vital force may be approached through :—

- ( i ) Physical body.
- ( ii ) Mind.
- ( iii ) Vital force.

And it may be secondarily affected by primarily affecting the (i) physical body mechanically or chemically. Suppose the body is injured mechanically or chemically with a strong acid. This injury, which is caused mechanically or chemically, is the primary effect on the physical body and it tells upon the vital force secondarily producing symptoms and it is a secondary dynamic affection.

(ii) It may also be secondarily affected by primarily affecting the sentiments, emotions or other faculties of mind. For instance, a man had lost his very near and dear one. The death of his very dear one gave him a good psychic

shock, whereafter his health broke down and he began to bring forth symptoms.

(iii) It may also be primarily affected by a spirit like immaterial quality contained in the disease-causing agents. This influence of disease-causing quality upon the spirit-like "life-process" is termed as dynamic infection and this dynamic infection affects the vital force primarily producing symptoms and not secondarily, as in other two cases described above.

In fact, symptoms are producible by the dynamic vital force alone being influenced secondarily or primarily as described above.



## IV

### DYNAMIC ACTION

Energy reveals herself in the form of quality. There are two kinds of qualities--one is material and the other spiritual. Each matter in existence, has got those two qualities. **The action of the spiritual quality contained in a matter or the spiritual quality contained in the other, is known as 'Dynamic action'.**

Let us take, for instance, a piece of magnet. This piece of magnet has a hard solid body, certain ductility and a magnitude. These are the material qualities of the magnet and these material qualities are taken to cognizance by our senses. Apart from this material quality it has got a separate spiritual quality of attracting or repelling a separate piece of magnet or a piece of iron. But this spiritual quality of attracting iron is contained in the material body of the magnet and this spiritual quality of attraction lies latent, till it is brought nearer to a piece of iron or a magnet, when only it is expressed by its action but this quality of attrac-

tion is not cognizable to our senses and its existence we can feel through our rational mind by its activities only.

A piece of magnet attracts a piece of iron but not a piece of stone or wood. Because wood or stone has got no inherent quality of being magnetised, just as a disease can not be produced in a body without vital force, which is dead.

Let us consider another fact for clear concept of dynamic action from our daily occurrence. Suppose, Ram became angry with Shyam and abused him with filthy languages. As a result, Shyam also became angry with and in return, gave a good blow on the nose of Ram to bleeding. Let us analyse the fact that happened. Here the first occurrence is that Ram became angry with Shyam and excited the anger in Shyam, which was latent in him till then by using languages, sufficiently potentised to provoke the anger in Shyam. This interchange of thoughts i.e. provocation of anger in Shyam by conveying the anger through filthy languages by Ram is an expression of 'Dynamic action' or a dynamic interchange between two separate but similar dynamic states of existence.

What the next thing happened? Shyam's anger was provoked and became potent enough to get the order of the King-"Will" to reply Ram, in the form of Physical violence. Now the King-"Will" was obeyed by his organisation, the physical body, to give a good blow on the nose of Ram. Here we find that dynamic quality of Shyam could not primarily injure the physical body of Ram. But Ram's physical body was injured by the physical body of Shyam in their physical state of existence.

The consideration of the above facts teaches us that, **qualities can act upon another only on their similar state of existence i.e. spiritual qualities can affect the spiritual quality of other and material quality, on the material ones.**

○



## V

### DISEASE

Disease is an irregular and in-co-ordinated functional state of the life principle on the individual tissue lives, or Dynamic alteration in the dynamic life process caused by a dynamic agent.

Whenever we experience irregular activities of the life process it is also admitted that there is a cause of this action. Because, we know, that there can be no action without any cause.

What is a 'cause' ? A 'cause' is that, which produces an effect. So long as a cause is effective on a dynamic soil, it continues to produce its effects upon it and which we consider as the primary action of the cause. No sooner the effects (Primary) produced by the cause cease to exist, than the element that produced the effect is no more termed as the cause of the effect even though its identity may be present.



We have already learnt that no primary derangement of the life principle can be produced otherwise than by a dynamic quality i.e. a definite dynamic quality is essentially required to produce a diseased state in the dynamic life process.

Effectiveness of a natural disease-cause is always conditional. It never affects unconditionally. The first essential condition is susceptibility to the disease cause. This susceptibility i.e. lowered resistance in relation to the disease cause may be inherited or acquired. It may be acquired by previous over use of crude drugs to produce constitutional hypersensitiveness to diseased conditions, related to the abused drugs to which morbid susceptibility now exists. Other than these are due to Psoric constitution.

### (a) Exciting Cause

Exciting causes are some such events or practice that helps to make the vital force ready to be a host to the inimical dynamic agent for the production of acute disease, generally or to lower the resistance of the self to make the latent psoric cause active.

These exciting causes lower the resistance of the individual—physically, chemically, psychically or by unhygienic processes. They may be the excess of food, insufficiency of it, severe physical impressions, or irritations, excess of chilling, over heating, mental or physical straining, dissipations etc.

**(b) Scope of exciting cause :**

Exciting causes alone, in fact, do not produce disease i.e. irregular functioning of the life process but makes the man as a whole ready for being infected with an exogenous dynamic cause or makes the latent psoric cause patent.

**(c) Maintaining Cause :**

Maintaining cause is that which maintains the effectiveness of the exogenous dynamic cause.

Maintaining causes may be found in a patient in their occupation, habit, social and domestic relations, addiction to different stimuli, environment, continued unhygienic regimen, constant vexation, reserved displeasure, climatic influences etc.

These maintaining causes may form obstacles to cure in any dynamic disease and may act as the exciting cause to latent Psora. Another exciting cause of latent Psora may be the virulence of an acute disease.

Apart from the maintaining causes, exogenous, we often face a group of objective changes i.e. Pathological changes in chronic cases who stand as obstacles to cure by the highly dynamised similar remedy. These endogenous maintaining causes maintain the expressed disease-symptoms taking the upper hand on the life process. Here we fail to establish a healthy reaction in the vital force against the highly dynamised similar remedy sufficient to remove the pathological obstacles. These similar symptoms will abate or will temporarily subside, but will soon return in the same form after the use of highly dynamised similar remedy.

Consequently maintaining causes relate mainly to chronic diseases.

Exciting causes are mainly related to the diseases of acute nature.

#### (d) Fundamental cause :

Fundamental causes are the dynamic causes that start their primary action from the vital plane and proceed towards the organic plane i. e. from centre to periphery. These are the actual definite causes of diseases.

As a matter of fact, only one cause, either exciting, maintaining or fundamental can not produce a definite disease. A **dynamic cause (fundamental)** is essentially required along with either exciting or maintaining cause, as the case may be. To commemorate, the formula stands as follows :

{(Exciting or maintainig cause × Vital Force) × Dynamic cause.}

The dynamic causes, according to Hahnemann, may be divided into two groups viz. chronic miasms and acute miasms.

#### (e) Acute disease

The acute miasms are the true causes of acute infecting disorders. But they cannot infect a vital process unconditionally. The aeute miasms generally require an exciting cause to

make it effective on a vital force. In other words we may say, that

**Acute diseases = {(Exciting cause × Vital Force) × Acute miasm}**

(i) Acute diseases start suddenly and express the internal disorder by very vivid symptoms and may terminate favourably or unfavourably with or without medicinal aid in a moderate time.

Acute diseases i. e. group of acute symptoms or individual symptoms recurring often, with or without definite external cause in the same manner, owe their origin to Psora, generally in its latent state, tending towards its secondary manifestation. Consequently they are to be managed with acute short acting medicines in their acutely suffering stage but finally to be treated with deep acting constitutionally indicated remedies to stop their phasic recurrence i. e. to effect a cure and this is a must.

(ii) Where no specific acute miasm has been found to be effective i.e. in the lowered state of resistance of the vital force by the



**exciting causes, the symptoms cropping up are due to the temporary excitation of the latent Psora and they simulate an acute disease and behave like it.**

These temporary out-bursts of latent Psora are treated by similar acute remedies, or they may require anti-psoric remedies that correspond to the acute phase of the latent chronic cause, often in repeated low potencies.

(f) **Epidemic & sporadic diseases** are due to acute infections.

Sporadic diseases are caused by definite acute, miasm, producing its peculiar manifestations in different persons and in different places, and at the same time.

Epidemic diseases are caused by definite acute miasm producing its peculiar diagnostic characteristics among the thickly congregated mass of people, especially in an isolated area, at the same period.

But Endemic diseases are due to the patency of a chronic miasm, especially Psora, maintained by the maintaining cause—the locality, and the symptom of such a case will go away itself if

the patient avoids the place, provided the latent psoric condition has not attended a stage of secondary psoric manifestation.

Acute diseases leave no sequel i. e. acute diseases when go away will have no symptom residual. Consequently, any sequale of any acute disease is to be counted and treated as a chronic one.

But (i) If the acute disease is long-lasting or violent, it may act as an exciting cause to the latent Psora.

(ii) If the acute disease is bungled with excess of doses of non-similar medicine, especially for a length of period, it will also provoke the latent psora into action and will complicate it with a drug disease.

Chronic diseases are those that are out-come of dynamic infection with chronic miasms. They start often with imperceptible begining and lasts through out subsequent generations, either in latent or patent state, if uncured. There are three chronic miasms viz. Psora, Sycosis & Syphilis. Each of these miasms have two states—latent and patent.

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## VI

### SYMPTOMATOLOGY

Before starting with the subject, we should clearly understand the significance of the term—'symptom' and all that it involves and what relation it has got with the internal dynamic disorder.

'*Symptoms*' are the outward expressions of the internal state of vital order and '*morbid symptoms*' are the outwardly expressed disorders of the life principle caused by a dynamic inimical agent in natural disease i. e. an outward expression of the internal suffering.

We can neither feel nor see the beginning of the breach of internal order and how it goes on; but it is by the manifestation of morbid symptoms alone, we can understand the wrong in the activity of the process and know its nature, just as thoughts and ideas, which are inexpressible outwardly, become expressible only through language or gestures & postures. So



morbid symptoms are the language and posture of the inexpressible disordered vital force, without which we can not understand the state and nature of disorder of the affected vital force, which is the sole object of our treatment.

These outwardly expressed symptoms that represent the internal order are the only way by which the activity of the spirit-like life-process is made known to us. Viewing through which we can understand how much the internal dynamis is in healthy or unhealthy state, i. e. it expresses the state of the vital force and this state comprises of these symptoms in their totality. By these outwardly expressed symptom-totality, nature calls for a suitable remedy also.

## VII

### MECHANISM OF SYMPTOMS

Symptoms that represent the diseased state of the Vital Force are, in fact, the effects of a dynamic cause acting upon it.

Nature is full of adjustment and this adjustability is one of the essential qualities of the '*Life Force*' and the direction of this force is from centre to periphery and its object is self-preservation. This adjustability is responsible for the localisation of symptoms, both subjective and objective.

An external dynamic cause starts its action on the dynamic plane of the man, and the alteration produced on the internal dynamis i. e. the life-principle is carried from within outwards, finally terminating in the objective changes. In other words, the dynamic alterations produced in the dynamic life process i. e. during the primary phase of the dynamic infection it produces only certain undefined subjective sensation of general cha-

character expressing wrong functions only, which during its course & process of culmination gives definite character to the alteration of normal sensation and function adding modalities to them and in furtherance of which it terminates to material (objective) changes including wrong secretions and excretions or organic changes.

These objective changes, being maintained by the unhealthy life process, bring forth series of subjective and functional symptoms and these symptoms, though outwardly expressed as subjectives are, in fact, incidental to the objective changes i. e. material changes, and these group of symptoms are the symptoms of diagnosed diseases or secondary psoric manifestations as expressed by Hahnemann and they are found only in cases of diseases of chronic miasmatic origin and rarely in acute miasmatic ones.

From the starting point of the objective changes, be it obtained by microscope or by various types of laboratory tests, pathology comes into explain the phenomenon of the diagnosed disease and its subsequent terminations.

These post-objective groups of symptoms i. e. the post-pathological symptoms or disease symptoms always proceed inwards i. e. from less important organs to more important ones and this is due to the adjustability of the Life Force. This process is evidently found in cases of chronic miasmatic diseases, though symptoms from the starting point of infection upto the objective changes proceed outwards.

Symptoms start in the generalised form and culminate in localisation or particulars. Conversely all local disorders or symptoms in particulars, are outcome of preceding generalised disorders.

Thus it is found that *disease phenomenon* starts from centre and proceeds towards periphery and *disease symptoms* manifest from periphery and extends towards the centre i. e. the disease-process after being expressed to our senses through morbid symptoms, proceeds inward.

An objective or subjective symptom is made to exist so long as the external dynamic cause that started its action on the vital place, remains effective. Now it is clear to understand that a

complete phase of expressed disorder comprises of the identity of the cause exogenous & the subjective symptoms produced by it together with the terminated objective symptoms produced by the same cause. This is the idea expressed by "totality of symptoms" by Hahnemann.

Symptoms are mainly divided in two classes, such as—subjective and objective.

Subjective symptoms are those that are felt by the patient alone, such as pains and other morbid sensations of body or mind presenting no external expression.

Objective symptoms are the material changes produced in the body by the dynamic infection discoverable by the by-standers, physicians or by the patient himself with their naked eyes or by instruments and laboratory tests. Even the subjective morbid sensations, dependent upon the objective changes, are also to be regarded as common evolution of the objectives, i. e. they are to be classed amongst the parts of the objectives. They are the common symptoms of pathological diseases.

## VIII

### SYMPTOMS COMPLETE

We are especially interested in the symptoms because through them the state of internal order of life process is expressed. Each individual symptom, therefore, should be duly qualified to supply us with all the necessary informations of the order of the vital force. An unqualified symptom falls short of all the informative qualities of a qualified symptom i. e. of a complete symptom.

In order to complete a symptom it should be duly qualified with sensation, modalities and locations, so that a clear idea of the internal order may be had of the individual symptom so completed.

By '*locations*' we mean the part of the body, organ, tissue or mind in which the symptom appears.

By '*sensation*' it is meant a feeling or state of consciousness produced by an external sti-

mulus or by some change in the internal state of the body.

By '*modality*' we mean the time, condition and circumstances that affect or modify a symptom. The aggravation and amelioration are the chief conditions of modalities.

By '*aggravation*' we mean an increase or intensification of already existing symptom by the above three conditions.

The term '*amelioration*' is used to express the modification of relief or diminution of intensity in any of the symptoms by the influence of of any agency, time, condition & circumstances.

## IX

### CHARACTERISTICS

Characteristics are those qualifications of an object by which it may be identified and by identification we mean individualisation or isolation of the object from among its class.

Hence, characteristics may be (1) of a medicine or (2) of a disease or (3) of the individual who is suffering from the disease.

#### (a) Symptom characterised

A particular symptom being completed acquires the qualification of being termed as a characteristic. Because then and then only we can compare the same symptom and differentiate it from others of similar type, whereupon, individualisation of this symptom, in particular, is possible. For instance, "a burning pain in an inflamed part aggravated by cold and ameliorated by application of heat". This symptom burning pain is duely completed by



modalities by heat and by cold and location is the inflamed part. Before the completion of the symptom with sensation, location and modalities it was of no value to us, but after being completed it is comparable with the burnings of similar types. This peculiarly characterised 'burning' makes it sufficient to be individualised as the burning of, Arsalb, and not the burning of Sulphur, Phosphorus or Cantharis and it is one of the particular characteristic symptom of Ars. Alb. alone.

But we must not forget that it is a particular characteristic symptom i.e. a part of the whole and that a part can never be the whole. It can represent the whole in part but can not represent the whole in its entirety.

Apart from being completed a particular symptom may be a peculiar or uncommon itself. Consequently it is by its own merit becomes a characteristic of the medicine or of the suffering individual. When it is produced by a medicinal action it is one of the characteristic symptoms of the medicine and when obtained in a diseased condition it becomes one of the characteristics of the individual, suffering from the disease.

- Example :—a) Pain comes gradually and goes gradually.  
b) Feels as if the limbs are made of wood.

**(b) Characteristic of a disease or pathognomonic symptoms of a disease.**

In diseased condition we get a group of symptoms that are incidental to a dynamic cause, upon which we use the term of a diagnosed disease. This group of symptoms are the common manifestations of the effective cause. Consequently, they are the common characteristics of the diagnosed disease or pathognomonic symptoms of the disease. To this group of symptoms, the credit of the cause comes in. They are of lowest grade value for therapeutical purpose. For example, the characteristics of Dysentery are bloody mucous stool, pain and tenesmus. These diagnostic symptoms reveal the effectiveness of a cause exogenous and individualises a disease only. But this group of diagnostic symptoms are of no help to us for homœopathic therapeutical purpose, because only those symptoms that are peculiar to the patient, are our sole guide and no such symptom.

peculiar to the patient, is present in this disease characteristics.

**(c) Peculiar, Uncommon characteristics of the individual.**

Apart from the diagnostic symptoms in an individual case of disease, we often get other peculiar symptoms or conditions in a well recorded case. These peculiar symptoms or conditions are accredited to the patient's individuality who is suffering from the diagnosed disease. Consequently, these sorts of peculiars are characteristics of the suffering individual and are of high grade therapeutical value.

These sorts of peculiars do not constitute a part of the diagnostic totality of the disease manifested. They are outside the diagnostic characteristics.

They may be general or particular.

When these sorts of peculiars are found in a definite manifested disease condition, they are termed as 'Uncommons'; because they do not belong to the common symptoms of the particular disease. It may so be concluded that those symptoms or conditions not apertaining

to the disease-manifestations are uncommons or and that the term 'uncommon' is applicable only in cases of diagnosed disease conditions or in relation to a definite pathological condition.

These uncommon symptoms are obtainable as concomitants to a manifested disease condition only.

But "peculiar" symptoms are those that are found in a patient in his normal condition and not cropping up as concomitant to the disease condition.

For instance, bloody mucous stool, pain and tenesmus are common symptoms of Dysentery, but if in a case of Dysentery we get hungry feeling after each stool, it becomes an uncommon characteristic of that particular case of Dysentery and this is obtained as a concomitant to it.

Again, in a case of Dysentery if we get a craving for chalk or ashes—it is also an uncommon one ; but if the lady had craving for chalk or ashes in her usual condition and has not cropped up as concomitant to the dysenteric condition, it is to be termed as 'peculiar' and not an 'Uncommon' one.

Hence, uncommons are not common to the disease and peculiars relate to a patient in his usual condition and not to his manifested disease condition. Both uncommons and peculiars are characteristics of the patient himself and they may be particulars or generals.

**Uncommons to the disease are peculiars to the patient.**

“Every thing tastes bitter except water”—in a case of Dysentery and as it is not a diagnostic symptom of Dysentery, it becomes an uncommon symptom of it and peculiar to the patient and as it accompanies the disease—Dysentery, it is a concomitant to it. So the symptom, “everything tastes bitter except water”, stands as Uncommon peculiar concomitant symptom of the case of Dysentery.

Bloody mucous stool, pain and tenesmus are the diagnostic symptoms of Dysentery. But if in a case of Dysentery we get all the other symptoms of Dysentery, except tenesmus, it then becomes peculiar and uncommon. And in this case, the absence of pathognomonic symptom makes it peculiar to the individual and uncommon to the disease.

Asthmatics are generally ameliorated of his dyspnoea on sitting bent forward and aggravated on lying down. But when in a case of Asthma we get the dyspnoea ameliorated by lying with hands abducted, it becomes the peculiar and uncommon modality. In this case the modality, which is contradictory to the pathological phenomenon, makes the case peculiar and uncommon.

(d) **Uncommon characteristics in case of a diagnosed disease may be had of the following :-**

(i) **Concomitants uncommon.**

Examples :- Cases of pain are not usually attended with chilliness. But if a patient is found to be chilly during pain it becomes an uncommon affair and in this case, chilliness being an accompanying symptom to the pain, becomes a concomitant to it and uncommon also.

(ii) **Absence of pathognomonic symptoms.**

Examples :- Excessive painfulness is a characteristic of a localised acute inflammation in a part

which is rich in sentient nerves and Whitlow being situated on such a part, its common and pathognomonic symptom 'pain' becomes excessive. But if such a case is found to be painless, it becomes uncommon due to its absence of pathognomonic symptom.

**(iii) Symptoms or modalities contradictory to the pathological phenomenon.**

Examples :- "During cold stage of fever the patient requires more cold and during heat stage requires more heat"—is self-explanatory of the contradictory nature to the pathological phenomenon and sufficient to show its uncommonness.

**(iv) Symptoms or modalities not explainable by our knowledge of Pathology.**

Examples :- "Head pain starts with clock-like regularity"—this sort of periodical return is not explainable by our knowledge of pathology. This sort of regularity of return of symptom is peculiar and uncommon especially when it is pathologically inexplicable.

**(e) Characteristics of Medicine.**

Medicines produce symptoms or in other

words medicines alter state of internal order and they are expressed outwardly to our senses by certain expressions of discomfort. These symptoms are either subjective or objective. These symptoms may represent the patient as a whole or the disorder in certain parts of the man including mind.

The symptoms representing the disorders in certain parts are known as "particulars".

These symptoms unless individualised i.e. specified are unfit to be used as most similar to the individual symptoms in the given case of disease for Homœopathic therapeutic purpose.

Each of the symptoms is to be duely qualified by sensation or function, location and modalities i.e. time, condition and circumstances, and when qualified with the above, then and then only the symptoms become complete and they are given character to and we get the characteristic symptom of the medicine in particular i.e. we get a symptom individual.

For instance, Sulphur produces the symptom, "Diarrhœa". The diarrhœa is producible by many other remedies. Consequently, this



common symptom. 'Diarrhœa', is of no help to a Homœopath neither to find out its similarity to a given case of diarrhœa, nor to bring out a remedy from a group of remedies that produce diarrhœa, as the symptom has got no character. Now let the common symptom, Diarrhœa, be specified by 'sudden urging to stool driving the patient out of bed in the early morning'. This gives a complete expression of the character to the symptom, 'Diarrhœa', sufficient to be brought out from amongst the diarrhœa-producing medicines and individualise it from people suffering from diarrhœa. "Sudden urging to stool" is peculiar, because it is produced by very small number of medicines. Add to it the time modality—"early morning aggravation" and it comes down to a single medicine—"Sulphur". The peculiar urging to stool being still more qualified by the modality becomes a 'striking' one.

It becomes an uncommon also, because all cases of diarrhœa does not essentially require the peculiar urging and the modality for the diagnosis of 'Diarrhœa'. But the characteristic diarrhœa is a Sulphur-diarrhœa and a peculiar-particular also. But it is a part of Sulphur

individuality and not a "Sulphur" patient as a whole.

But when we say a 'Sulphur patient', we thereby personify the medicine—"Sulphur", which is something more than what is meant by a Sulphur diarrhoea or a Sulphur burning or any particular peculiar or uncommon characteristic of it. But it is comprised of all the characteristics, peculiar generals and particulars or uncommon concomitants producible by Sulphur i.e. a patient who looks like Sulphur, smells like Sulphur, thinks like Sulphur, eats like Sulphur, drinks like Sulphur, behaves like Sulphur, desires (food) like Sulphur, averted to it like Sulphur, sleeps like Sulphur, dreams like Sulphur and gives all sorts of peculiar response to external influences of heat, cold, air, season and weather and time producible by it. In other words it is the totality of all the peculiar generals and particular characteristics, producible by Sulphur alone and not by any other medicine

Addition of location and modalities to disease sensation completes the symptom and gives a character to it. After being characterised, the symptom acquires the quality of being screened out and labelled as peculiar. All uncommons

are also peculiar. But all characteristics may not be peculiar or uncommon, but all peculiars and uncommons must be the characteristics.

The following may be the conditions upon which the symptoms coming out in proving a drug is called 'peculiar'.

### I. Sensation—extra-ordinary :-

Example :- a) 'Sensation of something alive in the abdomen'.

b) 'Feels as if he has two wills, one commanding him to do, but the other forbidding'.

### II. Concomitants to symptom cropping up :-

Suppose an objective symptom that crops up, is an abscess, which is bluish in colour. This bluish colour of the abscess is an associated uncommon objective symptom of the abscess.

There is burning in the abscess. This burning is a subjective symptom and is a concomitant to the objective change—the abscess.

This individual symptom burning is ameliora-

ted from heat and aggravated from cold and is characterised by the modality which is also peculiar. Because, generally, a sensation of burning is attempted to be cooled by application of cold and in this case the modalities to the morbid sensation is reverse which is uncommon and peculiar.

Here we get the symptom "burning" dually characterised by the modalities and this characteristic 'burning' is a concomitant to the "abscess" and the bluish discolouration of the skin is also a concomitant to it and these concomitants—"the bluish discolouration' and the 'burning' become the uncommon and peculiar concomitant to the symptom,—'abscess'.

### **III. Absence of Pathognomonic Symptom :-**

- Example :- a) "Dysentery without tenesmus".  
b) "Pneumonia without temperature".  
c) "Whitlow without pain".

### **IV. Contradiction to Pathological Phenomenon :-**

- Example :- a) "Can not bear to be uncovered

- the least without feeling chilly even during high temperature",
- b) "Thirst for cold drink during chill only".
  - c) "Diarrhoea without weakness".

**V. Symptoms or modalities not explainable by Pathology :-**

- Example :-
- a) "Symptoms alternating sides".
  - b) "Symptoms extending upwards or downwards".
  - c) "Neuralgia daily, at same hour".

## X

### CHARACTERISTICS ESSENTIAL TO PRODUCE CURATIVE REACTION IN THE VITAL FORCE.

In order to effect a cure we are essentially required to produce a vital reaction against the dynamic disease-cause. This reaction is happily producible in the life process by a similar disease producing potential quality and the similarity being with the characteristics of the individual life-process and not with the common characteristics of the disease.

By disease characteristics we can reach the disease plane and by individual characteristics we can reach the plane of the individual and by the individual characteristics of the medicine alone we can hit the particular individuality to be reactive against the probe of the medicine which possesses the quality as similar as the natural disease cause. Thus curative secondary action of the medicine or vital reaction is aroused against the natural disease cause, that has been

influencing the Vital Force by its primary action and to which the Vital Force had very little to oppose. Now in this morbid state the Vital Force, being probed in by the stick of individual characteristic, is activated against the stick which is as similar to the natural disease and the individuality becomes reactive against the disease cause also which was quite opposite before, i e. before the administration of the similar characteristic medicinal quality the Vital Force had surrendered completely to the influence of the natural disease-cause helplessly.

Reaction is producible by minutest dose of a medicinal substance, only when it is similar in manifestation to that of the disease-cause.

These disease manifestations should be the outcome of a definite dynamic cause.

This cause according to its affinity affects the potential plane of the life process.

Hence similarity of potential plane of activity of similar medicine to that of the disease-cause, is essential for curative reaction in the life process.

## XI

### GENERALS AND PARTICULARS

Generals are those that represent the patient as a whole. This representation of the whole may come through the mind or through the whole body. The former is said to be 'Mental General' and the latter, 'Physical General'.

These Generals are characteristics of the individual.

As mind and body are two component parts of a man, so the Generals that are mental or physical happen to be the characteristics of the individual.

(i) What the patient predicates of himself is usually General. For instance, "I am hungry", "I am thirsty", "I am sleepy" etc. All these expressions imply that the inner self, is hungry, thirsty or sleepy i.e. the whole man is hungry, thirsty or sleepy. It is not the local feeling of the particular organs viz. the stomach, mouth or the brain. "I am sick" i.e. the whole body



and mind is sick, not a single part alone is sick. "I am well" i.e. the whole body and mind are well or in other words, the life process is working better.

**(ii) Mental Generals :**

(a) "The man is sad", expresses that the mind alone is not sad but the activities of the man as a whole is modified by sadness, consequently the whole man is sad.

(b) When we say "suicidal disposition", we mean that it is a mental state expressive of loss of love for his own-self. Consequently he desires to put an end to his life. That is a state of perverted will which governs the activities of the whole man.

(c) "The man is irritable"—here irritability is the manifested mental qualification of the man noted objectively by which he may be screened out from amongst a mass of people and so it is a characteristic of the individual and is a General symptom.

Thus all the mental symptoms that are outstanding in a case of disease are Generals.

### (iii) **Physical Generals :**

Desires and aversions to food, effects of the weather and sensitiveness of the patient to heat and cold come mainly under the head "physical general".

(a) "The man has liking for sweets". Here the man as a whole desires to get sweets as because a need for the sweets is produced and augmented by the mutual action of different systems of the body i.e. a peculiar functional state of the vital force in different parts expressing the material need in the form of desire for sweets. The same may be applied negatively to explain the "disliking for sweets" also. It is not a simple demand for the gratification of taste alone but stands as the demand of the inner-self, i.e. of the life process.

"The things that lie closest to man and his life, and his vital force, are the things that are strictly general and as they become less intimately related to man they become less and less general, until they become particular". (vide mechanism of symptoms)

(b) "I don't like the cloudy weather". This

disliking for cloudy weather may be either due to the depression of normal activities of my self including depression of spirit produced by the cloudy weather or it may produce disliking in me because it causes pain in limbs. The former is 'General', because it involves "me" as a whole and the latter--a 'particular', because it causes or aggravates a symptom in a particular locality.

(c) "I don't like damp weather" - it may be due to unwell feeling caused by the damp weather which is an indefinite sensation of illness i. e. an indisposition or very many particular symptoms may crop up on the exciting cause 'dampness' and it so happens, whenever the weather is a damp one. It is for the above reasons that I do not like damp weather. As damp weather makes me ill as a whole, in both the cases, it becomes a 'general'.

(d) "I can't tolerate heat", means that the physical effect of heat tells upon the general feeling of my self badly to hinder my healthy activities or it may bring forth different particular symptoms whenever I become heated externally. In both the cases the inner self of mine goes out of order. Thus it becomes general as it

affects the activities of the vital force in the man as a whole through physical body.

(e) As dream is a state of subconscious mind, the symptoms of dream become General and as symptoms of menstruation express the internal state of order of the patient as a whole, it is also general.

(f) Special senses are so closely related to the whole man that their symptoms are often generals. For example, the patient says, "That, smell of food makes me sick" or "I am very fond of smelling rose"—here the sickness or fondness are the expressions of the feeling of the inner self though they are incidental to the functions of the nose. When we say, "I see", thereby we do not mean that my eyes see without mind, but it is an expression of the whole through the particular organ, viz. eyes.

(g) Symptoms or modalities that are prominently present in the symptoms of all the organs, become the General. They are General made up of series of particulars. For instance, "burning"—it is a particular sensation. If in a patient we get in all the parts affected, the symptom 'burning' i e. if we get burning in head,

feet, anus, urethra, throat etc , in the complaints of the patient, then this 'burning' becomes General. But when we consider the burning in head, it is particular. So also in other parts when considered separately, it becomes particular ; but when the sensation is found to be present in the majority of the parts collectively, it becomes General,

Take for instance the modality, "amelioration from motion". When this modality is present in symptoms of head, throat, joints, muscles etc., it becomes general i. e. "amelioration from motion" becomes the general characteristic of the patient or of the medicine.

Thus symptom that expresses a state of the life force through the whole body is General, for example "chill", "fever", "lack of vital heat", "inflammation", "weakness", "sluggishness" etc. When we use the term chill or fever, we mean thereby that the symptoms are present all over the body, and not in one part only. So also the lack of vital heat, sluggishness and weakness are also predicated of the patient as a whole.

Inflammation as a state of the vital force is



General, but that process in a particular part is Particular.

### (a) Particulars

Symptoms that are predicated in respect of a part of the whole is particular. Time, conditions and circumstances that modify a single symptom are modalities to particular, whereas the time, condition, circumstances or periodicity predicated of the patient as a whole, is general. Again modalities that are related to the majority of the symptoms present become General.

( For example vide (g) of Generals )

Objective symptoms are invariably particular and post-objective or post-pathological symptoms are the common particular symptoms of the disease even though they simulate Generals. These post pathological generals are to be grouped amongst the particulars of high grade value for therapeutic purposes.

### (b) Fallacies

(1) If I say, "I don't like damp weather" because I get indigestion whenever the weather is damp. Here it is a qualification of a symptom

'indigestion' i.e. a sort of 'causa occasionalis' of a particular symptom. Consequently it is a part of the particular symptom. As modalities are essential parts of a symptom in particular, they are to be ranked amongst the particulars.

Care should be taken to class the symptom that apparently appears to be general and that should be clearly understood. If the disliking or unwell feeling is due to some particular symptom, it should not be wrongly expressed as General.

(2) Many a times, on taking up a case we hear the patient says that he can not tolerate heat or sun. But on further query in details, we come to know that he can not tolerate heat or sun on head only and on the exposure of the head to sun or heat, he gets headache which makes him unwell and he expresses himself as if he cannot tolerate heat or sun. Here it is a particular symptom wrongly expressed as general.

The patient is not expected to know what is wanted by the question of the Homœopath but the physician should be careful enough to

bring out the actual idea contained in the answer of the patient.

(3) We often commit errors if the language of the patient is not duly analysed in the proper perspectives of his saying, especially regarding symptoms of the special senses. For instance, the patient says that he smells a bad smell. Here the physician should make sure if it is an olfactory perversion which is general or it is due to a local pathological condition, in which case it becomes a particular.

So also illusion of vision or of hearing should be carefully judged as to whether it is functional perversion of the inner-self or due to some pathological anatomy. In the former case, it would be general and in the latter, it would be particular.

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PLEASE READ

*"Matter on the"*

Instead of "matter or the" in page 11 line 6

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## CONCOMITANT SYMPTOM

In a definite diagnosed disease condition the group of symptoms produced by a disease—cause is known as diagnostic symptoms and symptoms produced in each individual case other than the diagnostic ones are called concomitants. These Concomitants are expressive of the character of the individual. Consequently, they are not common to the disease and of high grade therapeutic value in the given case. (vide peculiar, uncommon characteristics of the individual ).

Apart from a diagnosed disease, even during the advent of a particular symptom, the associated symptoms i.e. the concomitants may crop up, and they are due to the reflexes of the system e.g.—chilliness during pain. They are individualising ; consequently they are striking and uncommon and of high selective value for therapeutical purpose.

These concomitants may be either general or particular. If it is a general, it will bear a much higher grade value and if it is a particular, it will bear a high grade value in a given disease for therapeutic purpose.

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PLEASE READ

*“Material quality the material ones”*

Instead of ‘material qualiyy, on the material ones’  
in page 13 line 16

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### XIII

## FOOD, DRUG, MEDICINE & REMEDY

**Food :-**Food is that substance which when ingested, undergoes certain changes and dissociation of the constituent elements take place to reach a state similar to those, all already existing in our body, to get a nutritional benefit out of it. Food does not affect the order of the life process.

**Drug :-**Drugs are those substances which when introduced in a system are known to possess the quality of influencing the order. But the detail knowledge required for the therapeutical purpose is not well known i.e. the doses—physiological or lethal, the systems it affects, the nature of the action producible by it, the duration of action and its relationship with other drugs are not at all well defined in a drug. Simply our knowledge regarding it is confined to that it tells upon the internal order.

**Medicine :-**Medicines are those that can change the internal order and all the aforesaid

knowledge required for therapeutical purpose is well known.

Remedy :-A medicine is, then, termed as 'remedy' when its medicinal properties aforesaid are utilised on definite principle to turn up definite group of disorders into order.

In fact the terms, 'drug' and 'medicine' are dependent upon our knowledge regarding the health altering properties of the substance insufficient or sufficient to be utilised therapeutically.

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PLEASE READ

*"Mainly to disease of chronic nature"*

Instead of "mainly to chronic diseases" in page 17 line 23

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## XIV

### DRUG ACTIONS— PRIMARY & SECONDARY

Spiritual quality contained in a matter becomes latent or patent in proportion to the existence of the material quality. The more we break the constituent molecules of the matter i.e. the more we diminish the material quality, the more we liberate the internal inherent spiritual quality and then we can utilise the purely spirit-like dynamic quality contained in the matter more potentially, in altering the dynamic order in man, without primary alteration in material qualities of the body.

The spirit-like dynamic force requires a material abode to maintain its existence in the material world and our existence being mainly material, we take the material side of others into account and without which it is impossible for us to think of an existence which is purely spirit-like dynamic and without a material abode. Its activities can neither be utilised nor be

demonstrated without a definite material abode cognisable to our senses. But we must not confuse material quality with the spirit-like dynamic quality in the matter, though matter is convertible to dynamic quality.

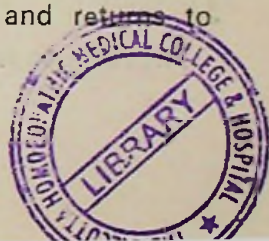
All medicinal substances alter man's state of health for a longer or shorter period. This alteration in health produced by the medicine is known as primary action of the medicine and we can understand the medicine to be acting, so long as the symptoms produced by the medicinal substance are found to be present. This alteration of health is ascribed to the dynamic quality of the medicinal substance, as the dynamic life process can not be approached to or be influenced otherwise than by a dynamic quality (vide 'approach to vital force' and 'dynamic action').

At the end of the primary action i.e. when medicine loses its influence upon the vital force, it exerts its own influence upon the already altered state in opposite direction i.e. produces a state opposite to the previously produced one. This opposite state-producing attempt on the part of vital force is known as secondary action of the medicine or reaction of the Vital Force.

(1) This opposite secondary counter action is obtainable in proportion to the degree of the primary action and it is to be had only when the changes wrought is due to the physiological doses of the medicinal substance i.e. by quantitative use of the material quality.

(2) But if the dose is sub-physiological, the secondary counter action is almost nil and is known as secondary curative action.

(3) If the alteration produced in primary action is by the use of medicinal dynamic quality only i.e. by potentised medicine, in a very small quantity, just sufficient to begin alteration in health, there is only secondary curative action. The primary action obtained from these small quantities of highly potentised medicines ( as found during drug proving ) are purely sensational or functional which generally has got no opposite ones. Consequently, no secondary counter action is obtainable ; only the curative action may be had by the use of smallest quantity of potentised medicine. In this secondary curative action, the vital force only removes the symptoms produced by the primary action of the medicine and returns to its former state of health.



**WHAT HAPPENS WHEN IN A DISEASE WE  
USE A SIMILAR DISEASE PRODUCING  
MEDICINE—IN POTENCY AND IN  
MINUTEST DOSE**

The minimal dose of potentised medicine ( by its primary action ) produces very slightest alteration in those parts only that are already affected by the natural disease-cause in the same manner and this medicinal alteration is almost imperceptible, which is very soon followed by the vital reaction against the medicinal action which is perceptible by a sense of well-being only in very sensitive and observing patients and to which follows cure from centre to periphery. But the disease symptoms started from periphery and proceeds towards centre ( Vide Mechanism of symptoms ) and during the process of cure the symptoms abate in the reverse order of their appearance i.e. from centre to periphery ( Hering's law of cure ).

The Homœopathic medicine, in minutest dose,



practically brings no tangible primary alteration in the symptoms of the case except in hypersensitives. We can understand the vital reaction against the similar medicine with abatement of symptoms only i. e. in the secondary action of the medicine. We can understand the continuation of secondary curative action of the medicine so long as the symptoms go on abating or the old suppressed symptoms reappearing in reverse order of their appearance ( in chronic diseases only ).

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PLEASE READ

*"Comes in to explain"*

Instead of "comes into explain" in page 25 line 23

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## XVI

### KNOWLEDGE OF MEDICINE

To know a medicine is to know its health altering properties. This may be done by the—

- (i) process of drug proving as instructed by Hahnemann.
- (ii) effects of poisoning.
- (iii) through clinical observations.

#### (a) Merits of Hahnemannian process :

- i) It brings out mental and subjective symptoms.
- ii) It brings out the finer-most relations to times, conditions, circumstances and environments, susceptible persons of different sex and age.

#### (b) Demerits of Hahnemannian process :

It does not contribute to our knowledge of organic changes and pathological conditions producible by medicines.

**(c) Merits of poisoning :**

It gives the knowledge of organic changes.

**(d) Demerits of poisoning :**

It is lacking in the advantages of Hahnemannian process of drug proving.

**(e) Clinical observations :**

Clinical observations are logical deduction from the fact that "smallest dose of homœopathically selected medicines annihilate symptoms" and if the symptom or symptoms are found to be removed by a smallest dose of a given remedy in a given case of disease it is homœopathic to it. Conforming with the above postulate the symptoms that are removed by the application of a remedy, homœopathically selected, in which no such symptom were brought out during proving of the medicine, they are termed as 'clinical symptoms' and these symptoms are embodied in the list of proved symptoms of the materia medica. Amongst these, majority are organic and pathological changes.



**DRUG DYNAMISATION**

Drug dynamisation is a process introduced by Hahnemann in which the material qualities i.e. the chemical and physical properties of the medicinal substance are eliminated and the purely spirit-like inherent dynamic qualities, lying hidden in the substance, are liberated and preserved in the vehicles, with which it was triturated or succussed. This substance after being dynamised, assumes different states of qualitative existence according to the standard of potencies raised. Consequently each potency is apt to vary in its activities as varying individual.

As different potencies of the same medicinal substance behave differently, so different potencies should be experimented to bring out all the different symptoms, producible by different potencies, in drug proving.

These potencies when used in a living being they initially affect the corresponding dynamic

plane of activity of the life process and proceed therefrom towards the material parts of the body by mutual action in the organism ( vide mechanism of symptoms ).

Thus when a potentised medicine is used in a healthy human being for the purpose of bringing out the health-altering properties of the medicinal substance, the altered state of health is expressed through symptoms and they are the most reliable and pure expression of the health-altering dynamic qualities of the medicine. This is due to primary actions of the medicine.

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PLEASE READ

*"amelioration by heat and aggravation by cold",*

instead of "by heat and by cold" in page 31 line 1

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## XVIII

### DRUG PROVING

Drug proving is the process introduced by Hahnemann for the purpose of bringing out the health-altering properties of the medicinal substance. The drugs are proved on (i) healthy human bodies of both sexes in the (ii) potentised form, repeated in increasing doses to satisfy the individual susceptibility of the prover. But it is to be (iii) stopped as soon as the symptoms begin to come out.

— These symptoms brought out are attributed to the primary action of the medicine.

#### (a) Merits of the proving on the sick

The advantage we often get by the use of a medicinal substance of unknown property, highly potentised and in a minute dose, on a sick that some of the symptoms, which he had been suffering from, are found to be removed. The removal of the symptoms prove it to be homœo-

pathic to the symptoms of the medicine i.e. they are producible by it (vide clinical observations).

**(b) Demerits of the proving on the sick**

When we continue the proving in the sick we thereby bring forth the symptoms that are resultant of the existing disease force and the medicinal force, they fall short of all the pure dynamic effects of the medicinal substance intended to prove ; so, the finemost shades of symptoms are wanting as in healthy.

**(c) Merits of proving on lower animals**

Crude drugs, strong or of poisonous character, may be used to get an idea of physiological or of lethal dose and to ascertain the pathological and organic changes i.e. the objectives producible, especially, by heavy dose of it.

**(d) Demerits of proving on lower animals**

Subjective symptoms, which are mainly producible by potencies, can not be had of lower animals under its influence. Even the functional alterations, producible by physiological dose, may be obtained with difficulties.

**(e) Demerits of the proving drugs in crude form**

Crude drugs being in material state of existence have material qualities i.e. chemical & physical qualities and when taken they, initially by virtue of the similarity of state of existence, affects the material body and the secretions to which they come in contact and alter their properties chemically. Whereafter the influence of the altered secretion tells upon the internal order by mutual action and it only brings forth symptoms that are incidental to the changes of the chemical properties of the secretions. So it falls short of all the alterations that are producible by that drug in highly potentised form.



## XIX

### ALTERNATING ACTION OF MEDICINE

Not infrequently it so happens that during drug proving, while it influences the Vital Force i e during the process of primary action of the drug, symptoms opposite to that had previously cropped up are brought out in the same prover and are not to be confused with secondary action of the medicine.

In the secondary counter action, the Vital Force produces symptoms opposite to those produced by the medicinal substance in its primary action and secondary action of the medicine or reaction of the Vital Force is available only after the primary action has ceased. But so long as the symptoms produced by the primary action of the medicine is present, it is to be understood that the medicine is still holding its influence upon the Vital Force and any alteration in health, during that period, is to be taken as the symptom produced by the medicine, even if it is opposite to that previously

produced, provided the prover has not violated any of the restrictions given to him.

So, in ascertaining the alternating action of a medicine, we should see that symptoms other than the opposite ones, already produced by the medicine, are still present ; and in ascertaining the secondary counter-action, the symptoms produced by the primary action should go away.

The opposite symptoms produced by the alternating action of medicine are to be recorded with the list of the health-altering properties of the medicine.



## HOMŒOPATHIC THERAPEUTICS

Different causes may produce similar effects and similar causes may produce different effects and causes that produce similar effects bear an antidotal relation to each other.

This furnishes the basis of Homœopathic therapeutics. That's why a medicine, producing similar effects in a sick, becomes antidotal to the cause that produced the disease in the man and when used on the basis of symptom similarity i.e. effect-similarity it renders the cause, that was so long effective in the system, quite ineffective. Thus the exogenous cause may still be present after the removal of the symptoms produced by the cause and the vital force now becomes free from its influence and consequently he no more suffers from the same disease.

In order to make the innerself free from the influence of the above cause, an immunity is to

be gained against it to make the cure permanent.

The strength of a medicine in a Homœopathic prescription is to be determined by the raised potency of the medicinal substance, not by quantity of the medicine used. The more we raise the potency of a medicinal substance i.e. the more we diminish the material quality of the drug by dynamisation, the more we attain a dynamic plane of the substance, which, by virtue of the similarity of plane of existence, directly affects the dynamic plane of the man and it is the potential strength of the medicine that is required for antidoting the natural dynamic disease cause.

**SURGICAL DISEASES**

Surgical diseases are of two types, such as,

(i) diseases where physical causes primarily injuring the physical body require mechanical aid for its repair. Provided, also, that physical injury produced by a mechanical cause, produces a secondary dynamic alteration in the life process, that portion of the dynamic disorder is to be managed by dynamic aid, in addition to the mechanical one.

(ii)(a) chronic diseases that terminate to severe organic changes to an extent of urgent and immediate requirement of mechanical (surgical) aid for avoiding imminent danger. These fatally terminated organic changes allow rare scope of medicinal reaction to effect a cure. In this situation, only palliative medicinal aid may be rendered.

(b) Congenital deformities may require mechanical or surgical aid to tide over the difficulties, due to the deformities.

However, in each case, the aforesaid internal state of disorder requires dynamic aid for correction, both in the pre-operative and post-operative stages.

## HOMŒOPATHIC AGGRAVATION

Morbid symptoms are producible by natural disease-causes and also by the medicines—this is an accepted fact. Consequently, it is quite reasonable to say that the symptom-aggravation is dependent upon the increased strength either of the disease-cause or of the medicine.

Homœopathic medicines are selected according to the symptom-similarity of disease and of medicine. Whereupon our attempt is to produce a similar disease, in the sick, which he is suffering from. So, if in a disease a similar disease producing medicine be stronger in relation to the disease strength the existing symptoms of the disease are apt to aggravate and it is due to the increased drug-strength which **varies** in proportion to the dose used or it may **be made stronger** by the cumulative effect of frequent repetition, of even fractional doses of medicine in the unaltered potency. The intensity and duration of aggravation are propor-

tionate to the drug strength and it is in its primary action.

This disadvantage may however be averted even by frequent repetition of fractional doses each one being, at least, slightly modified. Here the cumulative drug-strength is not increased but only the drug potentiality is utilised.

This so called 'Homœopathic Aggravation', of course, indicates that the medicine applied is a correct one and if the aggravation is slight or sharp and short we are to wait expecting a favourable reaction, that is, advancement towards cure. This aggravation is only of the symptom-particular, but the Generals of the patient will show signs of improvement.

If the aggravation ( in particular ) continues and the generals do not show signs of improvement then we are to understand that the medicine has brought no reaction in the patient. Consequently, the medicine applied is wrong or the potency is wrong and this whole phase is the natural advancement of the disease process

In acute diseases the Homœopathic aggravation is not observed ( as a rule ), especially if the minutest dose is used. But it is quite

otherwise in cases of chronic with terminated tissue changes. The prescription made on the basis of the pre-pathological peculiar generals of the patient, is apt to produce aggravation of the expressed symptoms of the disease with an attempt on the part of the nature to adjust with a drain, generally through the natural orifices

In cases of complex diseases, where Miasm, other than Psora, is active and the medicine is selected on purely psoric constitutional basis and with high potency, the symptoms are apt to aggravate, especially in syphilitic complications.

In sycotic constitutions, the prescription of an anti-psoric high, will also worsen the case.

Exceptions to the above are :—

i. if the chronic case has not terminated in tissue-changes (generally with no aggravation),

ii. if the medicine is not exactly similar to the pre-pathological peculiar generals of the patient or the potentiality of the medicine is low, and

iii if the similarity is only superficial i.e. corresponding with the common pathological condition or if the medicine is short acting.



## XXIII

### ACCESSORY SYMPTOM

In a given case of chronic disease where a prescription is made which does not fully cover the symptoms of the disease, then present, the already prescribed medicine may produce symptoms of its own with abatement of the symptoms that were similar to the case in question. These accessory symptoms produced by the partial homœopathic remedy are either due (i) to the medicine already used, or (ii) may be due to the manifestations of the effective disease cause.

(i) If the symptom is produced by the medicine, it will go away itself and in that case we are to wait for getting a settled picture for next prescription.

(ii) If it does not go away itself after waiting for a reasonable period, it should be counted as a symptom of the diseased life process, augmented & expedited by the medicine. This

newly cropped up accessory symptom must form an essential part in the totality for the next selection.

In investigating a case of chronic disease, the minutest deviation from health is essential for completing the picture of the disease. But it often happens that the minute and prolonged symptoms are considered as a part of habit of the patient and therefore ignored by the patient, as inconsistent with his major sufferings, consequently does not report it to the physician; or the physician may be too busy and impatient to gather all the minutest details of these accessory symptoms to complete his patient's picture.

It is difficult to cover all the symptoms of a disease with a single remedy. Whereupon we are to take the more striking, singular, peculiar and uncommon symptoms of the case for therapeutic purpose and the remedy, prescribed in this way, naturally excludes all those that are common to the disease or to the internal pathology. After the administration of a remedy, mainly on the characteristics of the individual, it generally produces its other symptoms that were not present in the case.

Under the circumstances aforesaid, in diseases of acute nature, the remedy prescribed may produce trifling alterations in the diseased manifestations which soon go away itself due to the natural adjustability of Vital Force or it may demand a separate remedy on the totality of the residual symptoms and the accessory symptoms that have newly cropped up. This may be ascribed to the effect of the previous medicine and the disease force, conjointly.

## XXIV

### OBSTACLES TO CURE

In spite of the apparently correct prescription and its due repetition at suitable intervals in the required potency we often fail to produce a curative re-action in a patient, especially when it is a chronic one. The obstacles may be either in the (i) Maintaining causes exogenous or (ii) Miasmatic obstacles or medicinal injuries, or (iii) Maintaining causes endogenous.

#### (i) Maintaining causes exogenous

- a) Occupation.
- b) Habit.
- c) Social and domestic relations.
- d) Addictions to different stimulæ.
- e) Environmental.
- f) Climatic influences (in certain individuals).
- g) Continued unhygienic regimen.
- h) Psychic – constant vexation and reserved displeasure etc.

(ii) **Miasmatic obstacles or medicinal injuries.**

Apart from the Hahnemann's chronic miasms, Psora, Sycosis & Syphilis, we may count as the obstacles to cure, any other infection in the history of the patient wherefrom the breach of health started, or the medicinal injuries produced in the patient due to long continued use of dissimilar heroic medicines in physiological doses.

(iii) **Maintaining causes endogenous**

We often face a group of objective changes i.e. pathological changes in chronic cases who stand as the obstacles to cure by the highly dynamised constitutionally similar remedy. These endogenous maintaining causes maintain the expressed disease symptoms, taking the upper-hand on the life process. Here we fail to establish a healthy reaction in the Vital Force against the highly dynamised similar constitutional remedy, sufficient to remove the pathological obstacles whereupon the symptoms will abate or temporarily subside, but will soon return in the same form.

## RECOVERY AND CURE

Symptoms may be removed in various ways. But the removal of symptoms is not the object of our treatment. We are, in fact, mainly concerned with the disordered state of the life process and replacing order in its stead, is the sole object of our treatment.

Symptoms are the external expressions of the internal state of Vital Order but they are not the internal order themselves. As we have no other way to have a view of the internal Vital Order but through the symptoms alone, we are forced to account the symptoms for.

So in each and every state of disease, simple removal of symptom or symptoms does not imply removal of internal disorder. For instance, the symptoms of Hæmorrhoids may be removed by knife, but thereby it is not meant that the constitutional state of disorder that produced the Hæmorrhoids, is also removed by the removal of the Hæmorrhoidal symptoms. Hea-

dache removed by the use of an anodyne does not imply that the internal state of disorder is also removed along with the removal of headache.

This sort of removal of disease-symptoms without the correction of internal state of vital disorder is "Recovery".

But in cure, the internal state of vital disorder is to be corrected with abatement of morbid symptoms, even to an extent of producing immunity against the effective dynamic cause. In order to effect a cure, a definite therapeutical principle is demonstrated in the cure of different morbid processes, by mankind unknowingly and also by nature herself. The question of immunity comes in to remove the internal disorder permanently, i.e. to stop the recurrence of the effectiveness of that particular dynamic cause on the simple satisfaction of the conditions.

So, 'Cure', in fact, relates more to patient than to disease and 'Recovery' relates more to disease than to patient.

## PATHOLOGY

The primary dynamic alterations produced in the life process by a dynamic agent, which is purely brought to our senses in the form of altered sensation and function, is not explicable by pathology though it is a part of disease manifestation according to Homœopathy. Consequently, this portion of disease is prepathological one.

These functional changes ultimately culminate in objective changes with alteration of chemical and physical properties of tissue. Functional changes depending thereon come under the knowledge of pathology, i.e. **from the primary material changes of the disease process, pathology begins.**

Besides the advantages of management, diet, prognosis and ascertaining the general condition of a given case which is common to all medical practitioners, **it is of special importance to a Homœopath due to reasons given below :—**

(1) Knowledge of pathology helps us to bring the symptoms out that are uncommon to the diseased condition, to give proper value in the totality of symptoms framed for therapeutical purpose.



(2) It helps us to frame different symptom totality according to immediate causes, to prescribe for.

In a case of gall-stone colic we find that the paroxysmal pain comes suddenly, goes slowly and there is chilliness during pain. Here, we frame this totality of the symptoms that are characteristics of the pain. Knowledge of pathology helps us to frame it, as it was outcome of the *immediate cause*, i.e. passage of calculi through the gall-duct. But this totality is framed on a definite pathological cause which is quite otherwise in consideration of the patient himself upto the formation of stones in the gall bladder.

(3) It helps the selection of the curative remedy corresponding to the pathological condition present.

For example, Aconite, however apparently symptomatically indicated, will not prove curative in the exudative stage of Pneumonia. Because that pathological condition is not producible by it. In such stages some more deep-acting medicines, like Sulphur or Lyco, which has the quality to produce such pathology, will be needed to effect a cure.

(4) It helps to ascertain the scope and

**limitation of curative remedy in an advanced case of disease.**

Suppose in case of arthritis that has terminated to ankylosis, the curative remedy will cure the inflammation of the joint but will fail to remove the ankylosed condition. Because scope and limitation of homœopathically selected curative remedy is confined to the dynamically altered state of the life process but not to its end products. That's why, many a times, a tumour is found to remain even after the patient is cured.

It is often dangerous to attempt to cure a case of advanced Tubercular Phthisis or where a foreign body has encysted near a vital organ. Because in these cases nature can only operate it upon by producing suppuration around the area affected, which may prove fatal to the patient.

(5) **It helps to decide, when new symptoms cropped up after a prescription, whether they are due to natural disease progress or due to medicine.**

(6) **It helps to decide to adopt a curative or a palliative mode of treatment.**

(7) **It helps the selection of potency and repetition of similar remedy.**

## XXVII

### PSORA

#### Primary effects of Psora

They are pustular and vesicular eruptions on the skin with excessive itching and burning after scratching, having a peculiar offensive odour.

These type of psoric eruptions are apt to appear periodically, generally with temporary amelioration of constitutional disorders. In other words, the eruptive stage of Psora acts as a vent to the pressure of the internally acting psoric cause.

If the external manifestation of the disease i.e. the eruption is stopped, the psoric constitutional symptoms begin to crop up generally with a pause, of course, very slowly and insidiously from periphery and proceed towards centre i.e. from less important to more important parts of the body.

The absence of the psoric eruption is not

immediately followed by constitutional symptoms, of a very violent character and under good hygienic regimen, is apt to remain latent for a longer or shorter period according to the physical condition. At this latent state of Psora, only a few occasional symptoms, of not very disturbing character, are obtained and it continues to be so unless the maintaining causes lower the resistance of the self to let the latent Psora loose. It may be activated by the depleted condition of old age or by violence of an acute disease to assume a secondary psoric manifestation under various names of non-venereal chronic diseases.

The primary effect of Psora i.e the eruptions alone contain the quality of infecting others but not its secondary psoric manifestations ( Hahnemann ).

It is communicable to others in that stage in which the infector has arrived at ( Kent ).

## XXVIII

# SYPHILIS

### Primary Effects of Syphilis

The primary effect of Syphilis is chancre and its character is destructive to local tissues i.e. of an ulcerative nature. Not unlike Psora, nature adopts the path of self-preservation by attempting to save the more important parts holding the primary eruption, in situ.

In its secondary stage it affects the internal organs with a character of tissue-destructive nature.

In its tertiary stage it proceeds inwards and affects the still more important organs destructively behaving somewhat like Psora presenting evidence of state of latency and patency and in this stage it rarely acts alone but goes hand in hand with secondary psoric manifestations.

It is communicable to others in its primary, secondary and tertiary stages.

The infected will directly get the stage of the infector.

## XXIX

# SYCOSIS

### Primary Effects of Sycosis

Primary effects of Sycosis or the figwart disease is characterised by its warty growth upon the skin or in other words, the internal state of order having a propensity to throw, on the skin especially on the genitals or on others parts, pathological proliferations.

The primary eruptions also act as a vent to the pressure of the miasmatic activity.

Urethral discharges may or may not be of sycotic origin. Only that urethral discharge is sycotic, suppression of which causes constitutional disturbances.

It is communicable to others in the stage of infector like syphilis.

All the three chronic miasms i.e. Psora, Syphilis and Sycosis, present their primary manifestations in the form of itching eruptions, chancre and figwarts on the skin, respectively.



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