"A STUDY ON THE ROLE OF POSOLOGY IN THE TREATMENT OF PSYCHOSOMATIC DISORDERS"

BY

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in

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Under the guidance of

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RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA, BANGALORE

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I hereby declare that this dissertation entitled **"A STUDY ON THE ROLE OF POSOLOGY IN THE TREATMENT OF PSYCHOSOMATIC DISORDERS"** is a bonafide and genuine research work carried out by me, under the guidance of **DR. SHIVAPRASAD. K** Professor & HOD, Department of Organon of Medicine and Homoeopathic Philosophy, during the year 2008 –11, in partial fulfillment of requirement for the award of **DOCTOR OF MEDICINE (ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY).**

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TO

MY PARENTS

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MY SISTER

B. THENDRAL

AND

TO MY BROTHER IN LAW

R. BALAJI

LIST OF ABBREVIATIONS

Abbreviation	Meaning
%	Percentage
<	Aggravation
>	Amelioration
ACTH	Adrenocorticotropic Hormone
Av.	Aversion
Cr.	Craving
CNS	Central Nervous System
CRF	Corticotrophin Releasing Factor
CVS	Cardio Vascular System
DM	Dominant Miasm
DSM-IV-TR	Diagnostic and Statistical manual Fourth Edition Text Revision
F	Female
FM	Fundamental Miasm
GIT	Gastrointestinal system
GUT	Genitourinary tract
HPA	Hypothalamo-Pituitary Axis

HTN	:	Hypertension
ICD 10	:	International Classification of Diseases Tenth Edition
M	:	Male
Ms	:	Miss
NAD	:	No Abnormality Detected
P-N-E-I	:	Psycho- Neuro-Endocrino-Immunological
Pt	:	Patient
Reg No.	:	Register Number
R.S	:	Respiratory System
S.No	:	Serial Number
SCR	:	Standardized Case Record
Yrs	:	Year

ABSTRACT

Background :

Psychosomatic disorder is mainly used to mean a physical disease which is thought to be caused, or made worse, by mental factors. This is a interdisciplinary medical field studying the relatioships of social, psychological and behavioural factors on bodily processes and well being in human beings. The treatment of this dynamic illness needs the exact dynamic strength (i.e) the contribution of the potency and its dosage for its cure.

Objective :

To study the various expressions of psychosomatic disorders and to evaluate the role played by potency selection, dosage and their repetition in the treatment of the psychosomatic disorders.

Methods :

A study group of randomly selected 30 cases were considered fulfilling the inclusion and exclusion criteria. Totality of symptoms was erected in each case. The remedy selection in individual cases was based on analysis of etiological factors, repertorial references and Materia medica and the overall outcome of treatment is analysed based on the follow up criteria.

Results:

Out of 30 patients, the depressive and sadness state of illness found to be most common causative factor in 26% of cases in the development of psychosomatic illness. In most of the cases the improvement was found with 200th potency and frequent repetition of the dose.

Conclusion:

The definite and careful potency selection and its dosage helps in improvement of psychosomatic disorders.

Key words: psychosomatic disorder, potency, dose, repetition, dissociation disorder.

TABLE OF CONTENTS

S. No.	TOPIC	PAGE No.
1.	INTRODUCTION	1-2
2.	AIMS AND OBJECTIVES	3
3.	REVIEW OF LITERATURE	4-71
4.	METHODOLOGY	72-75
5.	RESULTS	76-89
6.	DISCUSSION	90-91
7.	CONCLUSION	92-94
8.	SUMMARY	95
9.	BIBLIOGRAPHY	96-98
10.	ANNEXURES	99-130

LIST OF TABLES

Table No.	TITLE	PAGE NO.
1.	Distribution of cases according to age group	**76**
2.	Distribution of cases according to sex	**76**
3.	Distribution of cases according to religion	**78**
4.	Distribution of cases according to occupation	**78**
5.	Distribution of cases according to marital status	**80**
6.	Distribution of cases according to system affected	**80**
7.	Distribution of cases according to socio economic status	**82**
8.	Distribution of cases according to the miasm predominating	**82**
9.	Distribution of cases according to type of stress	**84**
10.	Distribution of cases according to potency used	**84**
11.	Distribution of cases according to repetition of doses	**86**
12.	Distribution of cases according to susceptibility of patients	**86**
13.	Distribution of cases according to treatment outcome	**89**
14.	Table showing the repetition schedule	**89**

LIST OF FIGURES

Fig. No.	TITLE	PAGE No.
1.	Distribution of cases according to age group	77
2.	Distribution of cases according to sex	77
3.	Distribution of cases according to religion	79
4.	Distribution of cases according to occupation	79
5.	Distribution of cases according to marital status	81
6.	Distribution of cases according to system affected	81
7.	Distribution of cases according to socio economic status	83
8.	Distribution of cases according to the miasm predominating	83
9.	Distribution of cases according to type of stress	85
10.	Distribution of cases according to potency used	85
11.	Distribution of cases according to repetition of doses	87
12.	Distribution of cases according to susceptibility of patients	87
13.	Distribution of cases according to treatment outcome	88

INTRODUCTION

INTRODUCTION

"THE SECRET OF HEALTH FOR MIND AND BODY IS NOT TO MOURN FOR THE PAST, WORRY ABOUT THE FUTURE OR ANTICIPATE TROUBLES, BUT TO LIVE IN THE PRESENT MOMENT WISELY"

- GOUTHAM BUDDHA

Mind creates the world for us. Action delivers it to us. Action is guided by standards. Standards evolve through experience, personal as well as general, delivered through testimony. Beliefs do replace experience. This depends on our disposition governed by our attitudes that keep on evolving in relation to the circumstances in which we are placed or place ourselves.

The manner in which we have interacted with the world we have evolved within decides what happens without, through the action we release. Action and reaction are equal and opposite in the physical universe. At the level of mind the element of distortion does come in, to complete matters.

Man is the cause of everything that happens to him, the environment being abstracted by him from the circumstance that is. The complexities of our mind which evolve thus are pathological, not normal.

For thousands of years, various cultures have known the connection of mind and the body that illness and disease not only originate from external chemical toxins, but from the traumas within the emotional and mental states.

Dr. Samuel Hahnemann in his Organon of Medicine classified these types of diseases in aphorism 225-227 under mental diseases and has given guidelines for their treatment. On attempting to treat, the selection of the dose becomes the most integral part of the process of making a homoeopathic prescription as the selection of remedy

and often quite as important. A well selected remedy may fail utterly or even do injury because of wrong dosage.

The energy stored in the remedy in the potential form will have to be released in a manner suited to the delicate state of equilibrium that is represented by the patient and made known to us through signs and symptoms. The release of energy in a suitable form is affected through the process of potentization.

It is only when we consider the similimum as a form of specific energy aiding the restoration of lost balance that we are in a position to have an intelligent grasp of the rules governing Homoeopathic Posology. Ever since the time of Dr. Hahnemann Homoeopathic Posology represents the accumulated clinical experience and interpretation of all careful prescribers.

Hence a clinical study is undertaken based on the potency selection, the dose and the repetition in the cases of psychosomatic nature depending on the expression of the patient and the analysis done for the overall outcome of treatment.

AIMS AND OBJECTIVES

OBJECTIVES OF THE STUDY

- To study the various expressions of psychosomatic disorders.

- To evaluate the role played by potency selection, dosage and their repetition in the treatment of the psychosomatic disorders

REVIEW OF LITERATURE

REVIEW OF LITERATURE

"Psychosomatic" the word was first used by 'Heinroth' to mean "belonging to the body and mind"[1]

The concepts of psychosomatic medicine are subsumed in the diagnostic entity called Psychological Factors Affecting Medical Conditions. This category covers physical disorders caused by emotional or psychological factors. It also applies to mental or emotional disorders caused or aggravated by physical illness.

DSM-IV-TR Diagnostic Criteria for Psychological Factors Affecting General Medical Condition

A. A general medical condition (coded on Axis III) is present.

B. Psychological factors adversely affect the general medical condition in one of the following ways:

    1. The factors have influenced the course of the general medical condition as shown by a close temporal association between the psychological factors and the development or exacerbation of, or delayed recovery from, the general medical condition.
    2. The factors interfere with the treatment of the general medical condition.
    3. The factors constitute additional health risks for the individual.
    4. Stress-related physiological responses precipitate or exacerbate symptoms of the general medical condition.

Psychological factors affecting medical condition diagnosis is coded on Axis I and the accompanying general medical condition is coded on Axis III. To provide

greater specificity regarding the type of psychological factor the name is chosen from the list below. When more than one type of factor is present the most prominent should be specified.

A. **Mental disorder affecting…….. [indicate the general medical condition]**

A specific Axis I or Axis II disorder significantly affects the course or treatment.

B. **Psychological symptoms affecting ……[indicate the general medical condition]**

Symptoms that do not meet full criteria for an Axis I disorder significantly affects the course or treatment of a general medical condition.

C. **Personality traits or coping style affecting…….. [indicate the general medical condition]**

A personality trait or an maladaptive coping style significantly affect the course or treatment of a general medical condition. Personality traits can be sub threshold for an Axis II disorder or represent another pattern that has been demonstrated to be as risk factor for certain illnesses.

D. **Maladaptive health behaviors affecting…….. [indicate the general medical condition]**

Maladaptive health behavior (for example: sedentary life style, unsafe sexual practices, over eating, excessive alcohol and drug use) significantly affect the course or treatment of a general medical condition. If the maladaptive behaviors are better accountered for by an Axis I disorder, the name "mental disorder affecting medical condition" should be used instead.

E. **Stress-related physiological response affecting……… [indicate the general medical condition]**

Stress related physiological responses significantly affect the course or treatment of a general medical condition.

F. Other or unspecified psychological factors affecting………[indicate the general medical condition]

A factor not included in the subtypes specified above or an unspecified psychological or behavioural factor significantly affect the course or treatment of general medical condition.

Excluded are (1) classic mental disorders that have physical symptoms as part of the disorder (e.g., conversion disorder, in which a physical symptom is produced by psychological conflict) (2) somatization disorder, in which the physical symptoms are not based on organic pathology; (3) hypochondriasis, in which patients have an exaggerated concern with their health; (4) physical complaints that are frequently associated with mental disorders (e.g., dysthymic disorder, which usually has such somatic accompaniments as muscle weakness, asthenia, fatigue, and exhaustion) and (5) physical complaints associated with substance-related disorders (e.g., coughing associated with nicotine dependence).

Stress Theory

Stress can be described as a circumstance that disturbs, or is likely to disturb, the normal physiological or psychological functioning of a person. In the 1920s, Walter Cannon (1875-1945) conducted the first systematic study of the relation of stress to disease. He demonstrated that stimulation of the autonomic nervous system, particularly the sympathetic system, readied the organism for the fight or flight response characterized by hypertension, tachycardia, and increased cardiac output.

This was useful in the animal who could fight or flee; but in the person who could do neither by virtue of being civilized, the ensuing stress resulted in disease.

In the 1950s, Harold Wolff (1898-1962) observed that the physiology of the gastrointestinal (GI) tract appeared to correlate with specific emotional states. Hyperfunction was associated with hostility, and hypofunction with sadness. Wolff regarded such reactions as nonspecific, believing that the patient's reaction is determined by the general life situation and perceptual appraisal of the stressful event. Earlier, William Beaumont (1785-1853), an American military surgeon, had a patient named Alexis St. Martin, who became famous because of a gunshot wound that resulted in a permanent gastric fistula. Beaumont noted that during highly charged emotional states the mucosa could become either hyperemic or blanch, indicating that blood flow to the stomach was influenced by emotions.

Hans Selye (1907-1982) developed a model of stress that he called the general adaptation syndrome. It consisted of three phases: (1) the alarm reaction; (2) the stage of resistance, in which adaptation is ideally achieved; and (3) the stage of exhaustion, in which acquired adaptation or resistance may be lost. He considered stress a nonspecific bodily response to any demand caused by either pleasant or unpleasant conditions. Selye believed that stress, by definition, need not always be unpleasant. He called unpleasant stress distress. Accepting both types of stress requires adaptation.

The body reacts to stress in this sense defined as anything (real, symbolic, or imagined) that threatens an individual's survival by putting into motion a set of responses that seeks to diminish the impact of the stressor and restore homeostasis. Much is known about the physiological response to acute stress, but considerably less is known about the response to chronic stress. Many stressors occur over a prolonged

period of time or have long-lasting repercussions. For example, the loss of a spouse may be followed by months or years of loneliness and a violent sexual assault may be followed by years of apprehension and worry. Neuroendocrine and immune responses to such events help explain why and how stress can have deleterious effects.

Neurotransmitter Responses to Stress:

Stressors activate noradrenergic systems in the brain (most notably in the locus ceruleus) and cause release of catecholamines from the autonomic nervous system. Stressors also activate serotonergic systems in the brain, as evidenced by increased serotonin turnover. Recent evidence suggests that, although glucocorticoids tend to enhance overall serotonin functioning, differences may exist in glucocorticoid regulation of serotonin-receptor subtypes, which can have implications for serotonergic functioning in depression and related illnesses. For example, glucocorticoids can increase serotonin 5-hydroxytryptamine (5-HT_2)-mediated actions, thus contributing to the intensification of actions of these receptor types, which have been implicated in the pathophysiology of major depressive disorder. Stress also increases dopaminergic neurotransmission in mesoprefrontal pathways.

Endocrine Responses to Stress

In response to stress, CRF is secreted from the hypothalamus into the hypophysial-pituitary-portal system. CRF acts at the anterior pituitary to trigger release of adrenocorticotropic hormone (ACTH). Once ACTH is released, it acts at the adrenal cortex to stimulate the synthesis and release of glucocorticoids. Glucocorticoids themselves have myriad effects within the body, but their actions can be summarized in the short term as promoting energy use, increasing cardiovascular

activity (in the service of the flight or fight response), and inhibiting functions such as growth, reproduction, and immunity.

This HPA axis is subject to tight negative feedback control by its own end products (i.e. ACTH and cortisol) at multiple levels, including the anterior pituitary, the hypothalamus, and such suprahypothalamic brain regions as the hippocampus. In addition to CRF, numerous secretagogues (i.e., substances that elicit ACTH release) exist that can bypass CRF release and act directly to initiate the glucocorticoid cascade.

Immune Response to Stress

Part of the stress response consists of the inhibition of immune functioning by glucocorticoids. This inhibition may reflect a compensatory action of the HPA axis to mitigate other physiological effects of stress. Conversely, stress can also cause immune activation through a variety of pathways. CRF itself can stimulate norepinephrine release via CRF receptors located on the locus ceruleus, which activates the sympathetic nervous system, both centrally and peripherally, and increases epinephrine release from the adrenal medulla. In addition, direct links of norepinephrine neurons synapse on immune target cells. Thus, in the face of stressors, profound immune activation also occurs, including the release of humoral immune factors (cytokines) such as interleukin-1 (IL-1) and IL-6. These cytokines can themselves cause further release of CRF, which in theory serves to increase glucocorticoid effects and thereby self-limit the immune activation

Specific versus Nonspecific Stress Factors

In addition to life stresses such as a divorce or the death of a spouse, some investigators have suggested that specific personalities and conflicts are associated

with certain psychosomatic diseases. A specific personality or a specific unconscious conflict may contribute to the development of a specific psychosomatic disorder. Researchers first identified specific personality types in connection with coronary disease. An individual with a coronary personality is a hard-driving, competitive, aggressive person who is predisposed to coronary artery disease. Meyer Friedman and Ray Rosenman first defined two types: (1) type A similar to the coronary personality" and (2) type B personalities calm, relaxed, and not susceptible to coronary disease.

ICD-10 Diagnostic Criteria for Psychological and Behavioral Factors Associated with Disorders or Diseases Classified Elsewhere

This category should be used to record the presence of psychological or behavioral factors thought to have influenced the manifestation, or affected the course, of physical disorders that can be classified using other chapters of ICD-10. Any resulting mental disturbances are usually mild and often prolonged (such as worry, emotional conflict, apprehension). An additional code should be used to identify the physical disorder.

GENERAL CONCEPTS OF PSYCHOSOMATIC MEDICINE:

It become apparent that personality factors can influence the onset and course of virtually any illness. Even in the acute infectious diseases emotional factors can undermine resistance directly or indirectly, by fostering unconscious neglect or exposure

It became apparent that the infant must not only mature physically but also assimilate the mores and instrumentalities of his social environment in order to become a person. These two heritages, the cultural and genic are inextricably

intertwined affecting physiologic functioning as well as emotional and interpersonal behavior. The infants helplessness at his birth and his long period of dependency upon parental figures while he grows by introjections, identification and learning ways of living, as well as through physical maturation, make interpersonal object relationships assume central importance in man's total functioning. As part of the role of symbolic processes in human integration which accounts for man's inordinate adaptability, the meaning of an event can be more important than the actual occurrence, and the distant past and remote future, whether perceived consciously or unconsciously, can influence behavior and physiologic reactivity intensely as does the immediate present; indeed the repressed and dissociated experiences often influence more profoundly because they are outside of conscious control.

The autonomic nervous system serves two general functions: it prepares the body to respond defensively to danger, and it plays a major part in maintaining homeostasis through its role in respiration, digestion, excretion and vasomotor control. These two functions can be antagonistic and can lead to diminution of adaptive ability in one or both spheres.

The person who is prey to psychosomatic illness has suffered serious insecurity early in life but has not erected adequate mechanisms of defense to protect against the danger. Rather he avoids the recurrence of the insecurity or trauma by patterning his life so that he will never be exposed again. The critical area of weakness is encapsulated, but the patient neither becomes desensitized to the insecurity nor develops mechanisms of defense to blunt its impact. When the defensive pattern of living collapses, he is subject to the emotions as it had been experienced in early life, with intense physiologic reactivity.

The problem of why a given organ system is affected in an individual has occupied a central place in psychosomatic theory and research. Genetic or constitutional factors may make the organ the weakest link, or predispose towards malfunction through placing the individual at the extreme limits of the normal range of some biologic activity. The nature of the conflict confronting the person and the dynamic configuration of the persons responding to the conflict are important in determining the involvement of a specific organ system. Emphasizing the defensive adaptive nature of physiologic responses to stress, the choice of an organ depends upon how the organ is implicated in a biologic pattern of defense or offense in a given individual. An individual may react to different types of stress with a similar physiologic reaction as determined by his constitutional make up. Of course differing emotional states can also provoke different physiologic responses in the same individual.[2]

Common characteristics of psychosomatic disorders:

- Emotions precipitate attacks of illness. The emotional changes can increase the severity of an attack or prolong its duration.

  A correlation is observable between the occurrence of stressful life experience and the onset of these disorders or with recurrence of attack during the course of the illness.
- They exhibit a differential sex incidence of e.g. asthma before puberty is twice common in boys as in girls whereas after puberty it is more common in women than in men.
- Peptic ulcer, coronary heart disease and hypertension are more common in men. Thyrotoxicosis and chronic urticaria are more common in women.

- Psychosomatic disorders often run a phasic course. Most of the disorders fulfilling the above criteria show evidence of a genetic and constitutional predisposition.[3]

Some of the common psychosomatic disorders:

Essential hypertension, Coronary disease, Irritable bowel syndrome, inflammatory bowel disease, Peptic ulcer disease, Ulcerative colitis, Hypoglycemia, Diabetes mellitus, Psoriasis, Amenorrhea, Immune disorders.

PSYCHOLOGY OF CARDOVASCULAR DISORDERS:

Cardiac index and pulmonary arterial pressure were determined by cardiac catheterization. With anxiety as well as with exercise, there was a failure of the cardiac index to rise, accompanied by an increase in pulmonary arterial pressure.

Diminution in functional cardiac reserve during tension may occur as a result of interference with intrinsic cardiac mechanisms governing heart rate and rhythm.

Regardless of the ultimate etiology, there can be little doubt that emotionally charged life situations may play a role in affecting the time of onset and the clinical course of the disease process once it has been established in susceptible individuals. Most investigations now agree that there is no specific “personality profile” associated with the disease. Psychological problems encountered in patients with hypertension frequently stem from extremely early psychological trauma. This characterizes the patients with all of the so called “classical psychosomatic diseases”.

Emotionally charged situations, by virtue of their capacity to activate vascular mechanisms underlying diffuse arteriolar constriction may contribute to the onset of disease, to the occurrence of symptoms arising from organic lesions of the disease,

and even to acceleration of the hypertensive disorder. Symptoms may also arise on the basis unrelated psychologic and psychosomatic mechanism and anxiety in response to these symptoms, along with those related to the hypertensive process, may also activate the underlying pathophysiologic mechanism and let to the progression of disease.

PSYCHOLOGY OF GASTROINTESTINAL DISORDER:

Desires and gratifications and the experiencing of pleasure and unpleasure during the first years of life are largely centered in the gastrointestinal tract. The infant relates to the world through sucking, mouthing and biting, and first experiences emotional security in being nursed and emotional deprivation in being hungry. Feelings of trust and of being loved are initially experienced of being fed, hostility is first manifested in biting, and erotic excitation is experienced with pleasurable sensations which accompany sucking. The site of tensions and gratifications gradually shifts to the other end of alimentary canal and the feces, and the process of their retention and expulsion become central in the experiencing of pleasure, mastery and unpleasure. Feelings of autonomy, of accomplishment, of possessiveness, of shame and doubt, and of rebellion are experienced with the sensations which accompany the retention and expulsion of feces and with the process of attaining bowel control in compliance with parental demands. The gastrointestinal tract thus is fundamentally involved in the early moulding and expression behavior patterns, attitudes feelings, and of the character of relationships with others.

The unconscious responses, largely concerning dependency problems, were accompanied by increased activity of the peptic cells of the gastric mucosa as measured by pepsinogen excretion levels.

The wish to remain in a dependent infantile situation, to be loved and cared for, was in conflict wit the adult ego's pride and aspiration for independence, accomplishment and self sufficiency. In their overt behavior patients react to their unconscious dependence by being exaggeratedly self sufficient and ambitious. The repressed wish for a dependent relationship is reinforced by the struggle involved in this over compensatory behavior, constituting the unconscious physiological stimulus for those physiological processes which lead to ulcer formation. Other ulcer patients are overtly expressive of their oral desires, being outwardly dependent, demanding, and disgruntled. Their dependent tendencies are frustrated by external circumstances rather than by internal repudiation. It was postulated that the frustration of these oral receptive longings would lead to a regression from the wish to be loved to the wish to be fed. The repressed longing to receive love and help mobilizes the innervations of the stomach, associated since birth with the process of receiving food. With this persistent stimulation, the stomach responds as if food were being taken in or about to be taken in, with a resultant chronic hypersecretion and hypermotility.

The hydrochloric acid secretion increases with anxiety regardless of its origin, whether it is associated with sexual, hostile, or passive dependent wishes, ideation, or motives.

A peptic ulcer should develop in an individual under the following conditions:

1. Sustained rate of gastric hypersecretion.
2. The presence of a conflict related to the persistence of strong infantile wishes to be loved and cared for, and the repudiation of these wishes by the adult ego or the external world, as inferred from projective and psychological techniques;

3. Exposure to an environmental situation which mobilizes conflict and induces tension.

PSYCHOPHYSIOLOGICAL ASPECTS OF RESPIRATORY DISORDERS:

Respiration, it's initiation at birth marks not the beginning of life but the beginning of infant's independent life apart from the aquatic confines of the mother's uterus; it is only the instinctual process for which the infant does not require help from another person.

Like the skin their predecessor phylogenetically as a respiratory organ, the lung constitutes barriers which regulate with exquisite sensitivity a continuous sequence of transactions between his individual and his environment, in all their activities they are associated individually with a wide spectrum of emotional responses. Laughing, crying, sighing, pain, anger, fear, and sexual excitement have respiratory and emotional components which are inseparable. Talking with it's variations in pitch, inflection, and volume, may be an important respiratory expression of feeling states. Finally contemplation of physical activity, particularly in the presence of real or imagined danger, is known to be associated with increased respiratory activity in anticipation of increased metabolic needs.

Psychodynamic considerations:

There is general agreement among psychoanalytic writers that many patients with severe asthma 1) have an inordinate need for their mother's love 2) that their attitude to their mother is ambivalent, and 3) that they are afraid of "losing" their mothers or of "destroying" them.

Asthma may represent an unconscious attempt by the patient, on a regressive basis, to protect himself permanently and omnipotent from loss of maternal love by respiratory introjections.[4]

Treatment of Psychosomatic Disorders

A major role of psychiatrists and other physicians working with patients with psychosomatic disorders is mobilizing the patient to change behavior in ways that optimize the process of healing. This may require a general change in lifestyle (e.g., taking vacations) or a more specific behavioral change (e.g., giving up smoking). Whether or not this occurs, depends in large measure on the quality of the relationship between doctor and patient.

- ***Direct education*****:** Explain the problem, goals, and methods to achieve goals. Education must be geared to the patient's socioeconomic level and cultural traditions. If the patient has questions, they should be answered frankly. Explanations in keeping with the patient's capacity to understand should be given. Such factors as intelligence, sophistication in regard to personality reactions, and degree and type of illness should influence the vocabulary and content of the physician's response. Every effort should be made to convey to belligerent patients both understanding and tolerance for their feelings.
- ***Third-party intervention*****:** Family members, friends, and other clinicians can provide support and encourage the patient to follow a course of action. This may occur in a group setting, which is especially effective in motivating patients who have substance abuse problems to obtain treatment (called an intervention).
- ***Exploration of options*****:** There may be alternative methods for achieving a desired goal. For example, quitting smoking can be done with support groups, nicotine patches or gum, psychotropic drugs, or cold turkey among others.

- ***Provision of sample treatment:*** If a patient fears a particular course of action or considers change impossible, a treatment trial can be implemented. The patient always may opt out of the prescribed program.
- ***Control sharing:*** Some patients resent any approach that appears to be authoritarian. They may wish to set the pace of a withdrawal program or titrate their medication depending on adverse effects.
- ***Concession making:*** The clinician may grant the patient something that he or she wants (e.g., medication) as a bargaining chip to get the patient to comply with advice.
- ***Empathic confrontation:*** Patients who resist change may do so because of fear or other uncomfortable emotions of which they are unaware. The doctor can try to step into the patients' shoes in an effort to raise their level of awareness. Doctors should be prepared to answer the patient's question: What would you do if you were in my place?
- ***Standard setting:*** Guidelines or standards (sometimes called milestones) should be set to evaluate the progress of an agreed-upon program (e.g., the loss of 1 pound of weight every 2 weeks to achieve a weight loss of 10 pounds in 20 weeks).

Stress-Management Training:

Five skills form the core of almost all stress-management programs:

a. Self-observation,
b. Cognitive restructuring,
c. Relaxation training,
d. Time management, and
e. Problem-solving.[2]

HOMOEOPATHIC CONCEPT:

PHILOSOPHICAL FOUNDATIONS: MIND AND BODY.

Hahnemann wrote in the Aphorism 9 of the Organon:

"In the healthy condition of man the spiritual force (autocracy), the dynamis that animates this material being (organism), rules with unbounded sway, and retains all the parts of the organism in an admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling reason-gifted Spirit can freely employ this living, healthy instrument for the higher purposes of our existence." (Some translations use the word "mind" instead of "Spirit" – but the original German word is "Geist" – here meaning spirit.)[5]

Man rising himself through reason.

Seeking control over the base

Prides himself over his achievements, his conquests

Pride falled by the irrational

Seeks recompense, achieves resurrection,

Rising from the ashes, brightens than before

Knowledge gives way to wisdom

Pride to humility

Self to service

Man perceives himself.[6]

Reflecting the same sentiment Rabindranath Tagore wrote:

Thou hast made me endless,

Such is thy pleasure.

This little flute of reed

Thou hath carried over the hills and dales

And breathed into it

Melodies eternally new.

This frail vessel

Thou emptiest again and again

And fillest again and again

Ever with fresh life.

Two stage in disease:

Hahnemann splits up disease into two stages: Initial disturbance of organs of the higher rank and of the vital force;

The above results in altered activity of other organs of the body.

By 1813 he had come to the conclusion that the curative action of a drug does not lie in its local organ effect but rather in its dynamic effect, i.e. its effect on the vital force. The initial disturbance, he said, is in the organs of the higher rank. What he meant was –the vital force acts primarily through certain controlling organ systems. The drug disturbs the vital force producing functional disturbance of these systems, and it is only through this that a drug produces local effects on various organs. Hahnemann did not exactly define which the organs of the "higher rank" are.

It is reasonable to assume that Hahnemann is referring to those organ systems which have a controlling influence on the rest of the body and whose disturbance produces a general effect on the whole organism. Which could these organ systems be? In other words, which are the organ systems whose disturbance produces a generalized effect?

With our present medical knowledge we can identify four such organ systems:

- ***The Mind:*** The disturbance of which can produce far reaching effects on the heart, lungs and almost every single part of the body.

For example, when we are frightened there is palpitation, breathlessness, sweating, trembling, increased frequency of urination, etc.

- ***The Nervous system:*** Disorder of which produces various types of sensations, pains, sensitivities, etc., in various organs and parts of the body.
- ***The Endocrine system***: We know that disturbances of the endocrine system (increase or decrease of hormones) can produce changes in various parts of the body.

  For example, the growth hormone can produce changes in bones, etc., the male and female hormones produce changes like puberty, menopause, etc. Cortisone can also produce several changes in the system.
- ***The Immunological system:*** The disturbance of this function can result in allergic and autoimmune disorders as well as the tendency to recurrent infections in several parts of the body.

P-N-E-I Axis

The mind acts on the body through the other three systems (Neuro-Endocrine-Immunology). These four systems are intricately connected to each other, so that specific changes in the Psyche (P) can be associated with specific symptoms in the N-E-I systems, and these systems form together one axis, namely the P-N-E-I axis.

It is this axis that controls and regulates the other systems of the body. A specific disturbance in this axis will cause a specific state of the whole organism. The dynamic disturbance which a homoeopathic drug can cause must act through this axis. The symptoms experienced in this axis will therefore be observed first, rather than the local symptoms.

MAN: IS EXPRESSION OF CAUSATION, CONCOMITANTS AND PHASE EFFECTS.

We have seen man becoming progressively conscious of the time dimensions as he keeps on evolving. Duration rate of change and sequential dimensions strike him fairly early. He has to think hard.

CONFLICT AND RESOLUTION:

Man experiences conflict when the various vectors that go to make his operational mind operate are variance and cannot be properly aligned.

All conflicts commences internally before it externalizes itself in the form of action which we can observe. Resolution of conflict demands clear perceiving of the true reasons for the conflicts. Conflict affects our perceiving. Perceiving also gets determined by our prejudices and our needs to prevent ourselves as full of reasons.

THE MIND STRUCTURALISATION: Mind: A Constructive force:

A mind under full control of the superior conscience, reasonably submitting to the operational conscience, guided by the intellect assisted by love of good, creates.

All creation of this order is sublime, constructive: it infuses life and blossoms forth into the philosophy of living.

Discipline assures freedom. A free mind is constructive, vibrates with energy that produces new forms and structures in response to demands of function. That is creation. That is construction. Mind has that power locked up within it. It is for man to tap these hidden sources within himself.

A mind fully tuned to the 'good of all' can be free and constructive: all other minds are partisan and in perpetual conflict. And conflict destroys. Discipline assures balance and integration. These express themselves through constructive activity of

diverse types directed essentially away from the doer but towards those in need of assistance.

MIND: A Destructive force:

When mind knows not that it is force and when it knows not its direction. The weak mind is a terrible force spreading destruction around as it combines within it both the conditions. Will is acquired through usage, right as well as wrong. The mind marries the will which is strong at the moment and acts, reinforcing thereby the will that acts provided the results are likeable. Results that are not so likeable sour the mind and weaken the will that was driving it at the moment.

Mind undisciplined knows not well from bad, keep not to the good, hug the desired though not desirable and destroy. [6]

K.N MATHUR's words….

The destiny of every human being is to follow a pattern that leads him from a childhood autism in which he is only a helpless, insecure, dependent and passive being, to the adult stage or a state of conscience in which the barrier that separates the subjective from the objective world has vanished, so that the individual "ego" and the transcendental "ego" meet. Thus he becomes a human being free of every infantile automatism, capable of creating his own destiny.

Disease must be considered as a special behavior of the living being, as a vital phenomenon, full of meaning that finds expression through an organized structure. No objective semiology or instrumental investigation of the psychic phenomena will provide him with a knowledge of that inner essence or intrinsic unfathomable reality that is mind.

Hahnemann's failures in treatment prescribed and the frequency of all sorts of relapses led him to understand that he was not healing, but rather suppressing

symptoms. This forced him to study the early causes of morbid processes which he claimed to eradicate. He investigated the patients whole medical life history and revealed the conglomerate of events as manifestations of the dynamic alteration of the individual's vital force, which he called miasm. A miasm is not an infection or intoxication but a vibratory alteration of man's vital energy determining the biological behavior and genetic constitution of the individual.

The transgression of the laws (ie) vibratory interference of the vital or instinctive energy of the human being with the cosmic energy determines the basic conflict of the individual, due to the transgression of the law of the harmonious adaptation of his instincts to the dictates of his moral conscience which is vitally alert within him as the representative agent of the cosmic harmony.

In order to understand disease we must understand man as a being of soul in his true self, with his inclinations and temperament, (ie) his feelings, sensations, emotions and humour in short everything thus make up his personality through which he must fulfill his destiny.

The human being receives from his ancestors a biological heritage stigmatized by a pathogenetic dynamism of vital energy with particular temperamental tendencies of psychological behavior that enables him to evolve a personality of his own, in which he himself and the world merge under the influence of the miasmatic dynamic rules that conform him.

Psychosomatic interpretation:

1. The mind and body are but different manifestations of one and the same entity.
2. Certain influences tend to preferentially manifest themselves on the mind while some on the body; and some on both at the same time. The laws, which

govern these expressions, involve transformations of energy patterns and are not well known.

3. The mind and the body are connected with each other through the psychoneuroendocrine and the reticuloendothelial systems. These systems have sensors, which scan the external environment for cues and effectors that bring about changes in the functioning of the organs.
4. Any change to begin with, is subtle and can be detected by equally subtle means of investigation. Thus the concept of alexithymia, which connotes a constitutional difficulty in getting in touch with one's feeling state and expressing it in a relationship is relevant to understand the genesis.

   With passage of time, these changes tend to become gross and interfere with the normal functioning if the organ/system/individual. With further progress of the condition, structural changes appear which can be detected more readily by gross investigations
5. Any symptom/illness can be looked upon as a symbolic representation of the conflict.

   It is clear that to give effect to a psychosomatic interpretation, we need to correlate carefully the course of events in the life space and the onset of physical complaints.

As with all things, the human organism was originally designed to function harmoniously and compatible in the environment. The intention of this design obviously was to establish a dynamic balance in which both the individual and the environment are mutually benefitted. Any disturbance inevitably leads to destruction, which diminishes both the human being and the universe in which he or she lives. Since human beings are endowed with consciousness and awareness, they carry a

great responsibility, both for their own benefit and for that of the cosmos, to live according to the laws of nature. Ideally, the human race should have enough consciousness and awareness to live within and contribute to the order of the universe, and thereby be freed to achieve the highest possibilities of evolution.

Every organism possesses a defense mechanism which is constantly coping with stimuli from both internal and external sources. This defense mechanism is responsible for maintaining a state of homoeostasis, which is a state of equilibrium between a processes tending to disorder of organism and the processes which tend to maintain order. Understanding precisely how this defense mechanism works is vital, for any significant impairment of it's function rapidly leads to imbalance and finally death. If defense mechanism were always functioning perfectly, there would never be any suffering, symptoms, or disease.

The activity of an individual is manifested primarily on three levels:

1. Mental level
2. Emotional level.
3. Physical level

At any moment, the activity of a person is centered mainly on one of these three levels. The centre of activity may change frequently, even rapidly, depending on the intention or the circumstances of the person, but always there is a dynamic interaction among these three levels.

These levels are not in reality separate and distinct, but rather there is a complete interaction between them.

The Mental plane:

The mental plane of an individual is that which registers changes in understanding or consciousness. It is on the mental level that an individual thinks,

criticizes, compares, calculates, classifies, creates, synthesizes, conjectures, visualizes, plans, describes, communicates etc.

The mental level is the most crucial level for the human being. It is the mental and spiritual content of a person which is the true essence of that person. James Tyler Kent, an American physician, in his Lesser Writings summed up the tragedy in this way: “Today no skin eruption is left to appear. Everything that appears on the skin is quickly suppressed. If that continues for long the human race will disappear from the face of the earth.

We need to have a simple and obvious way of defining the qualities which describe the degree of mental health in an individual. As on all levels, health is not merely the absence of symptoms referring to particular mental functions. It is a state of being which can be described as having three fundamental qualities, each of which is indispensable qualities that should accompany the different functions of mind are:

1. Clarity
2. Rationality, coherence, and logical sequence
3. Creative service for the good of others as well as for the good of oneself.

All three of these qualities must be present, but the third is of prime importance.

If we meditate upon the source of mental or emotional suffering, it gradually becomes clear that suffering arises from two basic sources: broken ambitions and broken attachments. These in turn are another way of saying selfishness and acquisitiveness. Anyone who believes strongly in many selfish ambitions is setting himself up for a lot of suffering. As soon as it becomes clear that an overly inflated ambition is unreachable, the person will experience grief proportional to the degree of his original belief. The same applies to a person driven by acquisitiveness. The degree

of suffering resulting from loss of possession is proportional to the degree of attachment to that possession.

The Emotional plane:

The level of human existence of next importance to the mental level is the emotional level. By this we include all grades and shades of emotions from the most primitive to the most sublime. This level of existence acts as the defense mechanism's receptor of emotional stimuli from the environment, and also functions as the vehicle of expression of feelings. Actions and emotional disturbances occurring in the individual. The emotional plane of existence is that level of human existence which registers changes in the emotional states. The range of emotional expression can vary widely: love/hatred, joy/sadness, calmness/anxiety, trust/anger, courage/fear, etc.

Feelings as to their quality can be defined as positive or negative. Positive feelings are those tending to draw the individual towards the state of happiness; Negative feelings are those tending to draw the individual toward a state of unhappiness. The more an individual feels or experiences negative feelings, the more unhealthy he or she is on this level. To measure the degree of emotional disturbance of a person is to find out how much, in his waking state, he is occupied with negative feelings such as apathy, irritability, anxiety, anguish, depression, suicidal thoughts, jealousy, hatred, envy, etc.

The most healthy and emotional evolved people experience some of the most profound states known to mankind: mystical experiences, ecstasy, pure love, religious devotion, and a wide range of sublime feelings difficult to describe, and in our era limited to only a small number of rare beings. As a generalization, it can be said that imbalances on the emotional plane manifest themselves as heightened sensitivity to the sense of ourselves as vulnerable beings separate from the rest of creation;

emotionally disturbed states tend to revolve around issues of personal comfort, personal survival, and personal expression. On the other hand, the most evolved emotional state tend to involve feelings of the oneness of ourselves with all creation-love, bliss, devotion, etc. thus positive feelings in an individual will always tend to create a sense of unification with the outside world; on the contrary, negative feelings will tend to produce a sense of isolation and separation from the outside world. [8]

Homoeopathic approach:

The controversies of Posology:

No question connected with Homoeopathy has given rise to more vigorous controversy or to more earnest partisan feeling than that concerning the infinitesimal dose. The most bitter opposition of the Old School to Hahnemann was based on this question. It has been also the chief ground of division and contention among Homoeopathists themselves. [7]

It pleases Dr. Dudgeon to suppose that "this sudden change," as he calls it, from material to infinitesimal doses, was a matter of expediency and policy rather than of conviction on the part of Hahnemann, in as much as it coincided in point of time with the prosecutions of Hahnemann by the apothecaries.

In the earlier volumes and editions of the Materia Medica Pura, Hahnemann recommends a particular dose for each remedy. Some remedies are to be given in the first dilution, some in the third, some in the ninth, some in the fifteenth, some in the twenty-fourth, some in the thirtieth. In subsequent editions of the Materia Medica and in the work on Chronic Diseases, Hahnemann, as is well known, advises that all remedies be given in a uniform dose-the thirtieth dilution. In the latter years of his life he speaks of using with great success the sixtieth, one hundred and fiftieth and three hundredth dilutions, and it is well known that during these years he did not confine

himself to a uniform dose, but used in some cases the lower potencies, and in some the very highest. It is not unworthy of remark that as Hahnemann's practical experience in the treatment of disease increased, so did his estimate of the advantage and necessity of using higher dilutions, in at least many cases, likewise increase. The promulgation of the dynamization theory by Hahnemann, and his adoption of the practice of giving infinitesimal doses, were the occasion of the most violent denunciation of Homoeopathy by his professional opponents. Indeed, to this day, this really subordinate department of the method is regarded by allopaths as the essential feature of Homoeopathy; and to a superficial observer it would seem as if the infinitesimal dose were almost the only obstacle to a blending of Homoeopathy and the so-called Physiological School of Medicine.

The progressive advocacy by Hahnemann of the higher dilutions, and especially the introduction by Korsakoff of what are technically known as the "high potencies" (the one hundred to fifteen hundredth) gave rise, as have been said, to a lively and bitter and decidedly personal controversy among Homoeopathists. [9]

Evolution of Homoeopathic Posology

1) Before the discovery of Homoeopathic system

During his earlier period, Hahnemann was using massive doses, as was the practice in those days. But by his keen observation he was able to detect that large doses of medicine were causing undue aggravation. In § 621 in Lesser writings (On the nature and treatment of venereal disease) 1786 (pg 133) he says "… in very sensitive persons I have sometimes not have the occasion to use more than 1 grain of soluble mercury to cure moderate idiopathic venereal symptoms and commencing syphilis yet I have met with cases in which 60 grains were necessary".

He says that he was forced to use such large quantities of medicine, as some

circumstances of the patient must have interrupted with the action of medicines. Hahnemann says that in moderately severe syphilis not more than 8 grains were required while for severe and deep-rooted cases about 12 grains were needed.

After giving the first dose Hahnemann used to progressively increase the dose until the disease have disappeared.

In Lesser Writings he narrates the way of increasing dose in a progressive scale from ¼ to 1/3, ½, 3/4, 11/4 grains then after an interval of 14 days again dose is increased from 11/2 to 2 grains until syphilis disappeared.

Here we can see that Hahnemann inferred that the large quantities of medicine was not the factor which helped in curing disease, but sufficient quantity just needed to excite an reaction was only needed. So Hahnemann reduced large quantities of mercury given for treatment of venereal disease to just sufficient quantity required to bring about mercurial fever. Thus Hahnemann reduced the quantity of mercury needed for the treatment of venereal diseases from 12 grains, 5 grains etc to 11/2 to 2 grains.

II) Period of discovery of Homoeopathic system

In 1790 Hahnemann on translating Cullen's M.M came upon the fact that the curative power of cinchona was due to its astringent property which he tested upon himself and established that medicines were able to cure owing to its property of producing similar symptoms. Thus in 1796 he laid down the foundation of a new system of medicine viz. Homoeopathy. In the period 1796 - 1801 we don't find a marked reduction in the dosage for we find him giving 4 grains of veratrum album for a case of colicodynia, Ipecac 5 grains, nux vom 4 grains etc.

III) Inception of infinitesimal Posology

But in 1801 in his essay 'On the cure and prevention of Scarlet fever', the first

indication of infinitesimal Posology took its place and unto now it stands as essential and integral part of Homoeopathic system.

In cure and prevention of scarlet fever Hahnemann advises 1 part of opium to be taken in 20 parts of weak alcohol and keep it for one day, then one drop of it is taken and dissolved in 500 drops of alcohol and then one drop of this could be given for children and 2 drops for persons above 10 years of age.

Hahnemann says "The smallness of the dose in which the medicines acts upon the whole organism, when it is suitable to the case is incredible; at least it is incredible to my colleagues".

In his essay 'On the power of small doses of medicine in general and belladonna in particular' (Lesser Writings) Hahnemann says a very hard dry pill of extract of belladonna produces no effect in a perfectly healthy man, but it may not be so if he is ill. One drop of belladonna taken in 2000 drops of water and is shaken vigorously and 1 teaspoon is given every two hours will produce violent symptoms in a strong man, if he is ill. Hahnemann says that except him no other physicians have noted this remarkable action and many physicians are ignorant of this dynamic action. Here Hahnemann was able to see that the medicines acted even in minute doses due to its dynamic action.

In Medicine of Experience (1805), which is the precursor to Organon of Medicine, he further elaborates upon his discovery, making it a doctrine and a foundation stone of Homoeopathy.

In Medicine of Experience Hahnemann says "… We have not only selected the right remedy but also hit upon the proper dose (for curative purpose incredible small doses suffice)…"

In the first edition of the Organon, which appeared in 1810, Hahnemann speaks

much to the same effect. Here he says, "Scarcely any dose of the Homoeopathically selected remedy can be so small as not to be stronger than the natural disease and not capable of overcoming it".

Thus in scarlet fever we find Hahnemann giving betwixt our 2nd and 3rd dilution. In 1814 we find him giving bryonia and rhus tox in a dilution equal to 15th and 16th of centesimal scale. Hyoscyamus was prescribed in 8th dilution. In 1819 on the treatment of suicidal mania we find him giving gold in 6th dilution.

In 1827 in his essay 'How can small doses of such very attenuated medicine in Homoeopathy employ still greater power', Hahnemann says that there are various reasons why a sceptic ridicules these homoeopathic attenuations.

1) He is ignorant that by means of such triturations, the internal medicinal power is wonderfully developed and liberated from its material bonds.

2) Pure arithmetic mind believes that it sees here only an instance of enormous sub division and does not observe in this spiritualization of internal medicinal power.

3) The sceptic has no experience relative to the action of preparations of such exalted medicinal power.

V) Introduction of theory of dynamisation by trituration and succession into Homoeopathic Posology;

Even though Hahnemann was practicing a crude form of succession and trituration from 1801 onwards, he later in 1833 laid down rules and procedures for the preparation of homoeopathic potencies. Thus Hahnemann's centesimal scales of potencies were born. This led to standardization in preparation of potencies.

Even though Hahnemann puts forward the theory of dynamization by trituration and succession in the 5th edition of Organon i.e. (1833) the idea was already hinted in 1829 in the concluding clause of the second note to §278 of the 4th

edition. It was more explicitly stated in 1826 in the note to Thuja (Materiel Medica Pura ii 649) which runs as follows "The discovery that crude medicinal substances (dry and fluid) unfold their medicinal power ever more and more by trituration or succession with non - medicinal things and in greater degree the further, the longer and the stronger this trituration or succession is carried on, so that all their material substance seems gradually to be dissolved and resolved into pure medicinal spirit".

In § 281 he says that he has made some changes in the procedure of carrying out successions. Hahnemann says "…And moreover, the Homoeopathic medicines becomes potentized at very division and diminution by trituration and succession - a development of the inherent powers of medicinal substances which was never dreamed of before my time, and which is of so powerful a character that of late years I have been compelled by convincing experience to reduce the 10 successions formerly directed to two.

§287 foot note Hahnemann says that the higher we carry the attenuation accompanied by dynamisation (by two succussion strokes) with so much more rapid and penetrating action does the preparation seem to affect the vital force and alter the health but with slight diminution of strength even when this operation is carried very far .

VI) After the invention of Psora theory

After his invention of psora theory Hahnemann fixes an uniform standard for the dose of all remedies at a globule of the 30th dilution. In his essay 'On the extreme attenuation of Homoeopathic medicine' he is found to recommend 30th dilution as standard.

Korsakoff's statement about high potencies :

Graf von Korsakoff says that he has diluted medicines up to 150th, 1000th,

1500th attenuation and he has found them to be still efficacious. Korsakoff says that the material division of medicinal substance attains its limit at 3rd and 6th dilution and subsequent attenuation obtain their medicinal properties by a kind of infection or communication of medicinal power after the manner of contagious disease to the non - medical vehicle. He says he communicated medicinal properties to large quantities of unmedicated globules by shaking them up with one dry medicated globule. By diluting medicines highly the primary action of the medicine, or its tendency to produce homoeopathic aggravation declines, whilst the curative action of medicine continuously increases.

To this Hahnemann says that we are indebted to Korsakoff, who has brought the idea of contagion in communicating the power of medicine to another globule, but the supposition that dry globules, that has been impregnated with a certain degree of development of power can be further dynamized and their medicinal power increased in their bottles by shaking or carrying about in pocket is incredible. Hahnemann says even though trituration can be carried out to any limit it is advisable in preparing all kinds of medicines not to go higher than the decillionth attenuation and dynamization (x) in order Homoeopathic physicians may be able to assume themselves of uniform results in practice.

VI) Directions given during the last years of his life

At Paris, on Dec 1838, Hahnemann states that "Thus we obtain, even in the fiftieth potency (the new wiseacres have hitherto ridiculed the thirtieth potency, and made use of the lower, little developed, more massive medicinal preparations in large doses, whereby, however, they were not able to effect what our system can do), each lower one of which has been dynamized with an equal number of successions,

medicines of the most penetrating efficiency, so that each of the minutest globules impregnated with it, dissolved in much water, can be taken in small portions and must be so taken in order not to produce too violent effects in sensitive patients, not to mention that such as mode of preparation develops almost all the properties that lie hid in the essential nature of the medicinal substance, which thereby done can attain any activity.

In the preface to 3rd volume of chronic diseases (edition 1837) he says that when we repeat the medicine we should descend from 30th to the 24th dilution and below. In the history of 2 cases collected in lesser writings he gave medicines especially sulphur and mercurius in doses greatly below 30th dilution.

In the last years of life he again allowed himself a greater range of dose, chiefly by extending the scale of dilutions upwards as high as 60th, 180th and even 300th dilutions, but also downwards to the 24th and occasionally also much lower. Hahnemann however used almost all potencies from lower to 30th, 60th, 150th and 300th dilution.

Factors that led Hahnemann to arrive at the concept of minimum dose:

Dr.Dudgeon in his Lectures and Practice of Homoeopathy says that following factors led Hahnemann to arrive at the concept of minimum dose.

a) Hahnemann observed that medicines exhibited greater strength when given in dilution than in dry state.

b) He observed the greater power of medicine when given in divided dose than given at once.

c) He observed the greater susceptibility of disease organism for the medicine having a specific homoeopathic relation to the affected parts.

d) Hahnemann observed an increasing power of medicine by a thorough admixture of

vehicle by means of succussion.

e) Desire to evade precession of apothecaries who tried legal proceedings against Hahnemann for invading upon their privileges for dispensing medicines.

f) To avoid aggravation of disease when given in large doses.

Exception to infinitesimal dose:

Hahnemann states an exception to infinitesimal dose in §282 foot note of Organon of Medicine "….there is an exception in the treatment of three great miasm while they still efflorescence on the skin i.e. recently erupted itch, the untouched chancre and the fig warts. These not only tolerate but indeed require from the very beginning large doses at their specific remedies of ever higher and higher dynamisation daily.

The reasons why we should employ only minimum or infinitesimal dose are:

1) When the disease attacks the body, it overcomes the body resistance. Now the body becomes vulnerable to the action of a similarly acting disease producing agent. So this disease-producing agent via the drug need only be applied in a minimum dose just sufficient to produce a cure.

2) Disease has already rendered the parts abnormally sensitive, so if the stimuli applied are large it will produce an aggravation.

3) According to Arnold - Schultz law minimum dose stimulates medium inhibits and maximum destroys. [10]

Series in degrees - Octave potencies:

J.T.Kent in his lesser writings tells us that after long observation he has settled upon the octaves in the series of degrees as - 30th, 200th, 1M, 10M, 50M, CM, DM and MM. Many patients who have steadily improved from each potency will be given higher so that the symptoms become fainter and the patient becomes stronger mentally and physically.

Kent in his Lesser writings says that in some constitutions 1M is not repeated with advantage and in others several doses are necessary .He says very high remedies seldom require repetition in chronic cases but on severe acute diseases several doses in quick succession are most useful. [11]

Mode of employing remedies in chronic diseases:

$ 246- 258

The general rule in chronic diseases is not to repeat a remedy till improvement continues. Acute diseases bear repetition of the remedy. The frequency of repetition depending on the intensity of the disease.

Hahnemann has laid down three conditions which are to be fulfilled in hastening the cure, which are as follows:

1. The medicine selected must be perfectly homoeopathic to the disease.
2. The medicine must be given in high potencies.
3. Medicine is to be repeated at intervals with the precaution that degree of every dose should deviate somewhat from the preceding and following.

§ 273

In no case under treatment is it necessary and therefore not permissible to administer to a patient more than one single, simple medicinal substance at one time. It is inconceivable how the slightest doubt could exist as to whether it was more consistent with nature and more rational to prescribe a single, simple1 medicine at one time in a disease or a mixture of several differently acting drugs. It is absolutely not allowed in Homoeopathy, the one true, simple and natural art of healing, to give the patient at one time two different medicinal substances. [30]

§ 275

The suitableness of a medicine for any given case of disease does not depend on its accurate Homoeopathic selection alone, but likewise on the proper size, or rather smallness, of the dose. If we give too strong a dose of a medicine which may have been even quite Homoeopathically chosen for the morbid state before us, it must, notwithstanding the inherent beneficial character of its nature, prove injurious by its mere magnitude, and by the unnecessary, too strong impression which, by virtue of its Homoeopathic similarity of action, it makes upon the vital force which it attacks and, through the vital force, upon those parts of the organism which are the most sensitive, and are already most affected by the natural disease.

§ 276 Fifth Edition

For this reason, a medicine, even though it may be Homoeopathically suited to the case of disease, does harm in every dose that is too large. The more harm the larger the dose, and by the magnitude of the dose it does more harm. The greater its Homoeopathicity and the higher the potency selected, and it does much more injury than any equally large dose of a medicine that is unhomoeopathic, and in no respect adapted (allopathic) to the morbid state; for in the former case the so-called homoeopathic aggravation.

The three essential elements of the system are the principle, the remedy and the dose; and the three are of equal importance.

If he confines himself to one or two potencies, be they low, medium, or high, he is limiting his own usefulness and depriving his patient of valuable means of relief and cure.

The Homoeopathic doctrine of dosage, like the law of cure, was based upon the discovery of the opposite action of large and small doses of medicine. It is another

application in medicine of the Law of Mutual Action-the third Newtonian law of motion-"Action and Reaction are Equal and Opposite."

The Homoeopathic cure is obtained without suffering, without the production of any drug symptoms, in a positive and direct manner, by the action of sub-physiological or sub-pathogenetic doses; in other words, by the minimum dose, which is a dose so small that it is not capable of producing symptoms when used therapeutically. Homoeopathy requires that the therapeutic dose must be capable only of producing a slight temporary aggravation or intensification of already existing symptoms, never of producing new symptoms. Only the similar remedy, in the smallest possible dose, is capable of bringing about this highly desirable result. By this means the patient's strength and vitality are conserved, his suffering quickly reduced to the lowest possible degree and a true cure brought about, if the case has not passed beyond the curative stage.

The Homoeopathic dose, therefore, is always a sub-physiological or sub-pathogenetic dose; that is, a dose so small as not to produce pathogenetic symptoms; for we desire, not to produce more symptoms, but only to remove and obliterate symptoms already existing. [12]

Five considerations influence us in the choice of the dose:

1. The susceptibility of the patient.
2. The seat of the disease.
3. The nature and intensity of the disease.
4. The stage and duration of the disease.
5. The previous treatment of the disease.

Susceptibility varies in different individuals according to age, temperament, constitution, habits, character of diseases and environment.

The more similar the remedy, the more clearly and positively the symptoms of the patient take on the peculiar and characteristic form of the remedy, the greater the susceptibility to that remedy, and the higher the potency required.

The clearer and more positively the finer, more peculiar and more characteristic symptoms of the remedy appear in a case, the higher the degree of susceptibility and the higher the potency.

Susceptibility is Modified by Age: Generally speaking, susceptibility is greatest in children and young, vigorous persons, and diminishes with age. Children are particularly sensitive during development, and the most sensitive organs are those which are being developed. Therefore the medicines which have a peculiar affinity for those organs should be given in the medium or higher potencies.

Susceptibility is Modified by Constitution and Temperament: The higher potencies are best adapted to sensitive persons of the nervous, sanguine or choleric temperament; to intelligent, intellectual persons, quick to act and react; to zealous and impulsive persons.

Lower potencies and larger and more frequent doses correspond better to torpid and phlegmatic individuals, dull of comprehension and slow to act; to coarse fibered, sluggish individuals of gross habits; to those who possess great muscular power but who require a powerful stimulus to excite them. Such persons can take with seeming impunity large amounts of stimulants like whiskey, and show little effect from it. When ill they often require low potencies or even, sometimes, material doses.

Susceptibility is Modified by Habit and Environment: It is increased by intellectual occupation, by excitement of the imagination and emotions, by sedentary occupations, by long sleep, by an effeminate life. Such persons require high potencies.

Susceptibility is Modified by Pathological Conditions: In certain terminal conditions the power of the organism to react, even to the indicated homoeopathic remedy, may become so low that only material doses can arouse it.

Quantity alone does not constitute a pathogenetic dose. Quality, proportionality and the susceptibility of the patient are also factors.

In terminal conditions, therefore, when the patient does not react to well selected remedies, nor to intercurrent reaction remedies, given in potentiated form and small doses, resort to the crude drug and increase the dose to the point of reaction.

Susceptibility is Modified by Habit and Environment: People who are accustomed to long and severe labor out-of-doors, who sleep little and whose food is coarse, are less susceptible.

Persons exposed to the continual influence of drugs, such as tobacco workers and dealers; distillers and brewers and all connected with the liquor and tobacco trade; druggists, perfumers, chemical workers, etc., often possess little susceptibility to medicines and usually require low potencies in the illnesses.

In the beginning, when torpor or collapse indicate the dangerously low vitality and deficient reaction, a few doses of a low potency may be required until reaction comes about, after which the potency should be changed to-a higher one if it is necessary to repeat the remedy. The question is entirely one of susceptibility

Three things are necessary; wisdom, courage and patience. "Strong doses" and frequent repetition will not avail if the remedy is not right.

The single dose of the indicated remedy, repeated whenever improvement ceases, as long as new or changed symptoms do not indicate a change of remedy, is adapted to all cases, but especially to chronic cases and to such acute cases as can be

seen frequently and watched closely. The nature and progress of the disease will determine, under this rule, how often the dose is to be repeated. [13]

SM GUNAVANTE'S VIEWS:

The greater the number of characteristic symptoms of the disease that are found to correspond to the drug, the less the quantity and higher the potency that can be used. We have some idea of the drug force in the form of potencies; but it is difficult to measure the "disease force" and the "vital force". As they vary from one case to another. So when favourable reaction sets in, the administration of the remedy must cease: and no repetition or change of remedy is permissible until the favourable reaction has spent itself.

But diseases differ largely in regard to intensity of suffering, plane of action and their normal duration. Patients also vary in their responsiveness to remedies; some are oversensitive and prove every remedy, while others are sluggish. It must be confessed that in dealing with a case for the first time it is not easy to determine how to classify the patient.

It is unsafe for the beginner to indulge in the desire to repeat too much. The higher the potency, the greater the aggravation caused by the kind of unrestricted repetition.

In the case of patients who are less sensitive in nature it is necessary to give repeated doses before a primary action can be induced. [9]

DR. ELIZABETH WRIGHT'S VIEWS:

The high potencies favour a single dose, although two three or more doses of a high potency may be given at short intervals in acute cases.

It is an absolute rule that when favourable reaction sets in the administration of the remedy must cease. When a certain potency is aiding some what a higher potency of the same remedy will lift the case to speedier cure. A very feeble vitality may not be

able to thrown out an aggravation and such must be given a single dose of a really high potency and watched for the minutest signs. On the other hand a strong vitality may have marked tissue changes which will produce a violent aggravation so that the physician must bear in mind the two factors, the vitality of the whole and the pathological changes, and balance these carefully in his choice of potency. [14]

DR. DOROTHY SHEPERD:

I found that high potencies go deeper and act longer, that is they act for longer periods and they powerfully stir up the constitution and make a vital difference in the character, temperament and mental make up of the respective patients

When dealing with sick people it is often found that in chronic diseases, we need all potencies. After the 3 potency cease to act, it needs the next that is the 6th potency. After some time the 6th potency fails, it requires the higher one and once again gradually increase the potency the patient improves more and more at each rise of potency.

If start with a higher potency set up violent dynamic shock as to almost annihilate the patient, while if you begin low and go up step by step you get no violent reaction, just an agreeable cure. High potencies are dangerous things and as such has to be treated with great respect. [15]

CONCEPT OF DUNHAM.C

In prescribing, the first essential is the correct choice of the remedy. The second point, which is also, in many cases, though not always, essential, is the judicious choice of the potency. Having chosen the remedy according to the symptoms of a case from the complete correspondence of the characteristics in disease and drug, we have only to consider whether the symptoms of the case

generally have more resemblance to the earlier (primary) symptoms of the drug, and then we give the lower potencies; or more resemblance to the later (secondary) effects, that is, to the symptoms produced by the higher-potency provings, and then we give the higher. [16]

BOGER'S VIEWS:

Whenever the general benefit derived from a single dose lags, the remedy should be repeated in the next higher potency, instead of looking upon the new symptoms as indicators for some other drug; for only the most inveterately rooted dyscrasia can, by varying its expression, resist the whole scale of an indicated remedy. Sometimes we can advantageously change to another potency scale of the same remedy, before attempting to scrutinize the remaining picture for those new developments which must point toward our next choice, nor should this successor be chosen until the new symptom picture-disease phase takes on a fairly definite or settled form. [17]

BANERJEE P'S VIEWS:

If repeated doses of the first medicine have been given as prescribed by Hahnemann in the sixth edition of the Organon, then the medicine must be stopped, directly re-action begins to appear, that is to say, there must be no more repetition of doses when there has been some change in the symptoms of the patient. And we must consider all the several doses that have been repeated to be as good as one single dose, because, though in number the doses have been so many, the effect is cumulative, and as such, it is the effect of one single dose in fact. There has been only one single stroke dealt to the life-force.

However, when the re-action has appeared, that is to say, when there has been some change in the patient's symptoms, we must stop the medicine forthwith and watch the character and progress of the changes. [18]

BOENNINGHAUSEN’S VIEWS:

Finally Hahnemann says "No harm will be done if the dose given is even smaller than I have indicated. It can hardly be made too small if only everything is avoided that might interfere with the action of the medicine or obstruct it; this refers as well to the diet, as to the other circumstances. They will even then do everything of good that can in general be expected of medicine, if only the antipsoric was selected correctly in all respects as to the carefully examined symptoms of the disease and was thus Homoeopathic, and the patient did not by his actions disturb the medicine in its action. On the other hand we have the great advantage, that even if in some case the selection should not have been made quite suitably, we have the great advantage that we can easily put out of action the wrong medicine in its minimal dose in the manner indicated above, when the treatment can be continued with a suitable antipsoric without delay." [19]

R.E DUDGEON’S VIEWS:

If, after the administration of the well-selection remedy, the disease undergoes a change in the quantity but not in the quality of its essential symptoms, we may infer that the dose administered has not been sufficient, though the choice was correct.

If after the first dose no alteration is perceptible for better or for worse, and still the selection of the remedy seems to have been accurate, we repeat the dose more or less frequently, according to the susceptibility of the patient, until either a Homoeopathic aggravation ensues, where after the amendment will proceed

vigorously, or until several symptoms peculiar to the remedy show themselves, which were not contained in the original morbid picture, and after which the state often begins to improve, or, if the contrary be the case, an indication is presented of seeing chronic diseases cured in a much shorter time than they have hitherto been by the usual mode of treatment.

The repetition of the medicine is, he contends, not an improvement or perfectioning of the art, but a mere pis-aller shift, occasioned by defective knowledge of the active sphere of action of most medicines; by the innumerable complications of most diseases; by the frequent selection of the improper remedy; by the improper dose; by dietetic disturbances of the medicinal action, etc. etc.

The reasons for microposology:

- An observation of the greater power of a medicine when given in solution.
- An observation of greater power of given quantity of medicine when given in divided doses.
- An observation of greater susceptibility of diseased organism.
- The increase in power of medicine by thorough admixture of it with a non medicinal vehicle by means of succession.
- A desire to avoid aggravation of the disease by the larger doses. [20]

J.T KENT'S VIEW:

In this matter of dose, some err upon one side and some upon the other. So we see that while some believe an imperfectly selected drug may be made to do the work of the perfect similimum if it be "pushed" or exhibited in crude doses; on the other hand, we find some who are disposed to assent to almost any prescription so it be given "high" enough. Both these parties are in error. While we cannot dogmatize upon

this question of dose, all here will agree that the better selection, i. e., the nearer we come to the perfect similimum, the less medicine we need give. This proposition may be stated again in other words. It is the experience of our best prescribers that the similimum will cure most cases best if given high and in one dose, or at most a few doses. Indeed, experience tells us that the high potencies are always best; this is experience, however, and not law. But the converse of this proposition is not true, that a badly selected drug may be made to do good work by giving much of it. This idea is the cause of most of the mongrelism of the day. [21]

GEORGE VITHOULKAS VIEW:

The Law of Similars is the primary law of cure, and the process of potentization is a merely an accessory factor. If the correct remedy is selected, then it will act curatively in any potency, even though a correct potency will act more gently for the comfort of the patient; conversely, an incorrect remedy can be either inactive or disruptive to a case, regardless of what potency is given.

Proper guidelines for selection of potency are difficult to define because in any given case it is impossible to say what would have happened if a different potency had been given.

Chronic case involve a wide variety of factor so any guidelines for potency selection in chronic diseases can only be considered general impressions.

Patients who have weak constitutions, old people, or very hypersensitive peoples should initially be given potencies ranging roughly, from 12x to 200.the reason for this is that higher potencies can over stimulate weakened defence mechanisms., resulting in unnecessary aggravations.

This principle particularly applied to patients known to have specific pathology on the physical level (i.e) arteriosclerosis, cancer, coronary artery disease.

Oversensitive patients present a unique problem for potency selection. These are persons who are excessively nervous reactive to all physical and emotional stimuli, usually lean and quick in their movements, restless, sensitive to odors and noise and light, and frequently suffering strongly from exposure to chemicals in the environment or in food. Such people are both reactive to low potencies and high potencies. Consequently it is better to restrict to initial prescriptions to 30 or 200 in such patients; depending upon their reaction, later potencies might go higher or lower. But initially at least, 30 or 200 are the best elections for oversensitive patients.

If a case seems relatively curable and free of physical pathology, higher initial potencies may be tried, ranging from 30 to CM. The primary guiding principles here is the degree of certainty which the homoeopath has about the remedy. If the medicine seems very obvious and covers the case very well, very high potency may be given in a person with a curable system. If the remedy is not so clear, it is better to begin with potency to 30.

It is sometimes said that the high potencies are for cases in whom the center of gravity is on the mental level, whereas lower potencies are reserved for cases centered on the physical plane. This point of view is false. It is true that mental symptoms are the most important in selecting a medicine; if they give a clear and obvious indication for a remedy, even though the physical symptoms may not match so perfectly, then a high potency can be given-because there is a high degree of certainty about the remedy, and not because it is a mental case. If the remedy is clear and a high potency can be given, one dose usually will suffice; even if a repetition is needed, the case should be re-taken to determine if a new prescription is necessary. [8]

Dr. RAJAN SANKARAN:

Birnstill and Gersdorf say that the high potencies were first introduced before 1834 by Mr. Korsakoff, but received very little notice at the time, and were forgotten until 1844, when Mr. Jenichen, in Mecklengburg, took them up, and proclaimed that he had discovered a new mode of preparation of high potencies.

Pulford A., that veteran Homoeopath of USA, had, it seems, strong views on the potency question. He wrote:

"To complete the true similimum the proper potency is an important part, if not the most important part..." and "From close observation we find that, as we have said above, the selection of proper potency is as necessary to complete the similimum as any or all of the symptoms that go to make up the prescription for the case, if we are to get the very best results without after-conditions arising."

He seems to have had a very strong preference for high potencies. He wrote further, "Lower potencies simply allay the predisposition which amounts simply to suppression of the disease and not to an eradication of the predisposition which is absolutely essential to a cure," and "Close application has taught us that remedies for curative purposes below the 30x are useless, but for palliation or temporary relief they are good and then better for pathogenetic and physiological purposes. The low curative remedies range from the 30x to the CC (200th) potencies, especially for the acute cases which do not rest on, nor are part of a deep chronic malady. The medium curative remedies range from CC to 10M potencies in subacute cases all of which rest on some deeper dyscrasia. The higher potencies range from the 10M up for the chronic curable cases. He then gives the following rules: "In making a prescription and selecting the potency, the acuteness, the sub acuteness and the chronicity of the case to be prescribed for must be considered. If acute, we must decide whether it rests

upon a normal system alone, or if it exists as an outburst of chronic active trouble; if the former it would require a lower potency, if the latter a higher. If the case is sub acute and the chronic malady on which it supervenes is not active then the lower potencies of the medium range would be required, etc."

Discussing potencies he writes, "There is no question but that the crude or very low potency will cure when homoeopathic to the diseases condition. Experience teaches and proves this beyond a doubt. But the experience as fully and completely proves and establishes the fact that the high and higher potencies act more promptly and efficiently and will cure cases, especially of chronic diseases, that the crude cannot touch. It is erroneous to suppose that the high potencies excel in the treatment of chronic cases and are not efficient in the acute stages of disease. My experience goes to prove that the high potencies are more reliable and efficient in the acute cases and will abort sickness or restrict it to a few days, whereas the crude would require many days or weeks to accomplish the same." He also reports his own experience when he required Sulphur. He took it in 55M and CM potency with no relief but one dose in the DM potency cured him.

Some tentative rules for potency selection:

Even though it becomes a difficult task to frame definite rules yet some tentative guidelines can be evolved from the experience and conclusions of the majority of the many veterans quoted above.

1. When in a case, the symptoms of the patient are very well matched by the symptom picture of the drug and especially if the mental symptoms are present and clearly marked, then a high potency seems advisable.
2. (a) Where the symptom matching is poor due to paucity of symptoms or (b) when the prescription covers only a superficial or local condition e.g. a skin

condition such as a wart or (c) where pathological symptoms predominate, e.g. as in cancer, congestive cardiac failure, etc. or (d) where only a palliation is aimed at because the patient is incurable and has a very low vitality, low potencies seem more advisable.

3. Nosodes seem to act better in high potencies, e.g. 200 and above.
4. If the patient has already received a deep-acting constitutional drug in high potency and is improving under the action of this, but has developed some superficial disturbing symptom, a low potency of a complementary drug may be prescribed for the relief of the symptoms.
5. When the patient is oversensitive to drugs, it is wise to use a low potency.
6. When the reaction is poor and a reaction remedy is prescribed to promote reaction, e.g. Carbo veg., a high potency is to be preferred.

Probably intelligent and sensitive patients and those engaged in mental occupations need higher potencies while the dull and the backward and those engaged in physical work may need the lower ones. Extending this idea, it seems that the less highly evolved animals may need lower potencies.

Certain potencies may produce certain effects, e.g. it is said that Silica given in low potency promotes suppuration, whereas if given in high potencies it aborts suppuration.

High potencies of deep-acting medicines such as Silica, Phos, etc., are contraindicated in advanced pathological states.

Repetition of doses:

Repetition of low potencies:

The frequent repetition of low potencies in chronic conditions seems to be generally acceptable.

Repetition of high potencies:

Going back to the teaching of Hahnemann, one is at first rather confused. Hahnemann in his teaching, upto and including the fourth edition of the Organon has strictly warned against hasty repetition. We are advised not to repeat the dose until the effect of the previous dose is exhausted. In the 5th edition, he emphasizes this but there is a hint of a change. He mentions that "... this minutest yet powerful dose of the best selected medicine be repeated at suitable intervals." Later, in the preface to the third part of the 2nd edition of the "Chronic Diseases", he says: "... in chronic disease I have found it best to allow a dose (to wit, a spoonful) of such a solution of the appropriate medicine to be taken no seldom than every two days, but more generally every day."

This teaching is finally incorporated in the 6th edition and he writes, "The same carefully selected medicine may now be given daily for months..."

No doubt, Hahnemann's clear advice in the 5th edition, that a remedy should be repeated only when the effect of the previous dose has been completely exhausted, was implicitly obeyed and the wisdom of this teaching repeatedly confirmed by his great followers like Allen, Boger, Clarke, Dunham, Farrington, Kent, Lippe, and many others. But we must remember that these masters did not have access to the later teachings of Hahnemann. They knew that Hahnemann was making some radical changes in his methods but since the 6th edition of the Organon was not published till as late as 1921 - thanks to the intransigence of Madame Melanie Hahnemann - though it was ready as early as in 1842, these masters had no idea about the new methods. They naturally faithfully followed and endorsed the original teachings of Hahnemann proposed and practiced by him earlier, so that the final teachings of Hahnemann went unknown and therefore untested, unpracticed and unendorsed.

During the 88 years that had lapsed between the publication of the 5th and 6th editions of the Organon, the teachings of Hahnemann as found in the 5th edition held the field, and it was natural that his great followers emphasized his teachings as contained in that edition. So when the latest edition came out in 1921, these new teachings apparently went against the weighty opinions of Kent and others and it was natural that no one seriously attempted to try them out.

Here, it would be worthwhile to go over the opinions, impressions and experiences of various well-known homoeopaths, as recorded in our literature.

Grisselich, after describing how Hahnemann had changed his idea about repetition in 1832 and had allowed earlier repetition, mentions that among his followers, Aegidi was in favour of more frequent repetition.

Adolf Von Lippe (as quoted by Yingling) advises, where no response has been obtained, to repeat a lower potency in water every two hours till a good response is obtained, even if several days are required, and then to wait on its action. The single dose is an ideal dose but it is only applicable with the true similimum which is very difficult to get owing to the masked symptoms greater must be the repetition to get necessary action upon which to wait for a cure or a change.

Phatak, the veteran homoeopath, says that in his experience, more frequent repetition of doses seems to be needed nowadays than used to be needed some 20 or 30 years back. Possibly patients are exposed to more stresses and strains and other morbid influences; possibly they transgress the laws of nature more than before; perhaps foods are devitalised or contaminated, perhaps the atmosphere is disturbed by industrial or radioactive material. But whatever the reasons, the effect of the medicine seems to be less long-lasting. So there does seem to be a case for more frequent repetition.

The potency (power) of a medicine consists in its ability to produce a central disturbance, the higher the potency the more intense the central disturbance it can produce. So, when we select the potency we have to select it at the level which is just above the level of the central disturbance of the person at that time. If the potency selected is much lower, then it will have very little effect and therefore have to be repeated quite frequently. If the potency selected is much higher, then it may produce a level of disturbance greater than the one the body currently has. Since the level of disturbance of the body may be just the one the organs can tolerate, producing a much higher disturbance could lead to a bad aggravation and may be harmful. Therefore, the selection of potency has to be based on the intensity of the central disturbance (which is represented by the mentals and generals). The intensity of the mentals and generals is seen by the extent of clarity of their expression. If the mentals and generals are clear and intense then the potency has to be high, if you want a quick response.

Change of potency

After giving the indicated remedy for a few months in a chronic case or a few days in an acute case, sometimes even a few hours, we are able to bring about a change in the condition of the body itself where the vitality increases. The body is now able to tolerate a higher central disturbance than the one it was able to before treatment. The level of central disturbances goes up a fraction with every amelioration or peripheral pathology

Repetition of dose:

How do we know that the dose has exhausted its effect?

For this, we have to first understand what the effect of the dose is. This effect of a dose (of the correct remedy) is to reduce the level of central disturbance. This means that the patient feels better on the whole, his mentals and generals are

ameliorated, he feels more comfortable, his conditions for himself and others have gone down and he has more space to be in the moment both physically and mentally. After a period of time, when we see that the level of central disturbance has reverted back to its original position, he again feels the same way as before. This means that the dose has exhausted its action.

Why does the dose exhaust its action ?

We have already seen that disease is an out of proportion or an unsuitable reaction. Out of proportion reactions occur because of the phenomenon of aggravation when under an exciting factor (phenomenon of excessive reaction). Unsuitable reactions take place also because of a root of disease. It is these two factors that tend to bring back the state to the original level.

The second reason why the dose exhausts its effect is that when the central disturbance is lowered and the patient's condition is somewhat ameliorated, the body draws back a little of the peripheral disturbance into the central disturbance, and then the level of central disturbance touches its original level. The cases that will not require repetition are therefore:

– Cases with no pathology, or

– When the central disturbance was caused by an acute exciting factor which has passed away.

How long does it take the dose to exhaust its effect?

– If the exciting factor is very strong and it is still persistent, the dose will exhaust itself very quickly.

– If the root is very excitable, even minor exciting factors will strongly aggravate the state and therefore, the effect of the dose will be soon exhausted.

– Aggravating factors in the environment and in the situation also cause the dose to exhaust itself quickly.

– A strong pathology will also cause the dose to exhaust quickly.

All these circumstances will require frequent repetition of the dose. The matter of the repetition should be determined by when the dose really exhausts itself and therefore one cannot make a standard rule to apply in all cases.

If we repeat high potencies frequently, the following possibilities arise:

– Where the potency is equal to or lower than the central disturbance, such a potency is not capable of aggravating the central disturbance since it cannot produce something more intense than the existing central disturbance. It is therefore not capable of producing much harm, given the fact that the body is already able to tolerate the central disturbance. It may be worth repeating the lower potency frequently to speed up the cure, but only when the previous dose has exhausted its effect. Do not repeat the potency that causes the aggravation, especially in cases which are not in a position to tolerate such aggravations.

– If you repeat a potency higher than the central disturbance, the body which could tolerate the higher stimulus, may not be able to tolerate prolonged high stimuli and this can lead to:

– the death of the patient, or

– the body diverting this increased central disturbance into the preexisting peripheral pathology, thus aggravating the pathology, rendering the case more difficult to cure.

Whether the potency is higher or lower than the central disturbance will be decided on the intensity of mentals and generals. In our assessment of the central disturbance, the following criteria could be helpful:

– If the aggravation is sharp, the potency is higher;

– If the remedy acts quickly, it is likely to be very near the central disturbance, or higher;

– The longer the duration of action, the closer the potency is to the central disturbance, provided there is no exciting cause, since an exciting cause will exhaust the action of the remedy faster.

The effect of the dose is instantaneous. It is one impact that the dose gives but the effect of this impact can last for a long time. The aggravation is momentary, but if we keep on repeating these momentary aggravations for a long period of time, it can be harmful in some cases.

Sometimes, we may be too cautious to repeat, despite repetition being needed. The central disturbance was better but now it has come back to its original level, but we just wait and wait. In such a case, the central disturbance will do two things:

– It will excite the root, making it even more prominent.

– With time, it will again go back into the peripheral pathology. What came out of pathology will go back into the pathology and so, your good work will be spoiled.

For these two reasons, we have to repeat the dose when its action is exhausted. [22]

The general guidelines given by Dr. M.L.Dhawale for potency selection.

1. The closer the similarity a remedy bears to the picture presented by the patient, the higher is the potency, potencies provided no specific contraindications to the use of high potencies exist in the case.
2. A prescription that is predominantly determined by the mentals in a case, gives best results when higher potencies are employed.
3. With remedies that are inert in the crude state, higher potencies give better results.

4. A potency which has helped a patient in the past should not be lightly changed, otherwise a needless aggravation may be precipitated.
5. In chronic cases when the high potencies have been tried with progressively decreasing responses, the 30th potency repeated to the point of reaction works satisfactorily.
6. When an allergic patient reports with the same old symptomatology after a long remission from a constitutional remedy in a high potency, the use of the same potency might this time precipitate a severe aggravation.
7. When a remedy is prescribed on poor indications or only for a particular effect, the potency that acts best is the one in the lower range, at times even the mother tincture.
8. In acute illnesses affecting vital organs a differing response is seen according to the potency employed.
   i. High potencies frequently repeated lead to a crisis.
   ii. Medium or low potencies with frequent repetition lead to a lysis.

HIGH POTENCY:

This range comprises all the potencies in the centismal scale, commencing with 1000.

INDICATONS:

1. Extremely close correspondence of the remedy to the picture as presented by the patient.
2. Predominant mentals in the case
3. Acute illness with changes in vital organs and poor response to the medium range of potencies although the remedy is indicated unmistakably.

4. Allergy to chemicals or drugs. Such cases are known to respond dramatically to the same chemical or drug administered in high potency.
5. Cases no longer respond to lower potencies, indications remaining the same.

CONTRAINDICATIONS:

1. Advanced pathological changes in the vital organs(which also contraindicate the use of deep acting constitutional remedies)
2. Hypersensitive patients tend to prove practically every remedy administered to them. They respond best to the 30 and 200 potencies.

LOW POTENCY:

Potencies below the 30th centismal are termed low potencies

INDICATIONS:

1. Cases in which symptoms of the disease predominate, indicating gross advanced pathological changes in tissues and organs
2. Organ remedies which are not properly proved and are generally employed for particular effects in a definite sphere

CONTRAINDICATIONS:

1. Hypersensitive patients who show a tendency to came down with medicinal aggravation.
2. Remedies that are highly active in the crude state should be given in the low potencies.
3. Cases with predominantly mental symptomatology will not respond to the lower range.

MEDIUM POTENCY:

The medium are the only potency that can be safely employed in the hypersensitive type of patients. It should be a general rule to commence the treatment with the 30th potency, if one entertains any doubts about the accuracy of the prescription or about the probability of an aggravation.

REPETITION:

1. As soon as an adequate response is observed further repetition is stopped
2. As long the response continues, the remedy is not repeated.
3. Cessation of progress is not to be taken as an indication for repetition.
4. The only indication for repetition is the return of the symptoms that have disappeared under the action of the remedy. [23]

LUC DE SCHEPPER

People with nervous sanguine temperament, constitutions with advanced pathological changes, people with lowered vital force need the highest potency. Constitutions with moderate pathology with strict mental and emotional disease, who has temperate reactions to food need the medium potency. Constitutions who has high tolerant drugs, diseases present on functional level and patients with lower mental reaction time need the lowest potency. [24]

HERBERT A. ROBERTS:

The quantity of action required to effect any change in nature is the least possible. The decisive amount is always a minimum or infinitesimal. [25]

ROBIN MURPHY:

Each person has an optimum potency. If the optimum is 12c start at 6c, by starting at 6c a tolerance is built and the healing is gentle, rapid and permanent. [26]

DR. SAMUEL HAHNEMANN:

……the preparations of trituration, the further, the development of their power is thereby brought and the most perfectly capable they are thereby rendered for display their power becomes capable on answering the homoeopathic purpose in proportionately smaller quantities and doses. [27]

REPERTORIAL APPROACH:

SYNTHESIS

MIND - AILMENTS FROM - abstinence; sexual

MIND - AILMENTS FROM - abused; after being

ambr. anac. carc. caust. coff. cur. lac-c. *Staph.*

MIND - AILMENTS FROM - abused; after being - physically

lyss.

MIND - AILMENTS FROM - abused; after being - sexually

ACON.. **ARN. IGN.**. **NAT-M.**. **OP.**. **SEP. STAPH.**.

MIND - AILMENTS FROM - abused; after being - sexually - children; in

acon. anac. arn. *Carc.* ign. kreos. lac-c. lyc. *Med.* nat-m. nux-v. op. *Plat.* sep. staph. thuj.

MIND - AILMENTS FROM - ambition

MIND - AILMENTS FROM - ambition - deceived

bell. merc. nat-m. *Nux-v.* plat. puls. verat.

MIND - AILMENTS FROM - anger

ACON. AUR. CHAM.. **IGN. NUX-V.**. **OP**. **PLAT. STAPH.**

MIND - AILMENTS FROM - anger - anxiety; with

ACON. ARS.. **IGN. NUX-V.**.

MIND - AILMENTS FROM - anger - indignation; with

ambr. ars. *Aur.* carc. **COLOC.** germ-met. ham. ip. lyc. m-ambo. merc. mur-ac. *Nat-m.* *Nux-v.* plat. **STAPH.**

MIND - AILMENTS FROM - anger - silent grief; with. **IGN. LYC. NAT-M**.

STAPHMIND - AILMENTS FROM - anger – suppressed LYC. **STAPH**

MIND - AILMENTS FROM - anticipation

ARG-N. bry. **CALC. CARC. GELS. GRAPH.**. **IGN. LYC. MED. MEZ. PSOR.** **PULS**

MIND - AILMENTS FROM - bad news

. **CALC.**. **GELS.**

MIND - AILMENTS FROM - business failure

Ambr. Aur. calc. *Cimic.* coloc. *Hyos.* ign. kali-br. nat-m. nux-v. ph-ac. puls. rhus-t. sep. sulph. verat.

MIND - AILMENTS FROM - cares, worries

Ambr. arg-n. ars. *Calc.* carc. *Caust.* **COCC.** con. germ-met. ign. kali-br. kali-p. lyc. mag-c. nat-m. nit-ac. **NUX-V.** *Ph-ac. Phos.* pic-ac. sanic. *Staph.*

MIND - AILMENTS FROM - contradiction

anac. *Aur.* aur-ar. bry. cael. cham. elaps *Ferr.* ham. helon. ign. **LYC.** med. *Nux-v.* olnd. *Petr.* sil.

MIND - AILMENTS FROM - death of loved ones

ACON. *Ambr.* anthraci. **ARS.** calc. caps. carc. caust. gels. **IGN.** *Kali-br.* **LACH.** nat-s. nux-v. **OP. PH-AC.** plat. podo. **STAPH.** sulph. verat.

MIND - AILMENTS FROM - death of loved ones - parents or friends; of

ambr. anthraci. ars. aur-m-n. calc. **CAUST. IGN.** kali-br. nat-m. nit-ac. nux-v. plat. staph.

MIND - AILMENTS FROM - disappointment

acon. agath-a. all-c. alum. ant-c. apis ars. **AUR.** *Aur-m-n. Aur-s.* bry. calc-p. caps. carb-v. carc. caust. cham. cocc. colch. *Coloc.* dig. gels. grat. hyos. **IGN.** kali-c. *Lach. Lyc.* **MERC. NAT-M.** *Nux-v. Op.* **PH-AC.** phos. plac. plat. *Podo.* **PULS.** sep. **STAPH.** verat.

MIND - AILMENTS FROM - domination

carc. coff. falco-pe. *Staph.*

MIND - AILMENTS FROM - domination - children; in - parental control; long history of excessive

Aur-m-n. carc. vanad.

MIND - AILMENTS FROM - egotism

Calc. Lach. Lyc. med. merc. *Pall. Plat.* sil. *Sulph.*

MIND - AILMENTS FROM - excitement - emotional

CAPS.. COFF. COLL.. GELS. *Glon.* **PH-AC.. PULS.. STAPH.. TUB.**

MIND - AILMENTS FROM - fear

ACON. *Act-sp.* arg-met. *Arg-n.* ars. *Bell.* calc. calc-sil. carc. *Caust.* cocc. coff. cupr. **GELS.** glon. graph. *Ign.* kali-p. lac-del. lyc. med. nat-m. *Op.* ph-ac. phos. puls. sil. stram. verat.

MIND - AILMENTS FROM - fortune; from reverse of

ambr. con. dig. lach. stann. staph. *Symph.*

MIND - AILMENTS FROM - fright

ACON.GELS.LYC.OP,PH-AC.PHOS.PULS.SIL.

MIND - AILMENTS FROM - grief

AMBR AUR.CAUST IGN. LACH NAT-M. PH-AC.PHOS. STAPH.

MIND - AILMENTS FROM – indignation PULS.. STAPH.

MIND - AILMENTS FROM - love; disappointed

AUR. HYOS IGN. NAT-M PH-AC.STAPH..

MIND - AILMENTS FROM - mental exertion

CUPR KALI-I NAT-C NUX-V STAPH TUB.

MIND - AILMENTS FROM - mental shock; from

acon. ambr. apis *Arn.* camph. carb-v. carc. coca coff. gels. hyos. hyper. *Ign.* iod. kali-p. mag-c. morg-g. nit-ac. nux-m. nux-v. *Op.* orni. ph-ac. *Pic-ac.* plat. sil. verat.

MIND - AILMENTS FROM - money; from losing

Arn. ars. *Aur. Calc. Ign.* mez. nat-m. nux-v. puls. *Rhus-t. Sars.* stann. *Verat.*

MIND - AILMENTS FROM - mortification

Acon. agath-a. all-c. alum. am-m. ambr. anac. *Apoc. Arg-n.* ars. *Aur. Aur-m. Aur-m-n.* bell. *Bry.* calc. camph. carb-v. carc. caust. *Cham. Chin.* **COLOC.** con. falco-pe. form. gels. graph. haliae-lc. ham. **IGN.** lac-c. *Lach.* **LYC.** *Lyss.* m-ambo. merc. *Mur-ac.* **NAT-M.** *Nux-v.* oci-sa. *Op.* **PALL.** *Petr.* **PH-AC.** phel. phos. plac. plat. podo. positr. *Puls.* ran-b. *Rhus-g.* rhus-t. sacch. *Seneg.* sep. **STAPH.** stram. *Sulph.* symph. verat. zinc.

MIND - AILMENTS FROM - reproaches

agar. **AMBR.** bell. cadm-s. calc-sil. carc. cina coloc. croc. dys. gels. germ-met. ham. *Ign.* med. mosch. nat-m. nit-ac. nux-v. **OP.** ph-ac. *Plat.* sep. *Staph. Stram.* tarent.

MIND - AILMENTS FROM - rudeness of others

acon. anac. bar-m. *Calc.* carc. cocc. *Colch.* ham. hyos. lac-c. *Lyc.* mag-m. med. mur-ac. **NAT-M.** nux-v. ph-ac. puls. **STAPH.** symph.

MIND - AILMENTS FROM - scorned; being

acon. adam. alum. ang. *Aur. Aur-m-n.* bell. **BRY.** carc. **CHAM.** coff. *Coloc.* falco-pe. ferr. ham. hyos. ip. lyc. lyss. **NAT-M. NUX-V.** olnd. *Par. Phos. Plat.* podo. sep. *Staph.* stront-c. sulph. verat.

MIND - AILMENTS FROM - sexual excesses

agar. agn. alum. *Alum-p.* **APIS** arg-n. arn. ars. asaf. aur. aur-ar. *Bov. Calad.* **CALC.** calc-p. calc-sil. carb-an. *Carb-v.* **CHIN.** chinin-ar. coca cocc. *Con.* dig. *Iod.* kali-br. *Kali-c.* kali-p. kali-s. kali-sil. lil-t. **LYC.** mag-m. *Merc. Nat-c.* nat-m. nat-p. nit-ac. **NUX-V.** ol-an. onos. petr. **PH-AC. PHOS.** plat. plb. psor. *Puls.* samb. sec. sel. *Sep. Sil.* spig. **STAPH.** sulph. symph. thuj. upa. zinc. zinc-p. [28]

MURPHY

Mind - GRIEF, ailments from

AUR. CARC. CAUST. COCC. IGN. LACH. NAT-M. NUX-V.. PH-AC. PHOS STAPH.

Mind - ABUSED, ailments from being

. ANAC. CARC. COLOC.. IGN. LYC.. NAT-M.. PALL. PH-AC. STAPH.

Mind - ANTICIPATION, ailments from

ARG-N. ARS,. CALC. CARC.GELS. GRAPH. hydrog. **HYOS. IGN.** kali-br. kali-c. *Kali-p. Lac-c.* lach. levo. **LYC.** *Lyss.* **MED.** *Merc.* mosch. naja *Nat-c.* **NAT-M.** nux-v. ox-ac. *Petr. Ph-ac.* **PHOS. PLB. PSOR. PULS.** rhus-t. scor. sep. **SIL.** spig. staph. *Still.* stram. *Stront-c.* syc. *Thuj. Verat.*

Mind - ANXIETY, general - ailments, from anxiety

acon. *Arg-n. Ars.* aur. calc. calc-p. *Carc.* cimic. *Gels.* hyos. kali-p. lyc. nit-ac. ph-ac. *Phos.* samb. staph.

Mind - BUSINESS, general - ailments from failure of

Ambr. **AUR.** calc. cimic. coloc. ign. kali-br. **LYC.** nat-m. *Nux-v.* ph-ac. puls. rhus-t. sep. sulph. verat.

Mind - CELIBACY, ailments from

Con. nat-m. phos. staph.

Mind - CONTRADICTION, is intolerant of - ailments from

anac. *Aur.* aur-ar. cael. cham. **IGN.** sil.

Mind - DECEPTION, causes grief and humiliation - ailments from friendship, deceived

Ign. mag-c. mag-m. *Nat-m.* nux-v. ph-ac. sil. sulph.

Mind - DISAPPOINTMENT, ailments from - ailments from literary, scientific failure

calc. *Ign.* lyc. nux-v. puls. *Sulph.*

Mind - EMBARRASSMENT, feelings of - ailments, after

anac. arg-n. coloc. gels. **IGN.** kali-br. **LYC. NAT-M.** *Op.* ph-ac. plat. sep. *Staph.* **SULPH.**

Mind - EMOTIONS, ailments after strong

acetan. acon. arg-n. *Arn.* aster. *Aur. Calc.* **CAPS. CARC.** caust. **COFF.** *Gels.* hyos. **IGN.** kali-c. kreos. lyc. lyss. med. nat-c. **NAT-M. PH-AC.** *Phos.* plat. psor. *Sep.* **STAPH.** zinc.

Mind - EMOTIONS, ailments after strong - ailments after supressed emotions

CARC. *Nat-m.* sep. **STAPH.**

Mind - EXCITEMENT, excitable - ailments from, emotional

acet-ac. *Acon.* agar. anac. *Arg-n. Arn.* asaf. aster. *Aur. Bell.* bry. *Calc.* calc-ar. calc-p. **CAPS. CARC.** *Caust.* cimic. *Cist. Cob. Cocc.* coch. cod. **COFF.** coff-t. **COLL.** *Con.*

convo-s. cupr. cypr. epiph. ferr. **GELS.** *Glon.* goss. hyos. ign. *Kali-br.* kali-c. *Kali-p.* kreos. lach. lyc. *Lyss.* nat-c. *Nat-m.* nit-ac. nux-m. *Nux-v. Pall.* **PH-AC.** *Phos.* phys. plat. *Psor.* **PULS.** sacch. samb. scut. *Sep.* stann. **STAPH.** *Tarent.* **TUB.** *Verat. Zinc.*

Mind - FEAR, general, phobias - ailments from fear

ACON. arg-met. *Arg-n. Bell.* calc. calc-sil. **CARC.** *Caust.* cocc. coff. cupr. *Gels.* glon. graph. *Ign.* kali-p. lyc. **OP.** phos. puls. sil. verat.

Mind - FINANCIAL, loss of wealth or property, ailments from

ambr. **ARS. AUR.** calc. *Calc-p.* carc. caust. *Con.* dig. *Ign.* kali-br. lach. lyc. *Psor.* staph.

Mind - FRIGHT, ailments from

ACON. act-sp. agar. anac. *Apis* arg-met. **ARG-N.** arn. ars. *Art-v. Aur.* aur-m. *Bell.* bry. *Bufo Calc.* calc-sil. camph. carbn-s. **CARC.** *Caust.* cham. cimic. cina cocc. *Coff.* crot-h. *Cupr.* **GELS.** *Glon. Graph. Hyos.* hyosin. *Hyper.* **IGN.** iod. *Kali-br.* kali-c. *Lach.* laur. **LYC.** lyss. mag-c. merc. morph. nat-c. **NAT-M.** nit-ac. nux-m. *Nux-v.* **OP.** *Petr.* **PH-AC. PHOS.** *Plat.* **PULS.** *Rhus-t.* sabad. samb. scor. sec. *Sep.* **SIL.** stann. stram. sulph. verat. vib. visc. zinc. zinc-p.

Mind - GRIEF, ailments from

alum-p. am-m. *Ambr.* anac. *Ant-c. Apis Arn. Ars.* art-v. **AUR.** aur-ar. aur-m. aur-s. *Bell. Bry.* cael. *Calc. Calc-p.* caps. **CARC. CAUST.** clem. **COCC.** colch. *Coloc.* con. *Crat.* cycl. cypr. dig. *Dros. Gels. Graph. Hura Hyos.* **IGN.** ip. kali-br. kali-c. kali-p. **LACH.** lob-c. lob-s. lyc. mag-c. naja nat-c. **NAT-M.** nat-s. nit-ac. **NUX-V.** *Op.* **PH-AC. PHOS.** phys. pic-ac. *Plat. Puls. Samb. Sol-o.* spig. **STAPH.** tarent. tub. *Uran-n.* verat. *Zinc.*

Mind - HUMILIATION, ailments from

Acon. alum. am-m. **ANAC.** *Arg-n.* ars. *Aur. Aur-m.* bell. *Bry.* calc. calc-s. **CARC.** cas-s. caust. *Cham.* **COLOC.** con. form. gels. grat. **IGN.** *Lach.* **LYC.** *Lyss.* merc. **NAT-M.** *Nux-v. Op.* **PALL.** petr. **PH-AC.** plat. *Puls.* rhus-t. *Seneg.* sep. sil. **STAPH.** stram. *Sulph.* verat. zinc.

Mind - HURRIED, feelings - ailments from hurry

Acon. am-c. arg-n. *Arn. Bry.* calc. carc. *Nit-ac.* nux-v. *Puls.* rhus-t. sulph.

Mind - INDIGNATION, feelings - ailments from

acon. anac. carc. *Coloc.* ign. ip. *Lyc.* nat-m. nux-v. plat. **STAPH.**

Mind - INTOLERANCE - ailments, of

nux-v.

Mind - JEALOUSY, feelings - ailments from

Apis **HYOS.** *Ign. Lach.* **NUX-V.** *Phos.* **PULS.** staph.

Mind - LAUGHING, general - ailments from laughing, excessive

Coff.

Mind - MOANING, groaning - ailments, with little

tub.

Mind - NEWS, bad, ailments from

acon. alumn. *Apis Arn.* ars. art-v. aur. *Bry.* **CALC.** *Calc-p. Caust. Cham.* chin. cic. cinnb. cocc. colch. *Coloc.* cupr. dig. dros. form. **GELS.** grat. hyos. **IGN.** kali-c. kali-p. lach. lyss. *Med.* mez. **NAT-M.** nat-p. *Nux-v.* paeon. *Pall.* ph-ac. phos. puls. sabin. sep. *Staph.* stram. *Sulph.* tarent. teucr.

Mind - PUNISHMENT, ailments after

agar. *Anac.* **CARC.** cham. coloc. ign. lyc. nat-m. **STAPH.**

Mind - QUARRELSOME - ailments from quarrels

berb. caust. chion. cic. glon. *Ign.* kali-chl. nat-m. spig. *Staph.* thuj.

Mind - RAGE, feelings, fury - ailments from rage, fury

Apis Arn. carc. **STAPH.**

Mind - REJECTION, ailments from

acon. alum. *Aur.* bell. **BRY. CHAM.** coff. *Coloc.* ferr. hyos. *Ign.* ip. lyc. **NAT-M. NUX-V.** olnd. *Par. Phos. Plat.* sep. *Staph.* stront-c. sulph. verat.

Mind - REPROACHES, ailments from

agar. *Anac.* bell. calc-sil. *Carc.* cham. *Coloc.* dys. gels. *Ign.* **LYC.** med. *Nat-m.* nux-v. **OP.** ph-ac. plat. **STAPH.** *Stram.* tarent.

Mind - RUDENESS - ailments from, rudeness of others

bar-m. *Calc.* carc. cocc. *Colch.* ign. *Lyc.* mag-m. mur-ac. *Nat-m.* nux-v. ph-ac. **STAPH.**

Mind - SENSITIVE, general - ailments, to the most trifling

nux-v.

Mind - SHAME, ailments from

Carc. ign. nat-m. **OP. STAPH.**

Mind - SURPRISES, ailments from pleasant

chin. **COFF.** merc. *Op.* phos. verat.

Mind - VIOLENCE, ailments from

acon. *Anac.* **ARN.** *Aur. Bry.* **CARC.** coff. lyc. nat-m. *Op.* **STAPH.**

Mind - WORK, general - ailments, from mental work

agar. *Alum-p.* alum-sil. ambr. *Anac. Arg-n.* arn. ars. *Ars-i.* ars-met. aven. bar-act. bell. *Calc. Calc-p.* calc-sil. chin. coca cocc. con. **CUPR.** cupr-act. *Epig.* epiph. fl-ac. *Gels.* graph. ign. iod. iris kali-br. *Kali-c.* **KALI-I.** *Kali-p. Lach.* lyc. mag-p. med. **NAT-C.** nat-m. nat-p. nux-m. *Ph-ac.* phos. *Pic-ac.* pip-m. psor. pyrog. rhus-t. sabad. scor. scut. sel. sep. **SIL. STAPH. TUB.** vinc.

Mind - WORRIES, full of - ailments, from

ambr. **ARG-N.** *Ars.* **CALC.** carc. *Caust.* con. **IGN.** kali-br. kali-p. lyc. nat-m. **NUX-V.** *Ph-ac.* **PHOS.** pic-ac. *Staph.* [29]

METHODOLOGY

METHODOLOGY

Sources of Data:

The subjects required for conducting the study on the role of Posology in the treatment of psychosomatic illness was selected from out patient department and the inpatient department of the Father Muller Homoeopathic Medical College and Hospital, Derlakatte, Mangalore.

A total number of 30 cases were screened after fulfilling the inclusion as well as the exclusion criteria and were followed for a minimum of two to three months. The diagnosis was made on strong clinical presentation, examination findings as well as investigations.

The potency selection and repetition is based on considering susceptibility, sensitivity, vitality, changes in functional and structural level and the degree of correspondence to the remedies selected.

If the dosage is repeated at least once in a week, then it is considered as frequent repetition, infrequent repetition means administering minimum frequency of once in a month.

Inclusion criteria:

1. The sample of both sexes age group above 20 and below 70.
2. All the cases with somatic symptoms which are medically explainable and have a definite period of psychic deviation as their cause.
3. Diagnostic criteria are based mainly on clinical presentation.

Exclusion criteria:

1. Patients below 20 and above 70 years of age.
2. Subjects who have multiple pain symptoms which are not to be proved medically.
3. Subjects who have irreversible pathology.

Method of Collection of Data:

- Data was collected from patients by interviewing the patients and after clinical examination.
- All the data were recorded in standardized case record.
- Once the data was recorded, it was processed as per the guidelines adapted in the standardized case record of Father. Muller Homoeopathic Medical College.
- A totality of symptoms was erected in each case, taking in consideration of personality assessment and as per the principles of Homoeopathy.
- A remedy was selected for each after referring to Homoeopathic Materia Medica and various repertories.
- Therapeutic plan was evolved individually for each case as per the SCR guidelines.
- The cases were followed up to a minimum period of 3 months.
- After following up of cases, the inferences were drawn by analysis of the outcome.
- A profile of remedies was erected after consulting the source books of Homoeopathic Materia Medica and Homoeopathic Repertories.

The method used in the study was a clinical method for confirmation and the results obtained has been scientifically analyzed and evaluated. There were no controls used in the study and all the patients were treated on out-patient basis. Investigations were not done in all the cases since the clinical history and the examination findings were sufficient to arrive at a diagnosis and were fulfilling the criteria.

The remedy selection in individual cases was based on the analysis of symptomatology – such as etiological factors, qualified mentals, physical generals, concomitants, characteristic particulars, reportorial references and other Materia Medica sources. Various potencies ranging from 30-1M have been used in this study. Repetition and potency regulation, mostly in ascending potencies was used based on Homoeopathic posology. No concomitant therapy such as allopathic treatment or any other was used. Subjects, who were on other therapy already, were asked to discontinue the same. Placebo administration was done in some cases.

Follow-ups:

Same potencies were repeated in some cases, and in some cases potencies were raised to the next higher potencies. Each case was followed up to a minimum period of three months from the commencement of the treatment. Majority of the cases was reviewed on weekly basis initially and fortnightly on considerable improvement. Follow-up criteria were adapted for assessing the changes observed.

Diet and Regimen:

In majority of cases, the patients were directed to continue the same diet as earlier. No specific supplementary diet was prescribed.

Ancillary Measures: Patients were advised to maintain hygiene, do meditation, avoid tension as far as possible, avoid stressful situation, self-monitoring and to think positive.

Assessment of effectiveness:

Effectiveness of the treatment was assessed on the basis of general improvement in mental, physical factors and on disappearance of symptoms in subjective and objective basis.

RESULTS

RESULTS

Thirty cases which were Psychosomatic in origin are included in this study. All these thirty cases followed up for a minimum of three months, available considered for the statistical study. So the statistical analysis made here which is based on the data obtained from thirty patients. Following are the observation made from the study.

Table No 1. Distribution of cases according to Age group

Age group	No: of patients	Percentage
20-30	6	20
30-40	5	16.7
40-50	9	30
50-60	6	20
60-70	4	13.3
Total	30	100

In this study of 30 cases maximum prevalence of Psychosomatic disorder is found in the age group of 40-50 i.e. around 9 cases (30%), 6 cases from 20-30 & 50-60 age group (20%) and 5 cases from 30-40 age group (16.7%) & 4 cases from 60-70 age group (13.3%).

Table No 2. Distribution of cases according to sex

Sex	No: of patients	Percentage
Female	15	50
Male	15	50
Total	30	100

Out of the 30 cases, 15 (50%) cases were male and 15(50%) cases were females.

Diagrammatic representation of case distribution according to age

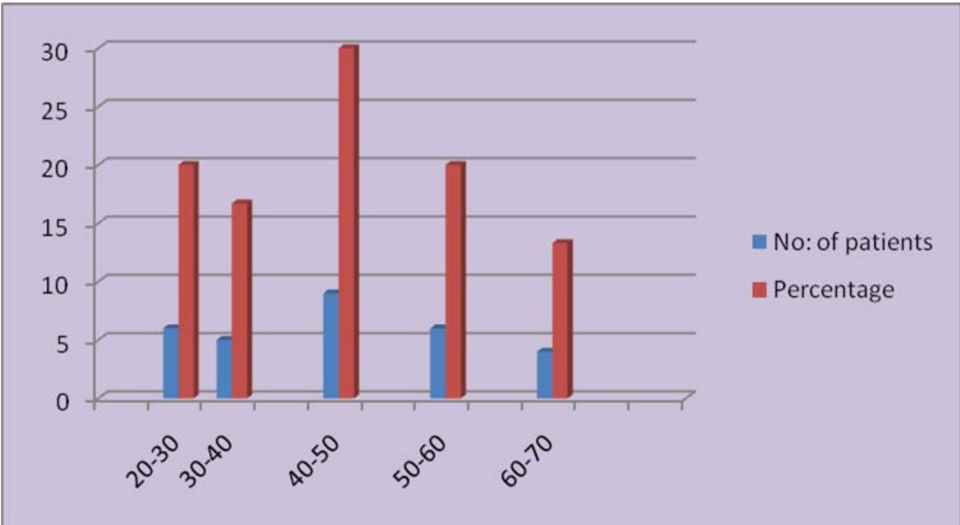

Figure No. 1

Diagrammatic representation of case distribution according to sex

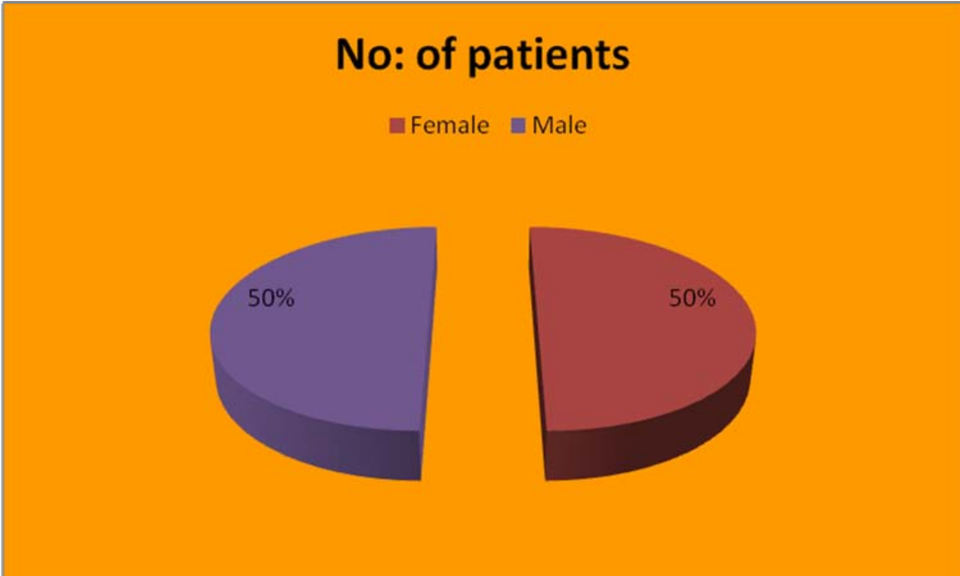

Figure No. 2

Table No 3. Distribution of cases according to Religion

Religion	No: of patients	Percentage
Hindu	7	23.3
Muslim	18	60
Christian	5	16.7

Out of the 30 cases, 7 cases (23.3%) belongs to Hindu religion, 18cases (60%) belong to Muslim religion, 5 cases (16.7%) belong to Christian religion.

Table No 4. Distribution of cases according to occupation

Occupation	No: of patients	Percentage
Housewife	6	20
Employees	8	26.7
Teacher	4	13.3
Farmer	1	3.3
Self business	3	10
Coolie	2	6.7
Beedi rolling	1	3.3
Driver	1	3.3
Students	3	10
Total	30	100

Among the 20 cases, the maximum prevalence of Psychosomatic illness is present in employees i.e. 8 cases (26.7%), next is the housewives i.e.6 cases(20%), then 4 cases were Teachers (13.3%),3 cases (10%) were of self businessmen, 3 cases (10%) were of students, 2 cases (6.7%) of coolie workers, 1 case (3.3%) each of Farmer, Beedi roller and Driver.

Diagrammatic representation of case distribution according to religion

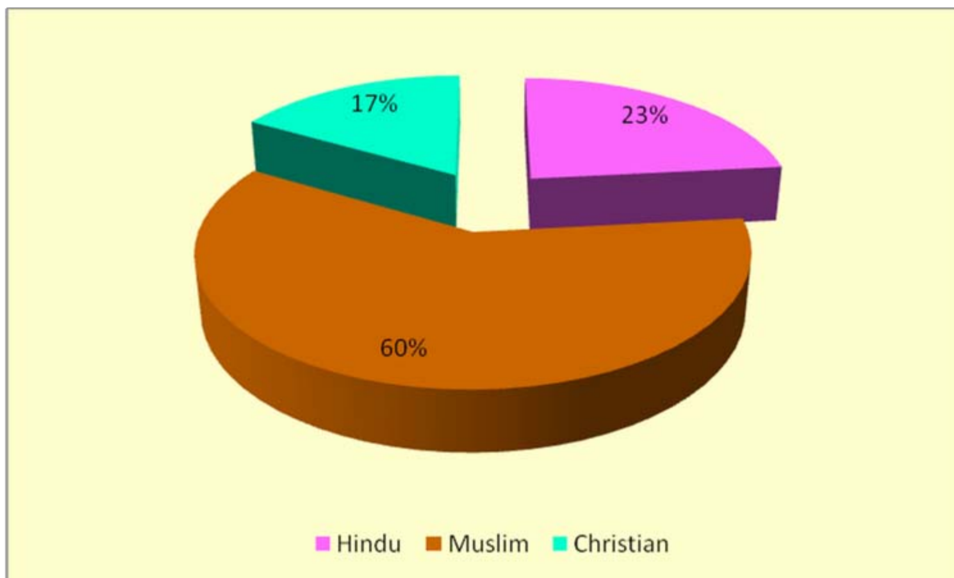

Figure No. 3

Diagrammatic representation of cases according to occupation

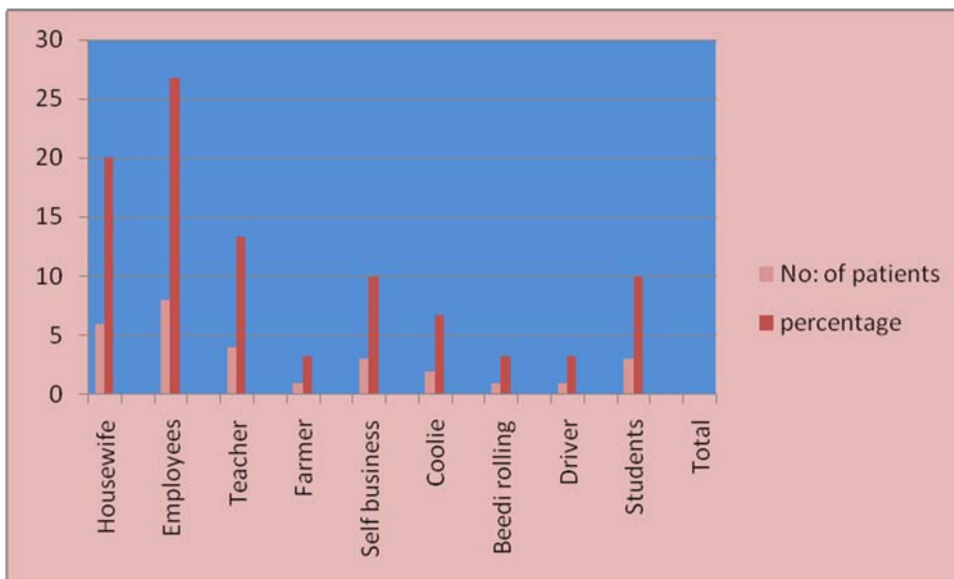

Figure No. 4

Table No 5. Distribution of cases according to marital status

Marital status	No: of patients	Percentage
Married	**22**	**73.3**
Single	**7**	**23.3**
widower	**1**	**3.3**

Among the 30 cases Psychosomatic illness is most prevalent in married patients (73.3%) i.e. 22 patients, 7 patients (23.3%) are single, and 1 (3.3%) widower.

Table No 6. Distribution of cases according to the System affected

System affected	No: of patients	Percentage
RS	8	26.6
CVS	2	6.7
Skin	5	16.7
Locomotor	2	6.7
Endocrine	2	6.7
GIT	3	10
Eye	1	3.3
CNS	3	10
Head	2	6.7
GUT	1	3.3
Immune	1	3.3

Out of 30 cases in this study the most common system affected was the Respiratory system which comprises of 8 cases (26.6%), next common is the Skin, which encloses 5 cases (16.7%), next common is the CNS & GIT i.e. 3 cases (10%), then comes the head, endocrine, cardiovascular & locomotor i.e. 2 cases (6.7%), then come the eyes, GUT & immune system each of 1 case (3.3%).

Diagrammatic representation of cases according to marital status

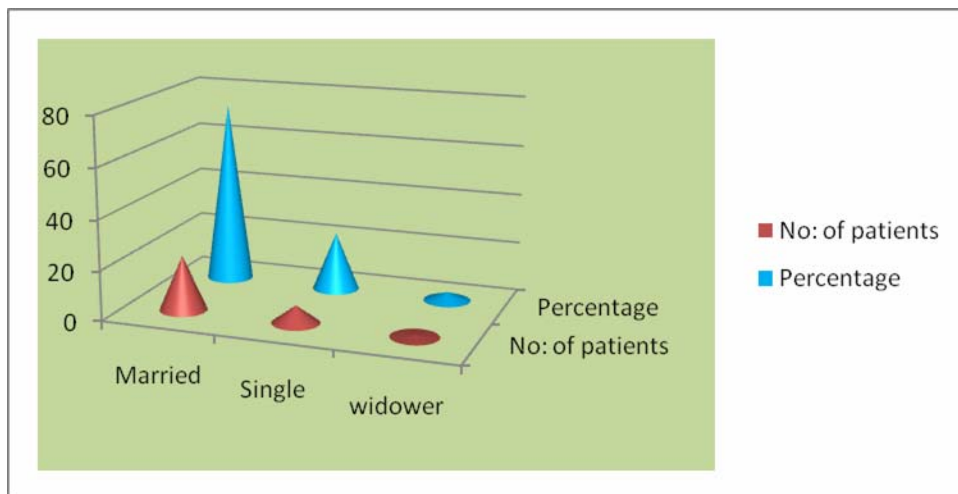

Figure No. 5

Diagrammatic representation of cases according to system affected

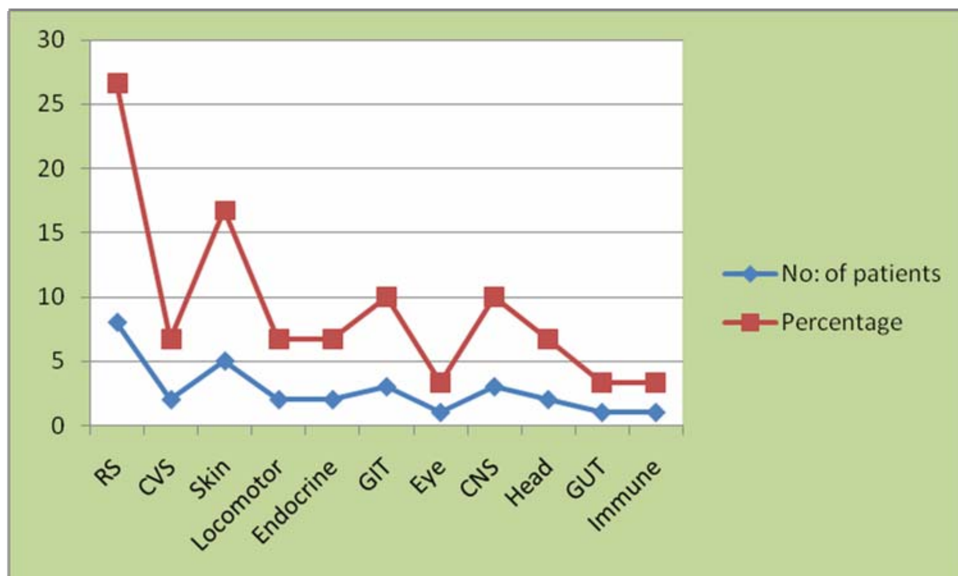

Figure No. 6

Table No 7. Distribution of cases according to socio economic status

Economic status	No: of patients	Percentage
High	7	23.3
Middle	15	50
Low	8	26.6
Total	30	100

In this study group there is high distribution (15 cases) of psychosomatic illness is in the middle socio economic status (50 %), 8 cases (26.6%) were of low socio economic status and 7 cases (23.3%) were of high socio economic status.

Table No 8. Distribution of cases according to Miasm predominating:

Miasm	No: of patients	Percentage
Psora	10	33.3
Sycosis	16	53.3
Syphilitic	2	2.7
Tubercular	2	2.7
Total	30	100

Out of 30 cases, 10 cases (33.3%) have a background of Psora, 16 (53.3%) have sycotic background, and 2 cases each of syphilitic & Tubercular (2.7%).

Diagrammatic representation of cases according to socio economic status

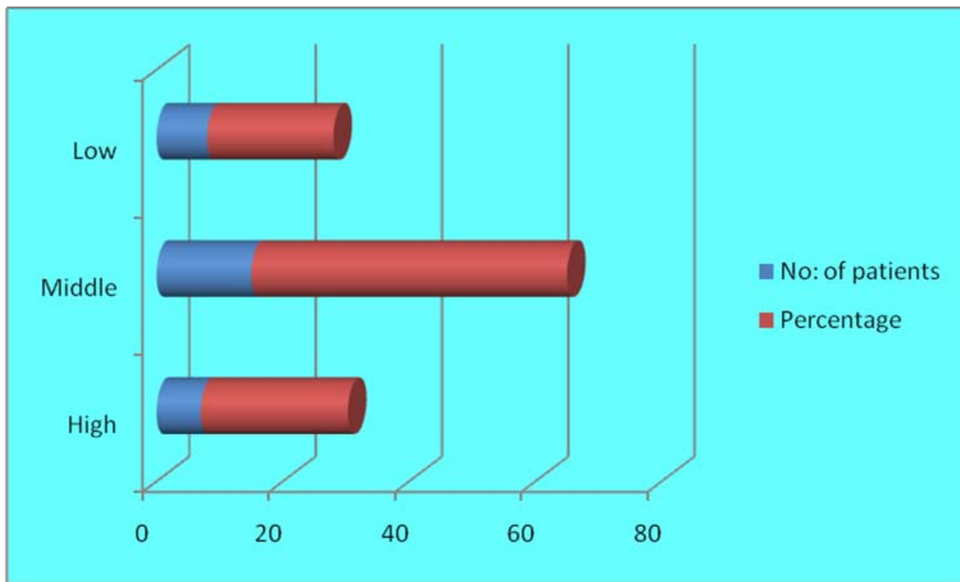

Figure No. 7

Diagrammatic representation of cases according to Miasm

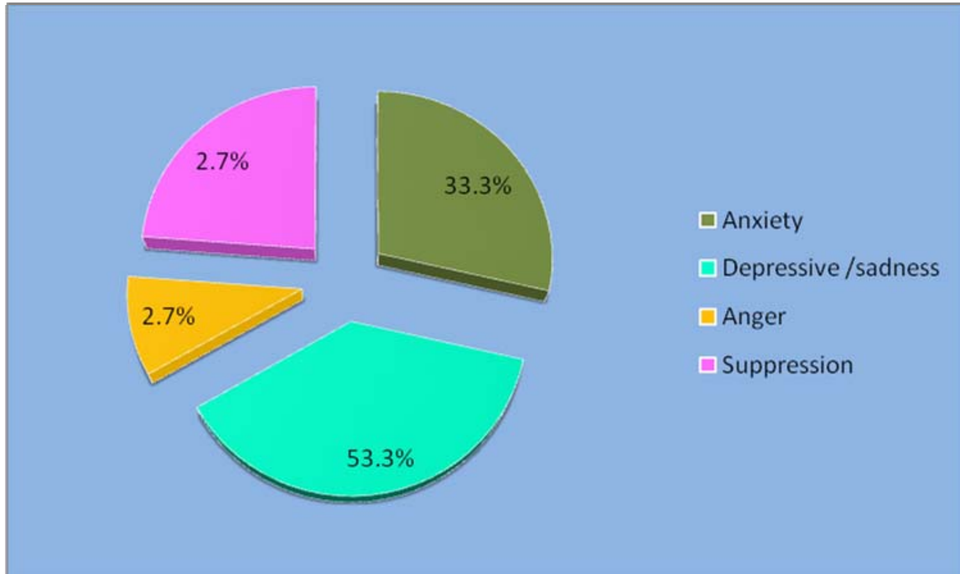

Figure No. 8

Table No 9. Distribution of cases according to type of stress

Type of stress	No: of patients	Percentage
Anxiety	6	20
Depressive /sadness	8	26.6
Anger	2	2.7
Suppression	5	16.7
Nervous	2	2.7
Hopelessness	1	3.3
Repression	3	10
Hatred	2	2.7
Indifference	1	3.3
Total	30	100

Out of 30 cases, the maximum (i.e. 8cases) type of stress was Depressive and Sadness feeling (26.7%),Anxiety in 6 cases (20%), Suppression in 5 cases (16.7%), Repression in 3 cases (10%), 2 cases each of Anger, Hatred & Nervousness (2.7%), 1 case each in Hopelessness and Indifference (3.3%).

Table No 10. Distribution of cases according to potency used:

Potency	No: of patients	Percentage
30	5	16.7
200	19	63.3
1M	3	10
6	1	3.3
Q	1	3.3
SL	1	3.3
TOTAL	30	100

In this study of 30 cases, 5 cases received 30 potency (16.7%), 19 cases received 200 potency (63.3%), 3 cases received 1M potency (10%), 1 case received 6 C, 1 case received Q, and 1 case received SL (3.3%).

Diagrammatic representation of cases according to type of stress

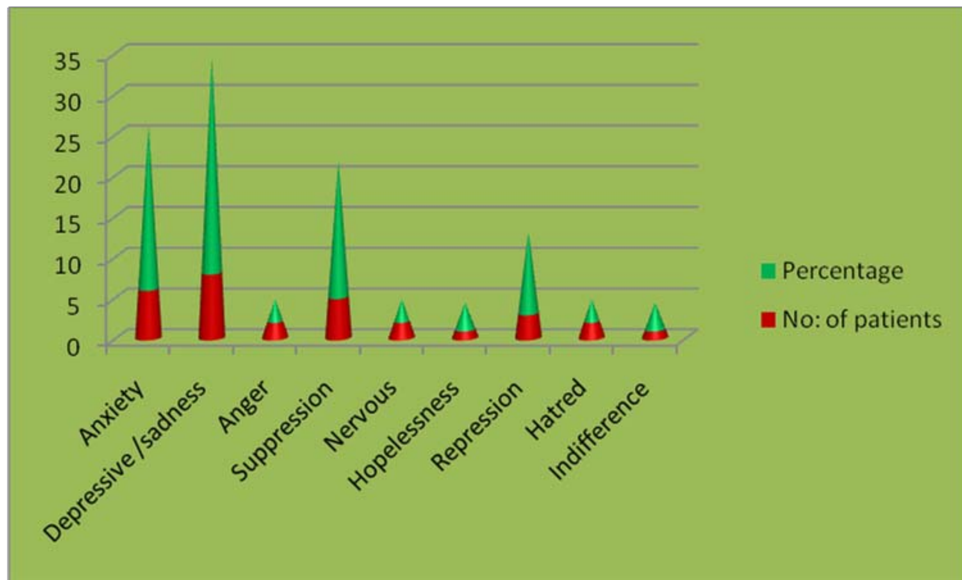

Figure No.9

Diagrammatic representation of cases according to Potency

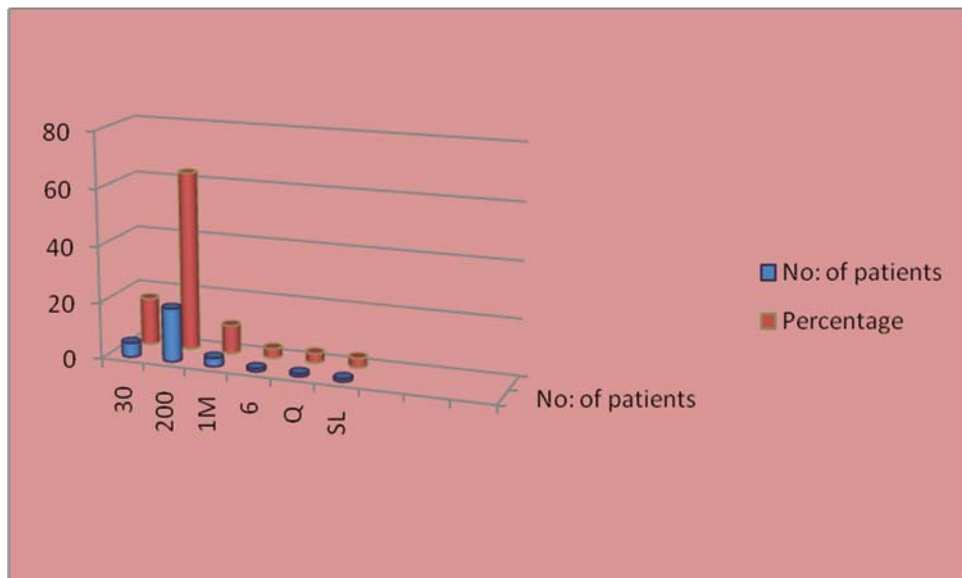

Figure No.10

Table No 11. Distribution of cases according to repetition of doses

Repetition	No: of patients	Percentage
Frequent	18	60
Infrequent	12	40

Out of 30 patients, 18 (60%) were needed the frequent repetition, 12 (40%) were needed the infrequent repetition for their treatment.

Table No 12. Distribution of cases according to susceptibility of patients:

Susceptibility	No: of patients	Percentage
High	17	57
Moderate	3	10
Low	10	33
Total	30	100

Out of 30 cases, 17 patients (57%) have high susceptibility, 10 patients (33%) have low susceptibility, and 3 patients (10%) have moderate susceptibility in developing and maintaining the susceptibility.

Diagrammatic representation of cases according to repetition of doses

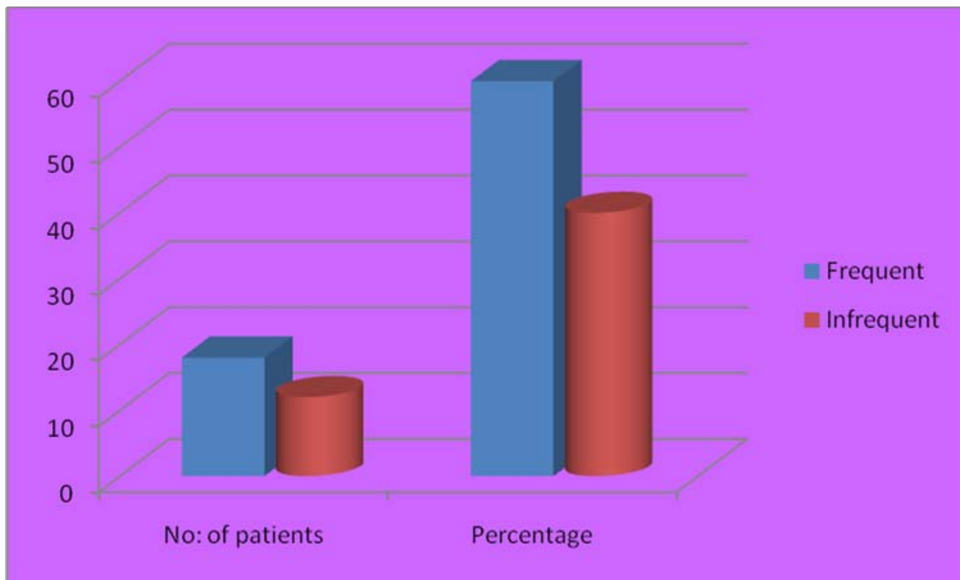

Figure No. 11

Diagrammatic representation of cases according to Susceptibility

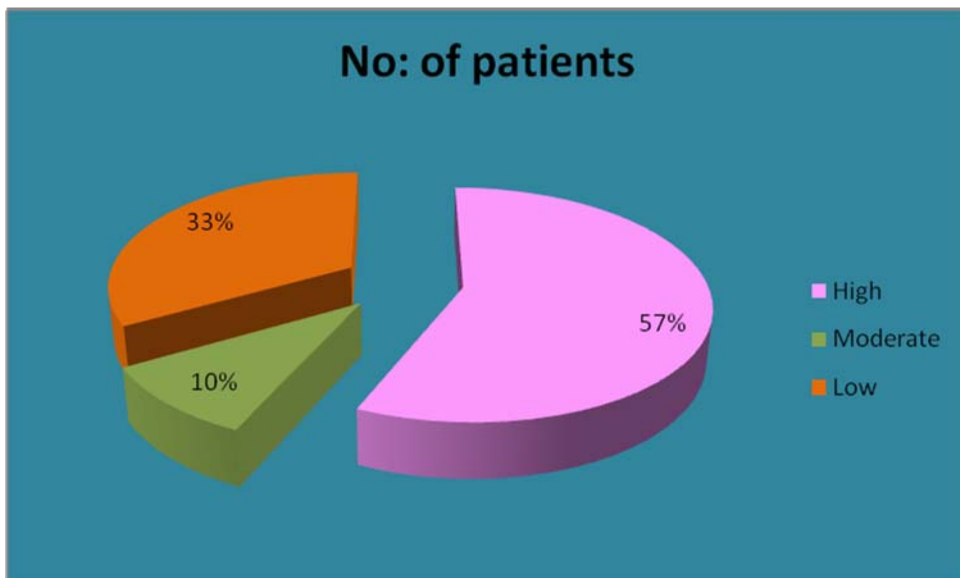

Figure No. 12

Table No 13. Distribution of cases according to treatment outcome

Treatment Outcome	No: of patients	Percentage
Improved	26	86.7
Not improved	4	13.3
Total	30	100

Out of 30 cases taken for this study, there were improvement in 26 cases and only 4 cases were not improved.

Diagrammatic representation of cases according to treatment outcome

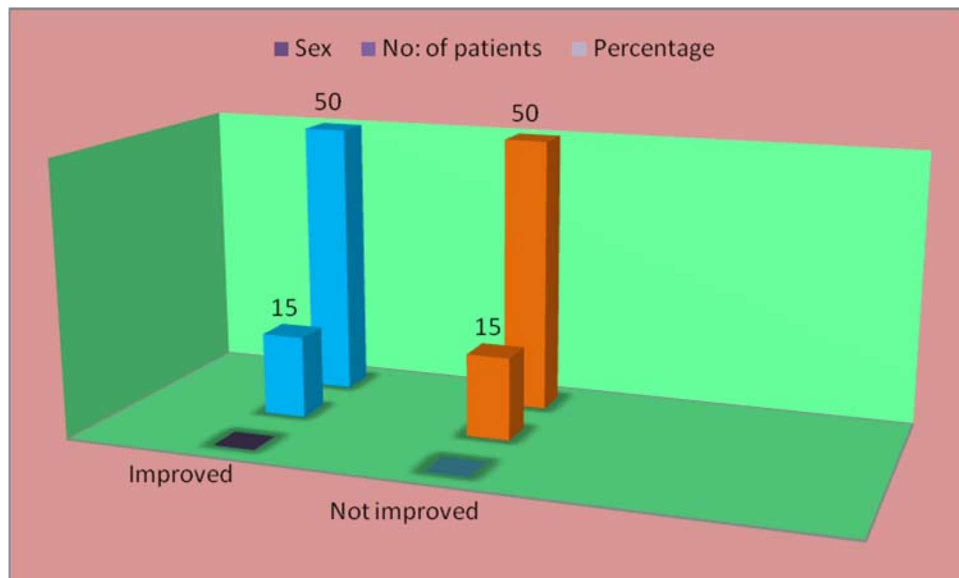

Figure No. 13

Table showing repetition schedule:14

Repetition	No: of cases	Percentage	Improved	Percentage	Not improved	Percentage
Frequent	20	66.7	16	80	4	20
Infrequent	10	33.3	9	90	1	10

Among the 30 cases, 20 cases received frequent repetition of doses (i.e) 66.7%, among these 16 cases are improved (80%) and four patients (20%) does not show any improvement. 10 cases (33.3%) received infrequent repetition of doses. Among these 9 cases(90%) showed marked improvement and 10 cases(10%) does not show improvement.

DISCUSSION

DISCUSSION

The current study is on the role of Posology in the treatment of Psychosomatic disorders. The subjects of study were selected from those patients with Psychosomatic disorders attending OPD and IPD of Fr Muller Homoeopathic Medical College, as per inclusion criteria. A total of thirty cases were selected and presented in the Standardized Case Record (SCR). Minimum duration of study was of 3 months. All the cases between the age group 20-70 years were selected for the study. These cases were diagnosed based on clinical history, clinical examination and investigations if needed. Subjects who have advanced pathological conditions were excluded from the study.

In this study of 30 cases maximum prevalence of Psychosomatic disorder is found in the age group of 40-50 i.e. around 9 cases (30%), 6 cases from 20-30 & 50-60 age group (20%) and 5 cases from 30-40 age group (16.7%) & 4 cases from 60-70 age group (13.3%).

Out of the 30 cases, 15 (50%) cases were male and 15(50%) cases were females. Out of the 30 cases, 7 cases (23.3%) belongs to Hindu religion, 18cases (60%) belong to Muslim religion, 5 cases (16.7%) belong to Christian religion.

Among the 20 cases, the maximum prevalence of Psychosomatic illness is present in employees i.e. 8 cases (26.7%), next is the housewives i.e. 6 cases(20%), then 4 cases were Teachers (13.3%),3 cases (10%) were of self businessmen, 3 cases (10%) were of students, 2 cases (6.7%) of coolie workers, 1 case (3.3%) each of Farmer, Beedi roller and Driver.

Among the 30 cases Psychosomatic illness is most prevalent in married patients (73.3%) i.e. 22 patients, 7 patients (23.3%) are single, and 1 (3.3%) widower.

Out of 30 cases in this study the most common system affected was the Respiratory system which comprises of 8 cases (26.6%), next common is the Skin, which encloses 5 cases (16.7%), next common is the CNS & GIT i.e. 3 cases (10%), then comes the head, endocrine, cardiovascular & locomotor i.e. 2 cases (6.7%), then the eyes, GUT & immune system each of 1 case (3.3%).

In this study group there is high distribution (15 cases) of psychosomatic illness is in the middle socio economic group (50 %), 8 cases (26.6%) were of low socio economic group and 7 cases (23.3%) were of high socio economic group. Out of 30 cases, 10 cases (33.3%) have a background of Psora, 16 (53.3%) have sycotic background, and 2 cases each of syphilitic & Tubercular (2.7%).

Out of 30 cases, the maximum (i.e. 8cases) type of stress was Depressive and Sadness feeling (26.7%),Anxiety in 6 cases (20%), Suppression in 5 cases (16.7%), Repression in 3 cases (10%), 2 cases each of Anger, Hatred & Nervousness (2.7%), 1 case each in Hopelessness and Indifference (3.3%).

In this study of 30 cases, 5 cases received 30 potency (16.7%), 19 cases received 200 potency (63.3%), 3 cases received 1M potency (10%), 1 case received 6 C, 1 case received Q, and 1 case received SL (3.3%). Out of 30 patients, 18 (60%) were needed the frequent repetition, 12 (40%) were needed the infrequent repetition for their treatment.

Out of 30 cases, 17 patients (57%) have high susceptibility, 10 patients (33%) have low susceptibility, and 3 patients (10%) have moderate susceptibility in

developing and maintaining the susceptibility. Out of 30 cases taken for this study, there were improvement in 26 cases and only 4 cases were not improved.

CONCLUSION

CONCLUSION

A total number of thirty cases were taken up randomly for the study. The conclusions were derived with the interpretation of patients suffering with psychosomatic illnesses. The following conclusions were drawn from the study.

1. The prevalence of psychosomatic illness is found equally among females and males 15 cases (50%).
2. Majority of patients belonged to the age group of 40-50 years 9 cases (30%).
3. Majority of patients suffering belonged to the Muslim community 18 cases (60%).
4. Among the thirty patients, most common occupation is found to be the employees 8 cases (26.7%).
5. Most of the patients who are suffering are married 22 cases (73.3%).
6. Among the thirty patients, the most common system affected is the respiratory system 8 cases (26.7%).
7. It is found that the psychosomatic illness was most frequently seen among the middle socio economic group 15 cases (50%).
8. Sycotic Miasm was found to be predominantly seen among the patients in the study. 16 cases (53.3%).
9. The most predominant stress factor found underlying the psychosomatic disorder was the depressive state 8 cases (26.6%).
10. Among the thirty cases treated, most of the cases required 200 potency at their first prescription 19 cases (63.3%).

11. The repetition schedule followed was the frequent repetition in 18 cases (60%) and infrequent repetition in 12 cases (40%).
12. The susceptibility found to be in most of the cases is high 17 cases (57%).
13. The treatment outcome in twenty cases who had frequent repetition (weekly once) is 80% (16 cases out of 20 cases) and who had infrequent repetition of medicine (monthly once) is 90% (9 cases out of 10 cases).

LIMITATION

1. Since the study is time bounded, certain good cases found to have definite cause-effect relationship were not able to be included due to discontinuation of treatment.
2. The chances of sample error are increased due to small sample size comprising thirty cases.
3. There was no control group.
4. Few of the cases were not regular in treatment, so assessment of remedy reaction could not be controlled well.
5. Some follow ups were taken by various physicians at various times, hence proper recording of symptoms and change of remedy and potency is not justifiable in spite of the good result.
6. The rules of Posology was not been followed in every cases, at all times due to difference authors about the application.
7. The susceptibility assessed is only based on the patient's expressions and the case history. There were no tools used to prove its validity.

SUMMARY

SUMMARY

A total number of thirty cases were selected for the study based on inclusion and exclusion criteria. These cases were followed regularly and at the end of the study there were certain conclusions arrived at.

In this study, males and females equal predominance was found.

The maximum number of age group belong to 40-50 years (9 cases), most patients belong to Muslim community (18 cases). The maximum number of patients (8 cases) were employees, 22 patients were married. The Psychosomatic illness of the most cases reported was found to be in Respiratory system.

The depressive state was the most frequently found causative factor, and the majority of the cases were needed frequent repetition of medicine. Improved patients (26 cases) received frequent repetition of 200th potency.

The definite and careful potency selection and its dosage helps in improvement of psychosomatic disorders

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BIBLIOGRAPHY

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ANNEXURES

ANNEXURE – 1

CASE PROFORMA

FR. MULLER HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

STANDARDISED CASE RECORD

MAIN CASE

PRELIMINARY DATA: SCR NO: 56963/10

Name - Mrs. M Date: 22\06\10

Age - 35

Sex - female

Religion - hindu

Education - SSLC

Occupation - Tailoring

Marital status - Married

Address - Padil

Date of case taking - 22-6-10

Chief complaint:

Location	Sensation	Modalities	Associated complaints
1. GIT Since 1 year ↑ since 2 months	Retrosternal burning^2 sour eructation^3 distention of abdomen easy satiety Appetite ↓	<grapes^2 <early morning <@eating <evening <tension^2 >drinking water^2 >eructation^2 >flatus >evening^2	Trembling of extremities Anxiety about disease Palpitation
2. Respiratory system Since 3 day Throat Nose	sneezing^2 post nasal expectoration block difficult breathing.	<morning^2 <dust^2 <rainy season	Both eyes burning, right ear pain, headache right temple

History of presenting illness:

Patient developed retrosternal burning one year back sour eructations, distention of abdomen with flatus. The onset was gradual. Initially the retrosternal burning felt more after food, which was very severe in intensity , stays for whole day. Patient is aggravated with any kind of stress in home, early morning, evening and after eating grapes. Patient feels relieved after eructation, ayurvedic medicine, while drinking cold water and after passing flatus also. She takes jeera juice occasionally by which she feels better. Patient’s general food habits are dosa, porridge, fish, rice, dhal, milk, banana, fruits. She has decreased appetite due to this, and eats little quantity of food. She also has trembling of extremities and palpitation when the pain increases. Patient she was not to relieve from this symptom which stays for long.

There is no history of recurrent abdominal pain or variation in stool, no vomiting and nausea symptoms. No history of weight loss or recurrent fever.

Past history:

Nothing significant

Family history:

Mother – hypertension.

Personal history:

Appearance – lean

Diet - mixed

Appetite - good (decreased during complaints)

Thirst - decreased (½ litre per day)

Cravings - fried items^{2}

Aversions - nil

Bladder - 5 times/ day, 0/night no difficulty

Bowel - 1-2/ day, no difficulty

Sleep -10.30 PM – 6 AM deep sleep

Perspiration - decreased

Thermals - hot

Addictions - nil

Menstrual history:

FMP – 15 years of age

LMP – 7-6-10

Regular cycles, normal flow and quantity, no clots present. Duration 3-5 days. Low backache before menses.

Obstetric history:

P^1 G^1 A^0 L^1 FTNHD . No complications.

General physical examination:

Patient well oriented with time place and person.

Moderately built and moderately nourished.

No signs of pallor, cyanosis, clubbing, lymphadenopathy, oedema, icterus

Vital signs:

Pulse – 70/ min, regular rhythm, good volume, condition of vessel wall not palpable.

BP – 120/70 mm of Hg, right arm supine position.

Temperature – afebrile

Respiratory rate – 15/ min

Systemic examination:

Gastrointestinal system: NAD

Respiratory system: NAD

Cardiovascular system : NAD

Life space investigation:

Patient coming from a middle class family. Father was a politician, mother is housewife. Patient is educated upto SSLC, as she failed she was not interested to complete it. She is trained in tailoring. Patient got married ay the age of 30 and has a daughter of age 4. Patient childhood is eventful. Patient has one elder brother. He is not educated. Because since his childhood he was found to behaving odd manner at home. He gets violently anger and throws things. As he was grown up also, he became worse. He works as a mason. He is well addicted to alcohol, beats everyone at home. Since childhood patient was scared thinking of her brother's attitude. Patient says she likes to stay in her husband home rather being in parents home. She is more attached to her husband.

Basically patient is very mild, soft spoken and fearful personality. She is calm and adjustable with her in laws in running the family peacefully

Provisional diagnosis:

Acid peptic disease:

Retrosternal burning^{2}, sour eructations^{3},

Distention of abdomen

Easy satiety

< tension^{2}, <@eating

>eructation, >flatus

Totality of symptoms:

Mentals:

Mild hearted

Fearful nature

Melancholic

Anxious

Physicals:

Perspiration-decreased

Thirst- decreased

Craving-fried food^{2}

Thermally-Hot

Characteristic particulars:

Retrosternal burning <early morning

easy satiety > drinking cold water

< evening[2]

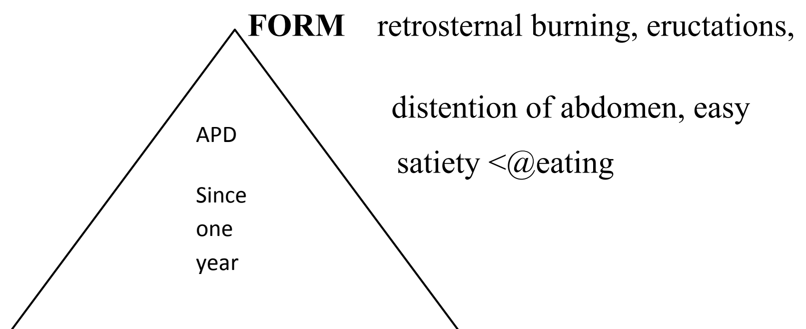
Palpitation with complaints trembling of extremities.

Miasmatic background:

FM - psora

DM- sycosis

Miasmatic expression:



STRUCTURE

Results of damage from acid
stomach as well as peptic activity in
the gastro-esophageal
sphincter leading to increased acidity

FUNCTION

Increased acid secretion of
can lead to the destruction of
gastric juices or secretions
nausea, and eructation.

ESSENTIAL EVOLUTIONARY TOTALITY

FAMILY: GOOD.	FM: TUBERCULAR DM: PSORIC	FAMILY: GOOD.
SOCIETY: GOOD.		SOCIETY:GOOD. Syphilis
WORK:GOOD		WORK: GOOD
since childhood stress from brother fear thinking of him anxious nature. M I N D D I S P O S I	mild hearted fearful → melancholic nature → anxious →	Since childhood. Thinks of brother. Sadness about disease and parents About the disease.
Sycosis B O D Y DIATHESIS D I S E A S E Psora	Appearance – lean Thirst - decreased Cravings - fried items[2] Perspiration –decreased Thermals – hot	**Characteristic particular** Retrosternal burning <early morning easy satiety > drinking cold water < evening[2] Palpitation with complaints trembling of extremities.
	Acid peptic disease.	

REMEDY CORRESPONDENCES & SELECTION

Chronic constitutional totality

Mentals: Mild hearted fearful nature melancholic, anxious

Physicals: Perspiration-decreased Thirst- decreased Craving-fried food[2] Thermally-Hot

Characteristic particulars: Retrosternal birning <early morning easy satiety > drinking cold water < evening[2] Palpitation with complaints trembling of extremities

PULSATILLA

Mild fearful nature, anxious,

cr- fried food

thirst-decreased, retrosternal burning

<evening ,palpitation with complaints.

PLANNING AND PROGRAMMING OF TREATMENT

Define with reasons the state	Potency Choice	Repetition
1. Susceptibility – low	low	frequent
2. Sensitivity (Mind & Nerves) High	High	Infrequent
3. Suppression: Present	low	frequent
4. Correspondence (Degree & Level) Constitutional Rx : Complete	High	Infrequent
5. Correspondence (Degree & Level) Sector Rx: Complete	-	-
6. Correspondence (Degree & Level)		

Intercurrent Rx: Complete	-	-
7. Functional Changes: present	High	Infrequent
8. Structural changes: nil	High	Infrequent
9. Variation and with time	-	-
10. General Vitality: Good	High	Infrequent
11. Presentation a. Fundamental miasm: psora b. Dominant miasm: sycosis c. Sector Acute (Exacerbation) d. Recent group (State Form) e. Confused	- high High - - -	- Infrequent Infrequent - - -

FIRST PRESCRIPTION WITH DATE

22-6-10

Rx 1. Puls 200 2pkts HS weekly

3. 3 grain tab 1-0-1

GENERAL MANAGEMENT

Diet – have regular meals; avoid oily and spicy food items.

Ancillary Measures - Meditation, self-monitoring, regular exercise, yoga

FOLLOW- UP CRITERIA

1. Generals

2. retrosternal burning

3. sour eructations

4. Distention of abdomen.

Progress notes.

< = AGG   >=AMEL   + = PRESENT   S = SAME   G =GOOD

0 =ABSENT   ↑ = INCREASE   ↓ = DECREASE

<table>
<tr><th>Date.</th><th colspan="6">Symptom changes.</th><th>Prescription.</th></tr>
<tr><td rowspan="3">13/07/10</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td rowspan="3">Rx
1.Pulsatilla 200 2packets
1p weekly HS
2. 5 phos tab 1-0-0
3. 3 grain tab 0-1-1</td></tr>
<tr><td>></td><td>></td><td>></td><td>></td><td></td><td></td></tr>
<tr><td colspan="6">↑retrosternal burning since 2 days
c/o grey hair with hair fall. Generals - good</td></tr>
</table>

<table>
<tr><th>Date.</th><th colspan="6">Symptom changes</th><th>Prescription</th></tr>
<tr><td rowspan="3">27/7/10</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td rowspan="3">Rx
1.Pulsatilla 200 2packets
1p weekly HS
2. 5 phos tab 1-0-0
3. 3 grain tab 0-1-1</td></tr>
<tr><td>G</td><td>></td><td>></td><td>></td><td></td><td></td></tr>
<tr><td colspan="6">Sour feeling in mouth. Right ear itching with block. Bowel- pain while passing
Bleeds after passing stool. No mass felt.
Other generals good</td></tr>
<tr><th>Date.</th><th colspan="6">Symptom changes</th><th>Prescription</th></tr>
<tr><td rowspan="3">24/08/10</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td rowspan="3">Rx
1. 1 grain tab 3-0-3
2. Arum trif 6 , 4 pill/3 hrly
(s.o.s) 3 days</td></tr>
<tr><td>></td><td>></td><td>></td><td>></td><td></td><td></td></tr>
<tr><td colspan="6">Throat pain sneezing ear block since two days. Pain while passing stool increased after eating spicy food. Other generals good</td></tr>
</table>

<table>
<tr><th>Date.</th><th colspan="6">Symptom changes</th><th>Prescription</th></tr>
<tr><td></td><td colspan="6"></td><td></td></tr>
<tr><td rowspan="3">14/09/
10</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td rowspan="3">Rx
1. 1 grain tab 3-03
2. SL 14packets HS daily
0-0-1p for 14days</td></tr>
<tr><td>$>^{1}$</td><td>$>^{1}$</td><td>></td><td>></td><td></td><td></td></tr>
<tr><td colspan="6">Complaints better distention better ,blocked sensation in ear better . pain while stool better.</td></tr>
</table>

<table>
<tr><th>Date.</th><th colspan="6">Symptom changes</th><th>Prescription</th></tr>
<tr><td rowspan="3">19/10/10</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td rowspan="3">Rx
1. .Pulsatilla 200 4packets
1p weekly HS
2. 5 phos tab 1-0-0
3. 3 grain tab 0-1-1 for 1 month.</td></tr>
<tr><td>$>^{3}$</td><td>$>^{3}$</td><td>$>^{2}$</td><td>></td><td></td><td></td></tr>
<tr><td colspan="6">Generally feels $>^{3}$
Generals good</td></tr>
</table>

FR. MULLER HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL.

LEARNING SESSION RECORD.
CASE CONCEPT FORM

Patient's Name: Mrs. M.

SCR NO: 56963

Clinical Diagnosis: Acid peptic disease — Date: 22\06\10

Remedy: Constitutional: Pulsatilla 200 — PP: Dr .Shiva Prasad

A: PROBLEM DEFINITION

1. INTERVIEW TECHNIQUE.	2. CLINICAL RECORD.
Case was initially started by enquiring about the preliminary data followed by presenting illness, cases was recorded according to SCR pattern. History of illness was collected in detail by focusing on mental, physical and personal history. Based on which diagnosis and totality was erected.	Date was recorded simultaneously In the SCR according to location, sensation, modalities, concomitants. Information was given by the patient himself which is adequate and reliable.

B: CORRELATION

3. SYMPTOMATIC CLASSIFICATION AND EVALUATION	4. CLINICO PATHOLOGICAL	5. PSYCHOLOGICAL
According to Kent's **Mentals:** Mild hearted fearful nature melancholic, anxious **Physicals:** Perspiration-decreased Thirst- decreased Craving-fried food² Thermally-Hot **Characteristic particulars**: Retrosternal burning <early morning easy satiety > drinking cold water < evening² Palpitation with complaints trembling of extremities**.**	Increased acid secretion of stomach can lead to the destruction of the gastro-esophageal sphincter leading to increased acidity, nausea, and eructation. n	. Long continued anxiety, grief, suppressed feelings precipitate the complaint.

6. HAHNEMANNIAN MIASMATIC PATHOLOGY – CURRENT INTERPRETATION.

Fundamental miasm: psora

Father: APD

Dominant miasm: sycosis

C. ANALYSIS AND SYNTHESIS

7. ACUTE TOTALITIES	8. CHRONIC TOTALITIES	9. INTERCURRENT TOTALITIES
There is no acute exacerbation	**Mentals:** Mild hearted fearful nature melancholic, anxious **Physicals:** Perspiration- decreased Thirst- decreased Craving-fried food^2 Thermally- Hot **Characteristic particulars**: Retrosternal burning <early morning easy satiety > drinking cold water < evening^2 Palpitation with complaints, trembling of extremities.	There is no intercurrent remedy used

CASE CONCEPT EXPOSITION

1. CLINICAL DIAGNOSIS

Acid Peptic Disease

This is a disease where defect in mucosal barriers leading to development of inflammation of mucosa due to high acid content of gastric juice. The features are burning pain in epigastrium, tenderness on palpation, retrosternal burning. The symptoms worsen with spicy food.

2. REMEDY DIAGNOSIS

Constitutional remedy

It helps in the correction of morbid susceptibility. Based on constitutional totality qualified mental, mental generals, physical generals as well as characteristic particulars pulsatilla was selected as a remedy which covers both at the sector as well as miasmatic totally

A. PROBLEM DEFINITION

1. **Interview technique** :

Proper case taking is absolutely necessary for the correct understanding and for the management of the case. Active listening and observation was adapted during case taking.. Rapport between patient and physician was good. Confidence of the patient was gained during the interview.

2. **Clinical records** :

The clinical record demonstrates the importance of recording the chief complaints and life space in detail so that we will be able to come to a proper clinical

diagnosis. Chief complaints, past history, mental physical generals and examination results were simultaneously recorded under relevant pages of SCR during the interview.

B. CO-RELATIONS :

3. **Symptomatic classification and evaluation** :

In this case qualified mental generals were given maximum weightage. Physical generals were placed next and followed by characteristic particulars.

4. Clinico-pathological :

Considering the symptoms, correlation between clinical and pathological changes could be made. High level of acid production, infection with Helicobacter pylori, increased vagal activity together with stressful life events results in the development of Acid peptic disease.

5. Psychological :

The life space investigations revealed that there were fear and tension during patient's childhood which is carried with her personality. This had clear influence on her pathogenesis.

HAHNMANNIAN MIASMATIC PATHOLOGY: CURRENT INTERPRETATION

In a case, fundamental miasm (FM) is identified based on family history and past history. In this case Father has smilar complaints. So psora is considered as FM.

Considering the present illness, pathology, her mental attitude, sycosis was considered dominant miasm.

C. ANALYSIS AND SYNTHESIS

Patient had complaints of burning, eructation and distention of abdomen since 8 years. The complaints are aggravated by tension, spicy food and better by cold drinks. Pulsatilla was given as constitutional remedy.

CHRONIC TOTALITY

Taking into consideration of patient's life space events, reactions sleep and physical characteristics, following totality was considered.

Qualified mentals:

mild hearted

fearful → Since childhood. Thinks of brother.

melancholic nature → Sadness about disease and parents

anxious → About the disease.

Physical generals:

Perspiration – decreased

Craving - fried food [2]

Thermally- hot

Characteristic particulars:

Retrosternal burning <early morning

easy satiety > drinking cold water < evening[2]

Palpitation with complaints, trembling of extremities.

Related totality:

silicea: Though pulsatilla covers certain mental faculties like gentle, mild nature and fearful anxious qualities, certain mental reactions like adjustable instable nature and physical generals are more covered by pulsatilla.

TECHNIQUE: REPERTORIAL:

Case was repertorized by using Kent's methodology with Qualified mentals, physical generals and characteristic particulars and constitutional remedy was selected with reference to Materia medica.

D. PROBLEM STRUCTURALISATION:

The understanding arrived at about the patient is put in the essential evolutionary totality, so as to evolve a clear picture of the patient.

E. PROBLEM RESOLUTION:

a. General management

Diet control, avoidance of spicy food and regularity in food was advised. Plenty of fluid intakes were advised.

b. Specific management

Looking into every aspect, constitutional remedy was thought to be apt.

c. The aim of this action

As the condition is curable, the aim is to bring back the patient to healthy state.

The remedy also covers the dominant miasmatic state. Therefore no separate anti miasmatic was considered. Moreover, as there was no acute state in the case, possibility of acute remedy also ruled out.

Patient reported regularly for treatment. She showed significant improvement both at mental and physical expressions. She s continuing the medication as per the advice.

REMEDY RESPONSE:

Patient showed significant improvement both at mental and physical level.

REMEDY REGULATION:

Considering the high sensitivity, susceptibility, sector involved and frequency of attack , and the miasm ,constitutional remedy is given frequently. Along with constitutional remedy, placebo was given to satisfy the patient.

EDUCATION AND TRAINING:

1. This case gives concept of selection of constitutional remedy.
2. Efficacy of well selected medicine on all fronts, mental as well as physical could be appreciated.
3. Role of detailed case taking to understand the patient as a person in chronic disease.
4. Importance of forming a chronic totality for the selection of similimum.
5. Importance of educating the patient about the continued medication in case of Acid peptic disease.
6. Importance of gaining the patient’s confidence in the management of the disease.

FATHER MULLER HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL

STANDARDISED PAPER IN HOMOEOPATHIC PRESCRIBING

MASTER ANSWER BOOK

PHYSICIAN: Dr.Shivaprasad. k **CASE REG. NO. OPD/56963**

INDEX NO

	ACTION	REASONS
1. CLINICAL DIAGNOSIS.	Acid Peptic Disease	- Retrosternal burning - Eructation - -bloated sensation
PERCEIVING THE TOTALITY. **1. ACUTE** (a) Fixed general totality.	Not considered.	
(b) Sector totality.		
2. CHRONIC. (a) Dominant miasm.	Sycosis	Eructation, Belching, <tension
(b) Acute exacerbation.	Nil.	
(c) Periodic expression.	Nil.	
(d) One sided expression.		

(e) Suppression.	Nil.	
(f) Mixed miasm.	Nil.	
(g) Sequence.		
(h) Drug affects miasm.		
(i) Cause Fundamental Precipitating.	Psora <spicy,potato,dal	Father - APD These precipitate sycosis
(j) Aggravations.	<tension,spicy food	modality
(k) Ameliorations.	>flatus, eructation	Modality
(l) Generals. Mental. Physical. Characteristic.	 - Mild hearted fearful nature melancholic, anxious Perspiration-decreased Thirst- decreased Craving-fried food[2] Thermally-Hot : Retrosternal burning <early morning easy satiety > drinking cold water < evening[2] Palpitation with complaints trembling of extremities	 Attributes

III. REPERTORIAL APPROACH. 1. Synthesis 2. Boeninghausen. 3. Kent. 4. Mixed. 5. Rubric.	Kent's methedology	Qualified mentals Physical generals Characteristic particulars available
Reading The Analysis. Potential Differential Field.	Hot patient	
References to The Homoeopathic Materia medica.	Boericke's materia medica	Referred for selection of a remedy which covers completely after repertorial result
IV. NON REPERTORIAL APPROACH **1. Structuralisation.** **2. Key Notes.**		
V. PLANNING AND PROGRAMING THERAPY. **1. Acute R_X.** Potency. Repetition.		
2. Chronic R_X. Potency. Repetition.	Pulsatilla 200 weekly one dose	Covers the constitution According to the sensitivity,susceptibility and seat of the disease
3. Intercurrent R_X. Potency. Repetition.	Constitutional remedy covers this also	
4. Placebo.	S L Packets were given	For satisfaction of the patient.

VI. REMEDY RESPONSE	**ACTION**	**REASONS**
(a) Interpretation.	Good response as the patient was better in both general and sector level.	The patient has shown a general improvement in all levels suggesting that the remedy was Simillimum to the case.
(b) Action.	Pulsatilla was given as constitutional remedy.	Improvement in both general and sector.
5. Purpose. Reasoning. Expectations.	Since there is relief of complaint SL powder was given. There should be gradual betterment of the patient.	Since the remedy was Simillimum to the case.
VII. GENERAL COMMENTS.	This case shows the efficacy of Constitutional remedy and its repetition in patients with Acid Peptic Disease. So it can be interpreted that if the remedy is similimum and with optimum repetition after analysis should be applied for their continued improvement	

ANNEXURE – 2

MASTER CHART

s. no	Preliminary data	Presenting Illness	Diagnosis	Mental causation of Illness	Miasm	Susceptibility	Remedy: Potency and Repetition	Duration of Treatment	Outcome
1	Mrs. J 35, F, christian, married, housewife, thokkotu. 55439	Hypopigmentation on whole body, Itching, Redness on exposure to sun. Since 12 years	Vitiligo	Indifference and avarice Secretive, Selfish nature	FM-sycosis DM-sycosis	Low	Sepia 200 Frequent repetition	8 months	Improved
2	Mrs. M, 35, F, hindu, married, housewife, padil. 56963	Retrosternal burning[2], sour eructation[3]distended abdomen, easy satiety.< after eating Since 1 year	Acid peptic disease	Grief, anxious nature.	FM-psora DM-sycosis	moderate	Puls 200 Frequent repetition	4 months	Improved
3.	Mrs. S, 60, F,hindu, married, widow, parimanu. 56891	Pricking type of pain lower back, stiffness <exertion, <bending. Since 4-5 years	Lumbar spondylosi-s	Repression of thoughts of the past stress.	FM-sycotic DM-sycotic	low	Sulph 30, Infrequent repetition.	6 months	Not improved

s. no	Preliminary data	Presenting Illness	Diagnosis	Mental causation of Illness	Miasm	Susceptibility	Remedy: Potency and Repetition	Duration of Treatment	Outcome
4.	Mrs. J , 55, F, married, housewife, thirthahalli. 56619	Bilious sensation, nausea², retrosternal burning, pain, distention Since 20 years	Duodenal ulcer	Suppressed emotions, insecurity and fear of disease.	FM- psora DM- sycosis	high	Puls 200, Frequent repetition,	8 months	Improved
5.	Mrs. R, 42, F,hindu , married, housewife,sulia. 53264	cough², constant watery scanty expectoration, wheezing², sneezing, breathlessness since 3 years	Bronchial asthma	Anger and irritable nature	FM- psoric DM- sycosis	low	Kali carb 3o, Infrequent repetition	3 months	Improved
6.	Mrs. R, 48, F, hindu, married, employee BSNL, kulshekar 53721	Irregular menses, profuse flow <exertion Since 4 years	Menopausal syndrome	Anxious personality, suppression of anger	FM- sycosis DM- psora	moderate	SL Frequent repetition	3 months	Improved

s. no	Preliminary data	Presenting Illness	Diagnosis	Mental causation of Illness	Miasm	Susceptibility	Remedy: Potency and Repetition	Duration of Treatment	Outcome
7	Mr .A, 59, M, christian, married, supervisor in catering field, kwait 55650	Weakness weight loss, proteinuria. Since 7 months	Auto immune disease	Irritability, anxious nature	FM-sycosis DM-sycosis	high	Lyco 30 Frequent repetition	10 months	Improved
8	Mr. M, 40, M, muslim, married, shopkeeper, kasargod. 53161	Pain in eye, watery discharge, swelling rednes <turning the eye Since 3 months	Scleritis	Antipatory anxiety, lacking confidence.	FM-sycosis DM-psora	Low	Arg nit 200 Frequent repetition	8 months	Improved
9.	Mr. s , 27, M, hindu, single, businessman, B.C Road. 55807	Cough, itching in throat , post nasal, dribbling, wheezing <night, Since 16 years of age	Bronchial asthma	Restricted life style, suppression of financial stress.	FM-sycosis DM-psora	high	Nat mur 200 Infrequent repetition	3 months	Improved

s. no	Preliminary data	Presenting Illness	Diagnosis	Mental causation of Illness	Miasm	Susceptibility	Remedy: Potency and Repetition	Duration of Treatment	Outcome
10.	Mrs . J, 70, F,christian, married, widow, padubidri. 55731	Breathing difficulty <walking, difficulty to walk Sine10-12 years	Coronary artery disease	Grief and chronic worry	FM-sycosis DM-sycosis	High	Crategus Q Frequent repetition	5 months	Not improved
11.	Mr. L, 65, M, hindu, married, retd clerk, kotekar 56019	Hoarseness of voice , > early morning Since 1½ month	Chronic laryngitis	Repression of emotions	FM-psora DM-sycosis	Low	Phos 200, frequent repetition	5 months	Improved
12	Ms. S, 15, F, muslim, single, student, thokottu 54677	Profuse flow, with clots, pulling pain in extremities during menses, <walking	Spasmodic dysmenorrhoea	Irritable nature, obstinate and anger.	FM-sycosis DM-psora	High	Calc phos 6x Frequent repetition	5 months	Improved

s. no	Preliminary data	Presenting Illness	Diagnosis	Mental causation of Illness	Miasm	Susceptibility	Remedy: Potency and Repetition	Duration of Treatment	Outcome
13.	Mrs. H, 50, F,muslim, Married, housewife, thokkotu, 54678	Peeling of skin, itching, hypopigmentation,since 2 years	Vitiligo	Suppressed emotions	FM- sycosis DM- sycosis	Low	Nat mur 200 Frequent repettion	5 months	Not improved
14.	Mrs.M, 45, F, Hindu, married, teacher, paduval, 53968	Profuse bleeding bright red clots with pain in abdomen since 3 months	Fibroid uterus	Anxiety of health,and worry	FM- sycosis DM- sycosis	Moderate	Puls 200 Frequent repetition	10 months	Improved
15.	Mrs. A, 39, M, christian, married, auto driver,mangalore 57152	Trembling while speaking, difficult to initiate with strangers <badnews <when being noticed <on attempt to do any work since 25 years	Anxiety neurosis	Fearful personality, anxiety	FM- psora DM- psora	high	Arg nit 1M Frequent repetition	3 months	Improved

s. no	Preliminary data	Presenting Illness	Diagnosis	Mental causation of Illness	Miasm	Susceptibility	Remedy: Potency and Repetition	Duration of Treatment	Outcome
16.	Mr.P, 18, M, hindu, single,student,uppala 56453	Headache on attempt to read, weakness, pimples recurrent, memory weak, since 1 year	Mild depression	Indignation, lack of confidence	FM-sycosis DM-psora	High	Anacardium 1M Infrequent repetition	4 months	Not improved
17.	Mr.S, 48, M, hindu, married, PF officer, kulshekar, 57174	Heaviness pain prickng in head <exertion <morning >pressure since 28 years	Tension headache	Irritable nature, restlessness, constant worry	FM-sycosis DM-sycosis	High	Staphy 200 Frequent repetition	5 months	Improved
18.	Mrs.B, 45, F, hindu, married, section officer,B. C road 57081	Cough breathing difficulty, watering sneezing^2, bloody, wheezing < cold weather <night <rainy season Since 5 years	Bronchial asthma	Grief after death of father	FM-sycosis DM-sycosis	High	Kalic carb 200 Frequent repetition	6 months	Improved

s. no	Preliminary data	Presenting Illness	Diagnosis	Mental causation of Illness	Miasm	Susceptibility	Remedy: Potency and Repetition	Duration of Treatment	Outcome
19.	Mrs.Y, 40, F, hindu, married, beedi rolling, kuthar. 7548	Throbbing pain in head < stress <empty stomach > sleep	Tension headache	Stress and Sadness	FM-syphillitic DM-psora	High	Puls 1M Frequent repetition	1 year	Not improved
20.	Mr.R, 64, M, hindu, married, businessman, kottakar, 7712	Coryza watery, nose block, cough white expectoration <cold climate <winter <dust since 27 years	Allergic rhinitis	Restricted suppressive nature	FM-psora DM-psora	Low	Ars 30 Iinfrequent repetition	5 months	Improved
21	Mrs.G, 34, F, hindu, married, teacher, bantwal, 14165	Sneezing breathing difficulty, wheezing since 10 years	Bronchial asthma	Grief about death of father	FM-sycosis DM-sycosis	Low	lach 200 Frequent repetition	7 months	Improved

s. no	Preliminary data	Presenting Illness	Diagnosis	Mental causation of Illness	Miasm	Susceptibility	Remedy: Potency and Repetition	Duration of Treatment	Outcome
22	Mr.H, 42, M, muslim, coolie worker, married, madoor, 13315	Pain in the lower back < morning <change of position > hot applicaton	Lumbar spondylosis	Suppression of emotions	FM-syphilitic DM-psora	High	Nat mur 200 Frequent repetition	9 months	Not better
23.	Mr.H, 55, M, muslim, married, Farmer, manjanady, 13373	Eruption, excoriation, discharge watery, itching, burning, pain , pus discharge in right leg since 2 years	Contact dermatitis	Hatredness towards close relation	FM-psora DM-psora	High	Graphitis 200 Frequent repetition	6 months	Not better
24.	Mr.A, 48, M, muslim, married, Coolie worker, muloor, 8400	Pain pricking in epigastric region, nausea, retrosternal burning since 10 years	Acid peptic disease	Irritable and apathy	FM-sycosis DM-psora	High	Nux vom 200 Infrequent repetition	4 months	Improved

s. no	Preliminary data	Presenting Illness	Diagnosis	Mental causation of Illness	Miasm	Susceptibility	Remedy: Potency and Repetition	Duration of Treatment	Outcome
25.	Mr.S, 50, M, hindu, married, clerk, urwa store, 9990	Burning micturition, before passing urine < eating spicy since 4 years.	Bladder calculi	Suppression of emotions	FM- sycosis DM- sycosis	Low	Staphy 200 Infrequent repetition	1 year	Improved
26.	Ms.C, 20, F,christian single, student, bantwal, 38374	Itching redness, burning, swelling since one year	Urticaria	Nervous	FM- sycosis DM- psora	Low	Phos 200 Frequent repetition	2 year	Improved
27.	Ms.S,20, F, christian, student, single, bolur, 38255	Paim in abdomen <menses >pressure, nausea and vomiting. Since 6 years	Spasmodic dysmenorrhoea	Anger and capriciousness	FM- sycosis DM- sycosis	Low	Nux vom 200 Frequent repetition	3 months	Improved

s. no	Preliminary data	Presenting Illness	Diagnosis	Mental causation of Illness	Miasm	Susceptibility	Remedy: Potency and Repetition	Duration of Treatment	Outcome
28.	Mr.R, 32, M, Hindu, married, professor, Mangalore 36696	Watery discharge, sneezing irritation, breathlessness, cough with expectoration <dust <wind since many years	Bronchial asthma	Conscientiousness	FM-psora DM-sycosis	High	Nux vom 200 weekly dose	8 months	Improved
29.	Mr.R, 34, M, hindu, single, clerk, kottekar 38619	Bursting type of pain in temples < tension, <walking, <motion Since 17 years	Tension headache	Inferiority feeling, pessimistic	FM-syphilitic DM-psora	Low	Silicea 200 monthly once	5 months	Improved
30.	Mrs.J, 60, F, christian, widow, nanthoor 18382	Chest pain, breathing difficulty on exertion since one year	Coronary heart disease	Anxiety about future	FM-sycosis DM-sycosis	High	Lactro. mact 6 Frequent repetition	3 months	Improved