

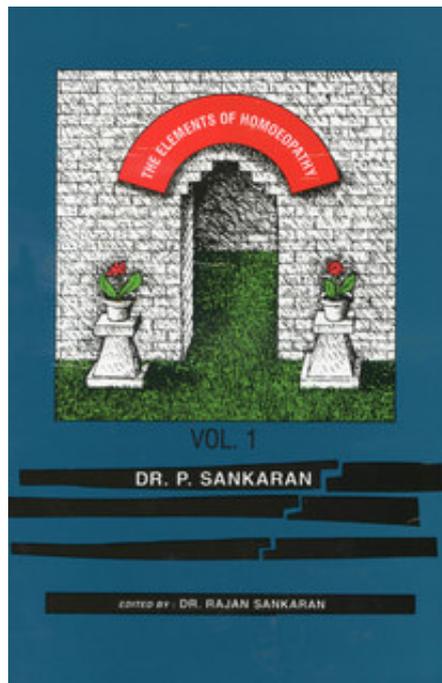
Pichian Sankaran

The Elements of Homoeopathy Vol 1&2

Reading excerpt

[The Elements of Homoeopathy Vol 1&2](#)
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Tel. +49 7626 9749 700

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CONTENTS

Volume I

E.W. Hubbard's letter Foreward
by Jugal Kishore Biography of
Dr. P. Sankaran Editor's
Introduction

Part I Introduction

- | | | |
|---|-----------------------------------|----|
| 1 | My Conversion to Homoeopathy | 3 |
| 2 | Elements of Homoeopathic Pharmacy | 11 |

Part II Materia Medica

- | | | |
|---|-------------------------------|-----|
| 3 | The Study of Materia Medica | 23 |
| 4 | Random Notes on Some Remedies | 35 |
| | Alumina | 37 |
| | Ammonium carbonicum | 39 |
| | Arnica | 40 |
| | Arsenicum album | 42 |
| | Calcarea carb | 46 |
| | Carbo vegetabilis | 50 |
| | China | 55 |
| | Cimicifuga | 57 |
| | Conium | 59 |
| | Ignatia | 60 |
| | Kali carb | 64 |
| | Lachesis | 67 |
| | Lycopodium | 74 |
| | Mercury | 79 |
| | Natrum mur | 83 |
| | Nux vomica | 85 |
| | Opium | 87 |
| | Phosphorus | 93 |
| | Pulsatilla | 102 |
| | Pyrogen | 105 |
| | Sepia | 106 |
| | Silicea | 112 |
| | Sulphur | 114 |

	Tarentula	116
	Thuja	119
5	Some Notes on the Nosodes	123
	Ambra grisea	128
	Anthracinum	128
	Carcinosin	129
	Castor equi	130
	Cholesterinum	130
	Diphtherinum	130
	Eel's serum	132
	Hydrophobinum (Lyssin)	133
	Influenzinum	134
	Insulin	136
	Lac caninum	137
	Malandrinum	137
	Meddhorinum	138
	Morbillinum	139
	Parotidinum	140
	Pertussin	140
	Pituitrin	140
	Psorinum	141
	Pyrogenium	142
	Streptococcin	144
	Staphylococcin	144
	Syphilinum	145
	Thyroidinum	148
	Tuberculinum (Bacillinum)	149
	Variolinum	158
6	The Indication and Use of Bowel Nosodes	163
7	Some New Provings	173
Part III Case Taking and Repertorization		
8	Some Hints on Case Taking	207
9	Analysis and Evaluation of Symptoms.	219
10	The Value of the Repertory	231
11	Repertorization	239
12	Introduction to Boger's Synoptic Key	269
13	The Pocket Repertory	287
14	Prophylactics in Homoeopathy	351
15	Some Cross References to Kent's Repertory	367

Index of Remedies

Volume II

E.W. Hubbard's letter
Foreward by Jugal Kishore

Part IV Difficulties in Practice	
16 The Potency Problem	425
17 The Repetition of Doses	445
18 The Clinical Relationship of Homoeopathic Remedies	461
19 Dietetic Restrictions in Homoeopathic Practice	491
20 When the Indicated Remedy Fails	503
21 The Importance of Etiology in Homoeopathy	515
Part V The Scope of Homoeopathy	
22 Pathology in Homoeopathy	521
23 Homoeopathy & Surgery	549
24 Limitations of Homoeopathy	561
25 Some Recent Research & Advances in Homoeopathy	577
Part VI Collected Writings	627
Notes by the Editor	733
Index of Remedies	

ANALYSIS AND EVALUATION OF SYMPTOMS

Next in importance to case taking or perhaps even greater than that, is the proper interpretation and evaluation of symptoms. Case taking merely affords us a mass of data, some useful and some useless, some of great value, some of lesser value from both the diagnostic and therapeutic points of view, out of which must emerge the characteristic symptom totality, which alone will lead us to the indicated remedy - the similimum. With a certain amount of experience and patience, case taking can be perfected and mastered to some extent but analysis and evaluation of symptoms will prove to be a continually challenging job requiring constant alertness and care on the part of the physician. It can be said that the greatest prescribers have been those who have been very successful in properly evaluating the symptoms.

Classification

Classification of the symptoms into various groups is called analysis. In analysis we may classify the symptoms into Mentals, Generals and Particulars.

A different but more practical and useful method of classification is to divide the symptoms into two major groups, viz.:

1. Symptoms which characterise the disease that the patient is suffering from, that is the symptoms one would expect in that particular disease, and
2. Symptoms which do not actually belong to the sphere of that disease but yet are found in that particular patient and therefore form part of the symptom-picture of that particular case.

If the totality of all the symptoms of a case is covered by a single remedy, there is practically no difficulty in choosing the remedy. But quite often such is not the case. A certain number of symptoms may be covered by one particular remedy and certain other symptoms by another remedy. In such a case we are called upon to evaluate the symptoms and select the more important ones upon which we should base a prescription. It is in such cases that this distinction helps us.

The former symptoms which are called the Basic, Common or Pathognomonic symptoms, symptoms characterising the disease, help us to make a diagnosis. The latter, called the Determinative, Uncommon, Discriminative, Non-pathognomonic or Characteristic symptoms, do not contribute to the making of the diagnosis. They do not form part of the disease-picture and therefore, they reflect the individual reactions of the patient and so are characteristic of the patient. These symptoms aid us more in choosing the remedy. These symptoms, which are usually ignored or discarded by the allopathic physicians who

consider them as irrelevant, are considered to be of the greatest value by the homoeopathic physicians who often base their prescription, mainly if not exclusively, on these symptoms.

Even though these non-pathognomonic symptoms may not form part of the diagnostic picture and may be brushed aside as of no consequence by the orthodox practitioners, we, as homoeopaths, give them the highest importance because they are peculiar to this particular individual patient and therefore reflect the individual reaction of the patient in this particular case and to that extent help us to individualise each case. Because we are unable to explain these symptoms though they are present in the case, they fall under the group of strange, rare and peculiar symptoms. Quite often they almost exclusively decide the prescription.

Of course, the totality of the symptoms alone will lead to the choice of the remedy but within this totality, the individualising characteristic symptoms play a dominant role and may outrank and even overrule the diagnostic symptoms. And it is our repeated experience that generally remedies selected covering the totality of these characteristic symptoms also automatically cover and remove the disease, correcting the underlying pathology also, even if the pathological symptoms have not been considered and covered while selecting the remedy.

An example may serve to illustrate what we mean by pathognomonic symptoms.

A patient suffering from pneumonia turns up. He has a temperature of 102 °F, which has originated after he got wet. He has pain in the chest, cough with blood-streaked expectoration, pulse 120, respiration 60. He has restlessness, is worse after midnight and his tongue shows a triangular red tip. He has pain in the body worse by beginning motion, better by continued walking.

The symptoms of this patient can be classified as follows:

Pathognomonic	Non-Pathognomonic
Fever	Origin after getting wet
Pain, chest	Restlessness
Cough	Worse after midnight
Blood-streaked expectoration	Triangular red tip of tongue
Pulse-respiration disturbed	Pain in body agg. beg., > continued motion.

The symptoms on the left-hand side are those which help us to arrive at a diagnosis. They are the classical symptoms of the disease, pneumonia.

The symptoms on the right-hand side do not fall under the clinical picture of pneumonia but yet they form a part of the totality of symptoms in this particular case and represent the characteristic reaction of this individual patient suffering from pneumonia. The latter are the symptoms which therefore individualise this patient, and these are the symptoms which mainly and generally help us to decide the prescription.

This golden rule for the evaluation of symptoms, viz. that the more peculiar, strange or rare a symptom, the more important it is, has been emphasized by Hahnemann himself in para 153 of *Organon* and it is the opinion of many learned homoeopaths that this is one of the most important teaching of Hahnemann.

When we are concerned with homoeopathic therapeutics, we notice that the more a symptom is important from the diagnostic angle, the less value it seems to have for selection of the drug. At the most, the diagnostic symptoms may only help us in choosing a particular remedy out of a group. So we notice that while a clinical approach may enable us to diagnose a case, when we want to select the drug, we have to put a stop to the clinical line of thought and proceed to study the non-pathognomonic or individualising symptoms.

Stearns says, "As Dr. T.F. Allen puts it years ago the greater the value of a symptom in a diagnostic sense, the less its value in a therapeutic sense. In other words, diagnosis had nothing to do with the selection of the remedy, and I really believe it may and often does lead people astray."

Crutcher writes, "The interpretation of a symptom depends upon the accuracy of the patient's expression and also upon the doctor's ability to correlate them and give each its due importance and not to put undue importance upon any one that does not deserve it." Boger remarks, "In the abstract the same symptom may have the highest standing in one case and the lowest in the next all depending upon the general outline of the case, as delimited by the associated symptoms."

Pulford states, "A mass of symptoms used according to our own notion, no matter how important they may appear, and put through any repertory, will not necessarily cause us to arrive at the coveted goal, unless they contain the core of the drug. Those rare, strange, peculiar symptoms are the only ones that mark the true individuality of the drug."

The Characteristic Symptoms

This is a very peculiar feature of homoeopathic prescribing that an apparently insignificant symptom, insignificant in the eyes of the patient or of the orthodox physician, may be to us the strongest pointer to the correct remedy. The patient may tell us the symptom in a most casual manner or might even omit to mention it because he considers it meaningless or absurd and yet that very symptom may prove to be a very important one, which may provide the clue to the similimum.

How far a symptom is peculiar will depend upon various factors and the intelligent physician will have to be extremely discriminating and circumspective. A feature which may be quite normal at a particular age or stage or circumstance may be quite abnormal in some other age, stage or circumstance. This requires a clear knowledge of the functioning of the human organism. In evaluating we will have to consider every type of circumstance to decide whether a symptom is to be taken as peculiar or not.

An ordinary symptom may become extremely peculiar under particular circumstances or in a particular background. Laughing over a joke is not a symptom; it is a normal thing. But laughing excessively or laughing over serious matters or laughing when sad or laughing without cause, laughing alternating with weeping, laughing with pain - these are all peculiar symptoms.

A symptom which is common place in a particular setting may become peculiar in another setting, e.g. loquacity in a woman is not so uncommon as in a man esp. an old man. A tendency to weep easily is common in a young girl, not so common in an old woman and

rare in an old man. So also impatience and hurry are the attributes of youth and are unusual in the elderly.

Let us consider weeping. Weeping from disappointment or grief is a natural expression of a natural reaction. But weeping over trifles (I had an assistant who would weep if anything went wrong, e.g. if she could not oblige a patient with an early appointment), weeping without cause, weeping from consolation, weeping when telling symptoms, weeping when caressed, weeping before coughing, weeping from joy, weeping when looked at, as also not being able to weep when sad - these are all unusual.

Let us see hunger. Hunger after eating, hunger in the middle of the night, hunger during fever, hunger with headache - these are strange.

Take thirst: thirst for small quantities often, thirst during convulsion, thirst after anger, thirst without desire to drink, thirstless with desire to drink, such are peculiar.

The intensity of a reaction or symptom can also make it peculiar, e.g. excessive irritability amounting to rage, excessive fear amounting to phobia, etc. I have once treated a girl aged 6 years, who was so shy that she would ask her sister to go out of the room before undressing to be examined. Intolerable hunger or thirst, excessive pouring sweat, etc., can all be rare symptoms. I have seen an adult male patient who would hide under the cot if there was thunder; such was his fear! A male patient, aged 72 years, became violent if his wife refused to allow coition. This is unusual.

This strangeness or peculiarity of the symptom may be exhibited in several ways, but its importance is undiminished. The strangeness may be in the location, e.g.:

"Symmetrically bilateral eruptions" (*Arn.*)*
 "Crack behind the ear" (*Graph.*) "Root of
 the nose" (*Kali-bi*)

Or it may be in the sensation itself, e.g.:

"Sensation as if he had no head" (*Asar.*) "Teeth
 feel long" (*Ant-c*) "Sensation as if wound by a
 wire" (*Cactus*) "Bleeding from anus on passing
 flatus" (*Phos.*)

Or it may be in the modality, e.g.:

"Coryza, cold bath" (*Calc-s*) "Pain
 in knee < after stool" (*Dio.*)
 "Nausea > after eating" (*Sep.*)

Or it may be in the causation, e.g.:

"Convulsions from anger" (*Cham.*)
 "Convulsions from grief" (*Ign.*)
 "Convulsions from loss of sleep" (*Cod.*)

The remedy given in brackets at the end of each symptom may be only one among the many which cover this symptom. It is given merely as an example.

Or it may be in the extension, e.g.:

- "Pain spreading diagonally" (*Agar.*)
- "Symptoms proceed upwards" (*Sep.*)
- "Pain stomach extending to the testes" (*Kali-c*)

Or it may be in the mode of onset and decline, e.g.:

- "Pain appearing and disappearing gradually" (*Stan.*) "Pain appearing suddenly and disappearing slowly" (*Puls.*) "Pain appearing suddenly and disappearing suddenly" (*Bell.*)

Or the peculiarity may be in the associating circumstances, e.g.:

- "Sleeplessness although sleepy" (*Puls.*) "Thirstlessness although mouth is dry" (*Nux-v*) "Strains hard although stool is soft" (*Pso.*)

Or it may be in the peculiar association or juxtaposition of the Concomitant symptoms, e.g.:

- "Polyuria with headache" (*Gels.*) "Cough ends in sneezing" (*Bell.*) "Shortness of breath associated with pain" (*Pru-s*)

Or it may be the absence of some symptom expected in a case, e.g.:

- "Vomiting without nausea" (*Apoc.*) "Painlessness of ulcers" (*Op.*) "Sense of well-being in fever" (*Pyro.*)

These are thousands of such strange symptoms and strange combinations of symptoms which are found scattered all over throughout the *Materia Medica* and which can be found classified in the repertories.

Some more examples are quoted here to give a better idea to the student, all the symptoms being taken from the pathogenesis of the remedy *Alumina*:

- "Exhausted even after a normal menstrual flow.
- Weakness in chest after speaking even a little.
- Craves for charcoal.
- Fear at the sight of knives.
- Nausea > eating.
- Must strain at stool to pass urine.
- Feels as if a hot iron was thrust through spine.
- Feels as if the white of an egg was spread on the face.
- Hasty but slow of execution."

Such symptoms, known as characteristic symptoms and which characterise each remedy, may be found in every remedy. They are also known as Keynote symptoms. When such symptoms are found in a patient, they gain much importance.

Very often such are the symptoms that give valuable clues to the indicated remedy. These symptoms characterise particular remedies and when a whole group of such characteristic symptoms of a remedy are found in one particular patient, then the selection of the remedy becomes easy.

We shall now discuss the value of different kinds of symptoms.

It has been already mentioned that among all the symptoms, the peculiar or characteristic symptoms override all the other symptoms, the more peculiar the symptom, i.e. the more remote and unrelated the symptom is to the disease and the more inexplicable it is, especially from the point of view of diagnosis and pathology, the higher its merit.

It must be emphasized that patients may not clearly express these peculiar symptoms. The physician will have to be alert to carefully note the different statements of the patient, juxtapose them and note or elicit the peculiar aspects of each symptom or the peculiar association of various symptoms. For example, a patient may complain that he is losing weight. Later while being questioned about his appetite he might say that his appetite and food-intake are quite good. The prescriber has to take note of the peculiar combination of these two symptoms. Similarly, when questioned about his thirst, he may say that he drinks one or two glasses of water per day and later, when questioned about micturition, he may state that he is passing urine several times a day in large quantities.

One must also make very careful enquiry to assure himself that a symptom is indeed strange or rare. A patient says he is not refreshed in the morning on waking. We have to enquire if he has slept well. He says he did not. We ask why. He says he had to get up for micturition several times. Here the symptom is not "not refreshed after sleep" but, "frequent urination at night".

While discussing the value of various symptoms, we shall first consider the value of the causative factor which is itself a symptom.

The Cause

Where definitely available, the causation (emotional, physical, chemical, mechanical, dynamic, etc.) or origin of the disorder is considered to be of great importance.

The patient was quite well upto a certain time and then he fell ill. Something has happened to make him ill, for without cause there is no effect. Every circumstance that contributed to the onset of the disease must be taken into account. A state of health cannot be disturbed to such an extent as to be replaced by a state of illness without a sufficiently strong provocative influence having come into play. Even though an apparently trivial cause such as getting wet might have brought into existence a serious illness, even this exciting cause reflects and reveals the nature of the original susceptibility and contributes its share to the knowledge of the symptom-totality.

The intelligent and enquiring physician will be able, in a large majority of cases, to trace the illness to some causative factor, source or origin, though the patient may not be able to recall and give this information easily and at first.

Fortunately for us, in Homoeopathy, we have different medicines which are able to antidote and remove the effects of various morbid influences even though these influences might have acted at some remote time and might have produced their effects a long time ago. Even when such influences continue to operate and disturb the patient's health, and we are unable to remove them, the suitable antidotal medicines are able to mitigate their continuing effects to a considerable extent.

Farrington writes that in a case which has originated after injury, even though the present symptoms may not coincide, the prescription of *Arnica*, and in conditions caused by incised wounds, the prescription of *Staphysagria* should be considered. Boger mentions that so much depends upon the knowledge of the cause of the disease that without it the choice of a homoeopathic remedy cannot be made with safety. I have seen numerous patients who have attributed the origin of their illness to a suppressing of anger and many of these cases have been cured by *Aur.*, *Cham.*, *Ign.*, *Sep.*, or *Staph.* - the remedies which cover this cause. A patient suppressed his anger and got pain radiating to the teeth. It was diagnosed as a coronary attack. *Staph.* helped him.

I have cured many young men and women, who suffered from various troubles due to disappointment in love, with remedies like *Ant-c.*, *Lack*, *Sep.* etc., based on this cause. A young girl climbed a mountain and then developed asthma. She was cured by *Arnica*. A girl developed nausea after taking too much ice cream. *Ip.* promptly relieved her.

S.R. Phatak has reported a case of a patient who developed diarrhoea after drinking too much water in summer and who was cured by *Gratiola**

Mental Symptoms

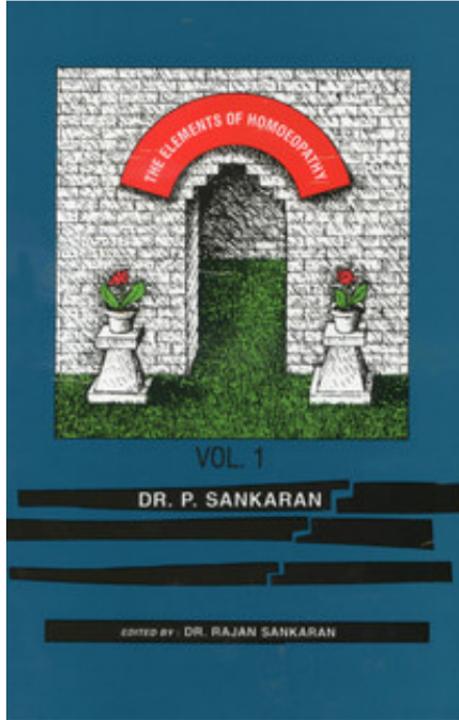
Next in order come the mental symptoms.

The mental symptoms are important and rank very high especially if they are marked and strange. Mental symptoms which are of a mild nature, e.g. a slight irritability, or those which can be fully accounted for by the circumstances, e.g. fear in a lady or a child when alone in the dark, or depression in a patient who is suffering for several years and is not relieved by various treatments, are not to be much valued. A very large number of patients, however, will on careful questioning reveal some psychological element in their suffering, either as an addition to or even as a causative factor for the whole disorder and these should be given much weightage.

Paschero writes, "It is the person and not the disease that interests us in Homoeopathy. The symptoms expressing a human being's functions reside only in the mind, as in the conception of classical Psychology, but also through the body. Thus Homoeopathy bears out the prevailing psychosomatic ideas of modern medical thought.

"A characteristic of the mind and personality of the patient may often be modality of a particular symptom, or simply an isolated symptom apparently unconnected with the syndrome of the local or organic disease. Consequently it stands out as a curious or "rare, strange and peculiar symptom". Named by Guernsey a "Keynote", it may lead us through the case to the patient's similitum. Peculiar modalities of local symptoms when not pathognomonic of the disease belong to the patient and not to the disease even though they do not seem general enough to express the patient's totality. But it is also necessary not to consider keynotes in isolation and not to prescribe on them only. The general symptoms and the mentals must agree and never contradict. The suppression of a single symptom does

Many more examples can be found in the booklet The Importance of Etiology in Homoeopathy.



Pichian Sankaran

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