

# Principles & Practice of Homoeopathy

*Homoeopathic Philosophy & Repertorization*

(Revised and Enlarged Edition)

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# Introduction to the Second Edition

The first edition of PRINCIPLES AND PRACTICE OF HOMOEOPATHY: Volume 1 : HOMOEOPATHIC PHILOSOPHY & REPERTORIZATION, released in 1967, represents what the author could learn in the first twelve years (1952-1964) of Homoeopathic Practice under the guidance provided by the Late Dr. L. D. Dhawale and the Learners who attended the annual Lecture Programmes at the Homoeopathic Post-Graduate Association since 1957. The excellent pedagogical approach leaves hardly anything to be desired in the structural organisation and the formal presentation of Homoeopathy to learners keen on acquiring functional competence in Homoeopathic Practice. The book has thus become a classic in Homoeopathy which no serious student of Homoeopathy can afford to ignore.

Over the past twenty years, now, a full generation of Learners as well as patients have been doing their best to maintain the author in the vanguard of the Advancing Frontiers of Homoeopathy. With such a strong push from behind, the most indolent are bound to discover themselves in regions characterised by poor orientation in Time and Space. Such regions are most helpful in drawing out of Man : the Scientist as well as the Artist who, ordinarily, remain submerged, unknown. The Philosopher in Man is able to reflect on the new creations effected through Method and controlled imagination and discover the Principles that assure effective Practice.

An Individual born in a set-up with certain traditions of excellence in the performance of Duty, irrespective of the costs, readily evolves a characteristic Sensitivity to Values that direct his Intent in a strong manner towards the modification of Circumstance to suit the establishment as well as the effective maintenance of these Values which he regards as priceless. This mode of functioning, over a period of time, delivers to the Individual a Sensibility of an order not commonly found in the Community in which he lives. This state of the Mind allows him to envisage the Reality in a manner which we can describe as super-ordinary. It permits him the luxury of Action in total

alignment with his interpretations in respect of the Circumstance observable. All this puts him in the extreme right zone of our 'Standard Curve'. The experiences he reports and the mode of effective functioning he describes, few are able to share. Consequently, he gets into intense conflict with the establishment (the Normal range in our Statistical distribution of qualities/quantities). The common mode of 'effective compromise', his evolved moral sense rejects outright. It demands of him leading a life in isolation (relatively speaking) with inadequate material facilities for the prosecution of his work. General experience indicates that priceless stores of knowledge lay themselves open to Man under such difficult conditions when he persists in his Path despite the obstacles put in his way. Such Knowledge Man feels duty bound to reveal to his brothers in as clear a manner as possible. The newer generation finds it easier to accept these 'newer knowledges' on account of their increased susceptibilities to 'Evidence', remotely situated as they are to emotive conflicts.

The 'Discoveries' over the past twenty years have been mere logical extensions of the Structural Representation of Homoeopathy presented in 1967. They, therefore, do not merit to disturb that balanced presentation.

The Second Edition, therefore, is presented in two Parts:

**Part I:** Re-issue of the First Edition (1967) with minor corrections.

**Part II:** Advancing Frontiers.

Part II is a Methodical Extension of the Logical Scheme of Part I :

1. Chapter 1 : This can be read conveniently by those with some experience of Scientific Homoeopathic Practice immediately after concluding Chapter 4 of Part I.
2. Chapter 2 : This can be profitably read after one has grasped well Chapters 5 to 11 and their practical application as revealed in Chapters 12 and 13 of Part I.
3. Chapters 3, 4 and 5 : These make a block which can be understood best in the light of the presentation of Susceptibility in Chapter 14 of Part I. Presentation of Remedy-Reaction in Chapter 15 and Homoeopathic Posology in Chapter 16 of Part I would appear essential for the in-depth grasp of the Concept and Practice of Planning and Programming of Homoeopathic Treatment which is presented in these Chapters in Part II.

4. Chapters 6 and 7 : These can best be read after the effective conclusion of Part I.

Part II is based on the Homoeopathic Practice conducted as per the Standardized Case Record System as practised at the Institute of Clinical Research, Bombay, since 1975. It is also structured on the Concept and Practice of 'Integrated Evolutionary Hahnemannian Totality' as presented in the I.C.R. Symposium Volume (1978). Life Space Study Approach has been presented in detail in : (i) The I.C.R. Operational Manual, 1980, (ii) Life and Living, 1981 and (iii) Perceiving 1, 1983. Various books in the Series : I.C.R. Educational Practice : are recommended for an in-depth understanding of Part II.

The Reader is well-advised to go through the 'Recommended Readings' at the end of each Chapter. These will equip him to achieve an understanding in depth, which otherwise will elude him.

Part I is profusely illustrated with Case Material to permit a thorough grasp of the right manner of the application of the Principles of Repertorization to the evolution of the right Totality with its differential correspondences of the Homoeopathic Materia Medica. This was found essential as the existing Literature on the subject with its wide dissemination was spreading grossly erroneous practices.

Part II assumes of the Reader a reasonable grasp of Part I. The author has not been exactly inactive the past intervening twenty years. During this period he has tried his best to maintain effective contact with the Homoeopathic World through the various I.C.R. Publications and articles in the *Hahnemannian Gleanings* (Calcutta). The latter have been subsequently reissued in : *PERCEIVING I*. These Publications take the Reader straight into the active field of Homoeopathic Practice and this, quite often, bewilders the usual Homoeopath, inadequately conversant with the Concepts propagated by the Master and his faithful followers.

Part II, like Part I, delivers a remote aerial view of the ground so that the Plan becomes apparent through the connected, closely knit presentation of the Conceptual Frame. The reader is requested to accept this on Faith, reserving his final judgement till he goes through the illustrative Case Material that is often delivered at the end of the Chapter or in the Appendix; thereafter, he is requested to go through the various I.C.R. Publications

which are cited as relevant to the Theme and it is hoped, the claims made would now find ready acceptance on the general grounds of Evidence.

From this, it will become apparent that Part II is not a mere repetition of what has already preceded. But, it is a new presentation specially designed to facilitate the complete integrated grasp of Homoeopathic Scientific Practice as it is currently getting evolved at the I.C.R., Bombay. It, therefore, makes essential Reading for all who desire to operate at the 'Frontiers of Knowledge' and deliver the best available to their patients.

Both the Parts are being issued separately to suit the convenience of those who possess the first edition issued in 1967.

Since the Second Edition is released during the Birth Centenary Celebrations of Dr. Laxman Diwakar Dhawale (1984-1960), we are announcing it as 'Dr. L. D. Dhawale Memorial Edition'. A low cost student Edition of the same is being brought out and offered *directly to bona fide* students of Medical Colleges in India. They are requested to apply on the prescribed forms obtainable with the Publishers.

Part II : ADVANCING FRONTIERS : would have been impossible but for the rapid evolution of I.C.R. Standardized Case Record System and the regular Training Programme with its accent on Clinical Functioning of Learners as Primary Physicians and Clinical Supervisors with the role of an 'absentee' Consulting Physician forced by this Circumstance on the author. It is, therefore, dedicated to the Learners : Past, Present and Future, who have contrived to maintain the author young enough to be a source of trouble to all!

10th April 1985

mitrachandra laxman dhawale

# Foreword to the First Edition

I consider it a great privilege and pleasure to commend to all those who are interested in Homoeopathy this unique Course on '*Principles and Practice of Homoeopathy*' which has grown out of the Annual Lectures Series conducted by our Association since 1957. It has, therefore, the advantages of multiple authorship without its weaknesses since it has been planned and executed by one amongst us.

The author, Dr. M. L. Dhawale, M.D., First Vice-President of our Association, was closely associated in professional capacity with the Late Dr. L. D. Dhawale, B.A., M.D., the Founder of the Association. He has been largely responsible for the planning and execution of the Annual Lecture Series. He is also the co-author with the Late Dr. L. D. Dhawale of a comprehensive book in Marathi on Homoeopathy (*Samachikitsa Shastra: Tatvaddhyan Va Paddhati*).

This volume on '*Homoeopathic Philosophy and Repertorization*' presents a lucid modern interpretation on strictly scientific lines, of the principles that underlie the practice of Homoeopathic medicine. The author has brought out in a masterly manner the remarkable precision with which the *Similimum* is selected and administered in Homoeopathic practice. One is finally left with the conviction that there are really no miracles in Homoeopathy. The so-called miracle-cures in Homoeopathic practice represent rather the acme of accurate scientific Homoeopathic prescribing which cannot but lead to a cure. This therapeutic certainty and accurate clinical prognostication, immediate as well as remote, distinguish the practice of Homoeopathy from the practice of other systems of therapeutics.

The Course is based on the premise that a thorough grasp of the principles that govern the selection and administration of the *Similimum* is essential if the physician is to practice Homoeopathy with confidence and certitude. Either one knows the principles or one does not; one cannot claim to know them in parts! But, a partial knowledge of a drug is quite conceivable. Similarly, one can conceive of degrees of technical proficiency

in the *application* of the principles to practice. These attitudes are fully reflected in this Course.

We aspire to develop in the student the right type of attitude to enable him to study critically the vast Homoeopathic literature that is available. Our experience indicates that continued progress and proficiency are assured once this critical faculty is released through a planned programme of re-education.

We have had to turn down many enquiries in the past for the Course of Annual Lectures in print. We are happy to publish the first volume of this Course as our humble tribute to the memory of the Founder of our Association.

M. D. Phalnikar  
*President,  
Homoeopathic  
Post-Graduate  
Association,  
Bombay.*

40, Parekh Street, Bombay-4.  
22nd October, 1967.

# Foreword to the International Edition

It is a great privilege for me to write a foreword to this magnum opus - Dr. M. L. Dhawale's remarkable "Principles and Practice of Homoeopathy-Part I". The book has been a beacon to many students and practitioners alike for more than 50 years - guiding them with sure signposts on their journey to understand homoeopathy from the perspective of modern developments in Medicine. It is indeed a revelation of the sagacity and foresight of the late Dr. Dhawale, that even after half a century of progress in Medical science, the book still remains as relevant to understanding homoeopathy as a Science and an Art.

This book has provided a foundation stone to my understanding of homoeopathy which has been nurtured right from the early stage of my learning of homoeopathy.

Dr. M. L. Dhawale was a reputed clinician of yesteryears. He was also a master educator who knew how to delve into the depths of the mind of the learner of homoeopathy and locate where the difficulties lay. Some of the chapters of the book have always struck me as very original. The one on Case Receiving which introduces this concept in a very grounded way; the chapter on Susceptibility which integrates the various points of view prevalent to date and then makes a bold connection with the concept of immunity; or the revolutionary chapter on the Conceptual Image which brings together the philosophical approaches of stalwarts from Boennighausen to Boger and presents a grand sweep of their philosophy reduced to operational considerations.

What also speaks of Dr. Dhawale's wonderful anticipation is his attention to the detailed evidence he presents through the well-documented case material - the 'evidence base' that we speak of today was so very clear to him more than 50 years ago. It is no wonder that the Book has stood the test of time and it is hard to think of a competitor in the field.

The dream envisioned in this book of standardized homoeopathy for the underprivileged is now getting realized. Most respected Dr. K. M. Dhawale and his team are doing yeoman service which is exemplary for all through the Dr. M. L. Dhawale Memorial Trust. I congratulate them for this great dedication to the Homoeopaths around the world.

I am glad that the selfless spirit of Dr. M. L. Dhawale Memorial Trust has decided to work with B. Jain Publishers, a giant in the homoeopathic publishing field, in reaching this much-valued publication to all parts of the homoeopathic world. Dr. Dhawale's work ought to be known and I can think of no other organization than B. Jain who would do the job in an excellent way which the late Dr. Dhawale would have appreciated. My compliments to Shri Kuldeep Jain for this venture. We foresee that excellence in academic organization of Dr. M. L. Dhawale Trust and excellence of publication skill in B Jain Publishing Pvt Ltd will bring forth many valuable fruits in the lap of homoeopaths desirous of knowledge of the Science and the Art of Homoeopathy.



Dr. Mridul Kumar Sahani  
*Chairman*  
*Education Committee,*  
*Central Council of Homoeopathy New Delhi*

10<sup>th</sup> October 2013

# Preface

This Course on the '*Principles and Practice of Homoeopathy*' is the outcome of the efforts we have been collectively putting in since 1957 to make available to a serious student of Homoeopathy, guidance in a systematised form that should enable him to obtain the maximum return on the time and effort he is prepared to invest in the study of this challenging field of human endeavour. The practice of medicine though based on scientific precepts and disciplines is essentially an art. Man has been striving hard all along for a scientific understanding of Nature and her Laws so as to satisfy his fundamental urge to move from uncertainty to certainty, thus reducing considerably the load of anxiety he is destined to bear for all time.

In the field of medicine, this anxiety can be quite unnerving as no fixed principles to guide the physician unmistakably in the cure of the ailing have yet been evolved. It was the genius of Hahnemann that furnished us, for the first time, with a set of general principles that led to the evolution of a system of scientific constitutional drug-therapeutics known as Homoeopathy. Hahnemann's *Organon* represents to us, therefore, a perfectly logical evolution of the fundamental principles that govern the scientific practice of Homoeopathy to this day.

Way back in September 1945 I was enjoying a forced respite from the gruelling study of Anatomy and Physiology while convalescing from a severe attack of Appendicitis that ended up with a burst appendix which localised under the expert Homoeopathic ministrations of my father. I had then very little to occupy my mind with and ventured to ask of my father if I could pick up the *Organon* from his library and read it. 'You may' was the ready reply. I believe, now, that he must have deliberately left out the words 'if you understand!' The precise use of words, the exact qualifications and the close reasoning which compel the reader, whether he likes or not, to accept the point Hahnemann is making, held me spell-bound. I must admit I found the language quite taxing and the involved construction, rather galling. Whenever I turned to my father for any ready help, he would brush me off

with the remark “surely, by this time, you must be good at understanding English! Read again, more carefully.” That was my first introduction to Homoeopathy and it has left on me a lasting impression.

Later, I was introduced to other books on the principles, the same hard way. While going through these I always felt Hahnemann was much simpler as he was embroiled the least in empty speculation, and that each author has tried to impose himself on Hahnemann to some extent, only to succeed in making things more difficult! When we revived the Lecture Series in the year 1957, I suggested to my father that we should re-organise the presentation of the topic of Homoeopathic Philosophy so as to make it simpler. He stated that in his opinion a student has to have some Text-Book and that Roberts was the only one he could recommend at the moment and, therefore, he had planned his course of lectures as a commentary on Roberts which many students found difficult to follow unaided. He suggested that if I had a mind to plan afresh I could do so when the opportunity presented itself as he had a mind to retire soon on account of the poor health he had been keeping of late.

I had the opportunity of planning the Course of Lectures on Principles and Repertorization since 1959 and the new approach found ready acceptance amongst the students. I was happy to introduce modifications time and again in the light of the teaching experience we were fortunate to accumulate over the past many years and the illuminating discussions we had amongst the Lecturers. The present Course, therefore, represents a mature distillate to which all have contributed.

While planning the Course I have tried to keep before me the strictly logical evolution of the subject, an adequate link-up between the chapters, a purposeful classification and the direction from the known to the unknown, as my guiding principles. In other words, all the well-known devices that aid a student in grasping and remembering the topic under discussion have been freely employed. I have avoided the use of technical jargon in order to make it easy for an intelligent layman to follow the Course.

I have been fortunate in being able to hand over the Manuscript to a number of friends, both within the profession and without, and their criticism has, in general, taken two forms:

- (i) The strictly logical form of the presentation of the subject demands continued concentration which is fatiguing. A historical evolution of the topic, by contrast, might have been less taxing.
- (ii) Things have been made to appear more simple than they actually are!

I plead guilty to both these charges! If these be sins, then they are of commission and for these I claim full responsibility.

The present Course represents the type of book I wished I had when I commenced my study of Homoeopathy. Had such a book existed then, I am sure, I would have been spared much hard labour and the long year of professional apprenticeship with my father. I could afford this luxury as I was born with what a Member of the Association once called 'a Homoeopathic spoon in my mouth'. But, few can rely on Providence to that extent. Hence, the necessity of tested and time-saving methods of study as represented by this Course.

I owe a debt of gratitude to my friend, Dr. G. S. Bedagkar, M.A., PH.D., Professor of English, Rajaram College, Kolhapur, for his extremely helpful and valuable suggestions in respect of the Manuscript which he revised and caused to be revised! His knowledge of Homoeopathy fitted him best for the task of a critic, which at best is a thankless one! I am indeed grateful to him for not pulling his punches in a misplaced attempt of pleasing me!

The Manuscript has been now hibernating for over a year. This has enabled me to make a few additions and revisions which have improved the utility considerably. I have deliberately avoided theoretical discussions and explanations as they detract considerably from the practical utility of the Course. On controversial matters, the differing points of view have been stated while indicating my preferences distinctly.

The Course has been planned in three Volumes:

Volume I - *Homoeopathic Philosophy and Repertorization*

Volume II - *Homoeopathic Materia Medica*

Volume III - *Management in Homoeopathic Practice*

The first volume, no doubt, represents the most important aspect of Homoeopathic practice. To the best of my knowledge, a similar logical evolution of the subject in a simple manner has not been undertaken so far. Volumes II and III, by contrast, have not been planned as comprehensive books; they present a point of view which a good student of Homoeopathy

will have to cultivate if he were to study Homoeopathic Materia Medica and Therapeutics in an intelligent manner, deriving the maximum benefit from such a study. Fortunately, many good books are available on these subjects and can be utilised more efficiently once this attitude is developed by the student.

The study of Homoeopathy lasts a life-time; one can never know too much of it! This Course is expected to indicate to the prospective Homoeopathic physician the best line of enquiry to pursue. It does not aim at supplanting the several good books that are already available. In order to facilitate further study, a classified List of Recommended Reading Material has been appended.

Many Homoeopathic physicians have successfully treated patients through correspondence. *Appendix A* presents our views on this aspect of Homoeopathic practice and also our experiences.

The Session of the International Homoeopathic Congress at New Delhi this year gave us an opportunity of presenting to the Homoeopathic profession our views and experiences on the subject of '*Post-Graduate Teaching in Homoeopathy*'. I have to thank Dr. Diwan Harish Chand, M.B., M.F.HOM.(LOND.), President of the Congress, for allowing us to incorporate these three Papers in the *Appendix B*. We should recommend the reader to go through these Papers first, especially the one dealing with the exposition of *Homoeopathic Philosophy* and *Repertorization*, as this will facilitate considerably the systematic study of the present volume.

I have also to thank Shri N. M. Kelkar, B.A., Artist, for permitting us to reproduce the portrait of the Late Dr. L. D. Dhawale so ably executed by him in the year 1960. Thanks are also due to Shri H. S. Dhargalkar who handled the technical side effectively to ensure a faithful reproduction of the original.

Finally, I have to record my deep appreciation of the high standard of book-designing and production for which timely assistance was given by Shri Mohan Shirali and Shri Krishna Kurwar of M/s. Mohan Mudranalaya. But for their co-operation this book would not have been released in time for the International Homoeopathic Congress. Thanks are also due to Shri S. T. Mali, Artist, who designed the dust-jacket and Shri N. G. Godse, Artist,



**Dr. L. D. Dhawale**  
(1884-1960)

# Laxman Diwakar Dhawale,

## B.A., M.D.

### A BRIEF BIOGRAPHICAL SKETCH

Dr. L. D. Dhawale was born at Bhandara on the 21st July 1884. He passed his early years in the village of Katol near Nagpur where his father was the Headmaster of the Government middle-school and was sent up to Nagpur for matriculation. He took his B.A. degree of the Allahabad University from the Morris College in the year 1908. He took keen interest in gymnastics and secured the championship in the Berar Wrestling Tournament in the College Students' Section.

After his graduation his father was keen on his taking to Law as it then offered all that a young man could aspire for - wealth, prestige and power. He stoutly opposed this pressure from his father, informing him that he considered himself temperamentally unsuitable for the various invidious practices that characterize the practice of Law. He insisted that he was best suited for the profession of Medicine and, if that was not economically feasible, he would rather be a teacher like his father than take to Law. And he did serve as a teacher for a few months till his future course was decided on.

Providence stepped in in the form of a handsome offer from his father-in-law to finance his medical education at Bombay. He finally could prevail on his father to accept this offer, joined the Grant Medical College at Bombay and was the recipient of the Government Merit Scholarship. Later on, the Government decided to insist on a service Bond from its Scholars. He refused to accept this restrictive clause and decided to give up the scholarship although the family was in bad straits then.

His bright academic career in the medical college secured him the coveted post of Tutor in Pathology without being required to put in the normal period of Internship after his graduation in 1914. He set himself up

in general medical practice in the year 1916, found himself well-established within a year, pursued his post-graduate studies in Medicine and obtained the Doctorate in the year 1921. His work in the Pathology Department, especially in the histo-pathology section, as well as his teaching abilities were well-recognised. It was at this time that he came in close contact with Dr. V. R. Khanolkar, M.D., who had just taken over as Professor of Pathology.

The Bombay Municipal Corporation had taken the momentous decision of accepting the munificent donation of 14 lacs of rupees from the estate of Seth Gordhandas Sunderdas for the establishment of a Medical College and Hospital. The only stipulation laid down was that both these Institutions would be staffed by persons of Indian origin. This was the first major opportunity given to Indians to prove their worth. And it must be said that the medical profession responded magnificently and took up the challenge. The Corporation sought the services of the best possible personnel for the full-time as well as the Honorary Staff. Dr. L. D. Dhawale had the unique distinction of being the only Indian qualified Honorary member on the Staff. That was way back in 1926 when foreign qualifications had full sway and Indian qualifications were looked upon with disdain.

A decade of thorough grounding in the Pathology Department of the Grant Medical College launched him into Clinical Medicine in the best traditions of the leading Universities in Europe and the United Kingdom. He soon established his reputation as an outstanding clinician and teacher. He was one of those few physicians who made it a point to attend an autopsy whenever the clinical diagnosis was obscure. In one instance, his clinical diagnosis of Miliary Carcinomatosis was disputed not only by his colleagues but also by the pathologist after an autopsy. It was the report of the histo-pathological examination that bore him out! At the time of his retirement from these institutions in the year 1940, he received the following tribute : 'As a diagnostician he had few rivals'.

He had quite a stiff fight ahead of him when he took the appointment of an Honorary Physician. He was alert all along to the unsympathetic atmosphere and considered that, not he, but the Indian qualification was on trial. He had to put up a lone fight to uphold the rights of the unfortunate amongst the younger generation who did not have the funds necessary to made the pilgrimage to U. K. In the course of years he succeeded in getting the two qualifications equated and, finally, in persuading the authorities to accept the foreign qualification as an *additional* qualification.

Diseases of Children, as a speciality, did not attract many on the Honorary Staff. Consequently, few volunteered to Lecture on Diseases of Children at the College. Dr. L. D. Dhawale, whose interest in the subject dated from student days, took up this responsibility gladly. Later on, when the Jerbai Wadia Hospital for Children was established in the year 1929, he had to stake out his prior claim as others manifested a sudden interest in a subject neglected so far. He continued on the Honorary Staff of these Institutions and gave Lectures on Medicine and on Diseases of Children till the time of his retirement.

He was a very thoroughgoing, hard but appreciative task-master. His students and house-physicians alike found his clinical instruction extremely rewarding, though at times they realized its value only in the examination hall or even later! He set quite high standards and sacrificed many of his other interests at the altar of proficiency. He was of the opinion that a physician if he is to be true to his profession cannot afford to have a sustained interest in any other activity. By nature he was uncompromising wherever principles were involved and pursued the point to its logical conclusion. He thus insisted on the fundamental, inalienable right of the physician to choose the treatment that will benefit best the patient under his care. This brought him in conflict with the hospital administration when he commenced giving Homoeopathic treatment to those of his patients who refused to get well with the standard medication then in vogue. And to make matters worse (for the administration), some of these got well! His contention was that the students had learnt all they could on the case and the patient's interests were no longer served by the unrewarding standard treatment. It was only under such circumstances that he had resorted to Homoeopathic treatment. He would have been in the wrong, he asserted, had he put the patient straight off on Homoeopathic treatment without giving the students a chance to learn the effects of Allopathic medication. This clear-cut stand, however, was totally unacceptable to those in power as it proved the superiority of Homoeopathic treatment in an Allopathic institution. The administration did not press the issue but allowed it to lapse as Dr. L. D. Dhawale was approaching retirement. After his retirement, however, the hospital administration required all prospective candidates to the Honorary Staff to give an undertaking not to practise any other system of Medicine even in their private medical practice!

We shall now trace his development as a Homoeopathic physician. As a child he often watched his father help the poor and the needy with Homoeopathic medicines given free from the stock often replenished by the village merchant. He remembered vividly the sight of the empty Government Dispensary during the Cholera epidemic while people flocked to his father for relief. His father, well aware of his limitations through lack of knowledge of Medicine, did not venture far into Homoeopathic practice. All this impressed on his tender mind the inherent nobility of the medical profession and the immense possibilities of Homoeopathic treatment provided it was practised by persons well-versed in Medicine. This perhaps would explain how, quite early, he had set his heart on becoming a physician, surgeon if possible in view of the glamour attached to his doings.

We next find him in Nagpur as a student in the first year of college and down with a severe attack of articular rheumatism which defied the usual forms of treatment. His father called over from Katol, took stock of the situation and advised a remedy. While leaving, he left behind a copy of Ruddock's book with instructions that he should fend for himself! He soon made a good recovery under Homoeopathic treatment.

A few years later, while in the final B.A. class, he was accosted by a few villagers from his place. They were surprised to find him in Nagpur while, they affirmed, his father was seriously ill with Carbuncle on the back. He was not at all aware of this then. He went post-haste to Katol to find his father seriously ill. Through the efforts of a friend, he obtained a copy of Allen's *Handbook of Materia Medica* and managed to find the right remedy. Cure, though slow, soon followed. In those times, Carbuncle meant a sure death with or without the surgeon. Homoeopathy thus enabled him to pull his father out of the jaws of death.

In the medical college he was well-aware of the antagonism of his teachers to Homoeopathy and thought it prudent not to reveal his interest in Homoeopathy till he got through with them. Thus, till 1921 we do not find him taking active, open interest in Homoeopathy, although he used Homoeopathic remedies for the treatment of disorders in the family. He was steadily acquiring a reputation as a careful physician and his patients had immense faith in him. When he asked them whether he should give them Homoeopathic treatment, they replied that they had full faith in his judgement and that he might use any medicine which in his opinion would

be beneficial to them. He thus earned for himself a free license from his patients to practise Homoeopathy!

He had a natural bent towards Philosophy, perhaps inherited from his father who was an upright and religious person in the highest sense of the term. This made it easy for him to grasp Homoeopathic Philosophy and in his later years to convey it in a lucid manner to his colleagues and disciples. The training in literature was a great help to him in appreciating readily the works of that Master-artist and Philosopher, Kent. His background of Logic helped him to appreciate in a keen manner the logical basis of Boenninghausen and the repertorial approach. There is no record of any instruction taken by him in Homoeopathy. He was a self-made Homoeopathic physician and knew well the difficulties that beset the path of one and the real dangers of ending up in frustration. He corresponded with Roberts who responded in an extremely cordial manner and put him in touch with Boger who took time off his busy practice to reply at length to some of his queries. He recognised well the value of formal instruction and had planned to take advantage of the post-graduate course run by the Foundation School in the U.S.A. in the year 1935. A serious illness, however, upset his plans and he found it impossible to get away from increasing responsibilities.

About 1930, he was shopping for books in a Homoeopathic pharmacy and casually enquired if qualified physicians were taking interest in Homoeopathy. To his great surprise, he found quite a few. He got hold of their names and addresses and called on them with the idea of ascertaining their views and difficulties in the study of Homoeopathy. All of them welcomed the idea of a study-circle as mutually beneficial. Out of these efforts was established the Homoeopathic Post-Graduate Association in the year 1931.

This Association provided for the first time in Bombay a place where qualified medical practitioners interested in Homoeopathy could meet and exchange views to mutual advantage. First priority was given to the establishment of a good and representative Homoeopathic library. Regular monthly clinical meetings were also held at which Papers on Homoeopathic subjects and case reports were presented. The annual social gathering provided an opportunity for the President to apprise himself of the difficulties of the Members and Sympathisers and to solve them. One of these early Presidential addresses by Dr. L. D. Dhawale was made available in the form of a pamphlet, '*Difficulties in the Homoeopathic Practice*' which received an extremely favourable review at the hands of Roberts in the *Homoeopathic*

*Recorder*. In the year 1936 he addressed the Provincial Medical Conference of Maharashtra and Karnatak at Sholapur on '*An Introduction to Homoeopathy*'. This was an attempt to popularise the study of Homoeopathy amongst qualified medical practitioners. This Address was published in the form of a pamphlet and received favourable notice. In the year 1944, he persuaded his colleagues to undertake a more organized teaching activity : an annual Course of 48 Lectures was instituted.

We thus find him bringing together qualified physicians with little knowledge of Homoeopathy and training them up over the years, *in the absence of clinic facilities*, to take up the responsibilities of not only Homoeopathic practice but also Homoeopathic teaching. His association with the Late Dr. N. C. Bose of Calcutta on the Editorial Board of the *Homoeopathic Herald* led to his regularly contributing edited Papers that were originally presented at the monthly clinical meetings of the Association and thus enhanced their teaching value.

He was a past master in the clinical use of the Card Repertory and his *Introduction* to the 6th edition of Boger's *General Analysis* helped to popularise the work.

He was appointed by the Government of India in the year 1948 to the Homoeopathic Enquiry Committee and acquainted himself thoroughly with the problems of Homoeopathic education, registration and research. He was subsequently nominated to the Advisory Committees till his staunch advocacy of a definite programme for the establishment of proper teaching Institutions with a uniform standard all over the country proved inconvenient to those in power. While on the Homoeopathic Enquiry Committee he drafted, at the request of the Chairman, a Note on '*Homoeopathy and Natural Laws*' for being incorporated as an Appendix to the Report. This could not be included for the reason of lack of space. He brought this out in the year 1954 along with the previous pamphlet on Introduction under the Title, '*Homoeopathy : Its Principles and Tenets*'. This book also was well-reviewed.

He was chiefly responsible for shaping the policy of the Government of Bombay when it took the decision to establish a thirty-bed Homoeopathic Hospital in Bombay for post-graduate training and clinical research in Homoeopathy. Subsequent events, however, belied his hopes and at the end of nearly a decade of Herculean efforts, he found himself a comparatively disillusioned person.

Undaunted by this failure, in the year 1956, he whipped up his small band of faithful workers in the Homoeopathic Post-Graduate Association to revive with renewed zeal the Course of Lectures which was suspended in the year 1947 when he took over the responsibility of the Government Homoeopathic Hospital. This attracted quite a few qualified medical practitioners to Homoeopathy. Some of these made such a rapid progress that they could take on successfully the responsibility of teaching and replace the veterans who found it increasingly difficult to carry the load on account of the infirmities of old age. He was thus able to hand over the torch to the younger generation who accepted enthusiastically his motto “कर्मण्येवाङ्घिकारस्ते । Karmāṇyevādhikaraste” (you have only the right to work) and took up the cause in the same spirit of dedication.

His reputation as a Homoeopathic physician and teacher spread far and wide. He was invited by the Ceylon Homoeopathic Society to conduct its first Seminar on Homoeopathy for a fortnight in the month of August 1955. He accepted the invitation at short notice and delivered a Course of Lectures on Homoeopathic Philosophy and Repertorization which also included a few introductory Lectures on Homoeopathic Materia Medica delivered by Dr. M. L. Dhawale, M.D., who assisted him. This Seminar proved a great success and gave a fillip to the Society which succeeded shortly thereafter in its efforts at establishing a Homoeopathic Clinic.

His literary contributions were not many but the few things he represented had great intrinsic merit which was acclaimed by the Homoeopathic profession. He was an indefatigable worker and his working day extended to sixteen or eighteen hours till ill-health forced him to retire at the age of 74. In his later years he developed the *Synoptic Card Repertory* with the able assistance provided by his former secretary, Kumari M. J. Shroff, B.Sc., B.T. This ill-fated work, plagued by a series of difficulties and mis-adventure, still remains unpublished in the hands of its final publishers.

In the closing years, he accepted the assignment of writing a book in Marathi on the Principles of Homoeopathic Practice. He struggled on with this till he could work no more. This book, समचिकित्साशास्त्र : तत्त्वज्ञान व पद्धति, completed later on by his son, was published posthumously in the year 1963 by M/s Deshmukh and Company, Poona-2.

He was a critical student of Homoeopathic Materia Medica and was engaged in compiling a Synopsis on the lines of Boger's *Synoptic Key*,

incorporating additional data from various other sources. This unfinished manuscript awaits publication.

He was a tower of strength to all those around him and remained unperturbed in times of calamity. He ministered successfully to members of the family in serious illnesses and all his actions were dominated by निश्चयात्मिका बुद्धि Nischayātmika Buddhi (Discriminative Intellect) which remained unaffected even under severe emotional stresses.

He was well-known for his repartees. Once an officious society-woman described her husband, a physician well-known for his implacable opposition to Homoeopathy, as a man of convictions. “Yes, Madam, of incurable convictions!” was the stunning rejoinder. A clever, modern mother who produced an unwarranted digestive upset in her baby by adding sugar to the humanised feed, in order to justify her action enquired of him, “Isn’t mother’s milk sweeter than cow’s milk?” Pat came the reply, “Madam, it is too many years since I tasted it, to remember it now!”

As a clinician he had acquired a reputation for unearthing cryptic emotional data. Many found it difficult to stand up to his penetrating gaze. Those who knew him well and had a past well-worth hiding, made it a point to avoid him in his professional capacity!

Underneath that stern exterior the discerning could find the touch of human kindness and the call of Duty never went unheeded, whatever the circumstances.

The stern, uncompromising nature that forms the core of all valiant fighters, came in the way of many friendships continuing for long; misunderstandings and at times estrangements were not unknown; yet, in the end, his towering personality used to conquer! A renowned poet describes thus the enigma of the Great:

वज्रादपि कठोराणि मृदूनि कुसुमादपि ।  
लोकोत्तराणां चेतांसि को हि विज्ञातुमर्हति ॥

- भवभूति, उत्तररामचरितम्

vajrādāpi kāthorāṇi mrduni kusumādapi  
lokottarānām cetāmsi ko hi vijñatumarhati

- Bhavabhūti

- Uttara-Rama-Caritam

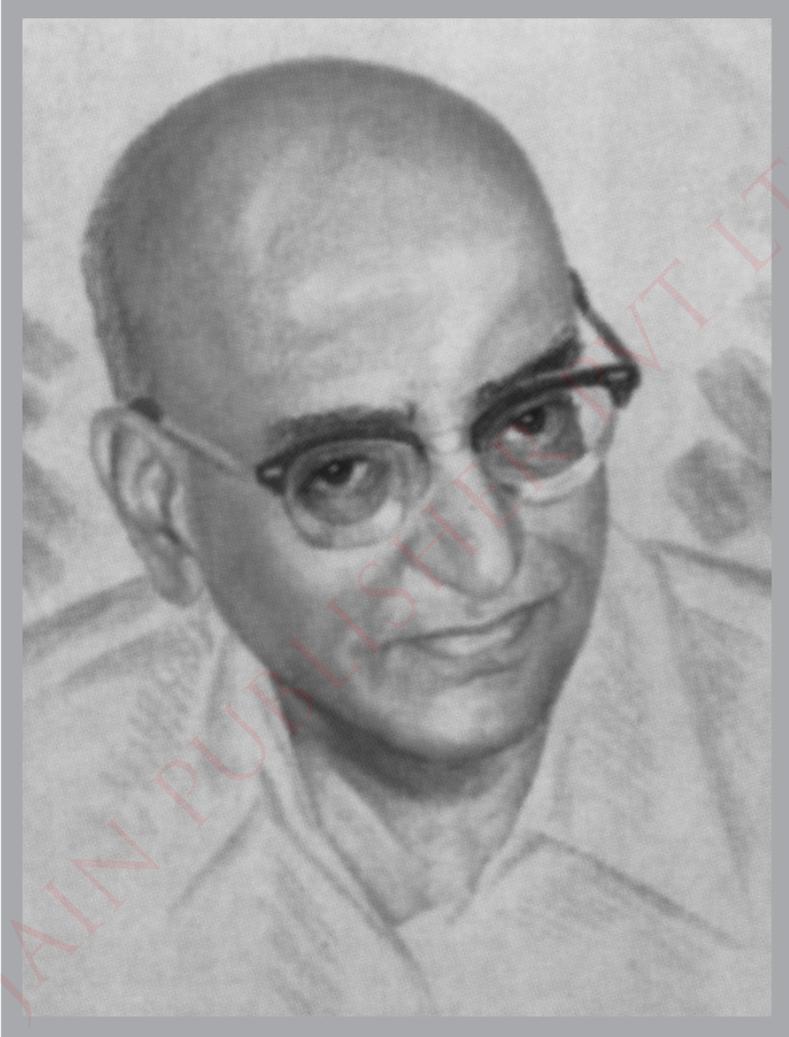
Who can understand the hearts of the extraordinary persons, which are harder than the adamant and softer than even a flower?

He took ill in the month of February 1959 and was confined to bed thereafter. He bore his disability and sufferings with an uncommon degree of fortitude till the day of his recall on the 10th December, 1960.

We find in him an early awareness of what he wanted out of his life; a remarkable determination; an inordinate capacity to put in sustained effort, physical as well as mental; a keen logical mind with a philosophical bent; a marvellous ability to surmount the various difficulties coupled with an equal adaptability when the situation demanded; a perfect sense of duty to self, family, society and country, which dominated him entirely; a degree of subservience of the mind to the intellect not met with ordinarily; an ability to take a detached view of things and to arrive at the right decisions; the rare faculty of seeing through persons and finally, the complete absence of love of power and wealth. His only fault perhaps was that he sought these qualities in his associates and tried to develop them with a zeal which they often considered as tyrannical!

We can say in conclusion that his mission in life was the scientific study and propagation of Homoeopathy and the establishment of adequate facilities for its study. All these qualities, natural as well as acquired, fitted him best for this *yajna*.

May the Soul of the departed rest in Peace and his exemplary Life serve us as a beacon to a ship in distress!



**Dr. M. L. Dhawale**  
(1927-1987)

# Landmarks in the Life of DR. M. L. Dhawale

**1927**

Born on 14th July to Dr. L. D. Dhawale, the eminent M.D.-turned Homoeopath, Dr. M. L. Dhawale came from a family of teachers, physicians and scholars who were community-oriented. The day of birth 'Guru-pournima', the day on which the teacher is worshipped, has always been held significant by his students. In later years, it has come to be identified as 'ICR Day' signifying the reverence and gratitude of the students towards their great Founder-teacher.

**1937-42**

These school years were marked by association with his teacher Mr. H. V. Gurjar, a man with a remarkable vision of education. Through association with him and the family influence, Dr. Dhawale became a voracious reader who would quickly grasp the essentials of any subject and handle issues in depth. Being precocious, he cleared the school leaving examination at 14 and not the customary 16 years of age. He also built a strong physique, which stood him in good stead in the grueling demands of his later-day vocation as a Homoeopath-educationist.

**1942-49**

The under-graduate years as a medical student saw the emergence of a hard-working scholar who studied each subject both before and after it was taught in the college. His interest in Homoeopathy developed since his perforated appendix was settled under the expert Homoeopathic care of his father in the first year of medical college.

He completed his M.D. (Medicine) at Seth G.S. Medical College & K.E.M. Hospital under Dr. Nathoobhai Patel, another hard task-master, who developed a remarkably warm relationship with Dr. Dhawale.

- 1952-57** Homoeopathic medical education and training with Dr. L. D. Dhawale, both in his private practice and in the planning and teaching in the **Homoeopathic Post-Graduate Association** which Dr. L. D. Dhawale had started in **1931**. In the personal life, got married to Miss Sudha Jatar and started his family.
- 1955** Assisted Dr. L. D. Dhawale in the conduct of the Homoeopathic Seminar at Colombo, for the Ceylon Homoeopathic Society.
- 1957** Due to progressive ill health, Dr. L. D. Dhawale retired from private practice as well as active participation in conducting the H. P. G. A. Lectures. Dr. M. L. Dhawale took over both responsibilities, that for the H. P. G. A. being shared with Dr. K. N. Kasad, Dr. M. D. Phalnikar and Dr. B. S. Somway.
- 1963** Co-authored with Dr. L. D. Dhawale ***Samachikitsa Shastra: Tatvaddhyan Va Paddhati (Marathi)***.
- 1967** **Publication of Principles & Practice of Homoeopathy: Vol. 1: Homoeopathic Philosophy & Repertorization** at the International Conference of the Homoeopathic League, New Delhi.  
Presentation of the **Trilogy of Papers** on Homoeopathic Medical Education by Dr. M. L. Dhawale, Dr. K. N. Kasad and Dr. M. D. Phalnikar at the Conference.
- 1968-70** Principal of the Bombay Homoeopathic Medical College.
- 1968** Hon. Lecturer under the Government Travelling Lecturership Scheme at Gudivada Homoeopathic College, Andhra Pradesh.
- 1970** The first edition of the **Standardized Case Record** published. The case record reveals a unique grasp of Clinical acumen as well as the nature of Homoeopathic clinical investigation and totality-formation.
- 1974** Member of the Governing Council of the National Institute of Homoeopathy and was responsible for its constitution.

- 1975** Establishment of the **Institute of Clinical Research, Bombay.**
- 1977** First Summer School of the I. C. R.  
First series of presentations on Homoeopathic Drug Pictures by I. C. R. students on Hahnemann Day.
- 1978** Symposium on Integrated Evolutionary Hahnemannian Totality where 47 Papers were presented. This led to the publication of the voluminous **I.C.R. Symposium Volume on Hahnemannian Totality.** This was a collective presentation. The core vision of the integral unity of the three Cares : of Patients, of Students and of Knowledge in terms of research and reflection : and their collective contribution to the evolution of the Clinician : this vision was Dr. Dhawale's unique contribution to the group and thence to the Homoeopathic world.
- 1979** I. C. R. Nagpur established.
- 1980** I. C. R. Bombay : Pune Branch established.  
**I. C. R. Operational Manual** published.
- 1981** **Life & Living** published. This book uniquely combines the sensitivity of the artist and the clinical acumen of the physician.  
Incorporated private practice as Firm : Dr. M. L. Dhawale & Associates : with the objectives of Patient-Care, Learner-Care & Knowledge-Care with three partners.
- 1983** **Perceiving 1** published.
- 1984** **I. C. R. Educational Series 1-4 and 7-10** published.  
Dr. L. D. Dhawale Birth Centenary Celebrations. Delivered 21 weekly lectures commemorating the Birth Centenary Year.  
Conducted the **I.C.R. Conference on Education : I : Action Learning**, leading to the publication of the papers as a collection.  
Completed writing **Advancing Frontiers** : 1984.

- 1985** Was appointed as Hon. Director (Homoeopathy), Father Muller's Charitable Institutions. Was responsible for the establishment of Father Muller's Homoeopathic Medical College, Mangalore.
- 1986** Completed the writing of Papers for the proposed I. C. R. Conference on Education : II : "Professional Education".
- Dec. 1986** The last professional engagement : I. C. R. Symposium at Kaivalyadhama, Lonavla.
- 16 Jan. 1987** Untimely demise. Left behind a host of ideas which are being implemented gradually by his students.

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## Publisher's Note

Institute of Clinical Research, Palghar is one of the institutions doing commendable work in the field of homeopathy. I have known this group since more than two decades and have attended many of their workshops and seminars. I would say that their seminars not just make you a better homeopath but a better person. The book *Principles & Practice of Homoeopathy* is one book which is one of the standard books on homeopathy on case taking and each and every part of this book is invaluable. This book is equivalent to a course on understanding the basic principles of homeopathy. The book covers all aspects which a homeopath needs to understand the basics of homeopathy and knowhow of application of the basic principles of homeopathy.

We are proud to bring the new edition of this book which also has additional inputs from original work of Dr M.L. Dhawale which has never been published till date. This edition has also been re-designed and laid out for a better look and readability. I wish all homeopaths a happy reading and hope this work is best utilized for healing more and more patients through this wonderful science.

**Kuldeep Jain**

C.E.O., B. Jain Publishers

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# Introduction to the Study of Homoeopathy

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- *Concept of Health and Disease*
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- *Remedy Reaction*
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# Introduction to the Study of Homoeopathy



## DEFINITION AND SCOPE

Homoeopathy can be defined as a System of Drug-Therapeutics based on the Law of Similars. This Law states that a drug, capable of producing in a healthy person a diseased-state *exactly* similar to that observed in a diseased person, acts as a curative agent if the disease is in a curable stage. In the incurable stage of the disease, however, the same drug acts as the best palliative. Homoeopathy has logically evolved as an experimental science according to the *method of inductive reasoning* in which exact observation, correct interpretation, rational explanation and scientific construction play a leading role.

The successful application of the Law of Similars depends entirely on the concepts of *Individualization* and *Susceptible Constitutions* which form the cornerstone of Homoeopathic practice. The Concept of Individualization takes into consideration the *total response of the organism* to the unfavourable environment. This total response is seen through *Signs and Symptoms on three planes: Emotional, Intellectual (Spiritual) and Physical* where the *Life Force* manifests itself. While assessing this total response the Homoeopathic physician gives fundamental importance to the causative factors and to the peculiar characteristics of the ailment, especially the mental aspects. The concept of Susceptible Constitutions is reflected in Hahnemann's *Theory of Chronic Diseases* which takes into consideration the hereditary influences and predispositions that play an important role in the genesis of illness.

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Homoeopathic therapeutics, therefore, affords unlimited possibilities of influencing favourably the mental processes and of mitigating the adverse influences of the hereditary predispositions to illness, thereby leading to a better adaptation of the patient to his environment. It represents, thus, the Practice of Constitutional Medicine at its best and reigns supreme in the fields of Psychiatry and of Psycho-Somatic Medicine.

The Signs and Symptoms reveal to the Homoeopathic physician not only the disturbed economy within, which we term disease, but also the curative agent which will set right the disturbed economy. The Homoeopathic physician, therefore, rightly frowns on all attempts which lead to suppression of the manifestations of a disease and regards them as dangerous. He is thus able to detect the earliest beginnings of disease when structural changes have not to any extent yet occurred in the cells and can plan *definitive curative* treatment at a stage when diagnosis is impossible. In no other System of Therapeutics can such treatment be administered till diagnosis is established. We can emphatically claim this as a distinct feature peculiar to Homoeopathy.

Homoeopathic treatment does not interfere with the process of immunity in the body; on the contrary, all available evidence shows that recovery from infections results from the stimulation of natural defence mechanisms and the conservation of bodily energy. No wonder, then, that quick, uneventful convalescence with an absence of relapses and debility, highlights the recovery that always ensues when the *Similimum* is administered in good time.

Homoeopathic treatment, carefully planned and applied right from the time of conception and through the early formative years, claims to free the child of pernicious hereditary influences that tend to sap the energy and prepare for the development of various types of constitutional disorders in later life. It has also been advocated in the prevention of infectious diseases. Lack of adequate facilities all these years, however, has come in the way of properly controlled studies in this field, such studies

being essential before any measure of prophylaxis could find universal acceptance.

Homoeopathy has naturally evolved its own *exacting methodology* of Case Taking, of preparing drugs, of eliciting the effects of drugs, of selecting the remedy according to the Law of Similars, of rules governing its administration and of observing minutely the various effects so produced on the diseased. These effects which are considered under 'Remedy Reaction' enable the Homoeopathic physician not only to prognosticate fairly accurately but also to regulate further treatment. All this knowledge has been gained through 'pure experience' and not through mere 'reasoning'.

Homoeopathy has no quarrels with other methods of treatment *provided* they help and not hinder the natural forces of recovery. It welcomes surgical measures when directed towards the removal of mechanical impediments to cure or of the morbid end-products of disease when they interfere with recovery. Use of replacement therapy, being perfectly logical, stands accepted in Homoeopathy. Acute poisonings fall outside the scope of Homoeopathy as they cannot be considered strictly as diseases. Under exceptional circumstances, as in *Waterhouse Friderichsen Syndrome*, the scientifically trained rational Homoeopathic physician accepts the use of *additional* measures to tide over the crisis and thus save a life which otherwise is doomed.

Homoeopathy, therefore, is a system of scientific, constitutional drug-therapeutics with wide potentialities, giving full scope to the prescriber's artistic abilities.



## LAW OF SIMILARS

The Law of Similars is the fundamental Law on which the system of Homoeopathy rests. We find earliest references to it in the ancient Hindu medical texts. We also find it advocated in the writings of Aristotle, Hippocrates, Paracelsus, Von Haller

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and others. Galen's strong advocacy of the Law of Dis-Similars, however, swept off everything before it, and the Law of Similars became totally submerged till the genius of Hahnemann rescued it and placed it on a sound experimental footing.

Hahnemann's publication of *Organon* in 1810 represents to an unprejudiced medical historian the termination of the Dark Ages, characterized by empty speculations on the origin of disease and the disastrous and barbarous therapeutic practices based on imperfect knowledge. It hails the beginning in Medicine of the method of scientific experimentation as advocated by Bacon in the 16th century.

The Law of Dis-Similars is easy to apply, it palliates immediately and, therefore, has been accepted uncritically. But, it will be clear to any student of Medicine that such a therapy can never cure; it will, at the most, suppress troublesome manifestations of disease. Continued ill health, very often, results from such suppression. This form of therapy, therefore, stands self-condemned.

It will be interesting to examine the manner in which Hahnemann puts the case for the Law of Similars. He proceeds thus:

1. Drugs cure by virtue of their capacity to effect a change in human beings.
2. This capacity could be determined *only* through actual experiments on the healthy.
3. The change thus produced, which could be termed as a drug-induced-disease, could *either* be similar *or* dis-similar to the state in the patient, which is the natural disease.
4. Drugs, therefore, could be selected as remedial agents on the basis of their *known* capacity to produce *either* a similar *or* a dis-similar state.
5. No amount of reasoning will enable one to conclude as to which method of selection will lead to cure.
6. *Pure experience* alone will enable one to arrive at the right conclusion.

7. Now, *all* previous experience indicates that drugs selected on the basis of the Law of Dis-Similars never cure; they only suppress the manifestations of disease.
8. Therefore, drugs selected on the basis of the Law of Similars will act as curative agents.

Hahnemann's genius lies not in the above chain of deductive reasoning; it lies rather in the perfect planning and execution of the great therapeutic experiment he had conducted so methodically for over half-a-century and which established Homoeopathy as the only form of scientific constitutional drug-therapeutics.

*The Law of Similars, in its application, demands exacting standards of precision, since an exactly similar drug alone can prove curative. This exact similarity can be ensured only if the patient is observed closely as an individual instance of the disease, making a special note of the characteristic features that will positively separate it from another instance of the same disease. This is achieved through the Principle of Individualization.*

The drug-effects on the healthy will also have to be studied equally closely. This has been done through the institution of *Drug-Provings*.

It is obvious that all this mass of details cannot be stored in memory for any length of time. Perfect records of these effects, therefore, have to be maintained with adequate indexing. This has been achieved by the reduction of the daily log-books, which were kept by the provers, to the standard schema of the *Homoeopathic Materia Medica* and the compilation of *Repertories*. It follows from this that an accurate *Case Record* will have to be maintained by the Homoeopathic physician who has mastered the special technics of *Case Taking*.

Human mind readily gets lost in details. That perhaps is the reason why we tend to generalize and classify things according to some natural plan. Well over a century of clinical experience has enabled Homoeopathic physicians to elaborate a special technique designed to analyze and synthesize this mass of data which has been painstakingly collected. This technique called

Repertorization is the master key which unlocks practically all the gates.

The insistence on the exact similarity led to the use of the *Single Remedy*, as only one remedy can be exactly similar at a given time. This spelled the doom of polypharmacy, so rampant in the days of Hahnemann.

The administration of the *exactly similar* remedy led to problems experienced never before! The maximum susceptibility exhibited by the patient to the exactly similar remedy administered in relatively large doses, led to a sharp initial aggravation of the clinical state followed by amelioration, finally the cure. This led to the progressive reduction in dose till the *minimum dose* just effective to affect the patient favourably was achieved. Gradually, it became the *infinitesimal dose*. This progressive reduction in the quantity on a definite scale, ensuring adequate dispersion in the diluting medium through the processes of trituration and succussion, led to the discovery of *Potentization*. Potentization increased considerably the capacity of drugs to affect the Life Force and, incidentally, enlarged the scope of drugs as curative agents.

The exacting standards demand of the Homoeopathic physician close observation of the changes brought about by the similar remedy in the diseased state. These changes were subsequently classified and an attempt was made to interpret them in terms of the inherent susceptibility of the patient, the nature and stage of disease and the capacity of the drug to affect the Life Force. This logically led to certain inferences and conclusions about the probable outcome in a given instance. All these observations stand closely knit together under the heading of *Remedy Reaction*.

The rules governing the dose and the repetition of the similar remedy are based on the understanding of the fundamental quality of susceptibility and the correct appraisal of the Remedy Reaction. All these constitute the *Homoeopathic Posology*.

Systematic clinical investigation of the chronic and relapsing clinical states that failed to respond satisfactorily even to the

administration of the similar remedy led to the close study of antecedent factors and hereditary influences. This ultimately led to the *Doctrine of Susceptible Constitutions*. Hahnemann's Disease Classification and his elaboration of the three Miasms can best be appreciated as a grand attempt at generalization and classification of the three defective constitutions with their predisposition to disease. The detailed psycho-somatic features of each type and the corresponding division of the Homoeopathic materia medica permitted a more satisfactory management of these relapsing clinical states, so difficult to cure.

From the preceding discussion it will be clear that once we accept the Law of Similars unreservedly, we have logically to accept the other principles and practices that denote Homoeopathy to-day.



## CONCEPT OF HEALTH AND DISEASE

Hahnemann considers health as a state indicating harmonious functioning of the Life Force leading to a peculiar sense of well-being. Paradoxically enough, we are more aware of this sense of well-being when it is denied to us rather than when we are actually experiencing it. Our unawareness of the various processes that are constantly taking place within, characterizes that sense of well-being. Thus, the Concept of Health, from the descriptive standpoint, is a negative one - an absence of symptoms.

Hahnemann considers disease as a state indicating disharmonious functioning of the Life Force. We become aware of this disharmony by the loss of the sense of well-being which we have learnt to accept as normal. A little later, we become aware of some of the processes within, which are thrown out of gear. To begin with, this awareness is only vague. As the disharmony progresses, more definite indications start appearing, first in the form of Symptoms, then followed by Signs. The former indicate abnormal *subjective* sensations and complaints incapable of being

verified by a physician; the latter indicate abnormal objective data, capable of being verified by the physician. Signs and symptoms, therefore, furnish the *only* external evidence of disease.

Hahnemann took the firm stand that nothing can be known of disease except through signs and symptoms and that all speculation about the nature of disease and its ultimate causes not only proves fruitless but leads to all sorts of empirical and, at times, dangerous treatments.

The Homoeopathic physician, therefore, considers disease as a deviation from health which is made known to him only through signs and symptoms. It logically follows from this that a rational system of therapeutics will have these very signs and symptoms pointing unmistakably to a curative remedial agent.

The disharmonious functioning of the Life Force results mostly from unfavourable factors in the environment of a person. A close study of these, is naturally, expected of the Homoeopathic physician.

Hahnemann considers that the natural tendency of the Life Force is to assert itself and thus restore the state of harmony. The physician is expected to promote this natural tendency and not to impede it by therapeutic measures which, in the long run, either deplete the Life Force or interfere with the manifestations of the disease.

This natural tendency, in some instances, is affected unfavourably by certain stigmata which result from either hereditary factors or previous indiscretions on the part of the patient. These stigmata lead to chronic relapsing states of ill-health, generally difficult to cure and represent to us the various defective constitutions. This particular concept was developed by Hahnemann in *The Chronic Diseases* which he published after nearly forty years of close observation of the patients he had treated according to the Law of Similars.

Hahnemann considered drugs as powerful agents capable of inducing a state of disharmonious functioning of the Life Force, thus leading to the drug-induced disease which is made known to us through signs and symptoms. He believed drug-induced diseases to be stronger than natural diseases because

they could be produced at will and this led him to advance his probable explanation of the efficacy of the Law of Similars, *viz.*, the stronger drug-induced similar disease annihilates the weaker natural disease. The validity of this explanation, however, need not concern us; a phenomenon exists independently of the validity of its explanation.

As disease signifies the presence of symptoms and health their absence, Hahnemann conceives of Cure as the process of removal of symptoms, not their suppression.

We thus find Hahnemann taking an extremely practical view of things and directing a clinician to an exhaustive study of the manifestations of a disease with special emphasis on the causative environmental factors. We also find Hahnemann directing him to study the patient as an individual instance of the disease, noting the characteristics that differentiate one from the other instance of the same disease. This leads us on to the Concept of Individualization.



## **CONCEPT OF INDIVIDUALIZATION**

We have seen that disease represents to us the reaction of the patient to unfavourable environmental factors and that this reaction manifests through signs and symptoms. The pattern of this reaction, therefore, will be determined not only by the factors which have caused the illness but also by the constitution of the afflicted person.

The constitution of a person represents to us what he has made of the hereditary plan of organization as determined by the genes. In other words, it represents the end-result of the influence of the environment on hereditary characteristics.

When we study an individual we not only study the bodily configuration but also the intellectual and emotional attributes as revealed to us through his reactions to the environment. Thus, the characteristics in the physical as well as in the intellectual and emotional spheres, reveal the individual to us.

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We are all aware that no two individuals are exactly alike, except uniovular twins. From this, it logically follows that their reaction even to *identical* disease-producing factors will necessarily differ in certain details although retaining some common features which enable the Nosological Classification of Diseases. It is these differences which enable the Homoeopathic physician to separate one instance of the disease from another.

We have seen that the Law of Similars stipulates *exact* similarity if the selected remedy is to act curatively. The common or diagnostic features of the case lead us to an image that corresponds to a very large number of drug-pictures. This list will have to be narrowed down progressively till we are left with only one drug-picture. This is done by a judicious exploitation of the differences in the clinical picture. It will be obvious that these differentiating features have their basis in the constitution and do not help us to arrive at the diagnosis. It will also be obvious that a *single* differentiating feature will hardly ever identify the *Similimum*. Rather, we will have to concentrate on a *group* of differentiating features that enable us to portray the individual in *his* illness. A systematic study of the Homoeopathic materia medica has already furnished us with a vast picture gallery, which has been called “a rogues’ gallery”. An artistic Homoeopathic prescriber successfully evolves an undistorted, accurate conceptual image of the patient in his illness and finds its exact replica in this “rogues’ gallery”.

A group of common diagnostic features of a disease represents to us the response induced by the factors that have *directly* brought on the illness. A group of differentiating features, however, develops on the basis of inherent constitutional differences. These two groups, thus, are not causally related and, therefore, can occur independently of each other.

We thus find the group of differentiating features occurring in combination with various diagnostic groups of signs and symptoms and *vice versa*. This explains readily the peculiar phenomenon in Homoeopathy : *one drug acting curatively in a number of diseases while one disease requiring a number of drugs for a cure*. Thus, in Pneumonia different remedies like *Bryonia*, *Pulsatilla*,

*Lycopodium*, *Phosphorus*, *Sulphur*, etc. are indicated; while a remedy like *Bryonia* will be indicated in different clinical states like Pneumonia, Influenza, Pleurisy, Acute Rheumatic Fever, Dysentery, etc. All that matters is the presence in the patient of the characteristic group of signs and symptoms which marks the curative remedy. This group is the Totality of Symptoms. An illustration will help to clarify this important point.

When a patient with fever complains of pain in the side of the chest and coughs out a rusty sputum, our guess is that he may be going in for Pneumonia. In the initial stages, we are able to observe a disturbance in the pulse-respiration ratio with, perhaps, a diminished air entry in the affected zone of the lung. A little later, impaired resonance is noticed. The classical signs of consolidation, however, will not appear for quite some time. Thus, a definite clinical diagnosis of Pneumonia can generally be made only on the 3rd or 4th day of the onset of the disease. These signs and symptoms are seen in *all* cases of Pneumonia and are identified as the diagnostic group. In the usual run of medical practice, a physician is hardly ever interested in observing the patient in greater detail as his treatment will be determined entirely by diagnostic considerations. If, however, we observe patients with Pneumonia a little more closely, we are struck by the fact that they do not much resemble each other except in the diagnostic group of signs and symptoms. We find that every individual instance of Pneumonia has certain peculiarities which sets it apart from its other instances. It is these peculiarities which enable a Homoeopathic physician to select the curative remedy although, in no way, they help him in the diagnosis.

Thus, one patient with Pneumonia lies quite still, afraid to move as the slightest movement tends to increase his pains, he has extreme thirst and keeps on demanding water in a large quantity at a time, he is in a stuporous state and insists that he should be taken home even when he is in his own house, he keeps on talking about matters pertaining to his business. This picture can readily be identified with the picture of *Bryonia* as presented in the Homoeopathic materia medica.

Another patient with Pneumonia may present gastric irritability and cannot retain anything warm; even the ice-cold drinks which he craves for are retained only for a short while and are thrown out as soon as the water is warmed up in the stomach. He has an irritable cough with difficult expectoration which prevents him from lying on either the left side or the back. This is the typical picture of *Phosphorus* as given in the Homoeopathic materia medica.

Our third patient is a small baby, suddenly taken ill with high temperature and vomiting. In spite of all this, the baby is absolutely thirstless, refuses water even when it is offered. The nausea is not relieved by vomiting. On examination, we find the tongue quite clean, the baby in obvious distress with shallow breathing and fine moist rales at both the bases of the lungs. This is the characteristic picture of Bronchopneumonia in which *Ipecacuanha* will work wonders as an exact image of this can be found in the Homoeopathic materia medica under that remedy.

The observant physician will readily identify some of his patients with Typhoid, Influenza or with Acute Rheumatic Fever as belonging to the *Bryonia* type described above. He can easily spot the picture of *Ipecacuanha* in a baby coming down with an attack of acute gastro-enteritis. Thus, the curative remedial agent remains the same, irrespective of the diagnosis, *provided* the characteristic symptomatology denoting the totality remains the same.

The pictures of remedies, as given above, develop right at the onset of a disease and thus enable the Homoeopathic physician to apply definitive curative treatment at a stage when accurate diagnosis is impossible. It will be wrong, however, to jump to the conclusion that a Homoeopathic physician need not diagnose his cases. Diagnosis helps him to choose the case for Homoeopathic treatment, to determine the location and the pathological changes and to pick out the characteristic symptomatology that denotes the totality. The knowledge of the type and the extent of pathological changes not only guides his prognostication but renders inestimable help to him in planning the Homoeopathic treatment judiciously.

It must be appreciated that it is not always easy to spot the totality in every case and to identify it readily with a known totality in the Homoeopathic materia medica. This is especially so in patients with chronic ailments presenting a confusing array of symptoms.

It should be clear by this time that a Homoeopathic physician requires sufficient tact and a mastery of the technic of Case Taking in order to obtain all this detailed information about the patient *as an individual*. The information so obtained is very often a jumble of signs and symptoms. He must have a keen mind and sufficient patience if he is to create order out of this chaos. In order to achieve this, he evaluates each symptom according to its importance from the standpoint of totality. He then synthesizes them according to a definite pre-conceived plan which enables him to bring scattered elements together to evolve a characteristic form or outline. At this stage he is interested only in the general salient features that give him a bold outline picture of the patient, which corresponds to a few drug-pictures from the Homoeopathic materia medica. Once this is achieved, he looks around for certain details to confer greater individuality on the image. This process is continued till the image unmistakably points to a single drug-picture. This, then, is the special technic of *Repertorization* founded by Boenninghausen and developed later by Kent and Boger.

We conclude, therefore, that a mastery of this special technique of Case Taking and Repertorization is essential for a successful application of the Concept of Individualization which is the very basis of Homoeopathic practice.



## HOMOEOPATHIC MATERIA MEDICA AND PHARMACY

In the time of Hahnemann, knowledge of the true properties of drugs hardly existed. The knowledge of materia medica in those days was a strange cocktail made up of folk-lore, data from poisonings, uncritical clinical observations of drugs applied on the

basis of fanciful theories of the origin of disease and conjectures of arm-chair professors of medicine that adorned various universities.

It was in this setting that Hahnemann conceived of ascertaining the true properties of drugs by careful experimentation, not on animals, but on healthy human beings. Hahnemann, thus, could be considered the father of human experimental pharmacology.

Hahnemann, conscientious and religious that he was, insisted that only those drugs whose properties were carefully ascertained by experiments on the healthy and which were prepared carefully according to specific instructions so as to bring forth the best medicinal properties in them, be employed as remedial agents for cure. Thus we find Hahnemann laying down rigid instructions and standardizing procedures for the preparation of drugs to be included in the Homoeopathic materia medica. We find him emphasizing the integrity of a pharmacist in those times which were full of deceit. He rightly considered that it was the physician's responsibility to ensure the purity of his medicines and directed that whenever the right type of pharmacist was not available, the physician himself should prepare medicines as, no doubt, Hahnemann himself had done, at least in his earlier years.

We need not go into the details of the drug-provings which Hahnemann conducted. Suffice it to say that he took every conceivable precaution to eliminate false or doubtful observations from the final data which he incorporated in his two publications: *The Homoeopathic Materia Medica Pura* and *The Chronic Diseases*.

The Homoeopathic Materia Medica comprises of data from drug-provings, poisonings and clinical cures and is arranged according to a standard schema of locations ranging from head to toe. The original wording of the prover, as far as possible, has been retained. The record of the drug-provings was in the form of daily log-books in which provers noted down information regarding the sequence of various symptoms. This information is now lost as it could not fit itself into the procedure of standardization. According to some authorities this remains a serious drawback.

The human drug-provings, for obvious reasons, could not be pushed to the extent of producing irreversible pathological changes. The Homoeopathic materia medica, therefore, essentially is a record of human functional pathology. The pathological data owe their origin chiefly to clinical observations, supported by reports of accidental poisonings and a few animal provings that were conducted.

Hahnemann used drugs in their crude state when he started drug-provings and employed these proved drugs as remedial agents according to the Law of Similars. To his surprise, however, he found that, quite often, a severe aggravation of the clinical state set in prior to the expected amelioration terminating in a cure. He correctly inferred that this initial aggravation was caused by the dose which was too large. He, therefore, started reducing the dose progressively on the centesimal scale and later on the millesimal scale, employing an inert substance like milk sugar or alcohol as the diluting medium. He ensured uniform dispersion of the drug substance by resorting to either trituration or succussion at every stage of dilution. He thus evolved a radically different and new pharmaceutical process that also enabled him to utilize insoluble substances as effective remedial agents for the first time in the history of Western Medicine. He triturated such substances with milk sugar till he reached the stage 3 ( $100^{-3}$ ) and prepared the first liquid potency thereafter by employing distilled water and alcohol as described in *Organon*. He found that the liquid preparation prepared carefully in this manner retained all the medicinal properties exhibited by the original drug. He further observed that as he ascended in this scale, the capacity of the drug to produce mental symptoms increased. He also succeeded in a large measure in reducing the heavy incidence of initial medicinal aggravation. He termed this new process '*Potentization*' as it increased the potency of drugs to act as remedial agents and called these new preparations '*Potencies*'.

The late Dr. W. J. Boyd of Glasgow was the first to conduct systematic fruitful researches into the question of potency energy. He was able to demonstrate conclusively the presence in potentized

medicines of some sort of energy which could deflect the needle of a sensitive galvanometer - the Emanometer. Biochemical and Perfusion experiments also demonstrated the presence of such energy. On the basis of the Emanometer readings he could classify drugs in the Homoeopathic materia medica into ten groups and thus furnish some objective guidance in the selection of the *Similimum*.

The process of potentization releases the drug energy in a form best suited to the restoration of the lost balance through the use of the similar force. When we use remedies in potentized form, we have ceased employing them for their physico-chemical effects. As such, we have stepped into the field of Dynamics, well outside the application of the rules that govern conventional posology. The peculiar rules that characterize Homoeopathic posology can best be understood only in the light of the rules that apply in the field of dynamics.



## REMEDY REACTION

A drug administered according to the Law of Similars meets with very little resistance as the patient exhibits an enhanced susceptibility to it. This explains the severe aggravation that invariably ensues when the similar remedy is administered in large material doses. The maximum susceptibility is exhibited to the remedy which is exactly similar, the susceptibility decreasing progressively with decreasing similarity. A number of factors also affect the susceptibility and determine the type of reaction that ensues after the similar remedy has been administered. A careful study of susceptibility, therefore, is essential to a Homoeopathic physician. This ensures a rational understanding of remedy reaction which will enable him not only to read into the future but also to plan further treatment in the best possible manner. A Homoeopathic physician who is unable to read efficiently this language of signs and symptoms, which denotes changes occurring under the influence of a similar remedy, will be quite at

sea, unable to steer his ship clear of the rocks around. In the end, the ship is bound to founder and get lost.

The study of remedy reaction represents perhaps the most intricate and intriguing aspect of Homoeopathic practice. Stalwarts like Boenninghausen, Hering, Kent and Boger have placed their life-long clinical experience in our hands in the form of well-knit observations and inferences that are unique in the entire field of therapeutics. In spite of all this, many a case in Homoeopathic practice is lost, not on account of the poor selection of a remedy, but on account of the failure to read correctly this language of signs and symptoms.



## **HOMOEOPATHIC POSOLOGY**

An intelligent understanding of the rules that govern the selection of the dose and its repetition is possible only if the physician has a firm understanding of susceptibility and remedy reaction and a good acquaintance with the Laws of Dynamics.

The patient represents an unknown system in disequilibrium. The similar remedy represents a force that is being introduced into this system from without, with the object of restoring the state of equilibrium, which we call health. The best way of restoring the balance will be to apply the minimum force necessary to effect a change, to observe carefully and patiently the changes that are occurring under its influence, till one is certain that no further changes are likely to occur, and then, to assess carefully the end-result so as to determine the manner and the point of application of further force, if the previous one has not yet restored the balance. It will be obvious that when the distribution of the various forces and their exact inter-relationships are unknown, no amount of theorizing will supply the answer. Nothing short of an actual experiment will suffice.

The following rules of Homoeopathic posology have been evolved through careful clinical experimentation and can be readily understood in the light of the comments made above.

1. The minimum dose necessary to effect a change be employed.
2. As soon as a change is observed further stimulation be suspended, till the effect of the previous stimulation has worn off, as indicated by the return of the symptoms that had disappeared under the action of the similar remedy.
3. As the effect of combination of remedies has not been experimentally worked out, only single remedies be employed.

The type of change and the end-result of the first stimulation furnishes the necessary guidance to further regulation of the treatment. A firm grasp of remedy reaction, therefore, is imperative for the Homoeopathic physician.

It is important to bear in mind that the rules of Homoeopathic posology represent clinical experiences and, therefore, are ever subject to change. We find Hahnemann quite ready to change his opinions from time to time. We should have the same frame of mind; but we should always bear in mind that we cannot afford to throw away the accumulated clinical experience of the careful prescribers in the past and start all over again. Homoeopathy is no longer in its infancy, subject to rapid growth and changes that characterize this phase. It has matured considerably and only an immature mind will rush in where angels fear to tread! Our enthusiasm for change and something new will be a poor justification for subjecting our patients to untold miseries that characterize indiscriminate deployment of the similar force.

We have considered the distinguishing features of Homoeopathic practice and have made an attempt to develop a rational understanding of the various principles that underlie its practice and the different procedures that are adopted to ensure a quick and gentle cure free from all complications.



## HOMOEOPATHIC PHYSICIAN

It will now be clear that the science of Homoeopathic therapeutics makes exacting demands on the physician who prefers it to other forms of treatment. Homoeopathy refuses to reveal its secrets to a casual enquirer. The study of an individual in his illness, though fascinating, is sufficiently time-consuming. It caters essentially to the idealistic type of mind which craves for the satisfaction that comes from 'a job well done' and which considers material gains as only incidental. It will suit the hard-working conscientious physician with a philosophical bent of mind which takes readily to the study of the emotional and intellectual sides of man. It will suit a physician who has an individual bent of mind and strong convictions that enable him to swim against the current and even isolate himself from the medical fraternity, if need be. Homoeopathy demands full adherence to its principles if consistent results are to be obtained.

Thus, it will hardly appeal to a physician with a mechanical bent of mind which is so essential for the making of a good surgeon. Persons hankering after 'mass treatments' and 'specifics' will be disillusioned. Physicians who look forward to a life of ease and comfort and who are 'constitutionally averse to work' will abhor the practice of Homoeopathy and, if at all they take to it, they will bring little credit either to the Science or to themselves. Although Homoeopathy never lets down badly its faithful follower and assures him a reasonable living and a standing in a community, the material gains are not such as to satisfy the more ambitious!

The physician embarking on the serious study of Homoeopathy, therefore, will be well-advised to determine, first, his suitability in the light of the comments made above. Like charity, individualization should begin at home!

A Homoeopathic physician will have to be well-conversant with the diagnosis of the disease, the patient as a person and the remedy selected and administered on the basis of the Law of Similars. We have already considered in detail as to how this

knowledge is of great help in Homoeopathic practice. The training programme, therefore, will have to be sufficiently elaborate and the Institution should be able to offer all the facilities for modern clinical investigations. When it is realized that Homoeopathy has been an offshoot of Western Medicine and is only a therapeutic speciality and not a system of medicine like *Ayurveda*, it will be conceded that the Homoeopathic physician will have to receive, necessarily, the same training in all other subjects included in the graduate course in Western Medicine. He will have to study, *in addition*, the subject of Principles and Practice of Homoeopathy in which he will be practising as a specialist.

## **SUMMARY AND CONCLUSION**

*We have had a panoramic view of Homoeopathic practice from different angles. We have studied the exacting standards required of the Homoeopathic physician and the demands made of him if he is to practise Homoeopathy successfully. We have also considered the training programme which will be necessary to turn out efficient Homoeopathic practitioners.*

*We have considered the logical as well as historical evolution of the principles of Homoeopathic practice and the various procedures adopted therein. We have seen how Homoeopathy represents the practice of scientific constitutional drug therapeutics at its best and have studied its scope and limitations.*

# Concept of Disease in Homoeopathy

## ✓ Check Points

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- ***Definition of Etiology***
  - Evolution of the Concept of Etiology
  - Demonic or Spiritual Concept
  - Concept of Constitutions
  - Hippocratic Concept
  - Sydenham's Concept
  - Morgagnian Era
  - Era of Cellular Pathology (Virchow)
  - Era of Bacteriology (Koch)
- ***Biological Concept of Disease***
- ***Environmental and Constitutional Factors***
- ***Concept of Disease in Homoeopathy***
- ***Importance of Diagnosis in Homoeopathy***
- ***Therapeutic Implications of the Biological Concept of Disease***
- ***Summary and Conclusion***

# Concept of Disease in Homoeopathy



## DEFINITION OF ETIOLOGY

Etiology has been defined as a study or theory of the causation of any disease: the sum-total of knowledge regarding causes. Etiology does not concern itself merely with the enumeration and identification of causative factors of a disease. Etiology properly concerns itself with the synthesis of causative factors in the pathogenesis of a disease to enable an observer to form a comprehensive picture of the development of the disease in all its stages. It is obvious that the type of treatment will be determined entirely by the prevalent notions about the nature and origin of disease. A study of the changing concepts of disease through the ages, therefore, will be of fundamental importance to a student of therapeutics.



## EVOLUTION OF THE CONCEPT OF ETIOLOGY

The concept of disease can be considered as a good index to the general cultural patterns of a society and the state of development of the various sciences in it. Consequently, we find the concept of disease ever-changing through the ages. The knowledge of etiology depends necessarily on the understanding of the various physical and biological phenomena that man has observed in nature. His interpretation of these phenomena determines the standard of medical care in a community.

## **Demonic or Spiritual Concept**

Primitive man was not so much concerned with the nature or cause of disease as with its cure. His knowledge of Nature was quite inadequate and he was always at her mercy. The various phenomena like thunderstorms, lightning, earthquakes, eclipses, etc., left him wonderstruck, gaping as it were. The waning and waxing of the moon, high and low tides, storms - all these he could not explain except through recourse to some fanciful theories. In these flights of his imagination we see the evolution of supernatural beings - the different gods who felt and thought in the same manner as he did, the only difference being they were all-powerful and could wreak vengeance when offended. The different calamities that befell him - whether natural or man-made - were considered as a form of vengeance ordered by the 'high-ups' for his wrong-doings, whether intentional or otherwise. In course of time, all the good in man came to be symbolised in the images of gods (which were always plentiful!); all that was evil came to be identified with the images of Demons, Ghosts, Spirits, etc. The wrath of the 'high-ups' had to be understood and appeased. The resourceful alone could venture forth to accept this responsibility. We find the birth of the all-powerful priestly class in this setting and in view of the supernatural concept of disease, these very persons were thought to be fit enough to minister to the sick. That is why, in the earliest societies we find the Priest-man and the Medicine-man combined in one person. He wielded considerable influence and power in primitive societies and in course of time came to be dreaded as a person who was in constant communication with evil spirits, and as the one who could call them up and send them away at will. This affords a good explanation of the various sacrificial rites that characterised the medical treatment of those times. Even the use of drugs for cure was based on the superficial resemblances between the supposed nature of a disease and the source and appearance of a drug. This was the Doctrine of Signatures (Analogy). Physical measures of a punitive type were readily practised on afflicted persons who

were thought to be in the clutches of demonic spirits from which they had to be exorcised. When epidemics swept over a whole community, the Medicine-man would take a look around to find a convenient scapegoat on whom he could let the wrath of the community fall so that the gods would be appeased! The Theory of Tridosha in Ayurveda and the Theory of Four Humours could as well be considered as further elaborations of the supernatural concept of disease.

## Concept of Constitutions

The *Concept of Four Humours* was based on erroneous ideas about the composition and physiology of the human body. This division into four basic Temperaments was correlated with clinical observations that suggested a predisposition of each type to the development of certain diseases. We likewise find the same fundamental idea developed in the *Theory of Tridosha* as elaborated in Ayurvedic Medicine. We know today that the basic concepts of Ayurvedic physicians about the nature of matter and universe, the composition and physiology of the human body and the alterations produced by disease do not fit in with facts. The *Theory of Tridosha* has been evolved from these basic concepts which are erroneous. Yet we find it serving a useful function in clinical practice. This we owe to the sagacity of the Ayurvedic physicians who were past masters in the art of clinical observation. Not only did they record in minute details of the attributes of the three different types of constitutions but went a step further and noted the reactions of these constitutions to their environment and their propensity to the development of certain diseases and the factors which promoted them. They likewise classified the remedial agents according to their suitability or otherwise to each type. Finally, they knit this mass of data into a theory of the development of disease and its management. The practice of Ayurvedic medicine, therefore, could be considered as a practice of constitutional drug-therapeutics.

## Hippocratic Concept

Hippocrates (460 B.C.) was a great clinician whose masterly and objective descriptions of diseases still stand valid. He rarely indulged in flights of fancy and his therapeutic recommendations were based entirely on his observations. In course of time, he came to regard disease as a deviation from the normal and ceased to regard it as a definite entity. He accepted the fact that drugs selected on the basis of similar as well as opposite effects are useful in practice. He did not apply himself to further elucidation of this problem.

## Sydenham's Concept

Sydenham (1624-1689) considered disease as a definite clinical entity grafted on the host. It was, therefore, something of which the host was to be purged. This view readily explains the 'heroic' treatments that were freely practised then. Against these Hahnemann rightly rebelled.

## Morgagnian Era

The development of Anatomy and morbid Anatomy focussed the attention on the pathological changes in the organs and tissues. Morgagni's (1682-1771) outstanding work in this field led him to consider *Disease to be due to pathological changes in the tissues and organs*. This can be considered as the *restricted view of disease treating it only as a local disorder*.

Hahnemann championed the opposite view, that *pathological changes represent the end-products of disease and that functional disturbances always precede organic changes in the tissues*. Lack of understanding of physiological phenomena prevented the acceptance of his views at that time, although, we now know that he was remarkably accurate in his assessment.

## **Era of Cellular Pathology (Virchow : 1821-1902)**

With the advent of the microscope, the emphasis shifted from organs and tissues to the Cell as the unit. Structural changes in the cell were held responsible for disease. The restrictive local concept still ruled, as technical difficulties came in the way of the development of Experimental Physiology and the understanding of the physiological processes that went on in the cell.

## **Era of Bacteriology (Koch : 1843-1910)**

With the discovery of microbes as the causative agents of disease, the emphasis was shifted from the host to the external environment. Even Pettenkoffer's (1818-1901) heroic experiment of swallowing a virulent live culture of *V. Cholerae* failed to catch the attention of the medical world, which as it were was totally engrossed in finding new microbes!

One could truthfully say, in retrospect, that the rise of Bacteriology conduced to the lop-sided development of Medicine. Claude Bernard's (1813-1878) lone voice directing the medical fraternity to the study of the *internal milieu* was lost. Naturally, the importance of the susceptibility or resistance of the host in the development of infectious diseases was not properly appreciated. The therapeutic approach, therefore, concerned itself solely with the annihilation of the organism. The names of Ehrlich, Domagk, Fleming, Florey, Waksman remind one of the success and limitations of this approach in therapeutics.

With the discovery of the ultra-microscopic causes of disease - the Viruses - optimism ran high. The development of virus-induced-tumours in animals was a great landmark and suggested that the solution of the cancer problem was at hand. The discovery of the crystalline structure of the viruses opened up new possibilities in the solution to the riddle of life.

It must be said to the credit of Bacteriology that it paved the way to rapid acceptance of public health measures on a grand scale and the eradication of many of the infectious diseases.

The decline in the incidence of infectious diseases, however, was countered by the rise in the incidence of functional disorders, abiotrophic changes (degenerations) in the tissues and new growths. No acceptable explanation for this could be had unless we retraced our steps and went back to accept the age-old concept of the unity of mind and body and the importance of the study of hereditary influences and environment. Our advances in the field of Physiology, Biochemistry, Endocrinology, Electro-Physiology, Neuro-Physiology and Neuro-Psychiatry enable an integrated approach which is reflected in the present-day Biological Concept of Disease.



## BIOLOGICAL CONCEPT OF DISEASE

A physician as a biologist is expected to be trained in accurate observation, correct correlation and proper interpretation of biological phenomena. The development of medicine has been mostly on analytical lines. Facts have been accumulated after Herculean labour; but, unless one interprets these correctly according to the laws of Biology and Logic, erroneous conclusions are readily reached and vigorously defended. We shall now consider some of the *fundamental precepts of Biology* that find application in the study of man in health and disease.

### 1. *Teleological Concept*

All biological phenomena are purposeful. The reactions of the host to the environment are governed by the need to survive adverse environmental factors and the response elicited is always, from this point of view, purposeful.

### 2. *Multifactorial Origin of Biological Phenomena*

No biological phenomenon is ever due to a single cause. A number of causes, predisposing and precipitating, always