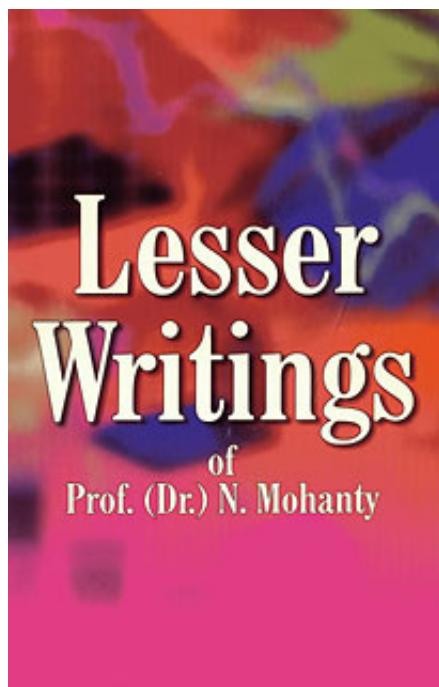


Niranjan Mohanty

Lesser Writings

Reading excerpt

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Publisher: IBPP



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6. *Homoeopathy*

The word 'Repertory' has originated from the Latin word 'REPERTORIUM' which means "an inventory, a table or a compendium where the contents are so arranged that they are easy to find. Hence Homoeopathic Repertory is an index to the huge mass of symptoms of various drugs and the various symptoms can be traced easily and accurately according to the requirement. It adds nothing, changes nothing, but serves merely as a guide to the mass, let us say the labyrinth of the Materia Medica. All of us are using one Repertory in every case before prescribing. Most of us use only our own mental Repertory, which is naturally limited because of limited capacity of human mind.

The earliest Repertory, as mentioned already was born as early as 1805, when Hahnemann published in Latin, his famous "fragmenta de viribus medicamentorum positivis" the first part of which contained symptoms observed and the second part formed the index or Repertory.

In past 200 years, large number of drugs were proved and also a large number, of indices to indexing those drugs were prepared. But unfortunately Homoeopathy or Homoeopaths have not formed a close group. From beginning they have been divided into different schools. Some of them give more importance to mental sphere; some are giving more importance to cause while some are giving more importance to effects and the process goes on continuously. With these different types of views different types of Materia Medica and their indices, Repertories have come into existence.

Repertorisation is a process to arrive at a group of medicines, which may be a similar or simillimum after considering the totality of symptoms. Success of

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Repertorization depends upon the following steps, which are as follows:

- Selection of the case
- Case Taking/Case Recording
- Analysis of symptoms
- Conceptual image of the Case.
- Synthesis of the case.
- Evaluation of the case.
- Erecting the totality of the case.
- Proper rubric selection.
- Repertorization.
- Nosological diagnosis.
- Miasmatic diagnosis.
- Plan of treatment.

Selection of the Case: As soon as the case comes in our hand, we have to decide whether we should take the case or not?

What type of case it is? As a Homoeopathic physician, can we help the patient? Whether the case is acute or chronic? In this way the selection of the case is very important.

Proper Case taking: This is the basic and first step. Any negligence or deficiency *in case* taking can hardly *ever be* expected to yield a correct homoeopathic prescription. In case taking most important constituents are:

- Elicitation of symptoms.
- Verification of symptoms
- Interpretation of symptoms and translating them into the language of Materia Medica and Repertory.

Hahnemann has given the general direction in aphorism 83 for proper case taking. He has written that for proper case taking, physician must have:

- Freedom from prejudice.
- Sound senses (for good observation)
- Attention in observing
- Fidelity in tracing the picture of the disease.

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19. *Bronchial Asthma*

Although Bronchial asthma is not one of the most obscure and intractable diseases the mankind has ever witnessed like diabetes and cancer, but still this particular disease, since its birth, has disabled the innumerable victims and has brought premature senility of manifold sufferers and also has caused serious devastation of few individuals due to pneumothorax, subcutaneous emphysema, Pneumo-mediastinum, retro pneumoperitoneum and rib fracture. Many votaries of different systems have been pondering seriously from different angles to combat such inveterate and obstinate disease.

Prognosis of Bronchial asthma with the modern treatment is not so alluring i.e. in regard to the removal of the disease to its fullest extant. And the disease bronchial asthma is still posing problem in modern medicine' and radical treatment is still obscure to them inspite of their advanced therapies like antiallergic therapy, adreno-cortical hormones therapy, prescription of broncho-dilators, and disodium-chromo glycate etc- There is no doubt that they are controlling. and abating the acute exacerbation (status asthmaticus) and prolonging the interval of paroxysms but no permanent recovery offered.

Bronchial asthma is a clinical syndrome whose characteristic features are paroxysmal wheeze and dyspnoea caused by, increased resistance to the flow of the air through the narrowed bronchi. The changes in the bronchial wall, which reduce the size of the lumen are not precisely understood and may not be same in every case. It is, however clear from the clinical observation of patients with asthma that the bronchial obstruction varies in degree and is potentially reversible. Probably the two processes chiefly concerned are:

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- i. Abnormally sustained contraction at the bronchial musculature (broncho spasm) and.
- ii. Edematous swelling of bronchial mucosa.

There is much circumstantial evidence to suggest that hypersensitivity to foreign proteins or other substances are capable of producing bronchial spasm especially in children.

It is widely recognized that emotional instability is a prominent feature in many asthmatic patients and attacks may be precipitated by psychological trauma or stress.

Respiratory infection may also be an important aetiological factor in bronchial asthma.

If these observations are valid, it is clear that in the production of asthmatic attacks three factors may operate viz., allergic factor, psychological trauma and respiratory infection.

From Homoeopathic standpoint with above discussion, it is understood that bronchial asthma belongs to the domain of sycotic miasm with psoric base. ,

Hence from the point of Homoeopathic treatment it has a vast scope, as its rational philosophy advocates in favor of it and it corroborates in the practice too. And the idea of presenting this paper is to unfurl it.

Aims & Objectives

Considering all above facts, retrospective study was made from the case records of Author's clinic from 1979 - 85 with following objectives:

- a) To find out most effective drug (s) with regard to their reliable guides for prescription
- b) Effects on types of Bronchial Asthma
- c) Most suitable potency (ies)
- d) Their repetition schedules
- e) Effects on various age group of patients
- f) Effects on sex
- g) Effects on recent and remote cases

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Neurological Disorders

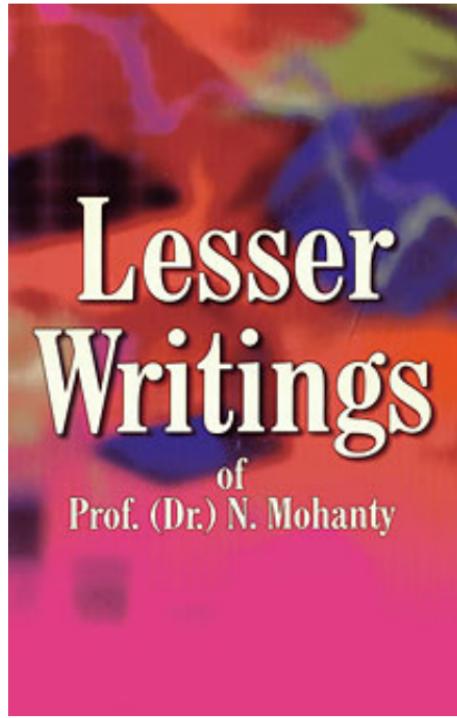
Insomnia:

- | | |
|-------------|--|
| Syphilinum | - Sleeplessness & Depression
- Washing Mania
- Forgetfulness
- Cannot sleep 12 pm to 6 a.m.
- Aversion to meat. |
| Coffea | - Produces Calm Sleep.
- Chilly Patient
- Fright From
- Sudden Surprise From
- Over sensitiveness
- Weeping Disposition
- Aversion to Coffee
- Thirsty
- Sleeplessness due to Joy & Overexcitement |
| Baryta Carb | - Drowsy day & Night.
- Talks in Sleep. |
| Aconite | - Likes Solitude
- Tension is the Keynote
- Aversion to Music
- Sleepy in Day & Sleeplessness at Night. |

Cardio Vascular Accident (CVA):

- | | |
|-----------|--|
| Opium | - Pin Pointed Pupil
- Painless
- Constipation
- Fright
- Muscle lax
- Absentminded
- Snoring
- Thirstless
- Perspiration |
| Causticum | - From Grief
- Loss of Sleep |

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404 pages, hb
publication 2005



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