

The Relationship Of Remedies: *Kali* Group

Editor: This article has been abridged from the original. The full range of type of Relationship can be seen from his CHART. Also from his forthcoming book on Kali.

RELATIONSHIP OF REMEDIES:

The subject of relationship of remedies is one of the most fascinating, yet most neglected aspects of homoeopathic prescribing. Its utility in clinical practice is profound not only to arrive at similitudo, but also in terms of follow-up, where a physician has to use the wide armamentarium given.

- i) environmental inputs out of inter-action
- ii) the disease potential exerting its influence over the individual and
- iii) the remedial functionality.

Remedy relationship is nothing but the various relations that are shared between remedies at many aspects, facets, dimensions, levels, phases and sectors. To fathom relations in its depth, a homoeopathic physician must have following requisites:

- i) The concept of similarity: degrees, levels and qualitative aspects of similarity. The concept of relationship is a corollary of the concept of similarity
- ii) An in-depth knowledge of HMM: perceiving the portrait in its totality
- iii) The conceptual understanding of data in HMM vis-à-vis hard facts, conceptual portrait and original data-base
- iv) knowledge of anatomy, physiology, biochemistry, psychology, psychiatry, biology, botany, zoology,

physics and chemistry: co-relations of concepts arriving out of these allied faculties with materia medica

- v) Knowledge of logical and philosophical faculties
- vi) Knowledge of miasms, susceptibility, disease etc.

TYPES OF RELATIONSHIP :

1. ANALOGUE:

- a) That which bears an analogy to something else.
- b) An organ or structure that is similar in function to another kind of (organism), but is of dissimilar evolutionary origin
- c) Similar or equivalent in certain respects, close enough to be compared (Syn. Akin, Cognate). *Ex: Caust, Con, Lach, Lyc., Puls* are analogues of *Arg-n*. Analogue relations are of many types: acute, chronic, nearest, vegetable, chemical etc.

2. CYCLIC OR SEQUENTIAL:

The portrait of a disease is heterogeneous, non-descript, messed-up and hence confusing to a physician as to the selection of a single remedy. With an orderly analysis, one can go in for a cycle of remedies in a consecutive / successive manner.

Ex: A patient with abdominal colic requires Caust → Coloc → Staph in succession if the totality is not distinctly covered by a single drug.

3. INTERCURRENT:

When status quo is maintained and case comes to a standstill, a remedy interpolated / interposed in between rouses the vital force to steer the system towards recovery. The intercurrent remedy need not necessarily be a nosode. *Ex: Tub* in pneumonia with delayed resolution or recurrent pneumonia; *Thyroidinum* in urticaria with f/h/o thyroid disorder.

4. MIASMATIC:

The structural fault has to be corrected at the constitutional level with the appropriate anti-miasmatic remedy. The miasmatic block is an obstacle to recovery.

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The patient and drug in HMM represent Psora → Sycosis → Tubercle → Syphilis.

The remedy must cover not only the manifestations but also the underlying miasmatic state. Ex: *Gels* is a psoric *Kali-c*; *Arg-m* is a sycotic *Sil*; *Calc-sil.* is a sycotic *Sil*, *Caust* is a psoro-sycotic (like *Sul*); or a psoro-syphilitic (like *Psor*); or a syphilo-sycotic (like *Plb*, *Zinc*).

5. INIMICAL / INCOMPATIBLE:

Some injurious effects were observed by prescribers after the administration of some remedies (like a complex dissimilar disease). Central structural similarity is not achieved, instead peripheral formal similarity is only corresponded. This gives rise to some non-desirable effects. Eg: *Con* inimical to *Psor*, *Caust* to *Phos*.

6. ANTIDOTAL RELATIONSHIP:

In view of intense action of the remedy being registered over the system, a physician would like to counteract it. Clinical experience is the source of this relationship. *Hep-s* is the antidote to *Merc*; *Bry* antidotes *Insulin*.

7. COMPLEMENTARY:

The previous remedy has exhausted its action and needs to be furthered / complemented / supplemented by an appropriate remedy- analogous but deeper acting. Two types: acute complement of the chronic or chronic complement of the acute.

Syn- Remedies that follow well.

The knowledge of phase of right timing is needed for successful application of this relationship. Eg: *Ars*-acute complement of *Kali-c*. *Sil*-chronic complement of *Puls*. A remedy which is complementary can also act as antidote, based on assessment of previous remedy's action.

8. AFFILIATED:

- a) To form close relationship with larger group.
- b) To associate (oneself) as a subordinate or subsidiary.

Ex: "I am affiliated to University of Health Sciences,

Nashik."

Kali-c is affiliated to *Sul* & via it, to *Calc*.

9. SYMBIOTIC:

a) Two remedies that have some elements in common and are useful one after the other. Potential actions of both remedies are the same. They share the same potential action with the same result.

b) Give and take relationship (for survival).

Ex: The trio *Am-c* (*Psora*), *Lach* (*Syphilis*), *Rhus-t* (*sycosis*) and *Calc-c* (all 3 miasms) are a symbiotic family.

Symbiotics of *Kali-c*: *Kali-i*, *Kali-n*, *Lach*. *Ambr-g* is a version of *Arg-n*.

10. SECTORIAL:

Keloid pathology: *Graph*, *Sil*, *Thuja*.

Kali-c: *Kali-sil* (which is mineral *Psor*), *Sil* and *Psor* are all mirrored in *Kali-c* in one aspect or another.

Ran-b is a remarkable blend of *Bry* and *Puls*.

Kali-sul is a hybrid of *Bry* and *Puls*.

Kali-iod is a cocktail of: *Ars*, *Carb-s*, *Cur*, *Hep*, *Iod*, *Kali-c*, *Lach*, *Lyc*, *Phos*, *Sep*, *Sul*.

11. INTENSIFIED RELATIONSHIP:

This relationship is the derivation of the remedial functionality on the basis of pace / depth / intensity / fury of action. Two types: Sectorial and General. Acute / chronic and complementary / Remedies that follow well, have this relationship as the base. Basically this relationship conforms to layers.

Ex: The *Iodides* and *Murs* are less deep-acting than *Carbs*; and of the former, *Iodides* are more angry than the other two. *Iods* and *Sulphs* never disown their parents *Iodine*, *Sulphur*.

Carb-v is a lesser *Kali-c*.

Asct-t: A lesser *Bry*; also a lesser *Kali-c*.

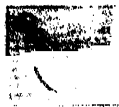
Lach is an intensified *Kali-i*.

Bellis-p is a greater or deeper *Arn*.

Syph is an intensified close-up of the broader remedies *Phos*, *Kali-i* and *Sul-i* also complements them.

12. SOURCE / GROUP / FAMILY / KINGDOM:

The remedies in HMM are derived from various



sources. On the basis of these sources, one can formulate many relations useful in clinical practice.

Ex: Mild snakes: *Card, Puls, Ust, Kali-i, Sul-ac.*

Chemical snake: *Am-carb.*

Bry is botanical congener of *Colo.*

Colo is a vegetable *Mag-phos.*

Gels is a vegetable *Lach*, also a vegetable and acute *Kali-c.*

Urt-urens. is vegetable; *Apis-m* is animal (and both are acutes of) *Nat-m.*

13. 'STAGES' RELATIONSHIP:

Evolution is an important attribute of remedial action. This gives rise to multiple ways of relations of materia medica. Son / Father / Twin / Family, Child / Youth / Old age, Patron / Confrere / Comrade / Friend etc. are types of this relationship. This facilitates deeper understanding of remedies.

Example : *Ambr-gr* is old man's *Ign*; a negative *Puls.* *Caust* and *Kali-c* are twins.

Kali-c goes deeper in gastro-pectoral-cardiac sphere while *Caust* does so in paralysis or neuro-muscular sphere.

Lyc is an aged *Arg-n.*

Carc is an offspring of *Sul* and *Tub.*

An aged *Sep* may need *Con.*

Children of *Ign* mother may require *Medo* or *Nat.*

Nat-m require a preparatory course of *Arg-n.* to bring up tone.

14. TRIO / QUARTET:

Trio : A group of three remedies that are useful one after other in a definite order. e.g. *Sul-Calc-Lyc.* This order is irreversible: *Lyc* cannot come before *Calc* or *Sul.*

Quartet refers to quadrilateral picture.

Ex : Trios : *Kali-c-Caust-Lyc.*

Quartet: *Ambr-g, Arg-n* and *Kali-c* present a complete quadrilateral picture of hysteria, flatulence, rheumatism and heart.

Arg-n-Caust-Con-Lyc. a collateral quartet.

REFLECTIONS AND RAMIFICATIONS OF GROUP STUDY OF MATERIA MEDICA

Before we venture to deal with the group study of *Kali* remedies, some clarity is essential.

Group: Definition

1. An assemblage of persons or objects considered together.
2. Two or more figures that make up a unit or a design, as in sculpture or painting .
3. A number of individuals or things considered together of certain similarities.
4. Two or more atoms behaving or regarded as a single chemical unit. Also called "radical.

OBJECTIVES OF GROUP STUDY

1. To simplify the cumbersome data available in Materia Medica.
2. To arrive at the constitutional, intercurrent, acute remedy or in general an accurate homoeopathic remedy within short time.
3. To develop the study of radicals : cations/anions and of their inter-relationship; co-relation with data in Materia Medica.
4. To formulate concepts, verify them through experimentation for further study and enrichment of materia medica.
5. To derive (conceptual) data out of logical thinking and to make a portrait of the remedy in the absence of "drug proving."
6. To help resolve the problem of fixities/non-fixities, hard/abstract data and its relevance to the study of materia medica.
7. To study each unit like kingdoms, families, groups, minerals, positive and negative radicals etc. with inclusive and exclusive approach.
8. To derive/assume unknown facets of remedies and apply them in practice for verification through adequate clinical experiences.
9. To corroborate the work done by researchers on

group study of materia medica or to refute the work if it is discrepant.

10. To see how far logical interpretation has a role to play in the conceptual building of the portrait of a remedy in materia medica as developed by several authors through the process of collation, the base firmly being determined as clinical verifications.

DEMERITS OF GROUP STUDY

The study of materia medica through 'group' involves, veritably, the principle of generalization. In the process of generalization, one has to neglect or sacrifice individual attributes that are not resonant and it is here that the problem develops. We enter into the zone where we may mar the efficacy of our remedies, their very *e'lan* or *raison d'etre*. What one achieves with an individual remedy study in its totality, one can't achieve with group study. □

Deriving the conclusion that 'a particular case in hand needs a particular group and out of that group a particular remedy' may appear simple and uncomplicated! But mind well, fishing out the *similimum* is a complex and intricate process that involves multi-dimensional aspects having sound philosophical base. The 'work-out' of the case is an in-depth analytical process requiring a mature, sensible mind. If one is tempted at the process of simplified type, 'habits die hard'!

We need to take a balanced view, hence, towards the study of materia medica with a group consideration. One should not rely too much on group study in view of the content of a generic concept being narrower, as specific / individual features are excluded from the study. At the same time a physician should understand that individual remedy literature (chiefly of polychrests) is too prodigious.

Kali Group

Kali's are difficult to spot. Although they present a plethora of symptoms (overt response, *mg* on the other hand display a covert response), it is heterogenous, and hence it is difficult to build up a portrait out of raw material. A portrait is one that understands the nature and the value of data. It is chronologically and logically evolved data over a period of time where integration is the inter-twining thread. This thread is not strong and thick enough to sustain the varying forms of expressions that *Kali* group projects.

EVOLUTION OF KALI

Childhood: Born oversensitive, touchy, attached³ to family-more to the father if the gender is female or vice-versa. *Calc* and *Puls* are two other remedies with strong attachment to family but with some differences. *Calc* out of insecurity and fears, *Puls* out of its emotional dependence and company desire; she is more like a

leech. Dependency does play a role in the attachment of *Kali* but *Kali* children are more demanding than *Calc* and *Puls*. Parasitism in *Kali* is not only due to dependency but also due to hoarding instinct. *Calc*, on the other hand, are more self content; *Puls* pushes her demands unconsciously. All three *Kali*, *Calc* & *Puls* want to be petted and caressed but *Puls* ranks highest. *Phos* child also has the same temperament. But *Phos* is more lively and cheerful- an innate and spontaneous trait, *Kali* is cheerful out of dependency while *Calc* gives more a feeling of contentment coupled with inertia. Out of all *Calc* needs a stronger stimulus to remove its inertia.

In our experience, childhood of *Kali* has a two-fold aspect - one of pampering and the other of moral-ethical disciplining. The former keeps the child dependent; coupled with weak will, it develops in a child a high sense of duty and responsibility. This blend makes *Kali*



closed and reserved, conscientious and reliable, timid and self-centered.

FAMILY UPRISING

Kali child may be born in a family where there is a conflict between father and mother in terms of materialism and spiritualism. There is a ritualistic atmosphere at home, but there is poverty. The child gradually learns the importance of money and his hoarding instinct increases. Or the child has enjoyed the childhood well in terms of richness and protection and suddenly there is a loss of a father or a business loss. The child experiences both poles – richness and poverty. Early responsibility befalls on him and he becomes more responsible. He has to fight for his bread and butter and for his family. Pragmatism be lies his weakness of will which constraints him against major achievements and his hoarding makes him selfish.

Weakness of will, dependency, insecurity masquerade as anxiety. He prefers to remain a routinist, conformist, traditional and tries to avoid taking on any new enterprise. He can't face the challenges thrown to him. He becomes a shirker, an escapist. Any change in routine where he will have to stand up courageously aggravates him and develops in him an anxiety. If this extends too far, *Kali* goes to the negative side being rigid, dogmatic and even dry. It is as if the system learns to remain grounded firmly for the sake of survival, instead of facing the harsh and complex life!

SQUARENESS

Routinism, conservatism, conventionality, rigidity – all with conscientiousness make *Kali* a 'square' person.

He clings to old concepts and firmly believes in 'old is gold'. Inflexible he is, while acting squarely, he will not spare a person and will not allow others to take the bribes. People like Anna Hazare or Khairnar exhibit *Kali* personality.

Ed: I beg to differ. Khairnar has no fears, while Kali has many.

Kalis are not open to modern fashions and change in culture, instead of being carried away, they will stick to their beliefs and values. Their value system becomes rigid and a person may become bigoted (unlike *Thuja*, which is analogous to *Kalis* at various level). Dry, drab and uninteresting personality as described in *Materia Medica* conform to the appearance of *Kali* whose dress is old and simple. *Kalis* will go on wearing the same clothes year in and year out, though the clothes are washed (unlike *Sul*).

Honesty coupled with pragmatism makes *Kali* a reliable person. 'A friend in need is a friend indeed' applies to *Kalis* well (except *kali-iod*). But the state of anxiety and weakness of will preclude taking active and risky roles. *Kalis* will help others within their resources, not endangering their security. One is hence not sure when *Kali* will offer its help, though help will be certain. *Causticum* is the only *Kali*, however, that will go out of the way. It will not only talk, but will actually help out of sympathy and over-compassionate nature. The vibrating nature arouses the innermost feeling of empathy to subdue the multiple fears. Idealism is an added strength.

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I've learned that true friendship continues to grow, even over the longest distance.

Same goes for true love.

I've learned that it takes years to build up trust, and only seconds to destroy it.



TO THE WORLD YOU
MAY BE ONE PERSON
BUT TO ONE PERSON
YOU MAY BE THE
WORLD

