

# Classical Homoeopathy

for an

# Impatient World

**Rapid Classical Prescribing**



Dr Subrata K. Banerjea

# RAPID CLASSICAL PRESCRIBING

*BY*

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## **AUTHOR'S DEDICATION**

To commemorate the sacred memory of my ancestors, who have dedicated their life for the cause and development of Homoeopathy. To them Homoeopathy was wealth and honour.

**Dr Kali Pada Banerjee** (my great-grandfather), Proprietor, C. Ringer and Company, Calcutta.

**Dr Kishori Mohan Banerjee** (my grandfather), Founder, Bengal Allen Homoeopathic Medical College and Hospital, Calcutta,

and

**Dr N. K. Banerjee** (my uncle), Principal, Bengal Allen Homoeopathic Medical College, Calcutta; President, Homoeopathic State Faculty, West Bengal and Indian Homoeopathic Association; Author of: A Treatise on Homoeopathic Pharmacy; Practice of Medicine, etc.

## PREFACE

The name '*Rapid Classical Prescribing*' has originated in concept from watching a few Master homoeopaths of Calcutta (India), namely, Dr S. K. Dubey, Dr P. C. Paul and my uncle, Dr N. K. Banerjee, as well as reading wonderful case stories of Drs N.M. Chowdhury, Mahendra Lal Sircar, Nilmani Ghatak, Tarak Nath Palit and Dr B. K. Bose, who inspired me to find the right methodology to make a successful classical prescription.

My years of experience, understanding and reading of homoeopathic literature, have brought me to the conclusion that the totality of the following six methodologies will enable the prescriber to reach the 'simillimum' efficiently and quickly:

1. Emphasis on Aetiologies (search for physical and emotional aetiologies, past history of disease, conventional medication and/or vaccination: **Never Been Well Since**).
2. Totality of Physical Symptoms (with special emphasis on modalities and sensations).
3. Emotional Symptoms (with emphasis on personality profile and the nature of the person).
4. Behaviour, Gesture, Posture, Hobbies (how the person speaks, behaves during the consultation, his nature, inquisitiveness, repetitiveness, abusive tendencies, etc.).
5. Miasmatic Totality (diagnosing the surface miasm, please refer to my book '*Miasmatic Prescribing*' for quick miasmatic diagnosis).
6. Homoeopathic Generalities (a) Thermal reactions (b) Food preferences and appetite (c) Thirst (d) Sleep and dream (e) General eliminations (f) Diathesis or tendencies (g) Allergies.

In my experience, *the totality or a combination of any three of the above methodologies can get you to the simillimum.*

*This is a time tested, repeatedly verified, scientific, classical and practical approach which has been practiced for centuries by Master homoeopaths including Drs Kent, Hering, Lippe, Tyler, Nash, etc.*

The hexagonal representation in the book will enable the prescriber to understand the keywords of the medicine (for example, 'Retention' for Natrium muriaticum; 'Anchor' for Pulsatilla nigricans; 'Principle' for Kalium carbonicum; 'Unfulfilled' for Tuberculinum, etc.) on which major emphasis should be given for prescribing. Moreover, the bold points in the medicine pictures represent the strong character of the medicine and if that matches with the patient, it should be sure shot. After prescribing the medicine, one should wait and watch for recovery and not change the prescription.

The beauty of this methodology is MTEK:

Miasm (50 per cent emphasis) + (Totality+Essence+ Keynotes) (50 per cent emphasis), which is the classical and practical prescribing approach in this drug dependant world. The beauty is shown by the benefits which are as follows:

1. Time tested
2. Scientific
3. Methodical and logical
4. Founded on solid principles, and
5. Not confusing

In my extensive lecturing career throughout the world for over twenty five years, I have found that many homoeopathic prescribers, especially fresh homoeopathic graduates, are confused, because they are exposed to a variety of methods and approaches. Many leading homoeopaths come up with their own approach, which may work for her / him as s/he has years of experience. However a fresh graduate, who depends on the above time tested, scientific, classical six methodologies will never get confused.

Even in the Western world, in my practice in the United Kingdom, I always get cases that are drug dependant and want to try homoeopathy, looking forward to a quick result. It is difficult to prescribe a constitutional medicine in a drug dependent case as Hahnemann says in Organon §91 as follows:

*‘The symptoms and feelings of the patient during a previous course of medicine do not furnish the pure picture of the disease; but on the other hand, those symptoms and ailments which he suffered from before the use of the medicines or after they had been discontinued for several days, give the true fundamental idea of the original form of the disease, and these especially the physician must take note of. When the disease is of a chronic character, and the patient has been taking medicine up to the time he is seen, the physician may with advantage leave him some days quite without medicine, or in the meantime administer something of an unmedicinal nature and defer to a subsequent period the more precise scrutiny of the morbid symptoms, in order to be able to grasp in their purity the permanent uncontaminated symptoms of the old affection and to form a faithful picture of the disease.’*

Therefore in such cases (which are one-sided diseases, Refer Hahnemann’s Organon, §173):

*‘The only diseases that seem to have but few symptoms, and on that account to be less amenable to cure, are those which may be termed one-sided, because they display only one or two principal symptoms which obscure almost all the others. They belong chiefly to the class of chronic disease.’*

I open such cases in accordance with §177:

*‘In order to meet most successfully such a case as this, which is of very rare occurrence, we are in the first place to select, guided by these few symptoms, the medicine which in our judgment is the most homoeopathically indicated’.*

Therefore, by prescribing the **lesser known organopathic medicine** (guided by §173, §177) the patient immediately finds some relief and embraces homoeopathy. I have discussed the details of the approach in Chapter-1 of this book. After gradual weaning off about 40 per cent to 50 per cent of the conventional medication, more symptoms surface, we get an uncontaminated picture of the disease and accordingly a constitutional medicine is prescribed, which is of course my main motto.

This book is largely the collection of my post graduate classes in England, Norway and the United States. *The therapeutic approach of the book does not intend to relate that the homoeopathic prescription should be made on the basis of the name of the disease, but on the basis of strictest individualisation,*

*through afore mentioned six methodologies. The patient comes to us and says the name of the disease that she/he has been told by her/his physician; the therapeutic classification of medicine is just the way forward to handle the diseases of the modern world, quickly and efficiently, especially in drug dependent cases, opening with lesser known medicines as discussed in respective chapters of this book.*

I would like to sincerely acknowledge the constant inspiration, praise and love of my wife, Janet, which I treasure; say thank you to my favourite graduate-homoeopath Andrea Wolahan, who has meticulously gone through the manuscripts for avoiding any repetition and confusion of my thoughts, and to Sh. Kuldeep Jain of B. Jain Publishers who is always there to publish my works. I would also like to acknowledge the support given by my two beautiful children, Sreyoshee, my daughter and Saptarshi, my son (who will be the fifth generation homoeopath, now studying BHMS).

I welcome any constructive suggestions towards the improvement of future editions and feedback on your success using the methods outlined here. All the information given in this book has been verified and it is with this knowledge and my own experience that I have been successfully incorporating this classical and practical prescribing into my practice for many years.

I fervently hope that this book will be of immense benefit to the students, as well as practitioners, to carry forward the torch of homoeopathy in a successful way.

**Essex, England**

September 6, 2009

(My fifty second birthday)

**Subrata Kumar Banerjea**

Principal, Allen College of Homoeopathy

# CONTENTS

<i>Author's Dedication</i> .....	iii
<i>Preface</i> .....	v

## SECTION-1

### MODERN CLASSICAL MIASMATIC PRESCRIBING (FOR DRUG DEPENDANT AND NON-DRUG DEPENDANT CASES) PRACTICAL APPROACH – CLASSICAL PRESCRIBING

APPROACH-A : Non-suppressed Cases – Cases with Clarity of Symptoms .....	3
APPROACH-B : Contaminated Drug Dependent Cases – Cases Without Clarity of Symptoms .....	6

## SECTION-2

### CLASSICAL METHODOLOGY FOR CASE TAKING AND CASE ANALYSIS WITH EMPHASIS ON MIASMATIC DIAGNOSIS

Case Taking Proforma .....	13
----------------------------	----

## SECTION-3

### POTENCY TIPS

Potency of Choice – Hexagonal Tip Presentation of Banerjea .....	35
‘C’ Potency – Use and Utility .....	35
Mother Tinctures – Use and Utility .....	31
LM Potency – Use and Utility .....	36
Susceptibility and Potency – A Graphical Representation .....	37
Flow Chart of Potencies – Mother Tincture .....	39
Dropping Down the Scale of Potency .....	41

Repeating the Series Again .....	42
Potency – To Ascend or Descend .....	42
Banerjea Family’s 105 Years Heritage of Using Different Potencies According to Various Spheres of Action of the Remedy .....	43
Dispensing Directives of Hahnemann .....	44
Logic and Advantages of Diluting, Plussing and Dividing the Dose .....	55
Repetition of Doses .....	55

## SECTION-4

### FAST ACUTE PRESCRIBING – WHAT ARE THE STRIKING SYMPTOMS OF EACH MEDICINE ON WHICH YOU CAN SUCCESSFULLY DEPEND – FAST PRESCRIBING TECHNIQUE

<b>Clinical and Comparative Materia Medica of Flu, Common Cough and Cold Medicines .....</b>	<b>61</b>
<b>Common Acutes – Coughs and Colds .....</b>	<b>67</b>
Acute Cold Medicines .....	67
Acute Cough Medicines .....	69
Cold Medicines – Spot Diagnosis – Top Six .....	78
Common Acute Problem – Rhinitis / Coryza .....	80
Cold → Manifestations .....	83
<b>Common Acute Problems – Conjunctivitis, Cataract, Influenza .....</b>	<b>87</b>
Conjunctivitis .....	87
Cataract .....	88
Influenza .....	88
<b>Common Acute Problems – Fever .....</b>	<b>93</b>
Fever : Spot diagnosis – Top Six .....	93
<b>Common Acute Problems – Meniere’s Disease .....</b>	<b>99</b>
Meniere’s Disease Banerjea’s Top Three .....	99
<b>Clinical and Comparative Materia Medica of Otagia/Otitis Media .....</b>	<b>100</b>
Otagia and Otorrhoea .....	103
<b>Common Acute Ear Problems – Otagia, Otitis Media .....</b>	<b>104</b>
<b>Common Acute Throat Problems – Tonsillitis .....</b>	<b>109</b>
Comparative Materia Medica – Tonsillitis .....	114
Dignosis of the Remedy on Appearance – Tonsillitis .....	114
Clinical Tips on Some Uncommon Remedies of Tonsillitis .....	114
<b>Common Acute Throat Problems – Tonsillitis – Look and Diagnose – Spot Diagnosis .....</b>	<b>115</b>



**Common Acute Gastrointestinal Problem – Food Poisoning ..... 121**  
 Trio of Food Poisoning ..... 121  
**Injury and Trauma ..... 123**  
 Therapeutics ..... 123  
 Clinical Tips ..... 124

**SECTION-5**

**COMMON CHARACTERS (SYMPTOMS) OF DIFFERENT GROUPS**

**Common Characters of Mineral Groups ..... 127**  
 Common Characters of Acids (Acidums) ..... 127  
 Common Characters of Ammoniums ..... 128  
 Common Characters of Barytas ..... 129  
 Common Characters of Bromatums ..... 129  
 Common Characters of Calcareas (Calciums) ..... 129  
 Common Characters of Carbonicums ..... 131  
 Common Characters of Ferrums ..... 131  
 Common Characters of Fluoratum ..... 132  
 Common Characters of Iodatums ..... 132  
 Common Characters of Kaliums ..... 132  
 Common Characters of Magnesias ..... 134  
 Common Characters of Muriaticums ..... 137  
 Common Characters of Natriums (Sodiums) ..... 137  
 Common Characters of Phosphoricums ..... 138  
 Common Characters of Sulphuricums ..... 139  
**Common Personality Characters ..... 141**  
 Personality Characters of Snake Venoms ..... 141  
 Personality Characters of Acids ..... 141  
 Personality Characters of Calcareas ..... 142  
 Personality Characters of Kaliums ..... 142  
 Personality Characters of Natriums ..... 143  
 Personality Characters of Magnesiums ..... 143

**SECTION-6**

**POLYCHRESTS**

**Polychrests ..... 147**  
 Apis mellifica ..... 147  
 Argentum nitricum ..... 150

Arnica montana .....	154
Arsenicum album .....	157
Aurum metallicum .....	161
Bacillinum .....	164
Belladonna .....	166
Bryonia alba .....	169
Calcarea carbonica .....	172
Calcarea iodata .....	176
Calcarea phosphorica .....	178
Carbo vegetabilis .....	181
Carcinosinum .....	184
Causticum .....	188
Chamomilla .....	191
Cinchona officinalis .....	194
Conium maculatum .....	197
Dulcamara .....	200
Dysenteriae compound .....	202
Gelsemium sempervirens .....	205
Graphites .....	208
Hepar sulphuris .....	211
Ignatia amara .....	214
Kalium carbonicum .....	217
Kalium sulphuricum .....	220
Lachesis mutus .....	223
Lycopodium clavatum .....	226
Lyssinum .....	229
Magnesia carbonica .....	233
Medorrhinum .....	236
Mercurius solubilis Hahnemannii .....	239
Morgan pure .....	241
Natrium muriaticum .....	244
Natrium sulphuricum .....	248
Nitricum acidum .....	251
Nux vomica .....	255
Phosphoricum acidum .....	259
Phosphorus .....	262
Psorinum .....	266
Pulsatilla nigricans .....	269
Radium bromatum .....	273

Rhus toxicodendron .....	277
Sepia officinalis .....	280
Silicea terra .....	283
Staphysagria .....	286
Stramonium .....	290
Sulphur .....	294
Syphilinum .....	298
Thuja occidentalis .....	301
Thyroidinum .....	305
Tuberculinum bovinum kent .....	308
X-ray .....	312

## SECTION-7

### WHEN WELL SELECTED MEDICINES, INCLUDING HEAVY WEIGHT NOSODES FAIL – SCOPE OF BOWEL NOSODES, RARE NOSODES (FOR EXAMPLE, STREPTOCOCCINUM, STAPHYLOCOCCINUM, ETC.), SARCODES (FOR EXAMPLE, PITUITRINUM, ETC.) AND IMPONDERABILIA (FOR EXAMPLE, MAGNET, LUNA, ETC.); WITH SPECIAL EMPHASIS ON USE OF IMPONDERABILIA – THE MASTER BLASTERS

<b>Introduction and Scope of Bowel Nosodes .....</b>	<b>317</b>
Conception of Bowel Nosodes and Its Introduction in Homoeopathy .....	317
Classification of Bowel Nosodes .....	317
Indications for Prescribing Bowel Nosodes .....	317
Posology and Bowel Nosodes – Dosage and Repetition .....	318
Repetition of Bowel Nosodes .....	319
<b>Materia Medica and Therapeutics of Bowel Nosodes .....</b>	<b>320</b>
Bacillus no.7 (Paterson) .....	320
Dysenteriae compound (Bach) .....	320
Gaertner (Bach) .....	324
Morgan (Bach) .....	325
Mutabile (Bach) .....	329
Proteus (Bach) .....	329
Sycotic compound (Paterson) .....	330
<b>Bowel Nosodes and Corresponding Bacteria .....</b>	<b>333</b>
<b>Introduction and Scope of Nosodes in Homoeopathy .....</b>	<b>334</b>
Etymology .....	334
Enunciation of Source of Remedies .....	334

<b>Materia Medica and Clinical Therapeutics of Some of the Rare Nosodes .....</b>	<b>337</b>
B.Coli .....	337
BCG .....	338
Diphtherinum .....	338
Hippozaeninum .....	339
Influenzinum .....	340
Morbillinum – The Remedy for the Scourges of Measles .....	342
Oscillococtinum .....	343
Pertussinum .....	344
Pneumococinum .....	344
Staphylococinum: The Remedy for Chronic Pyogenic Inflammations .....	346
Streptococinum: The Anti-streptococcal, Anti-pyretic, Anti-convulsive and Astringent Answer to the Modern World .....	347
Vaccinum .....	352
<b>Materia Medica and Clinical Therapeutics of Some of the Rare Sarcodes .....</b>	<b>353</b>
Folliculinum .....	353
Insulinum .....	354
Pituitrinum .....	356
<b>Materia Medica and Clinical Therapeutics of Some of the Rare Imponderablias</b>	
<b>Scope of Imponderablias .....</b>	<b>357</b>
Electricity .....	358
Luna .....	359
Magnetis poli ambo (The Magnet) .....	360
Magnetis polus australis (South Pole of Magnet) .....	361
Magnetis polus arcticus (North Pole of Magnet) .....	361
Radium bromatum .....	361
X-ray .....	361

## SECTION-8

### PERSONIFICATION OF POLYCHRESTS (PEOPLE OF THE MATERIA MEDICA WORLD) - LOOK AND SPOT THE MEDICINE

<b>Gesture and Posture – Body Language of Medicines .....</b>	<b>365</b>
Look and Diagnose .....	380

## SECTION-9

### SPOT THE MEDICINE

<b>Dissection of Personalities at the Airport .....</b>	<b>385</b>
---	------------

Checking-in Lounge .....	385
On Board .....	387
Cabin Crew .....	389
Passenger Meeting Family at the Arrival Lounge (Look and Diagnose the Personalities)	393
Baggage .....	397
Passengers in Duty Free Shops .....	399
Boarding .....	400

## SECTION-10

### NBWS EMOTIONAL TRAUMAS – EMOTIONAL AETIOLOGIES AND THEIR CORRESPONDING MANIFESTATIONS

<b>Chapter-1 Mental Aetiologies and Manifestations .....</b>	<b>407</b>
1. Apis Mellifica .....	407
2. Argentum Nitricum .....	408
3. Arsenicum Album .....	409
4. Bryonia Alba .....	410
5. Calcarea Carbonica .....	410
6. Calcarea Phosphorica .....	412
7. Carcinosinum .....	412
8. Causticum .....	413
9. Conium Maculatum .....	414
10. Gelsemium Sempervirens .....	415
11. Graphites .....	415
12. Ignatia Amara .....	416
13. Kalium Carbonicum .....	417
14. Lachesis Mutus .....	418
15. Lycopodium Clavatum .....	419
16. Lyssinum (Hydrophobinum) .....	420
17. Magnesia Carbonica .....	421
18. Medorrhinum .....	421
19. Mercurius Solubilis .....	422
20. Natrium Muriaticum .....	422
21. Natrium Sulphuricum .....	424
22. Nitricum Acidum .....	424
23. Nux Vomica .....	424
24. Phosphoricum Acidum .....	426
25. Phosphorus .....	427
26. Psorinum .....	428

27. Pulsatilla Nigricans .....	428
28. Rhus Toxicodendron .....	429
29. Sepia Officinalis .....	430
30. Silicea Terra .....	430
31. Staphysagria .....	431
32. Stramonium .....	432
33. Sulphur .....	433
34. Thuja Occidentalis .....	434
35. Tuberculinvm Bovinum Kent .....	435
<b>Mental Aetiologies and Never Been Well Since (NBWS) From Emotional Aetiologies .</b>	<b>436</b>

## SECTION-11

### PSYCHIATRY AND MENTAL ESSENCE

<b>Anxieties .....</b>	<b>443</b>
Anxiety About His / Her Own Health .....	443
Anxiety About Family as Doctor has Given Him the Diagnosis of Cancer .....	447
Therapeutics of Anxiety Neurosis and Depressive Psychosis – The Lesser Known Trio	447
<b>Irritability .....</b>	<b>450</b>
Irritability Before Menses .....	451
<b>Depression .....</b>	<b>455</b>
Sadness/Depression During Menopause .....	455
Depression – Lesser Known Remedies .....	457
<b>Therapeutics of Attention Deficit Disorders – Top Six Lesser Known Remedies .....</b>	<b>459</b>
Aragallus Lamberti .....	459
Kalium Bromatum .....	459
Phosphoricum Acidum .....	459
Xerophyllum Asphodeloides .....	460
Zincum Picricum .....	460
Zincum Phosphoricum .....	460
<b>Gradual Withdrawl of Psychotropic Drugs and Input of Homoeopathy .....</b>	<b>461</b>
Patient’s Objectives in Seeking Homoeopathic Treatment .....	461
Homoeopathic Treatment of Patients Who are Undergoing or Have a History of Psychotropic Therapy .....	461
<b>Emotional Theme – Our Jealous Remedies .....</b>	<b>465</b>
Anantherum Muricatum .....	466
Apis Mellifica .....	466

Arsenicum Album .....	466
Calcarea Phosphorica .....	466
Cenchrus Contortrix .....	467
Gallicum Acidum .....	467
Hyoscyamus Niger .....	467
Ignatia Amara .....	467
Lachesis Mutus .....	468
Lycopodium Clavatum .....	468
Nux Vomica .....	468
Pulsatilla Nigricans .....	468
Raphanus Sativus .....	469
Staphysagria .....	469

## SECTION-12

### PTSD (Post-traumatic Stress Disorders)

<b>Post-traumatic Stress Disorders .....</b>	<b>473</b>
Introduction .....	473
Present Scenario .....	473
Alertness For Future .....	483

## SECTION-13

### DRUG SENSITIVE (HYPERSENSITIVE) CASES

<b>Drug Sensitive Cases .....</b>	<b>495</b>
Oversensitive to Allopathic Medicines .....	495
Violent Reaction to Homoeopathic Medicines .....	498
Patients Who Are Drug Sensitive .....	499
Prescribing For Drug Sensitive Cases – Methodologies .....	502
Doctrine of Concomitants .....	505
Clinical Tips And Therapeutic Hints .....	505

## SECTION-14

### VACCINATION AND CONSEQUENCES

<b>Consequences of vaccination .....</b>	<b>509</b>
Bad Effects of Vaccination .....	509

## SECTION-15

### REPERTORY OF PERSONALITY PROFILES

<b>Common Personality Characters – Collection of Words From Modern</b>	
<b>Materia Medicas .....</b>	<b>515</b>
Philosophy and Why There is a Need to Understand the Personality Character and Essence .....	515
Six Personality Traits and Their Corresponding Rubrics .....	526
<b>Common Personality Characters- Collection of Words From Patient's and the Search of the Repertory .....</b>	
	<b>527</b>
<b>Most Common Personality Characters / Traits .....</b>	<b>531</b>
<b>Top Ten Polychrests Covering Common Personality Characters .....</b>	<b>532</b>
Arsenicum album .....	532
Carcinosinum .....	532
Lycopodium clavatum .....	533
Natrium muriaticum .....	533
Nux vomica .....	533
Phosphorus .....	534
Pulsatilla nigricans .....	534
Staphysagria .....	535
Sulphur .....	535
Thuja occidentalis .....	535
<b>People of the Materia Medica World – Allen College BBQ Party – Behaviour, Gesture, Posture and Their Personality Profiles .....</b>	
	<b>536</b>

## SECTION-16

### RECREATIONAL DRUG DEPENDANT CASES AND SCOPE OF DRUG DE-ADDICTIONS

<b>Introduction : Drug Dependent Patients .....</b>	<b>541</b>
Opium, Heroin .....	541
Cocaine .....	542
Cannabis .....	542
LSD .....	542
Alcohol .....	543
<b>Homoeopathic Treatment of Drug Dependent Cases .....</b>	<b>544</b>
Cannabis .....	544



Cocaine .....	547
Heroin .....	551
LSD (Lysergic Acid Diethylamide) .....	554
<b>Few Additional Medicines (Used in the Treatment of Recreational Drugs) .....</b>	<b>556</b>

## SECTION-17

### SCOPE AND USE OF MOTHER TINCTURES OF LATIN AND INDIAN DRUGS

<b>Mother Tinctures Materia Medica and Therapeutic Utility .....</b>	<b>559</b>
1. Aconitum Napellus .....	559
2. Adonis Vernalis .....	560
3. Aletris Farinosa .....	561
4. Alfalfa .....	561
5. Alstonia Scholaris .....	562
6. Amylenum Nitrosum .....	563
7. Angelica Atropurpurea .....	563
9. Aralia Racemosa .....	564
10. Arnica Montana .....	565
11. Aspidosperma .....	566
12. Avena Sativa .....	566
13. Berberis Vulgaris .....	567
14. Cactus Grandiflorus .....	568
15. Calendula Officinale .....	568
16. Carduus Marianus .....	569
17. Cascara Sagrada .....	569
18. Chaparro Amargoso .....	570
19. Chelidonium Majus .....	571
20. Chimaphila Umbellata .....	571
21. Cholesterinum .....	572
22. Cinnamomum Ceylanicum .....	573
23. Crataegus Oxyacantha .....	573
24. Echinacea Angustifolium .....	574
25. Erigeron Canadense .....	575
26. Eriodictyon Californicum .....	575
27. Eucalyptus Globulus .....	576
28. Euphrasia Officinalis .....	577
29. Grindelia Robusta .....	577

30. Hamamelis Virginiana .....	578
31. Hydrastis Canadensis .....	579
32. Iberis Amara .....	579
33. Jaborandi .....	580
34. Lycopus Virginicus .....	581
35. Melilotus Alba .....	581
36. Millefolium .....	582
37. Myrica Cerifera .....	583
38. Nuphar Luteum .....	583
39. Nyctanthes Arborescens .....	584
40. Passiflora Incarnata .....	584
41. Phytolacca Decandra .....	585
42. Pinus Lambertiana .....	586
43. Plantago Major .....	586
44. Pothos Foetidus .....	587
45. Robinia Pseudacacia .....	587
46. Sabal Serrulata .....	588
47. Salix Nigra .....	589
48. Senecio Aureus .....	589
49. Strophanthus Hispidus .....	590
50. Tribulus Terrestris .....	590
51. Turnera (Damiana) .....	591
52. Verbascum Thapsus .....	591
53. Viscum Album .....	592
<b>Scope of Mother Tinctures of Indian Origin .....</b>	<b>593</b>
1. Aegle Marmelos .....	593
2. Atista Indica .....	594
3. Azadirachta Indica .....	594
4. Blatta Orientalis .....	595
5. Blumea Odorata .....	596
6. Brahmi .....	596
7. Carica Papaya .....	597
8. Cassia Sophera .....	598
9. Cephalandra Indica .....	598
10. Cynodon Dactylon .....	599
11. Embelia Ribes .....	600
12. Gymnema Sylvestre .....	600
13. Holarrhena Antidysenterica .....	601
14. Joanesia Asoka .....	602

15. Justicia Adhatoda .....	602
16. Ocimum Sanctum .....	603
17. Rauwolfia Serpentina .....	604
18. Syzygium Jambolanum .....	604
19. Terminalia Arjuna .....	605
20. Tinospora Cordifolia .....	605

## SECTION-18

### REPERTORY OF MOTHER TINCTURES

<b>Repertory of Common Medicines Used in Tincture Form .....</b>	<b>609</b>
Acutes .....	609
Mind .....	609
Head .....	609
Eyes .....	609
Ear .....	609
Nose .....	609
Face .....	610
Teeth .....	610
Throat .....	610
Stomach .....	610
Abdomen .....	611
Rectum .....	611
Stool .....	611
Bladder .....	611
Kidneys .....	611
Liver .....	611
Prostate .....	612
Urethra .....	612
Urine .....	612
Male .....	612
Female .....	613
Respiration .....	613
Cough .....	614
Expectoration .....	614
Chest .....	614
Extremities .....	615
Sleep .....	615
Chill .....	615

Fever .....	615
Perspiration .....	615
Skin .....	615
Generals .....	615
<b>Repertory of Indian Drugs Used in Tincture Form .....</b>	<b>617</b>
Acutes .....	617
Mind .....	617
Nose .....	617
Mouth .....	617
Teeth .....	617
Throat .....	617
Stomach .....	618
Rectum .....	618
Stool .....	618
Urine .....	619
Male .....	619
Female .....	619
Respiration .....	619
Cough .....	619
Expectoration .....	620
Chest .....	620
Sleep .....	620
Chill .....	620
Skin .....	620
Generals .....	621

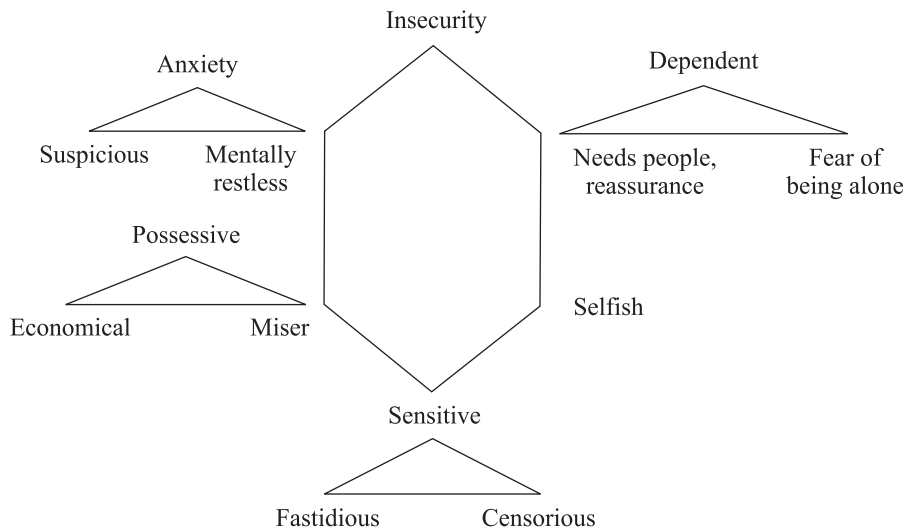
## SECTION-19

### ORGANOPATHIC MEDICINES – MEDICINES THROUGH WHICH YOU CAN HANDLE DRUG DEPENDANT CASES AND GRADUALLY WEAN OFF CONVENTIONAL MEDICINES

<b>Organopathic Medicines .....</b>	<b>625</b>
Philosophy – Contaminated Drug Dependent Cases : Cases Without Clarity of Symptoms .....	625
Liver .....	626
Gallbladder .....	627
Spleen .....	627
Heart .....	627
Brain and Memory .....	627

Depression .....	627
Joint pains .....	627
Gout .....	627
Diuretics .....	627
Anti-diabetics .....	628
Anti-hypertensives .....	629
Migraine: Pain Reliever .....	629
Asthma: Bronchodilator .....	629
UTI (Urinary Tract Infections) .....	630
Menorrhagia and Uterine Bleedings .....	630
Remedy Chains .....	630

**Behavioural Profile**

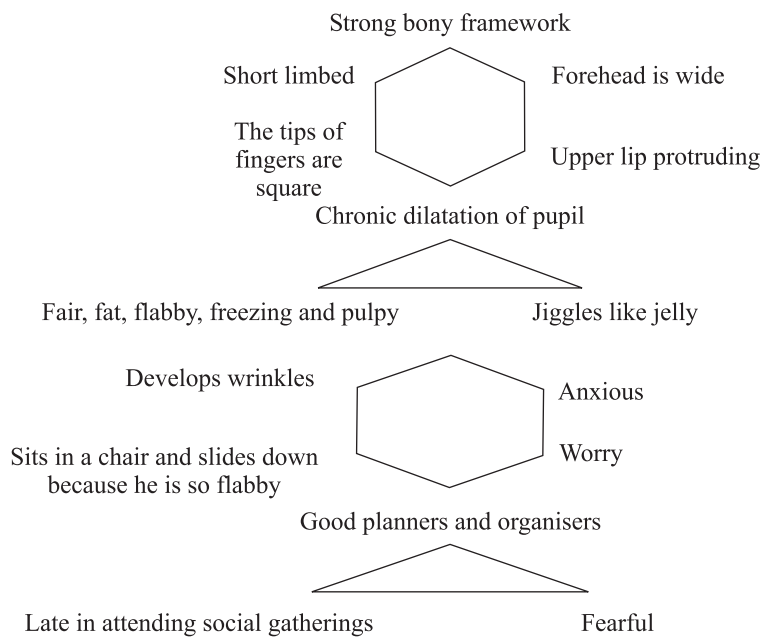


**2. Master Calcarea carbonica**

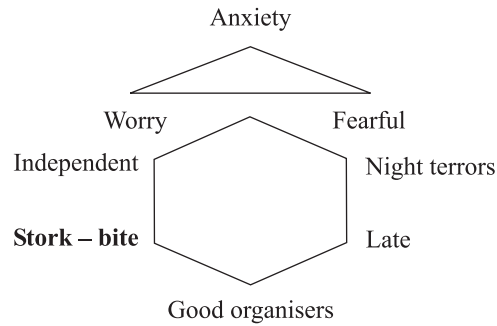
**Appearance**

- a. 4F's – fair, fat, flabby, freezing.
- b. Pale, chalky complexion.
- c. Can't bear tight clothing around the middle.
- d. Looks physically strong – lacks motivation.
- e. Round appearance.

**Gesture**



**Behavioural Profile**

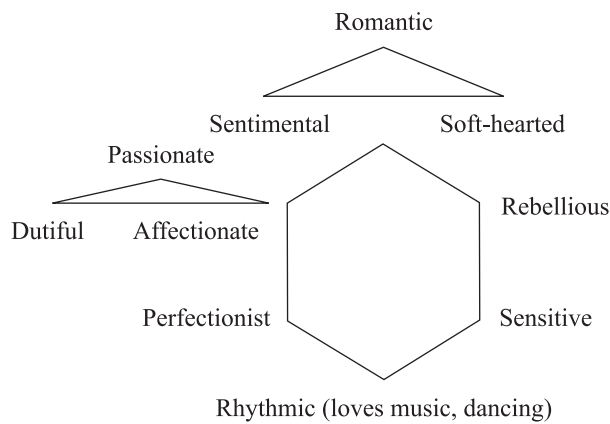


**3. Miss Carcinosinum**

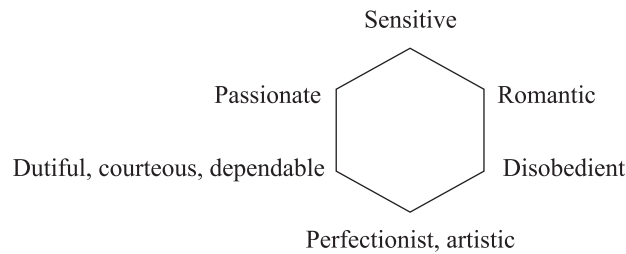
**Appearance**

- a. Dark, earthy dusky complexion – olive skin.
- b. Wears strong, dark clothes (which get lighter as she gets better).
- c. Café au lait hue.
- d. Dark moles.
- e. Artistic, romantic

**Gesture**



**Behavioural Profile**



## 4. Master Causticum

### Appearance

- Dark-haired, dark-eyed and of darkest mood and temper.
- Soreness in folds of skin, back of ears and between thighs.
- Puny, weak and anaemic.
- Causticum* children often suffer from acute torticollis or an acute facial palsy after exposure to an icy wind.

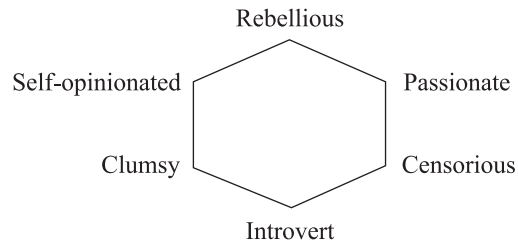
### Gesture

**Sympathetic:** These children will cry because they think you are hurting another child. It is the idea of pain which affects them rather than the actual pain to themselves, and they often stand pain quite well, but cannot bear to see another child crying

Slow in milestones, totter, stumble and stammer; puny, weak and anaemic

Sense of shakiness, unsteadiness

### Behavioural Profile



## 5. Master Chamomilla

### Appearance

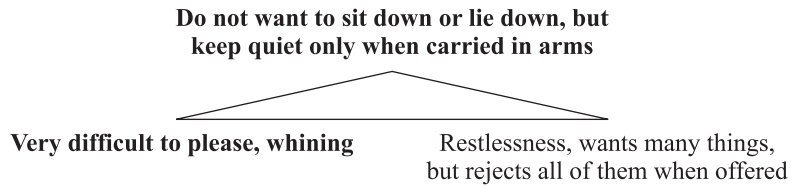
- Fretful.
- One cheek red and hot, the other pale and cold, in particular in children during dentition.
- Very hot heads, very often hot and sweaty; liable to have burning feet which they push out of bed at night.

### Gesture

Irritable, restlessness, piteous moaning.



### Behavioural Profile



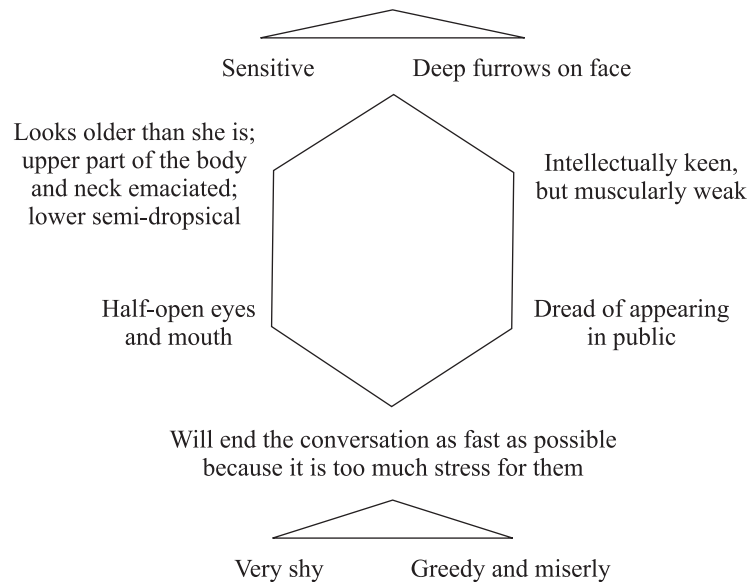
### 6. Miss Lycopodium clavatum

#### Appearance

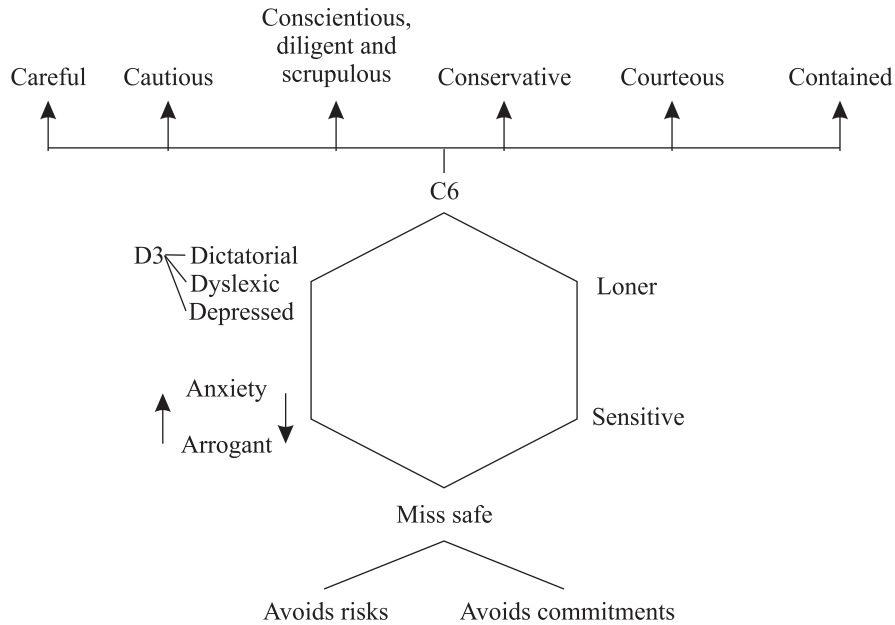
- a. Worried –frown lines on forehead.
- b. Pear-shaped.
- c. Grey hair.
- d. Serious looking.
- e. Loose clothing at the waist.
- f. Tall and lean.
- g. Neat and tidy – smartly dressed.
- h. Often looks older than she is.

#### Gesture

Walk laboriously, trudges ← Podding type but ‘blow up’ under provocation



## Behavioural Profile



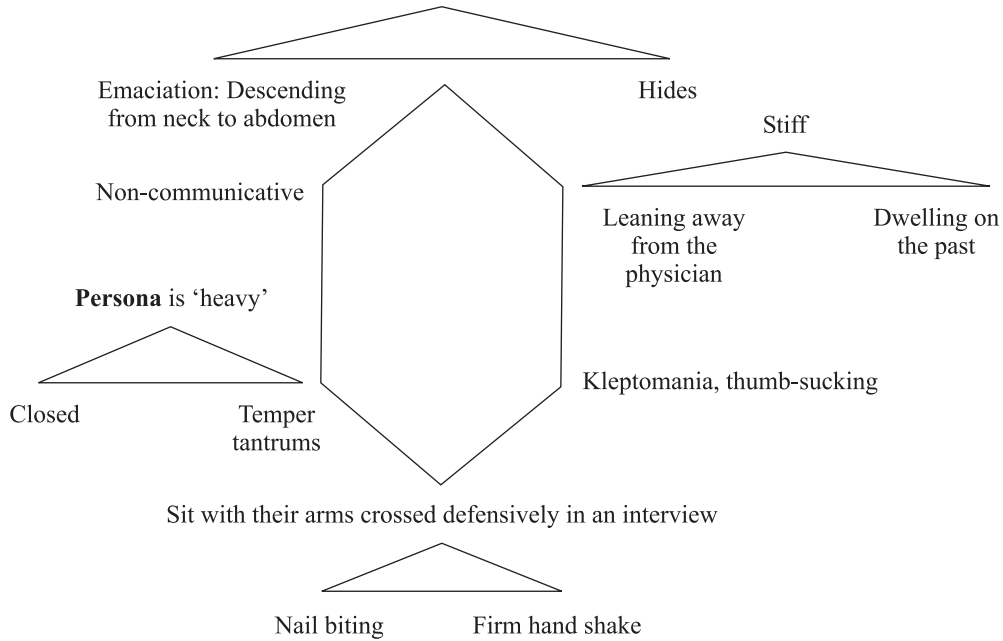
## 7. Master Natrium muriaticum

### Appearance

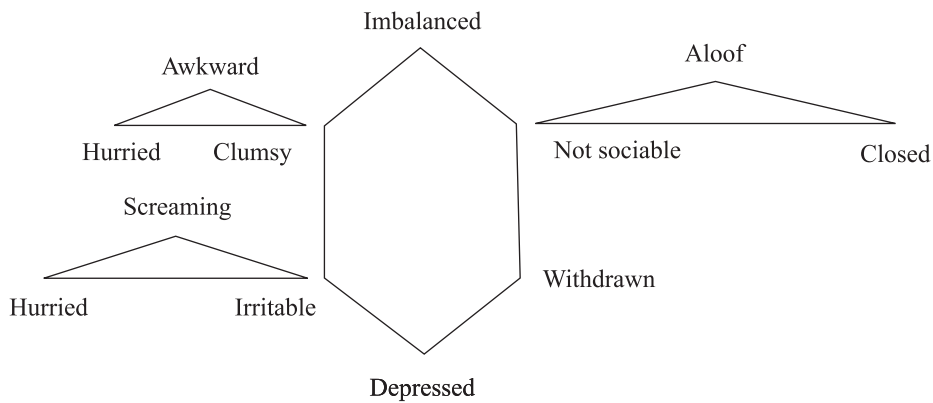
- a. Small.
- b. Underweight for his age.
- c. Serious.
- d. Relatively dark skin.
- e. Thin neck – long, like a giraffe.
- f. Face – Pale, puffy (due to NaCl stagnation). Dry looking, wrinkled (due to NaCl depletion).
- g. Skin – Greasy, shiny, sweaty. Weak, wasted, cold, clammy hands. Fine, thin, translucent. Obesity and oedema (from salt retention).
- h. Lips – Dry with crack in centre (especially upper lip).

**Gesture**

**Ludicrous**, unsymmetrical proportion, who indeed is an object of pity with his pendulous abdomen, suspended from a narrow strip of a throat on which is mounted a head



**Behavioural Profile**



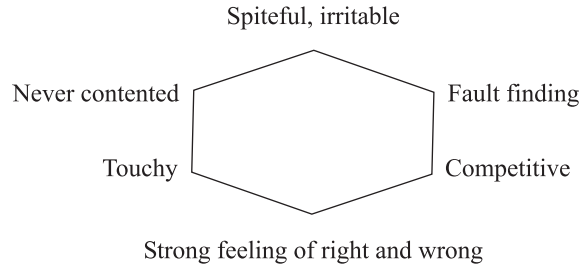
**8. Master Nux vomica**

**Appearance**

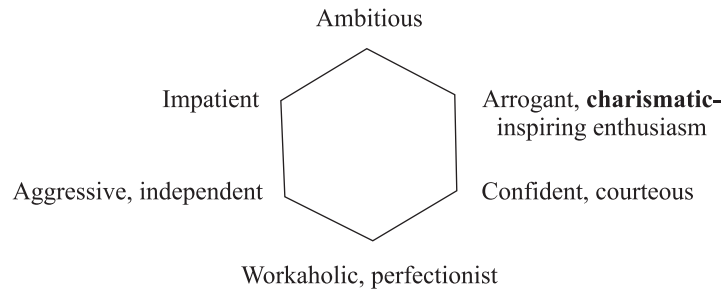
- a. Smart, dapper.
- b. Neat and tidy – suit and a tie.
- c. Chilly person.
- d. Thin, sparse, quick, active, nervous.

- v. Trim.
- vi. Prefers dinner party to BBQ!
- viii. Late night person.

### Gesture



### Behavioural Profile

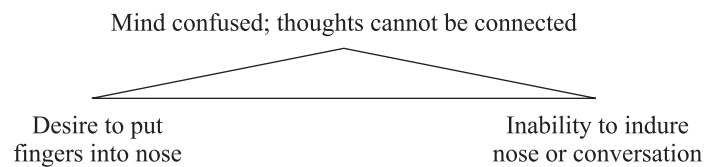


## 9. Miss Phosphoricum acidum

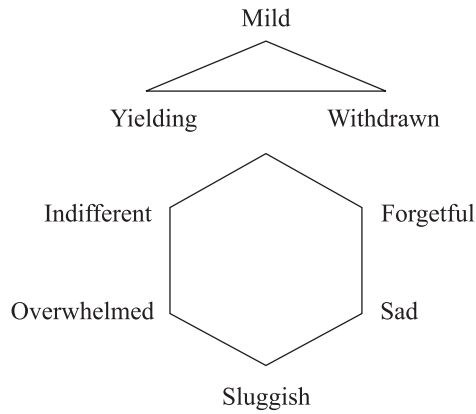
### Appearance

- a. Eyes dull, glassy (but without lustre), downcast.
- b. Face pale, waxy, with (lusterless) hollow eyes surrounded by a blue circle and pointed nose.
- c. Skin withered, old and grey, and the patient emaciates.
- d. Children and young people who grow fast and fat like *Calcarea carbonica*.

### Gesture



**Behavioural Profile**

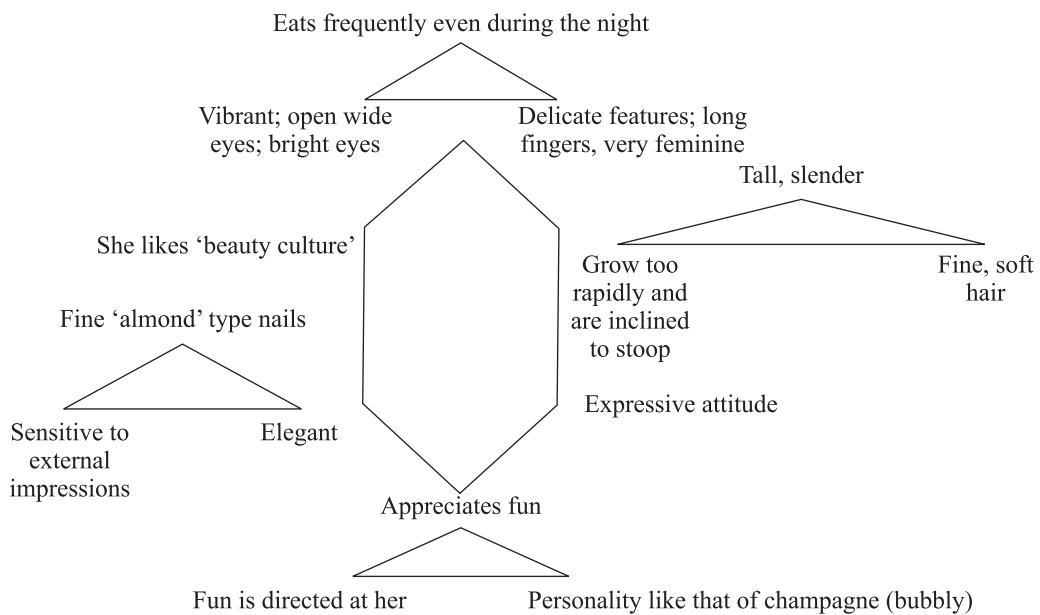


**10. Miss Phosphorus**

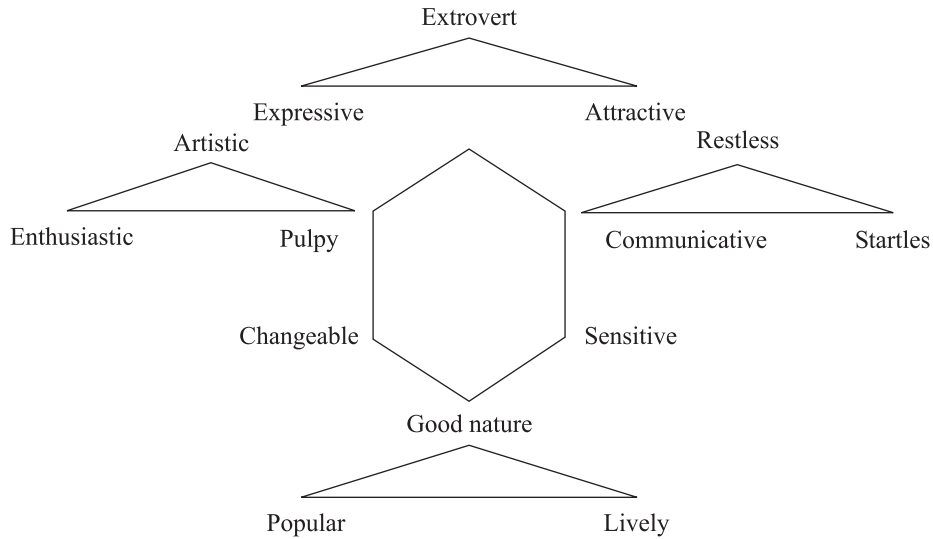
**Appearance**

- a. Tall, thin for her age.
- b. Fine features.
- c. Sparkly – bubbly child.
- d. Long eye lashes, attractive, arresting eyes.
- e. Artistic.
- f. Designer label clothes, arty, bright colours.
- g. Hair : Blond.
- h. Eye : Bright. Eye lashes are long and silky.
- i. Face : Easy flush – when excited or embarrassed.
- j. Constantly fidgets.

**Gesture**



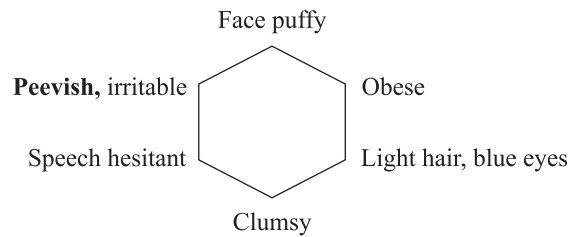
## Behavioural Profile



## 11. Miss *Pulsatilla nigricans*

### Appearance

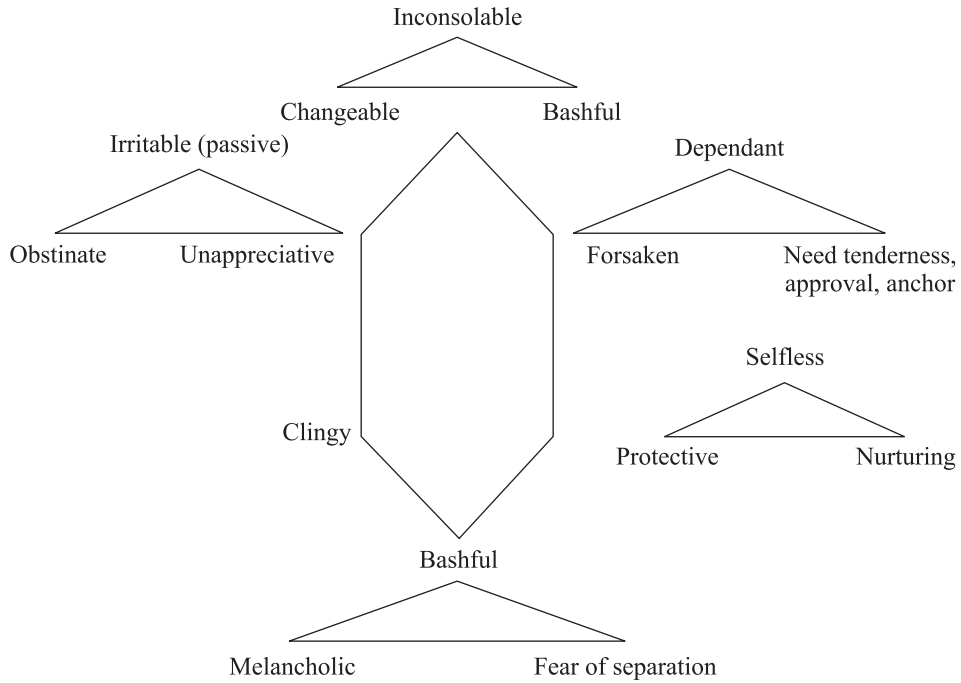
- Plump.
- Pretty, blond, feminine.
- Fair hair/blue eyes.
- Softness.
- Flushes and blushes easily.
- Red, plethoric; lips red and cracked.



### Gesture

Clingy, oversensitive.

**Behavioural Profile**

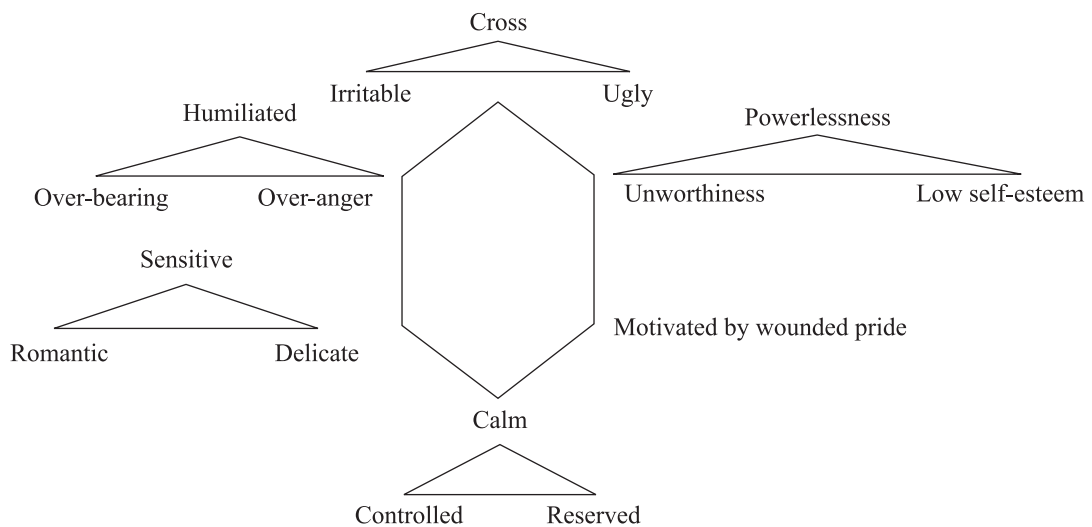


**12. Master Staphysagria**

**Appearance**

- a. Teeth problems – black and crumbling.
- b. Skin – eczema and warts.
- c. Casually dressed.
- d. Sweet and gentle.
- e. Nervous temperament with oversensitiveness.

**Behavioural Profile**

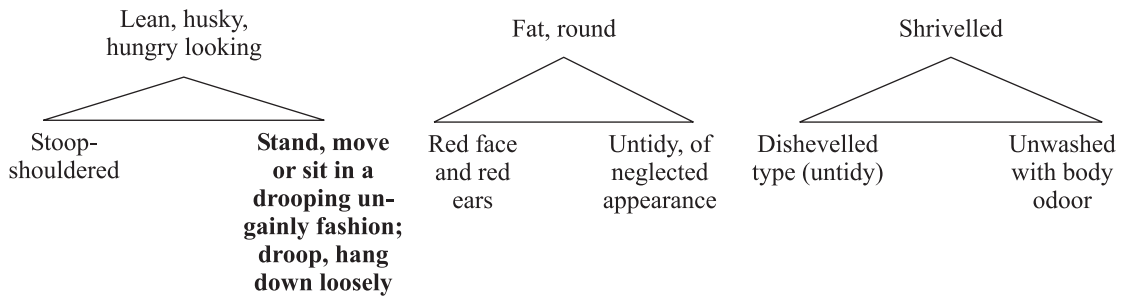


### 13. Master Sulphur

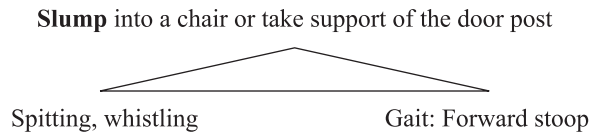
#### Appearance

- a. Scruffy, untidy.
- b. Dishevelled, messy.
- c. Stains on clothing.
- d. Pot bellied.
- e. Hot patient, averse to bathing.
- f. Could have a shave, looks unwashed – strong body odour.
- g. Harsh skin with redness

#### Three Types

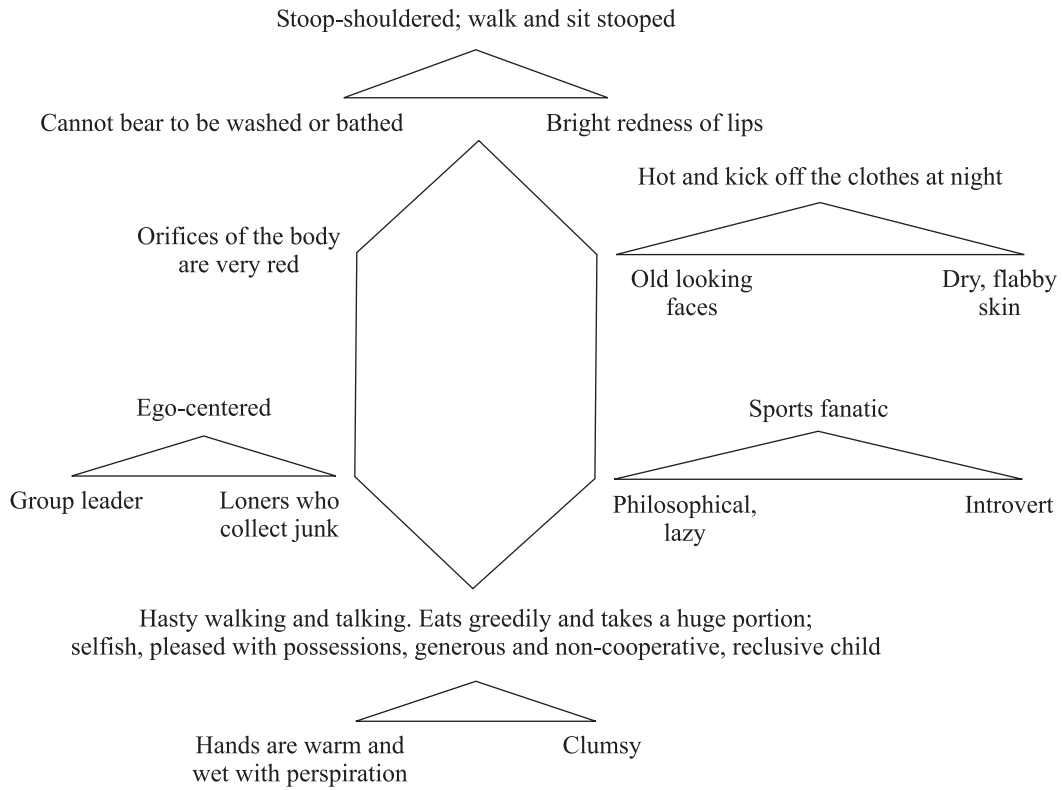


#### Posture

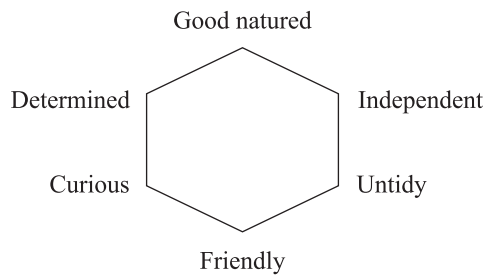




**Gesture**



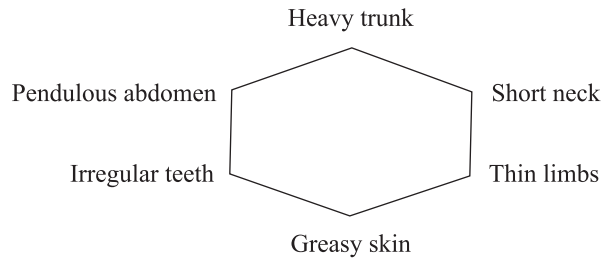
**Behavioural Profile**



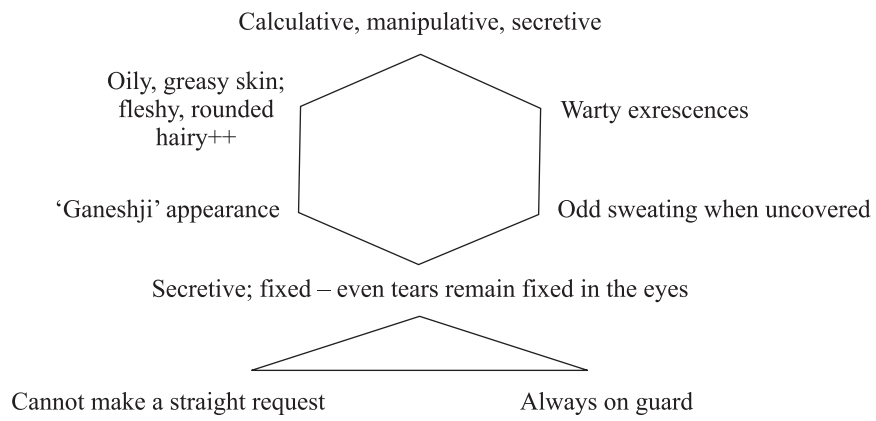
**14. Master Thuja occidentalis**

**Appearance**

- a. Pendulous breasts and abdomen – plump!
- b. Overweight – wants loose clothing.
- c. Oily skin, warts on face.
- d. Hair dry and falls abruptly.
- e. Sweating on exposed parts.
- f. Can be shy, timid.



**Gesture**



**Behavioural Profile**

