



THE

SYSTEM OF HOMOEOPATHY

R A J A N S A N K A R A N

THE SYSTEM OF HOMOEOPATHY

by

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INTRODUCTION

“The Spirit of Homoeopathy” and “The Substance of Homoeopathy” have served to make my ideas on the subject accessible to all of the profession, which before these books were published I had only been able to convey and teach to my students and to the participants at my seminars and courses. I have, since then, been receiving an enthusiastic response conveying an appreciation of my concepts, especially of my understanding of the central disturbance, mental state, delusions and dreams, as well as of miasms and the kingdom classification.

There has been a keenness on the part of my students, readers of my books and participants at my seminars and courses to learn to better apply these ideas in practice. I have tried over the years to demonstrate how I use these concepts when actually taking and understanding a case, through video taped cases and live case taking at my seminars. To convey an art, however, is not the easiest of things, and through interacting with my students I realize that many of them still face some difficulty when attempting to implement these concepts. One of the reasons for confusion is that the case taking techniques seem to vary from one case to another. Also, as is the case with other concepts, there seems to exist a tendency to theorize and sometimes there is even a misunderstanding of what I intend to convey; this is especially true of the kingdom classification and the use of physical characteristic symptoms. The result has been that while my students seem to have grasped the concepts most of them have, as yet, been unable to use these to their full potential.

At the back of my mind, however, there is a definite process based on the firm foundation of a philosophical understanding of disease. Added onto this foundation is a certain artistic technique. Every question that I put to the patient, therefore, has a purpose, a relevance. And while I follow this process in all my cases there is room for variation in each case. A science that has as one of its cardinal principles individualization, demands this sort of variation no matter what method we may adopt. Every attempt at taking a case is after all aimed at perceiving the disturbance within. This being unique to the individual, every case should be looked at without prejudice, as something entirely new and different from what one has seen before. Understanding the patient by perceiving the individual disturbance is an art, though with a scientific base. And in an attempt to emulate this art we may tend to theorize and abstract, sometimes forgetting at the same time to be scientific.

When I realized this I tried to observe and understand what I had been subconsciously doing so far while taking and analysing each case. Though I was aware that all along I had been following a process, I had not actually formulated any definite system of case taking and case analysis. I thought that if I was to indeed put down such a system in black and white it would be of help not only to my students and colleagues but also to me. Mostly the processes of case taking and analysis happen simultaneously in my mind, and so the task was not such a simple one. I studied a lot of my successful cases, and also tried to consciously perceive my method through all the new cases I was taking. And over sometime a system did emerge which I was able to put down on paper.

While this system is as comprehensive as I have been able to make it on paper, I am aware that it is not yet entire. A large part of it is based on my own ideas of central disturbance, dreams, delusions, miasms and kingdoms. Yet the system that I actually follow in practice is essentially based upon the basic tenets of case taking, repertorization, characteristic symptoms (both mental and physical), on constitution and expression. At the same time it is also broad enough to allow for the ideas and methods of others, as well as their clinical experiences and new provings. None of us can boast of success in every one of our cases, and a lot remains to be discovered. Our repertoire or data base is one that has to be made broader and broader, more and more comprehensive, ever expanding, ever open. No one is complete in himself, and even if the entire knowledge was put together we would have access only to a fraction of the truth. Yet we strive to achieve the best possible results with what we know. The problem is more often not that we do not have a remedy for the patient, but rather that we have not been able to fully or correctly perceive the case. This is also true of our understanding of the our remedies. However, when we are able to correctly apply the knowledge that we have the results are gratifying.

The writing of this book fulfils the need of mine to systematize and standardize knowledge and experience. I would recommend to readers that it be used in a way such that it will serve merely as a foundation for the processes of case taking and analysis, so that there is always room for variation in each individual case. The processes of case taking and analysis remain individual, spontaneous and artistic, and yet they need to be founded on a definite system in order that any vagueness and theorizing diminish, and we are able to be certain of the remedy selected in an increasing percentage of cases.

This book has been constructed in a way to allow for the readers to derive the concept of the system themselves. For this purpose a number of cases which are illustrative of my thought process are given before the system itself is explained. In this way notions picked up from the reading of the cases will be verified as concrete ideas from the reading of the system. This is then topped up by more cases where these ideas will be even more clear.

The appendix contains some notes on miasms and the kingdom classification. Since I wrote “The Substance of Homoeopathy” my ideas on both these subjects have evolved some more and have been of some help to me in my practice. Rather than publish them in a second volume or edition of “The Substance of Homoeopathy” I take this opportunity to share them with the profession, especially my work on the typhoid and leprosy miasms. Here, as well, I have made the process of arriving at and understanding miasms obvious to the reader before actually explaining it. Also included is some further understanding of the animal kingdom and some of its subclasses. Apart from practice these advances in my understanding have helped me in the study of drugs from our Materia Medica.

I hope this book helps in the process of systematizing all that we currently know of our science, and I hope that the reading of it is of benefit to you as the writing of it has been to me.

EVOLUTION OF THE SYSTEM

In the early part of my practice I used to repertorize cases mechanically. I would select a few characteristic symptoms because these made the repertorial work simpler. I did have success in some of my cases using this approach, but I was also faced with failure in many cases. So I began to search for a method which would prove successful in each and every case.

Potentized remedies have dynamic effect only

I realized, when I studied my successful cases, that these were the ones where I had selected the remedy on the basis of mental and general symptoms. There were some cases where the selected remedy did not even cover the pathology. I began to question how this was possible. Then it struck me that when remedy is potentized beyond 12C it does not contain any of the original substance, but only energy. Since there was no material substance in the remedy it could not directly cause any material changes, only dynamic changes.

This realization that potentized remedies can only have a dynamic effect completely changed my outlook. I wanted to understand what this dynamic disturbance was.

The central disturbance

In most patients I found that their mental and general symptoms matched those of the remedy. The particular symptoms varied from person to person. So I understood that disease first affects the mental and general plane, and the organ systems were the last to get affected. This disturbance of the general and mental plane I called the *central disturbance*. I realized that if the central disturbance is removed the peripheral symptoms would definitely cease to exist. So what we are treating with homoeopathic remedies is the central disturbance.

Expressions and feelings

I studied the mental symptoms of remedies using the Repertory and Materia Medica. There was a large but little used section on "Delusions". As I studied this chapter from Kent's Repertory I found that under the rubric: "Delusion, unfortunate he is" were listed the same remedies that were also listed under the rubric: "Unfortunate feeling". This led me to think that the two were one and the same, that the delusion of being unfortunate was nothing but an unfortunate feeling. I started to study the delusions of various remedies, and understood that mental symptoms could be divided into what the patient felt, i.e. his *feelings* or *delusion*, and what the patient did, i.e. his *expressions*. In practice we tended to give more importance to the expressions.

Mental state and not mental symptoms

Hahnemann wrote in Aphorism 211:

"... the state of disposition of the patient often chiefly determines the selection of the homoeopathic remedy, as being a decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician."

This means that in the selection of a remedy the symptoms of the mind take precedence over the general and particular symptoms, and are also easier to elicit. The very first thing one notices about a patient, even when he talks to you on the phone, is his state of disposition rather than the general symptoms.

CASE 1

A twenty-eight year old male, Mr. R.A. consulted me in January 1996 for a recurring cold and bronchitis. His interview follows:

D: *Please tell me your problems at first, and then something about yourself. Both are important in Homoeopathy: to know your problem and to understand you as a person.*

P: I never had any major disease or any kind of attacks as far as I can remember. The only problem I have been having frequently in the last four years is a constant throat infection. It was so frequent that I could guess it's going to come. Within three months I would have a throat irritation, would start sneezing regularly for two days, then body ache and then fever. It was a very fixed pattern. It was known in the office that every three months I will take leave for this kind of problem. I always went to the doctor, and was told that I have a bronchitis problem, and it was attributed to cigarettes. At that time it was one or two cigarettes a day. Today, I do not even smoke. I left smoking due to that but it still continues. Today the problem is aggravated to such an extent that it comes every three months. Now I have a lung problem. What I mean by lung problem is that I cannot breathe, I start wheezing. So, when I sleep this throat infection becomes heavy with a cold and I have a breathing problem. There is a dry sound when I breathe. Two weeks ago I had a similar bronchitis when I got up in the morning. That's when I got worried about this bronchitis. I could not breathe at all, just could not walk ten steps, and was wheezing. I was taken to a doctor who said that I had a spasm of the bronchi. He injected me for ten minutes. I was not in Bombay at the time; I was travelling. I travel quite frequently. After I returned to Bombay the same day, I could not walk on the station. I had to climb four steps and stop: it was that bad. This is the first time that it has occurred in such a way.

As such I have had no other disease. I have had chicken pox, but no major illness. I fell on hot oil at five years of age and I had to have an operation to make my arm straight again. That was a major illness I had.

Otherwise this has been my constant problem.

D: *Anything more?*

P: As far as physical activity goes, I have done my share in school. Now, I have a feeling of tiredness. Even in the morning I am just tired and the feeling carries through the day. I have started taking vitamins. Psychologically I feel better; it perks me up. But there is a constant feeling of tiredness throughout the day. ¹

As far as my profession goes, I am into computer software. I am always in an air-conditioned room, and I have no problem with the cold. About myself: I extend and am an extrovert, but go back to my shell when I want to in a kind of depression and it worries me when I think about it. This is a regular event and it has occurred to me at times also.

D: *Tell a bit more.*

P: About myself? My line is sales and communication. I am into meeting people. I love meeting people and I love meeting friends. I selected this profession because it is innovative; every day there is something new. I got into it because it is not monotonous. Otherwise I would have got into textiles. I am an outgoing person and I love to travel. I travel quite a lot. I have travelled all over India. ²

I love to take up challenges. I have done nights together. I am up four or five nights together without going home, without changing clothes, just sitting at the PC and working a problem. But now I feel tired, I do not know why. It's not to do with age. It's a very burnt out feeling, very tired. I cannot concentrate at times. The kind of effort I have given is sixteen to eighteen hours regular. I have a very good career growth at the moment. I have hit about twelve to fourteen hours a day, regular, seven days a week. Number of leaves taken: none. The first time I took leave was one and a half months back for my wedding. Kind of possessed. ³

D: *How many days leave did you take for your wedding?*

CASE 2

This is the case that I had taken at a seminar in Munich before an audience of students and practitioners.

The patient was a young German woman who was suffering from auto immune vasculitis. Her limbs, especially the feet would get blue and cold, and gangrene had set in in two of her toes. She was on medication, but was not improving. Doctors had tried and tried to find the cause but could not. There was very little hope, and the patient was willing to take any chance to get well. She was desperate, and had agreed to come and speak about herself at a seminar because this was her only chance. ¹

D: *Tell me about yourself.*

P: My father was a soldier. My parents met at a dance. They had separated when I was five years old.

D: *How old are you now?*

P: Twenty-seven.

D: *How long before you were born did your parents meet?*

P: I do not know.

D: *Why did they separate?*

P: My father was drinking. This had started three weeks after their marriage. My mother was standing all alone with four little kids. She had to look how to get the money and how to care for the family. My grandmother was supporting her. My father chose to enjoy himself.

D: *For yourself, how was your childhood?*

P: I first found it was disordered around me. I can remember that concerning my abilities I always tried to put order into the whole story. From the age of three onwards, that is when my memory begins, I was always with my mother. She was lying in bed. She was depressed and I was always trying to get her out of bed. And my father too, trying to get him out of bed and to make him go to work. ²

D: *Can you remember any feelings from this time?*

P: No.

D: *Say more about your memories in childhood.*

P: Another picture I remember is that my parents were struggling, but they were hitting one another. And I can remember one situation where they were struggling and fighting and hitting one another, and I was standing in the doorway and I could not do anything but just cry because I was just too little to do anything, to change anything about the situation. And there was this disorder and I was not able to change anything. ³

My mother remarried. My stepfather had no attachment to us. He was a stranger in the family. On one side I was glad that my mother married again because he brought stability to the family. On the other hand he was unapproachable. I see this now, I felt he could not stand me.

My relationship with my eldest sister was distant. My second sister was introverted, that was the most intensive relationship with remarkable fights, but we also got along.

D: *What moved you emotionally?*

P: I was anxious in new situations. I was afraid so I slept between my grandparents. Then one day, the husband of my grandmother ⁴ touched me while I was in bed. I felt the whole world was collapsing. ⁵ I was shocked, immovable and stiff. I felt his breath on my back. I could not do anything. Then I summoned all that I had and said: "Stop." ⁶

D: *What was your feeling?*

CASE 3

Mst. D.F., a fifteen year old Muslim boy was brought to me by his mother for recurrent colds and coughs. They first consulted me at the out patient clinic of the hospital where I attend. I had taken the boy's case and prescribed the remedy *Cannabis indica* for him. But in the course of one of the follow ups his mother described some very strange behaviour that I did not understand in the context of the remedy I had prescribed. So I called them to my clinic, there being far too many patients at the hospital, and sat down once again with him on 20.12.94 to understand his problem. This is how the interview proceeded:

D: *Tell me your problem. Later, your mother can supplement.*

P: My problem is that the cold and cough is as usual. That problem with my concentration is more. I cannot concentrate on anything. Something or another comes in my mind. Only when I am doing algebra or a part of science is the time I can really concentrate. And nowadays I lose my temper very, very, very fast on very, very small things, on really very small things, and only on small things.

Mo: The obsession that I told you about is still there.

D: *Tell me about it.*

Mo: He has to go frequently to the toilet, two or three times, sometimes more. Sometimes if he is not in a good mood he goes into the toilet and takes twenty to twenty-five minutes. We have to call him: "Come on! It's over!" It happens if he is taking a bath also. And it seems to me that to the toilet he only goes with the stick I had told you about. He moves it. And the temper is getting bad day by day. He is losing it each and every minute. He has to work hard for his studies and though he knows this I do not think he puts in that much effort. There are frequent fights just because of that.

P: Sometimes I really feel depressed and I do not know what to do with that. If I do not want to show it to my mother I try and hide it. And at that point of time if someone calls me or something of that sort, even if I get a bit irritated it can get the worst out of me. I can really get angry like anything. And nowadays I do not even feel like laughing, even on things that are meant to be laughed at. I am more serious than I should be, serious from inside. I have really become very serious. I really cannot... if I want to laugh I have to force myself. I really cannot laugh, laugh a bit heartily. And nowadays for every small thing I feel bad and even start crying. I start crying about small things, not big things. Though I do not show it I cry like anything. ¹

Mo: Actually he had this from childhood; he would start crying and we had a joke when some day nothing had happened that he would start crying. Any damn thing would make him start crying. Since the last two or three years he has stopped crying like a baby, but again he has started to develop the same thing.

P: I even feel that there is some sadness in me, and I really cannot find the cause. I feel very sad from inside. Therefore I act very serious. And nowadays I get engrossed in a kind of thing that I cannot really get myself out of. I live in that part of it. For example, I used to watch cartoons I really liked. If I missed even a part of it I would feel I have missed something. That was very much major to me. I really used to get engrossed in that. ² It would become a part of me. I would really start thinking in that track only, though it is only animation and not really possible. I would think: "If I would be this way, if I would be that..." etc. Now also if I see something thrilling I get very much engrossed in it and it is tough for me to get out of that part. I really think about that only. Whenever I am studying it suddenly strikes in my mind, and I just think about that only. Maybe in school my teachers think I am studying, but actually I do not study. I just go on thinking about that, about that itself. From a small thing I can extend anything, make a real big thing out of it. In my imagination I can extend a single thing I may have seen to a limit even I may have never thought.

D: *For example?*

P: Like I watched an episode of Ninja Turtles, and then I had a whole movie of three or four hours going on

CASE 4

A thirteen year old girl, Ms. G.A. was brought to me in November 1995 with Diabetes (Maturity Onset Diabetes of the Young). Her blood sugar measured 270. She had not been started on insulin as yet. I had prescribed for her *Calcarea carbonica*, but could see soon in her follow ups that the sugar levels did not come down. In a follow up two months later she spoke of her classmates thus: "I have a difficulty in adjusting to my classmates. I got the award for being the best behaved girl in my class. I am ambitious. They all want to pounce on me, cut me up, tear to pieces. I want to answer frequently in class, the others are jealous of me." These expressions, I could not understand in the context of her case, as I had taken it earlier. So I retook her case, and it went as follows.

P: I told you about the debate that I won. I desperately wanted to go. They finally gave me a chance. I won it. Then the full class started behaving funnily towards me, like they could not accept that I had won the debate. And since then they do not let me answer properly and cut me down. They always comment on what I am saying. The teachers have started liking me now. I am coming first in my class and my classmates had not expected this. I am more confident now, am participating more. I think they are jealous of me. I feel they are very artificial with me. Now I have very few friends, only three. Before I used to be very friendly with the whole class. They do not let me answer properly in class. They are fault finding. I tend to get irritated. Most are jealous, their faces become red! ¹

If the prefects change their places, it is okay but if the rest of us do it we get in trouble. There is a lot of favouritism. These girls irritate me. They want to boss over you. I cannot even back answer them or they will give me a bad remark. They misuse their rights. They let their friends do what they want. If you have a badge, do not misuse it. They actually try to boss you and put you under some pressure, like a huge thing fallen on a small thing. ² If you have a position in the eyes of the teacher, they try to get you down from that position. They try to get you down from it and themselves up. ³

They are trying to spoil your image in front of the teacher, trying to help the teacher and they are trying to put me down and themselves up in the eyes of the teacher.

If I take a stone and put it on a small weak plant, the plant will nearly die out that way. I feel they have put something on me and are trying to make me as small as they can in front of the teacher. ⁴

They are trying to force me not to do something even if what I am doing is right. A prefect asked me to do something. She said: "You have to do this thing. Do it neatly, okay!" And in the "okay" I felt this force and pressure. She could have said it nicely but this was too strong. I felt like back answering: "Please tell me politely or I will not do it. You are not any great person because you are a prefect." ⁵ I would like to say: "I have done my duty, you do it now." They are trying to find a mistake, even if there is no mistake. ⁶

D: *Do you want to change your school?*

P: No. I like my three friends. I do not think I could go to another school and cooperate with them. These teachers know me well. I would have to see to it that I cooperate with the class, make friends and do my work. ⁷ I want to see the reaction of the class when I am in the tenth class and I have really worked hard and have broken the school's record, when I do really well. I really want to beat them and do better, get much more than them. I want to score ninety-four percent when the others would have scored eighty-five. I want to see a change in their manner of talking. If I come first in school, I want to see the reaction on their faces, the change in their moods. ⁸

I want to see them come to me and say how sorry they are for how they treated me. When I won, they said they should have selected me for debates before. All those who put me down before I want to see their reaction when they say how sorry they are for what they did. Then I will have won my battle. I have fought out all these things and done something to get to this position. ⁹

D: *Why do you want this?*

CASE 35

This patient, Mr. I.E., had had two remedies before I retook the case. He had been saying in the follow ups that he was better, but I did not think so. He came initially for a lot of food allergies. He had developed rash on the head, and then numbness and swelling in the area of the right mastoid.

P: Too much nervousness all the time. I read about the coeliac condition, that it is because of wheat, and I tried not eating all those things. I felt very well. If I ate cake or a biscuit, I had severe depression and could not get out of bed. So, no wheat since six years. It affects me a lot.

I am not able to understand my studies, I cannot grasp the knowledge. All other members of my family are good. They are all accountants, doctors, are intelligent. I am not able to do anything.

I had frightening dreams for many years in childhood. I would go to my parents' bedroom and sit by it. It was due to some black magic done to us; we found this out after ten years. My sister also had this. The same time I became dull, so did she. She had the same frightening dreams. There was some dispute in business and this is why the black magic had been done. Any normal telephone call brought me down the stairs with a fright, very nervous. I am not sure what the dream was, it had no specific shape or form. After five or six years it stopped. Then we had gotten rid of that object the black magic was done on.

My mother was always frightened and looked harassed during those years. My sister is also still very weak, working and has a family, but very weak. Somehow, my brother was not affected.

I am living on rice and vegetables, I cannot digest meat. I avoid white flour, it makes me very ill and I feel terrible.

I feel very weak and just stay at home and lie down. I get irritable and fight a lot. I scold my wife. When I feel good, I work fourteen hours or so. I have the exact dates the medicines worked well for me. Sometimes, I just do not do anything and stay home nervous, trembling. The glands on the head make me feel terrible. I do not look normal in fact. There is always a slight pain in my abdomen and I just weigh forty-eight kilos. I feel all this started after the period of frightful dreams because of the black magic that was done on us.

I do not want to go out and do anything, do not even want sex. I do not want to go to work. I do not want to do anything, but to stay at home. I do not even watch TV. I go to work most days though there is some weakness. There is a mild pain in the abdomen most of the time. This was severe between 1986-1990, and there has been some improvement after stopping some cereals. ¹

I was one of the healthiest boys at school.

After eating any wheat, I am depressed and irritable for a few days, and cannot go to work. So I strictly follow the diet. I do not worry about it because I stick to the diet. The problem is that sometimes I get so mentally blank, I do not feel like going to work. I lose concentration counting ten digits.

D: *Tell me something more about yourself.*

P: Since the last years, I like reading medical books to see what might be wrong with me. Today for two hours, I was reading some medical books.

I stopped seeing movies six or seven years ago. I do not go out to restaurants, am not interested.

Even after getting married, I could not decide whether to have a child or not, and after ten months my wife delivered it. I did not even know whether to get married or not. My father said to. I was not sure, but he convinced me. I said I would look. Our parents arranged it. I was at my uncles' place and her parents came. I saw the girl and I said: "Okay, fine."

D: *Did you like the girl?*

THE MIASMATIC CLASSIFICATION OF DISEASES

As Hahnemann, aided by his disciples continued to add to the homoeopathic Materia Medica, he realized that it was not the few number of remedies alone that was the reason for his not being able to tackle the large number of chronic diseases with Homoeopathy. He began to observe that patients, who at first seemed to improve in their health with the help of a homoeopathic remedy, returned some time later with a recurrence of their former disease state. Subsequent repetitions of the same remedy proved less and less effective, and the patient deteriorated in health. Otherwise a new remedy had to be administered, based on the symptoms available then, as if directed against a new disease.

This problem preoccupied the founder of Homoeopathy day and night, until it dawned on him that he was looking at and treating only a fragment of the disease each time, whereas the disease was in fact much more deep seated. He realized that diseases which were not acute infections had to be of a chronic, deep-seated nature, because once they had affected the organism and advanced to a certain extent, they could no longer be overcome spontaneously. In fact, they continued to progress. And in order to cure, one had to look at the disease in its whole extent, in its entirety. He classified diseases as venereal (sycosis and syphilis), and non venereal (psora or scabies), and proposed that all disease states had their origin in these.

This classification of the chronic diseases into miasms may appear at first to be of little practical value. But as my understanding of miasms increases with time and the number of cases, I have found this to be an indispensable tool in my practice. The utility of the miasmatic classification in understanding the case, in differentiating and selecting remedies, in the use of the Repertory, in anticipating the prognosis in a case, I have already dealt with in my earlier work, "The Substance of Homoeopathy". Since then my concept of each individual miasm has become somewhat more clear, as have some general ideas regarding how to identify a miasm in a case, understanding the miasmatic range of remedies, etc. This further insight is what I would like to communicate here.

In "The Substance of Homoeopathy" I introduced miasms (acute, typhoid, malaria, ringworm, cancer and leprosy) in between the already known miasms (psora, sycosis, tuberculosis and syphilis).

The miasmatic spectrum

				<i>TUBERCULAR</i>	
				(Calc-p)	
				Bacillinum	
				<i>Change</i>	
				<i>LEPROSY</i>	
				(Sec-cor)	
ACUTE	TYPHOID	PSORA	RINGWORM	SYCOSIS	SYPHILIS
(Aco.)	(Bryo.)	(Sulph.)	(Calc-s)	(Thuja)	(Merc.)
		Psorinum	Ringworm	Medorrhinum	Syphilinum
<i>Panic</i>		<i>Struggle</i>	<i>Trying</i>	<i>Fixity</i>	<i>Destruction</i>

SOME NOTES ON ANIMAL SUBCLASSES

Insects:

- Increased activity, must be on the move;
- Hurry, must run;
- Excited;
- Violent anger, rage;
- Fear, of death, especially death by suffocation and violent death;
- Delusion, he is about to die;
- Hydrophobia;
- Fear, of animals;
- Fear, of being attacked;
- Impulse to kill;
- Adulterous;
- Lewd, shameless;
- Lack of morals;
- Strong liking for music and dance;
- Vivacious, animated;
- Strongly attracted or repulsed by colours, especially very bright colours;
- Thoughts wandering;
- Rush and flow of thoughts;
- Thoughts crowd the mind;
- Competitive;
- Jealous;
- Malicious;
- Destructive;
- Shrieks;
- Sensitive to pain;
- Quarrelsome;
- Alert;
- Mood changes.

Most of the remedies of the insect class are of the tubercular miasm.

Examples: Spider (*Tarentula*, *Theridion*, *Mygale*, *Aranea*), Mosquito (*Culex musca*), Bee (*Apis mellifica*), Spanish fly (*Cantharis*), Ant (*Formica rufa*), Cockroach (*Blatta*).

Snakes:

Common themes:

- Fear, of being choked, suffocated, strangulated;
- Fear, of death;

SUMMARY

(by Bill Gray)

The following summary has been made from Dr. Sankaran's last two seminars in the USA.

Method of case analysis

Case taking:

Case analysis and case taking are really two aspects of one process. The process is both highly complex and very simple at core, not easily described. Here, I focus primarily on evaluation and analysis of information gained in case taking, but some brief words need to be said at first about acquiring the information itself.

Case taking requires an open, unprejudiced mind. Each patient has an elaborate story to tell. Some of the information matches data we find in *Materia Medicas* and rubrics in *Repertories*, some of which may represent a core state, but most of which only point to a direction. The task is to listen carefully to each expression, in order to discern a sense of the inner state of being of the patient.

Case taking entails eliciting the patient's characteristic symptoms, including his innermost feeling. This innermost feeling or *core delusion*, being a distorted view of reality, is never expressed directly by the patient. *Were he aware of it, it would cease to exist.* But it can be seen at many different points in the case, in various aspects of the patient's life. It can be seen right from the outset, in the manner in which he expresses his chief complaint, in his view of important incidents in his life, and in his dreams. For example, if the patient describes his complaint as a "sudden attack", this may be one element of his delusion, and one must expect to see it elsewhere in the case. If it is apparent in more than one area or it is expressed in such a manner as to indicate that it is very intense, then it assumes importance as a characteristic sensation. The connection between the various sensations or elements of the delusion gives the key to the case.

The main thing mentally is not what happened but *what seemed to happen*. This is what is highly peculiar in an individual. *Cases have a central core, a spirit of disease embedded deeply. When we get to this through some window, we can understand a lot of things from inside. We cannot push too hard, but we must push at the right time and in the right place, and to the right degree. Often it is more of a prodding than pushing. We enter a special world of the patient.*

That is the idea of a **delusion**. That is the world of dreams, interests, hobbies, the imagery of the pains. The outer world of expressions may change on the surface, but the inner state often does not change, until the right remedy is given.

In Homoeopathy, symptomatology has traditionally been categorized into **sensations** and **functions**. For example, a patient with skin disease may have itching as a sensation, while scratching may be the function. Or in the case of an insomniac, anxiety may be the sensation and sleeplessness the function. In yet another patient, pain may be the sensation and restlessness the function.

In the description of physical symptoms, sensations and functions become evident without too much difficulty. One usually has no problem repertorizing them either. But much of the mental symptomatology in our *Materia Medica* represents functions and expressions rather than sensations. For example, *Lachesis* is described as jealous, suspicious, and loquacious. These symptoms are all objective, none of them indicating any sensations – what it is that *Lachesis* feels.

A

Abrotanum

484.

Aceticum acidum

455.

Aconitum

450.

Aethusa cynapium

323.

Aloe socotrina

458.

Anacardium

27, 93-94, 103-104, 306, 321, 461.

Antimonium crudum

323.

Antimonium tartaricum

304.

Apis mellifica

355, 474.

Aranea

474.

Argentum metallicum

123-126, 303, 321.

Argentum nitricum

27, 191, 199, 278, 281, 288, 340, 451, 461.

Arnica

478-479, 484.

Arsenicum album

97, 103, 311, 342, 344, 461.

Aurum metallicum

4-5, 109, 215, 281-282, 332, 339, 451.

B

Bacillinum

14-15, 57, 307, 319, 330.

Baptisia

288, 452, 454.

Baryta carbonica

237, 241, 249, 262, 288-289, 311, 333, 451, 487.

Baryta sulphurica

311, 335.

Belladonna

450.

Bellis perennis

484.

Blatta

474.

Bromium

155, 389, 405, 450.

Bryonia alba

323, 450, 452-453.

C

Calcarea

191-192, 197, 249, 307, 320, 338, 340, 344, 389, 405, 411, 417.

Calcarea bromata

389, 405-406.

Calcarea carbonica

49, 241, 321, 389, 405.

Calcarea fluorica

313.

Calcarea nitricum

192, 197-198, 302.

Calcarea phosphorica

450-451.

Calcarea silicata

336, 411, 417-418, 451, 487-488.

Calcarea sulphurica

6, 295, 450-451.

Calendula

484.

Cannabis indica

31, 288.

Cannabis sativa

306.

Cantharis

318, 474.

Carbo vegetabilis

288-289, 318, 341.

Carcinosinum

27, 80, 101, 103, 306-307, 313, 330, 332, 451, 461.

Chamomilla

484.

Chelidonium majus

97.

China

287, 289, 292, 450-451, 456.

Cina

484.

Coca

458.

Cocculus

259, 262-265, 302.

Coffea

207-210, 317, 320.

Colocynthis

291, 451.

Conium

462.

Crotalus cascavella

232-233, 316, 326, 337, 474, 481.

Cubeba

323.

Culex musca

474.

Cuprum metallicum

97, 320.

Curare

458, 461.

Cyclamen

108-109, 302.

D

Dendroaspis polylepis

474.

Drosera

97, 451.

E

Echinacea

484.

Elaps

327, 331, 342, 355, 357-358, 474, 486.

Eupatorium perforatum

484.

F

Ferrum metallicum

342.

Fluoricum acidum

2.

Formica rufa

474.

G

Gelsemium

92, 340, 452.

H

Hepar sulphuris calcareum

97, 180, 294-296.

Hippomanes

309.

Hura brasiliensis

320, 425, 429, 451, 458-459.

Hyoscyamus

164-165, 168, 179-181, 307, 309, 320, 450.

I

Ignatia

92-93, 109, 262, 314, 331.

K

Kalium bromatum

153, 155-156, 307, 329, 342, 389, 405, 421.

Kalium carbonicum

97, 127, 291, 321, 342.

Kalium iodatum

421.

Kalium phosphoricum

335, 421.

Kalium sulphuricum

421.

L

Lac caninum

305, 321, 329, 475, 479.

Lac caprinum

475.

Lac defloratum

83, 92, 241, 475.

Lac equinum

475.

Lac felinum

475.

Lac humanum

475.

Lac leoninum

475.

Lac rhesus

475.

Lachesis

231-232, 371, 474, 478.

Lactuca

484.

Lapis alba

323.

Ledum

97.

Lycopodium

307, 337.

Lyssinum

288, 293.

M

Magnesium carbonicum

321.

Magnesium muriaticum

145-146, 318, 481.

Magnesium sulphuricum

335, 451.

Manganum

220.

Medorrhinum

311, 355, 451.

Mercurius

44, 226, 317, 450-451.

Muriaticum acidum

455.

Mygale

474.

N

Naja

305, 309, 367-368, 371, 375-376, 474.

Natrum carbonicum

136-138, 320.

Natrum muriaticum

215, 426, 456-457.

Natrum sulphuricum

97.

Niccolum

342.

Nitricum

197.

Nitricum acidum

450-451, 455, 461.

Nux vomica

450, 452, 455.

O

Opium

79-81, 303, 307, 311-312, 316, 463.

P

Phosphoricum acidum

464.

Phosphorus

335, 421, 483.

Picricum acidum

455.

Plastic

445-446.

Platinum

47-48, 54-57, 65, 281, 313, 319-320, 340, 469.

Plumbum metallicum

281-285, 319.

Psorinum

450.

Pulsatilla

92-93, 109, 262, 434.

R

Rhus toxicodendron

311, 314, 450, 452, 454-455.

Rose

436.

S

Sanguinaria

97.

Secale cornutum

450-451, 458.

Selenium

333, 487.

Senecio

484.

Sepia

92.

Silicea

109, 322, 417.

Solanum tuberosum aegrotans

458, 461.

Spongia tosta

97.

Staphysagria

27, 65-66, 262, 309-310, 323, 327, 331-333, 342, 426, 451, 461, 486-487.

Stramonium

199, 206, 215, 287, 289, 450.

Strontium carbonicum

249-250, 306, 312, 314, 317.

Sulphur

313, 333, 335, 450, 469, 487.

Syphilinum

97, 103, 201, 451.

T

Taraxacum

484.

Tarentula

218-221, 324, 474.

Taxus baccata

323.

Theridion

219-221, 303, 336, 474.

Thuja

342, 450-451.

Tuberculinum

15, 97, 215, 451.

V

Veratrum album

450.

Vinca minor

323.

Vipera

323.



This book is illustrative of Dr. Rajan Sankaran's method of case taking, case analysis and follow up. It includes thirty-five detailed cases and a number of short cases through which emerges a **System of Homoeopathy**. Also hints and guidelines about understanding the mental state, eliciting the mind and body connection, central delusion, what to do and what not to do with dreams, etc. Plus a further understanding of miasms and subkingdoms.

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