

Perceiving A Remedy Portrait: *Kali-bichromium*

INTRODUCTION

Every well-proved remedy of the HMM has more than 1000 symptoms- clearly impossible to remember at the bedside. Even if computer-skills allow us to increase our retentive power, it is difficult to derive a coherent and well-defined image of the remedy from these symptoms alone. Successful homoeopathic prescribers, notably Kent, have poured life into remedies through their extensive clinical experience- these commentaries or lectures have been recorded and serve as a learning field, the base line for us, on which to build up the remedy further, through our own experiences.

But what about those numerous drugs like *Kali-bich*, *Calc-flour*, *Nat-phos*, *Mag-phos*, which are not well proved? How to study these remedies so that we can either use them effectively at the bedside or teach them? The million dollar question is, Should we be just enumerating the symptoms? Or should we be taking recourse to the drug pictures narrated by someone and thus become mere conduits of information? Should we be content with giving an exam-oriented performance in the classroom? Or should we attempt to recreate the reality of practice for the benefit of the students?

Aphorism 6 of the Organon of Medicine clearly states that matching of remedy should be at the level of "Portrait of Disease". Thus, in this article we shall examine how to evolve a portrait of the Remedy, with *Kali-bichromium* serving as an example.

PORTRAIT: WHAT IS IT?

The Shorter Oxford Dictionary defines "Portrait":

1. A figure drawn, painted or carved upon a surface to represent some object; specially a like-

ness of a person, especially of the face.

2. An image, representation, type, likeness, similitude. A verbal picture; a graphic description.

Two essential points emerge from the definition:

1. A Portrait is, necessarily, a result of human effort and not that of a machine eg camera. So individual appreciation and understanding is required to put up a portrait.
2. The final product should resemble the object and should be readily identifiable, eg in India a line drawing of a bald, half bent figure with horn rimmed spectacles and large ears, seen walking with a stick, can be readily identified by everyone, even a child as Gandhiji. But the same Gandhiji in his youth, when clad in a suit in South Africa, would be hard to spot.

Thus the Artist who wants to draw a portrait should be sensitive enough to spot the hallmarks of a figure and construct the final representation by bringing about a correct balance of these different facets. He would need highest objectivity, evolved from great internal balance.

REMEDY PORTRAIT: HOW TO MAKE IT?

From the work of Master prescribers, it is possible to derive the following general principles for use while making a portrait of remedies belonging to the Mineral Kingdom:

1. Identifying the physical and chemical properties of elements which constitute the base of that remedy. These properties have already been studied in quite some detail. They can also be readily derived from knowledge of their position in the Periodic Table. The latter allows us to understand the relationship the elements have with each other and from this we can derive the Relationship of Remedies. (viz Ajit Kulkarni's article)
2. Studying the physiological, pharmacological and

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toxicological data. This yields valuable information in the form of signs and symptoms in animals as well as humans.

Correlating the data derived from 1 and 2 with the data in the HMM, makes it possible to establish a relationship between the crude form of elements with their properties and the qualities of the drug as expressed on the dynamic plane.

3. Understanding the relationship between physical symptoms and mentals. We are familiar with the psycho-physiological aspects of disease and are aware that mind influences the body and vice versa, producing symptoms while interacting with the environment. These should be rightly termed as expressions on different planes through which the being is trying to communicate in a new distinct language – the “language of disease”. A close study of this language would convince an observer of the similarity of content at both levels of expression. Thus “Ebullitions” in a *Ferrum* individual could signify - at the Physical plane- a vasomotor instability and at the mental plane - the tendency for periodic aggressive outbursts. A connection between the mind and the body established in this way would undoubtedly strengthen as well as enliven the final portrait.

4. Making full use of cured Clinical cases by the remedy under study. The cases ought to be studied both in length and in depth. A thorough longitudinal study of the individual from birth to the present day needs to be undertaken with special attention paid in identifying significant landmarks in the person’s life and connecting these to his “space”, ie the circumstances in family, work area or social circle. The efforts should give us an idea of the way the individual has performed various roles demanded of him, the difficulties encountered at making decisions at every crossroad, and what expressions, if any, have emerged at the physical or mental planes. All this enables us to study the causal as well as the concomitant axes in quite some detail. It allows us

derivation of attributes (Disposition) of the person, giving at the same time a fair impression of the miasmatic march of events. On this can be built the course and how the person is likely to conduct his life in the future and what course the disease is likely to take (prognosis), should he continue to move in the direction taken by him so far. Above all, we are able to clothe the naked symptoms available in the *Materia Medica* with flesh and blood and breathe life into them. The remedy thus becomes our close friend, who will be around us whenever we feel the need for him.

In this article, we will focus on erecting portrait of *Kali-bich* through our clinical experiences from 3 cases of *Kali-bich*. Data of each case will include detailing the thinking process of the physician and legitimate likely interpretations through the in-depth analysis.

Editor: Other articles in this issue will detail other ways of building a portrait through other means. Thus we will learn all modes of study of a remedy.

CASE 1:

Mr X, a practicing Chartered Accountant, 48, referred by an old patient, Mr X started our treatment in 1978 and was considered cured by 1982. He was suffering from the following:

1. Migraine and Chronic Sinusitis for 20 years
2. Spondylitis: Cervical and Lumbo-Sacral for 28 years;
3. Osteo Arthritis of the knee joint recently.

PAST HISTORY

Paratyphoid at age 8 yr. Tonsillectomy at 10 yr. Jaundice at 12 yr. Operated for Lt.-sided inguinal hernia last year.

H/O fall 25 years back ie at 23y – right shoulder dislocated.

H/O colitis 5 years back, ie at 43y.

FAMILY HISTORY

Father died at 63, Mother 76, living.

Brother – good health.

Sister – Chronic headaches, stays in Canada.

Location	Sensation & Pathology	Modalities	Accompaniments
1. Head – Rt. temple H/o from the medial angle of Rt eye. Duration: 2-3 hours D: 20 mins	Hammering, splitting Type of pain. Throbbing pain excruciating. Diag = Migraine	Agg 5 am, 6am, 12 midnight, 2 am, 3 am. Agg cold draft ³ Agg cold beer ³ Amel pressure Amel local heat ³ Amel hill station	Eyes: red & flushed. Burning eyes. Prior to attack – sometimes vomiting, not able to see clearly for 1 hour, flushes & burning for ½ hour, headache always follows
2. Sinus Nose	Discharge yellow Sticky ³ Offensive ³	Amel cologne water: Inhalation or application	
3. Back – Dorsal	Wandering pain		
4. Rt shoulder, H/o pain 25 y back	Pain	A/F: Fall	

INVESTIGATION REPORTS

X-Ray Spine: Lower Dorsal and Lumbar Spondylosis with disc degeneration at L5-S1 and possibly at L4-L5 level.

TREATMENT RECEIVED SO FAR:

Inj Gammalergen for recurrent colds; Tab Tegretol; Tab Novalgin; Cafergot and Cafergot Q (which had to be stopped due to the side effects of cramps in the calf muscles).

THE PATIENT AS A PERSON:

Physical Characteristics:

Robust. Bony framework. Some baldness. Looks older than his age. Hand hard (He was a gymnast, used to do bar bell exercises including heavy lifting).

Cravings: Salt (now restricted).

Reaction to Physical Factors:

Fan: Cannot tolerate on head; prefers air conditioning. But direct blast of air causes migraine. Bath – cold. AGG. Cold drinks³ → headache

Mentals: Anger at Work: when others do not meet his standards.

LIFE STORY:

Mr X had come up the hard way. Started practice at 22 y, took 6 years to settle down. At 23 only, fell in love with his personal secretary, but marriage had to wait; he made it clear that he could marry her only after he settled down in practice. Well known in his profession, he used to keep fairly long hours at work. He kept himself up-to-date with recent laws and regulations so that he could give effective service to his clients.

SOCIAL LIFE:

He had been a President of the Lions Club and a secretary of the 3-R Society. He had quite a good friend circle. But he curtailed his social activities because of professional demands.

Personal Life

He was very much concerned about his wife and his son. His wife was 8 years younger to him, fair, brown hair; sparkling, attractive eyes. She had constipation and blisters in the mouth frequently with habit of chewing paan. An aside: He was present during her interview when she revealed a number of dreams. He turned to her and said, "You are very secretive!

In twenty years of married life, you never told me about those dreams and the trouble they cause you!" He, however, used to wake her up when his headaches became unbearable, in the early hours of morning. This would reflect on the relationship established.

The son, 12, was born after 8 years of married life. He had planned for a son just as he had planned for marriage. The son was facing difficulties in coping with the expectations of the father because father wanted him to be as versatile and accomplished as himself.

He was sensitive enough to understand the nature of the difficulties, when these were pointed out to him. He took necessary steps to change himself for his own good as also for the good of others.

BASIS OF THE PRESCRIPTION

The following totality guided to *Kali-bich*.

1. Discharge sticky³, yellow, offensive³.
2. Agg 2 – 3 am.
3. Agg Cold draft³. Agg cold beer³
4. Concomitants of Migrainous headache.

MENTAL DISPOSITION:

Undoubtedly the patient had a strong motivation and drive to succeed and come up in life; he is capable of very hard work. He has an inclination to enlarge his social circle and perhaps enjoy the benefits of connections so established. But he is able to identify his primary responsibilities as those of the profession and he has little difficulty in taking appropriate decisions even though this would entail a cutting down on the social activities. All these are admirable qualities, which we respect in the life of a professional.

But let us view his personal life: Here we get a glimpse of a person whose sensitivity to his family members is rather blunted. He is willing to postpone marriage and a child for several years to enable him to settle down comfortably. It does not occur to him to enquire about the impact of this decision on his life partner. He does not hesitate to wake up his wife in the middle of the night to attend to his headache but remains oblivious to her suffering. His expectation, that on her own she should communicate her problems to him, indicated lack of

sensitivity to the finer aspects of interpersonal communication.

A similar difficulty is seen in the relationship with the son, where he is more concerned with his own expectations of him rather than what the son wishes to do. The difficulties of the son are not available to him. This would thus underline his attachments to himself, his ideas and feelings. Anyone interfering with these is likely to arouse his ire.

Also seen is his tremendous internal anxiety, which he attempts to control through planning –bordering on the absurd. For would not this quest for certainty and thoroughness rob him of the spontaneous joy of living and facing challenges as and when they arise? All these we would be able to identify as negative qualities and it is significant to note that these are freely expressed in the circumstance of the home; not so much at work area or social field. An observer in the work or social area would be hard put to detect any significant flaw in his disposition.

Another aspect worth noting, is his readiness to change when lacunae are brought to his attention. His love for his family would give him the necessary strength to modify his disposition and change his behavior.

It is not a coincidence that his headaches (migraine) have commenced since his professional activities began. It is significant that he himself has not been able to make any worthwhile correlation between the tension and the headaches. But, knowing the internal pressure to deliver a performance of a high standard, his perfectionist nature and his irritability, which he has to control in order to give effective service, we are in a better position to establish a cause-effect relationship.

The dispositional features, which we are able to derive, are very characteristic of *Kali-hi*:

1. SELF CENTERED – anger from contradiction, insensitive to demands of wife and son.
2. AMBITIOUS with tenacity – could postpone marriage, parenthood and curtail social activities to pursue his career goals; can use intelligence when

aroused to lessen difficulties in family or work.

3. **PERFECTIONIST** – anxiety from non-fulfillment of plans, meticulous in his work.

CASE 2:

Mr Y, 26 y, a science graduate, with Diploma in Systems Management. He consulted us for the following:

1. About 18 months ago he got a very sharp pain in the eyes, nose and forehead region while traveling in an aeroplane. The pain started when the aircraft started descending for landing. Since then this has recurred every time he has traveled by plane. During the last three flights (in the last month), he tried chewing candy. That seems to have helped as he escaped the pains, which he could sense were just about to start.
2. Lt nostril perpetually blocked since 1 yr.
3. Fistula: Sharp pain near anus since 3 mnths. The pain would build up and persist as a deep ache.
4. Lethargic and sleepy even though sleeps 8 hrs/day.

INVESTIGATIONS

Consulted two surgeons: Fistula tract, no cyst, X-ray Chest: N A D, G T T: within normal limits.
X-ray PNS: Maxillary Sinusitis

PAST HISTORY:

Fracture Rt femur – nailed in '73 – removed in '77; no complications. A/F fall horseback.

FAMILY HISTORY:

Fa: 54, businessman, good health.
Mo: 49, HW, good health
Br: 28, married, Dentist in USA.
Sis: 24 single. M Sc (Home Sc). USA
Wife: 23; Depression
Son: 1 yr- 7 m. Constipation, vomiting, loose motions.
PATIENT AS A PERSON: Fair, Stocky. Tends to obesity (was 84 kg now 72 Kg)
Cr: Onion. Av: Coffee which =< nausea, fried food.
Bowels: Since childhood, tendency to constipation, hard stool.
Addictions: 10 cigarettes/day; Alcohol: 1/2 pegs 1/ 10 days.
Now reduced both because of obesity.
Sleep: Dreams: about work – how to solve problems.

REACTION TO PHYSICAL FACTORS:

Fan –likes, Air open – likes, Air conditioner – summer.
Bath – Tepid. Covering – takes but keeps out hand, and feet, unless very cold.

Location	Sensation & Pathology	Modalities	Accompaniments
1. Nose since 1½ yrs. Starts from Lt eye-brow/ Rt side nose.	Shooting pain from nose up to eyeballs as if eyeball would come out.	< change in air pressure > chewing > holding nose < blowing hard.	Headache Watering eyes
2. Rectum – anus since 3 months	Sharp shooting pain building up & persisting as deep ache. Constipation. Bleeding.		
3. Throat occasional last 2- 3 months	Soreness	< smoking < buttermilk < cold drinks	

LIFE STORY:

The patient hails from a business family. Fa, 54 y, healthy; active in business of manufacturing consumer goods. Pt graduated in science and joined father. He did Systems Management diploma with the idea that it will help him manage the business better. But he found himself in difficulties because of differences with father in handling the business. Hence he wanted to start a new business.

He married a girl of his choice 4 years ago. His wife has episodic depression and chronic headaches. Always weak in health. Both found it difficult to adjust in their marital life. The first two years of married life were good but as time passed, her sexual desire became nil. That created difficulties in their relationship. The only bridge is their son, 1 ½ yr. He suffers from digestive upsets, so both are terribly worried.

Wife dominating, irritable and impulsive, very attached to her own family, especially elder sister. She passed through depression when this sister got married. After own marriage found it difficult to adjust because husband also of domineering temperament. Insecure and unhappy, because they did not have an independent establishment. The patient tried to entertain her, taking her out for dinner after the son slept. He tried to control his temper and has been concerned about her health and well being. The wife was sensitive to this, but was enmeshed in a problem dating prior to marriage. A doctor in the nursing home where she was admitted, had allegedly made a pass at her. This had left a deep impression, which she found difficult to overcome.

Our patient was artistic, wrote poetry when in the mood; reads books on philosophy (Aurobindo, Vivekanand, Rajnish etc). Interested in Indian Classical music. His wife also had an interest in reading books, painting and music.

During the period 1979-83 when he was under treatment, these difficulties were discussed with him at some length. What emerged was a person who found himself cornered, caught between conflicting pulls and pressures emanating from within himself, his fam-

ily, work and society.

He had identified that his basic needs for happiness, was to lead a spontaneous and carefree life. Money, marriage and Music were the means to achieve this state.

Money was in plenty but he was unable to enjoy the benefits since he was conscientious enough to realize that he himself should be doing work and earning it. The traditional way of conducting business was not agreeable to him and the changes that he desired were not acceptable to his father. Hence the idea of starting a separate business. He had trained himself for the job and had developed corporate ambitions but unable to realize them so far for a variety of reasons. He concern was to employ fair means in his business ventures. He was not interested in going abroad like his siblings.

Marriage had run into difficulties, not wholly his creation. He was able to identify the sensitivities of his wife, underlying the depression. In his own way, he made attempts to pander to these sensitivities. He realized that his dominating nature put her into difficulty and tried he make necessary changes in his behavior. But marital happiness continued to elude him.

He took Indian Classical Music fairly seriously. He desired a balance between "corporate ambitions and Artistic temperament". His poems, graphically reflected, his conflict. He was aware of the paradoxical situation to blend opposite temperaments, which required dramatically opposing circumstances to find their full expressions.

BASIS FOR PRESCRIPTION

1. Shooting pain from nose → eyeballs ' as if eyeball will come out'
2. Sharp shooting pain in rectum.
3. Sinus involvement with no discharge (X-ray evidence).

These are about the only physical symptoms we have in this otherwise complex case. The prescription of *Kali-bichrom* was based on the characteristic location and sensations described. There was early relief in the

headaches and sinus pains and within two months he was able to travel by air without difficulty. His fistula took a longer time to settle down. His mental condition was helped only partially; the wife continued to undergo swings of mood and probably accounted for his continued disturbances.

MENTAL DISPOSITION

The analysis of this case poses a different set of problems due to his youth and lack of solid performance to go by. The patient himself, identified his need to lead a spontaneous and carefree life. Is this portrayal accurate? Does an examination of his life so far not bring out that he has a tendency to get enmeshed in various difficult situations, some of them of his own creation? Is it possible that the need was a mere reaction? Would the therapeutic goal not be to make him aware of his actual behavior pattern and thus prevent him from pursuing a mirage?

His sensitivities are fairly intense and would need considerable modification. These would have to be more in line with his ambition if he has to achieve his Corporate goals. Intelligence and Versatility of needs to be more purposefully directed. Only then one would expect the will to evolve and his assets to grow.

To represent his dispositional qualities:

SELF-CENTERED

SENSITIVE to self-gratification through

(a) Music (b) Marriage and (c) Money.

AMBITION – desire to carve a “niche” for self through artistic and intellectual pursuits and business.

WILL - ? Not yet displayed.

CASE 3:

Mr M, 53 yr. Income-Tax practitioner, referred by his son with the following complaints: (*see next pg.*)

1. Recurrent headaches, probably tension related since 6-7 years.
2. Flatulent dyspepsia.
3. Loss of memory for recent events.
4. Hypercholesteremia

PAST HISTORY:

Typhoid thrice at age of 14, 35 and 42 years.

Recurrent colds and cough from 16-18 years.

Tonsillectomy performed.

Frontal sinusitis in 1960 with thick, yellow discharge.

Hypertension since the age of 25.

FAMILY HISTORY:

Strong history of Tb in Fa, Mo and Si.

Hypertension- Mo and eldest si.

PATIENT AS A PERSON: PHYSICAL

Bony frame work. Fair. Balding especially on head, chest, abdomen and back.

Cr: Sweets³, Fried. Constipation: Hard stools.

Reaction to Physical Factors

Fan Agg Head – Feels better in open air. Bath tepid water. Likes medium AC., Sun Agg. Head.

MENTALS

Anxiety³, Worry³, about health. Sometimes causes headaches. Memory weak since 5-7 years. Forgets what he has read, financial commitments, especially what he has to receive from others; names of persons whom he has met frequently. Dreams occasionally of water.

LIFE STORY:

The patient lost his father when one yr old. Youngest son in the family. Three elder sisters are well settled. Mother, 80, is living with him.

After SSC, he joined the science stream since he wished to become a doctor, but financial constraints forced him to do Diploma in Commerce in 1955. He immediately started working for a well-known Chartered Accountant firm. His boss was impressed with his hard work and sincerity and he was given additional responsibility with the opportunity to attend independently to clients. The clients, in turn, were happy with him for his timely and effective service. Within 5 years, in 1962, he was made a partner in the firm.

In 1967, due to differences, he separated and started his own concern. He is known for his systematic work

Location	Sensation & Pathology	Modalities	Accompaniments
1. Head Frontal since 15 years Freq 1/month Last attack 1 mnth ago	Dull pain Throbbing ³ Preventing sleep	Agg Tension Agg Worry Agg Sun Agg Noise	No nausea
2. R S since childhood Sinus 1960 till 1978	Recurrent tonsillitis Thick yellow discharge	Agg Cold things Agg Cold to hot weather	

and his working pattern is quoted as an example to others. He wants everything in order and loses his temper if it is disturbed. Recently his son did C A and joined him.

All sisters married. He has undertaken responsibility for his youngest sister as her husband has chronic depression.

Relations with middle sister are strained since 3 yrs. It appears that her son had betrayed him in some dealings after having worked with him for 10 years.

Last 4-5 yrs have been disturbed. His elder daughter had a love marriage, against his approval.

Currently worried about eldest son, who is in love with a Jain girl whom family finds not suitable in any way. But the son, who has been obedient so far, shows no sign of relenting.

Pt has a strong feeling that he has been carrying the burden of the family alone and would like his son to share the responsibility. The recent events have, thus, not been too happy.

BASIS FOR PRESCRIPTION:

1. Frontal headache – sinusitis with thick yellow discharge.

2. Anxiety – Worry → health → headache.

Again we see the scanty data and need for basing the prescription on a characteristic that had appeared in the past. Few doses of *Kali-bich* 200 relieved him to a considerable extent and treatment was stopped after 6 months.

MENTAL DISPOSITION:

We see a behavior pattern in the work area quite similar to Case 1: ambition and motivation to come up in life and the capacity for hard work & the perfectionist, systematic nature.

Again, in the family area, we discern tendency to get disturbed when things do not proceed as planned. This disturbance spreads rapidly to produce unwanted effect on work, through weak memory.

Attachment – family < Anxiety.

Worry -future of children.

Dissatisfaction from contradiction.

Ambitious.

Perfectionist – intolerant of sub-standard work.

From the above mental state *Kali-bi* becomes very clear.



I've learned that you cannot make some one love you. All you can do is to be someone who can be loved.



The rest is up to them.



I've learned that even when you think that you have no more to give but when a friend cries out to you, you will find the strength to give.

