



The Artistic Way To Prescribe

CASE 1:

Mrs P 60 y, came with Spondylitis, difficult urination heel pain < AM, > continued walking. Tight dress causes difficulty in breathing and so has to loosen it. She paused here, so I took the time to pick out the above symptoms and to arrange in order of their grade or value.

Urination difficult Heel pain
Breathing difficult Clothing tight agg

Early morning agg.

While I was doing this exercise, she continued, "Doctor, my husband is a heart patient. Recently he was in hospital for angioplasty treatment and is now taking rest at home. I have to look after him. But nowadays it does not occur to me to take care of him".

(Many a time, patient throws out 'valuable' or 'mind' symptoms only after they have finished description of their complaints or after you have prescribed!)

Her statement "It does not occur to me to take care of him" was very significant. This is not 'indifference'. The correct rubric for this symptom is "Torpor of mind" (inactivity). I looked up the rubric in Kent's repertory (KR). (KR) p 89 – Torpor-*Apis, berb, Cic, Crot-h, gels, kali-br, Lyc, Nat-M, Nux-m, OP, Plb, sang, stram.*

P 1348-Clothing Loosening Amel..Several Rx

Lyc and *Op* are common. Early morning < (p 1343: mid-night after) neither *Lyc* nor *Opium* found) But if we compare the remedies in this rubric with those against Torpor (p89) we get the following: *gels, nat-m, stram* The beginner may find it difficult to classify which one of two symptoms (clothing loosening > or early morning <) is more important. Therefore we take considering both. Time modality is the least valuable "Clothing, loosening >, is more valuable than time of aggravation"). Let us now put it in tabular form. (See next column).

Almost all Homocopaths, all over the world, commit the mistake of totaling the points. That is not correct. Let us

	Torpor	Clothing, Loosening amel	Early morning agg.
<i>Gels</i>	2	0	2
<i>Lyc</i>	2	3	0
<i>Nat-m</i>	3	0	1
<i>Opium</i>	3	1	0
<i>Stram</i>	2	0	1

now understand what is "mechanical" and "artistic" method of studying the Repertory. Almost all Homocopaths (using KR), administer a questionnaire to the patient that lists out all the symptoms in the repertory, such as Anger, Irritability, Fear, Sleeplessness etc. and the patient is asked to tick his symptoms. Then with the use of computer or card repertory, the practitioner does a 'mechanical' job of finding out which remedy/ies score/s the highest points and gives that remedy.

But the correct method is the 'artistic' method of using Repertory. In this method, the practitioner, instead of mechanically working out the cases sorts out which are important and less important symptoms. For this Hering's law of Cure comes to our help.

Instead of merely working out the case with all symptoms. YOU MUST FIRST OF ALL ARRANGE THE SYMPTOMS IN ORDER OF THEIR 'GRADES' OR 'VALUE' and work out case from 'above downwards'. In the above table, for example, take *Lycopodium*. It is 2=3=0=5. You should not calculate this way. When we arrange symptoms in order of their grades from more important to less important parts, from general/uncommon to particular/common symptoms, there is a purpose. From the above table of remedies with their grades, we should read as under

Gels – 202 (Two Hundred and two)

Lyc - 230 (Two Hundred and thirty)

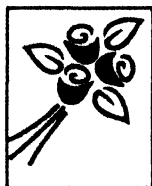
Nat-m- 301 (Three Hundred and one)

Opium- 310 (three Hundred and ten)

Stram - 201 (Two Hundred and one)

Thus, the remedy *Opium* scores (Three Hundred and ten) and not 3+1+0=4.

In Lilienthal's book we have four chapters on mind symp-



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toms. They are: Melancholia (p 693); Insanity (p 620); Mania (p 688); Emotions – fright, joy, grief, homesick, mortification (p 376 – 383).

For this case, we read *Opium* and *Nat-m* in the chapter “Melancholia”. *Opium* if confirmed by Lilienthal (p 701): *Opium*: “imbecility of will, as if annihilated”.

Nothing relevant was found under *Nat-mur*. *Opium* is the remedy even though ‘early morning <’ is not found. A prescription is made not on “mere modality”, and ‘sides of the body’ are the least valuable in respect of ‘grades’
HINT: In many cases, the patient drops ‘valuable’ or ‘mind symptoms’ after you have prescribed. (Therefore, sufficient time must be allowed to the patient to speak at his pace and speed. Use word like “tell me all you want to say....” And so on .

CASE 2:

Mr Kannan, 47 years, Brain cancer. From hospital papers. I cull down the following:

1997 – neurogens – meningioma. Rt eye optic atrophy
 CT Scan report–tumor encroaching orbits & optic nerve.
 When patient came in 2001: Lt eye vision deteriorating.
 Doctors told him if they do surgery again, he might permanently become blind. He continues, “I do not want surgery..... they have to carefully give me anaesthesia -it is not easy in my case–12 hours in bed–surgery–Oh! I can’t bear it. It is terrible pain. Oh! I can’t. It is too much. After surgery, anything may happen. I am afraid. I don’t want surgery. So I have come to you for medical treatment. “Twelve hours terrific suffering.... Pain....” (This is “Anguish”). We have two symptoms ‘fear’ and ‘anguish’.

Anguish (p 3 of KR) Rx in top-grade alone are taken: *Acon*, *Ars*, *Bell*, *Calc*, *Cann-I*, *Caust*, *Dig*, *Hep*, *Plat*.
 Fear (p 42) 21 remedies are in top grade.

We get *Acon*, *Bell*, *Calc*, *Dig* and *Plat* are common. There is a rubric “FEAR of future” (on page 45) but we have to take ‘fear’ only

P 1346: Encephaloma (This is only a physical symptom, hence taken last). If and when you have arrived at 2 to 7 remedies with ‘mind’ symptoms then you may read them in Lilienthal’s Homoeopathic therapeutics.

The above five remedies are listed below with their ‘grades’.

	Anguish	Fear	Encephaloma
<i>Acon</i>	3	3	-
<i>Bell</i>	3	3	-
<i>Calc</i>	3	3	2
<i>Dig</i>	3	3	-
<i>Plat</i>	3	3	-

The reader would be tempted to immediately study the above five remedies under the chapter ‘Carcinoma’ (p 113-118 in Lilienthal). But do not do that way. Patient is not so much concerned with brain cancer; but more with the torture and side-effects of allopathic (anxiety/fear of future). We selected a few remedies on mind symptoms. ie symptoms of the patient and not cancer’.

We read the 5 remedies in Lilienthal under the chapter “Melancholia” (p 693-702) and “Fear” (p 376-379). *Calcarea-carb* matched.

Emotion, Fear, Dread, Fright (p 377-Lilienthal): *Calcarea-carb*: Apprehension about present and future. Melancholia (p 697) *Calcarea-carb*....grief and complaining about old offences (his experience at surgery last time)... Dread of being seized by misfortune, on account of her ruined health... eagerly frightened.

Calcarea-carb 1M, 3 doses OD. (Patient advised not to stand in water and not take bath for 3 days, since bath stops the action of *Calcarea-carb* (see Kent’s Lectures on HMM) after 3 days he may take a quick bath but not stand in water, nor wash clothes for 3 wks.
 22-10-2001: Pain relieved. Constipation + sleep disturbed at 2 am; wakes up and then no sleep.

Vision–no improvement

Sleep and constipation are general symptoms, but sleep is more valuable than constipation.

Sleeplessness (p 1251 Kent Rep): 30 Rx in top-grade.
 Constipation (p 606)-39 remedies in top-grade.

(**Note:** If a rubric has more than 5- 15 Rx in top-grade, and if you consider it as an ‘eliminating symptom’ (a first valuable symptom in grade) it is sufficient if you take remedies in top-grades only).

Following ten remedies are common (in top-grade): *Ars*, *Bry*, *Calc*, *Coff*, *Nux-v*, *Op*, *Phos*, *Plb*, *Sul*, *Thuja*, (List ‘A’).

(If few remedies we may read the remedies in Lilienthal



under "amaurosis and amblyopia" (p 15-19). Since the above list contains ten remedies, to reduce it further let us take "Sleepless after 2 am"

(p. 1235) Sleepless, after 2 am (19 Rx) (List 'B') *Coffea* and *Thuja* common to above two lists A & B. *Thuja* 1000, OD, for three days restored the vision.

CASE 3:

Miss Bindu, 18 years, 6-7 years of Asthma, felt sweating aggravates her asthma. I asked about menarche. Mother replied at 14. Menarche 14y. Asthma since 12y. All chronic complaints originating around puberty is due to tuberculosis and the word for chronic complaints starting from around puberty is "Chlorosis".

"Sweat < asthma – the correct rubric for this symptom is "Congestion of chest".

When "sweat aggravates asthma" it means there is already a pre-existing condition of "congestion in chest" and the sweat (metastasis?) aggravates the congested condition.

Kent (p 1347) CHLOROSIS..... (remedies in top grade) *Ars, Bell, Calc, Calc-p, Carb-s, Cocc, Ferr, Ferr-ar, Ferr.m, Graph, Lyc, Mang, Nat-m, Nit-ac, Phos, Plat, Puls, Senec, Sep, Sulph.*

Page 825- chest – CONGESTION *Acon, Bell, Bry, Cact, Camph, Dig, Ip, Lach, Nux-v, Phos, Rhus-t, Sep, Spong, Sulph, Ter.*

Thus, following are the common medicines in top-grade in both the above lists.

Bell, Phos, Sep, Sulph.

We now read these four remedies in Lilienthal, first under "Asthma" (p. 52) and then under CHLOROSIS (p 188).

(p 60 of Lilienthal) "ASTHMA" – under *Phos* we find the word "Phthical disposition".

Again in the chapter Chlorosis (p 188) under *Phosphorous* we read.

A Unique Experience

I would like to share an peculiar incident in 1981, when I attended All India Homoeopathic Seminar held first time at Kanpur. At the break I was sitting at the stall of Wheezal Lab Pvt Ltd. The 1600 delegates were strolling along the numerous stalls. A lady, very dirty, appeared as if she had been bathing in oil and not washing; her clothes were also in the same shape, was begging the attention of the delegates requesting to look at her ailment and help her. But no one was paying any heed to her request.

My curiosity aroused, I asked her what the matter was. She told me that she was suffering from itching and wherever she itches, a live insect comes out of the skin on squeezing the spot! There was no eruption of any

kind on her skin. On showing my sympathy and curiosity she scratched her left arm and squeezed the spot and to my surprise, a live lice of white colour came out of the skin! It was so very peculiar. I had never seen such a thing neither before (nor after) in my life span of 68 years. I could not think what to do. Took recourse to the greatest life –saver- 2 doses of *Sulphur* 30 from my travel kit. I also suggested her to consult some other doctor of Kanpur. I don't know what happened to her later.

Today I think *Coca* could have been her remedy.

DICTIONARY OF PRACTICAL MATERIA MEDICA by Dr J H Clarke describes *Coca* thus:

"A characteristic symptom of Cocaine poisoning is a sensation as if small foreign bodies were under the skin, generally like grains of sand; or else as of a worm under the skin". This is undoubtedly the keynote symptom of *Coca*.

Dr J W Springthorpe described (H W, February, 1896) a variety of this symptom experienced by himself, and re-



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