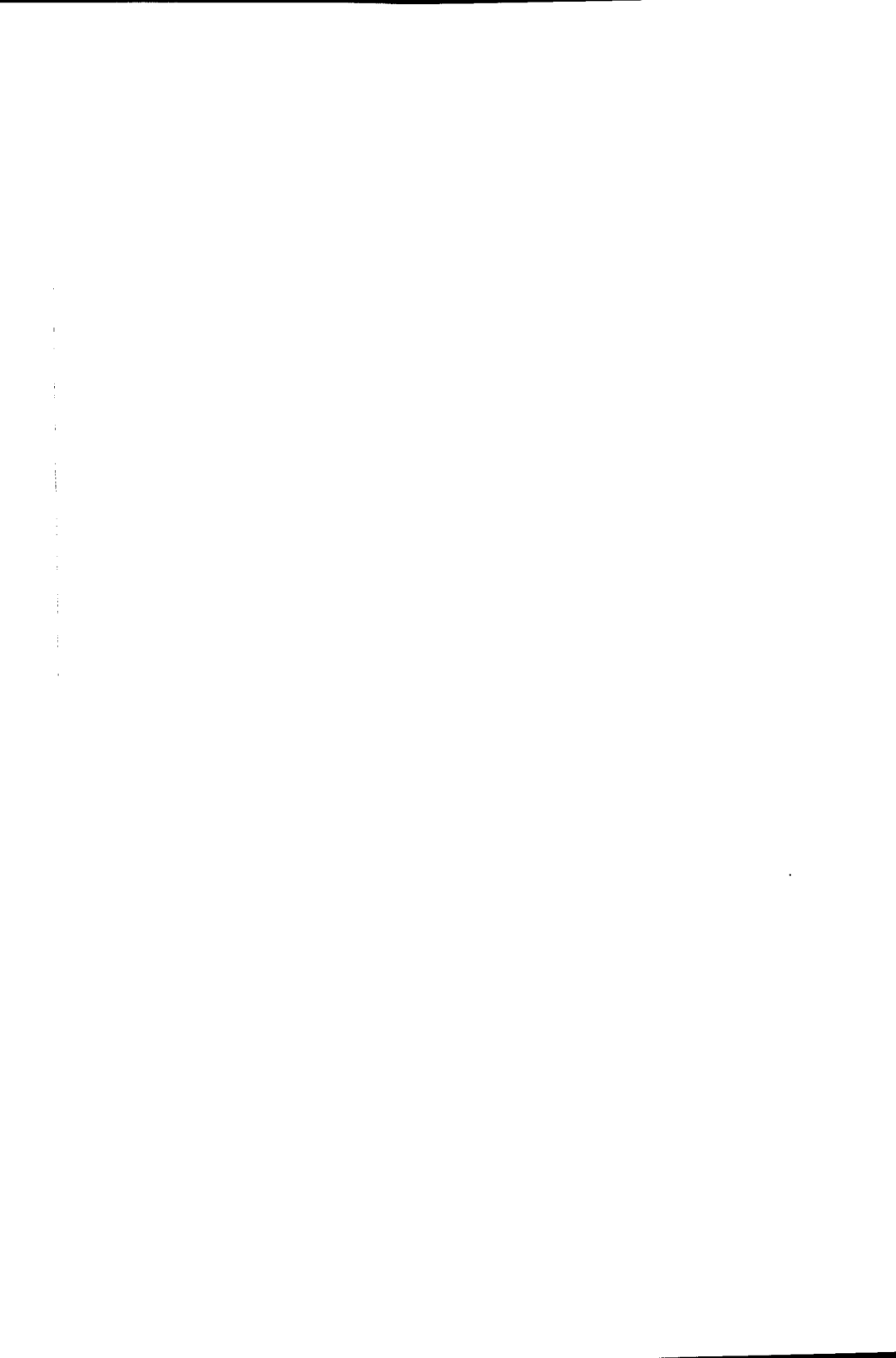


ROH Books Series II

Dr. Sehgal's

**REDISCOVERY
OF
HOMOEOPATHY**

By : Dr. M.L. Sehgal



FIRST EDITION 1988

FIRST REVISED EDITION 1991

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PUBLISHERS :

Sehgal Brother's

Head Office : 19A, POCKET-A, MAYUR VIHAR
PH - II, NEW DELHI - 110 091
PHONE : 222 4751

Branch Office : 93-A, MANDIR BALDEV PARK,
DELHI-110 051

For Sehgal Brother's Printed by Golden Printers, 61, N.D.M.C.
Market, Connaught Place, New Delhi - 110001

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PREFACE

While referring to ROH Books series No. 1, it is to be reminded that in the concluding lines of revised lecture No. 4 it has been indicated that the subject to be covered in ROH series No II will be 'REPERTORY OF HOMOEOPATHIC MATERIA MEDICA (mind section) 'AN ACQUAINTANCE'. The work is still under construction. As it is a huge and tedious requiring a lot of labour, apart deep study and concentration is going to take some more time.

In the meanwhile we have decided to publish under the title ROH Series II, a collection of all those papers by the author and his correspondence with important persons which can enhance the knowledge of the School's followers and prove valuable to them about the new concept. We trust that our effort will be duly appreciated and the publication well received.

Sehgal brothers
Publishers

FOREWORD

Papers included in this work will be better appreciated if they are read in continuation of the author's earlier works mainly Dr. Sehgal's re-discovery of Homoeopathy available in book form and zerox copies of papers presented at annual Seminars of Dr. Sehgal's School of Revolutionized Homoeopathy held in 1985 and 1986.

The preamble in the form of letters is in substance, the letter written in reply to Dr. S.P. Koppikar, Chief Editor of the Homoeopathic Heritage and relates for the first time, how the author, came upon the idea of applying symptoms of mind mainly and later on exclusively for the purpose of arriving at the similimum.

The first paper on Asthma was presented at a seminar organized by C.C.R.H. and the other on MENTAL Symptoms and Disease in another seminar. The papers named Papers-1987 were prepared initially for a Seminar proposed to be organized by the Homoeopathic Medical Association of India but which was not held. They were later on presented at the 3rd annual Seminar of the S.S.R.H. The next paper bigger in size, is in nine parts comprising three main categories i.e. drug relationship between four drugs, Bry., Gels, Cocc. Ind. and China Ars based on a common feeling of aversion to disturbance of any kind. The drugs Gels and Cocc Ind. a study as individuals and the practical indications of all the four drugs as applied to patients.

The main thrust of the papers is to help in interpreting language of patients into rubrics of mind chapter in repertories. A number of possible rubrics revolving around clinical conditions, and pointing to different drugs, in individual patients, have been discussed hypothetically. By adopting different ways and styles, the author intends to make the study of the new art, easy. However in actual practice gestures and tones of the patients play a very important part in deciding in favour of one interpretation or the other. Mere words should not be relied upon for such purposes.

It needs to be emphasised again that case-taking in Homoeopathy is an art which can best be studied in the clinic while cases are actually taken and not by reading of theorirical description. No body can learn music or dancing by studying books on these subjects.

I don't think the author needs any introduction from me. He has already made his mark as one of those original thinkers who happen to give new directions and dimensions in their chosen fields. Every word said and written by him has its value and must be brought to the knowledge of true lovers of Homoeopathy.

DR. H.L. CHITKARA

B.A. (Hons.). D.H.S. (Hons).

Resident Editor Homoeopathic Heritage.

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Letter dt. 12.11.86 from
DR. S.P. KOPPIKAR
Chief editor, "Homoeopathic Heritage" to
Dr. M.L. Sehgal

I admire your new interpretation of mental symptoms, and Dr. Chitkara has been trying it out and spoken very highly of it. I also heard it at the seminar in Delhi, where I got a copy.

I should like to publish your work in our Homoeopathic Heritage. For this, I want some more information.

1. How did you come to the discovery that treating cases ONLY on their mental symptoms will cure ANY disease?
2. Any eye opening 'case reports' on this. Please give 5 to 10 cases briefly.

In the lecture in that Seminar you have taken up only 3 cases and 9 rubrics. Are they real cases? If so, what were the main complaints for which they approached you. Or were they only given as 'examples'. Ofcourse, even if they are not real cases they ARE wonderful.

3. So far what is the total number of such interpretative rubrics you have worked out? Is there any list, index or repertory or alphabetic or other arrangement (like Dr. R.P. Patel's Word Index) to Kent? If so, could you provide me one and how much would it cost?
4. A "cure" in Homoeopathy means removal of all the physical and mental (but abnormal) symptoms and

diseases. I don't know if you advocate taking down of other physical (for example) symptoms and seeing later if they have gone after the administration of medicine based only or mainly on the mind symptoms.

Some good examples of this action, from your vast practice, will be highly appreciated.

I wish I had spent more time with you.

stun - to make senseless or unconscious, as by a blow. to daze or stupefy; shock deeply; astound; overwhelm [stunned by the news]. to overpower or bewilder as by a loud noise or explosion. - in the effect as condition of being stunned.

stunt - vt. to check the growth or development of; dwarf. to hinder (growth or development). in the act or process of stunting or dwarfing. a stunted creature or thing.

1. m. a sleepifying or being stupefied, stupor, amazement or utter bewilderment.
stupefy - to bring into a state of stupor; stun; make dull or lethargic. to astound, amaze, or bewilder.
- stupefies n. Stupor n. a state in the mind in

Dr. Sehgal's reply
senses are dulled; partial or complete loss of sensibility, as from the use of narcotic or from shock. mental or moral
It is a matter of great pleasure to know from your letter that you do have a lot of interest in the new discovery. or apathy.

) Let me start answering your questions. How I discovered it and what is the present stage of research in it?

) I had in hand certain cases of different chronic diseases progressing satisfactorily but interrupted by malaria fever times and again. Patients had to fall back on crude quinine hampering final recovery.

) My mind did not accept that a system which could do miracles in various fields would fail in covering malaria fever. It gave me the impression that perhaps the cures so emphatically attributed to this system were lucky hits and not following any law requiring skills.

But discoveries as we are aware, are by chance and as such gifts from God. This has exactly happened in my case also. A boy of 10 would get very high fever on alternate days. Except stupefaction during fever there were no apparent physical or mental signs. **Helleborus Nig.**, **Opium**, **Stramonium**, the remedies for painlessness of complaints had failed. "How are you?" When he was questioned whether in febrile stage or otherwise his reply was he is well. Almost all the time he liked to remain in bed. There was absolutely no complaint on his part. I used to consult Mind section of the repertory limiting to a few rubrics in general e.g. **WELL**, says he is when very sick, **WEEPING** while telling of her sickness when, **ANTICIPATION**, complaints from etc. The case in question created a need and thrust an opportunity on me to widen my filed. **INDIFFERENCE**, complain does not, **BED** desire, to remain in, **WELL**, says he is, when very sick, were the rubrics which came to my mind. After noting down the above expression of the patient, **Hyoscyamus Nig**, became the indication which was

administered in 30th potency with astonishing results. The boy recovered within a week after getting 2-3 milder attacks. He passed loose stool at the end of the final attack. Say 5 on the 1st day, 3 on the 2nd and 1 on the 3rd. The recurrence of the fever stopped thereafter.

Encouraged by this clue, I decided to prescribe accordingly for his father also who was a victim of persistent malaria fever for the last many years.

At first I prescribed *Nux.Vom.* 200 on the following symptoms of mind and body.

1. One moment covers and on the other uncovers himself. (for prescribing *Nux.Vom.* this used to be the key symptom for me in fevers.)
2. Wants to vomit but cannot.
3. IRRITABILITY, questioned when.

But it failed to avert the attack. The patient said, "I am sorry, I have no hope of recovery by your medicine. I shall be taking quinine and rest in bed for the coming few days by absenting myself from my office".

On just two rubrics *BED* ^①*desire, to remain in* and *DESPAIR*, ^②*recovery of*, **Psorinum 200** was prescribed. Soon after taking the medicine the above mental symptoms vanished. The fever returned on the 3rd day but without much discomfort. On its (fever's) next and final visit the patient's chronic nasal discharges aggravated and subsided after sometimes.

Another case of malaria fever from the same family was the third to be attempted by me with this method. A girl of 10, topper in her class was getting attacks, on alternate days. Her mother who was a patient of Bronchial Asthma and under my treatment started referring her case when the girl was brought to me. The

1. 4A2-4E8, 4A6A9.

2. 4A501, 4A62101, 70 Scrup pass, 106 Super 103

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1) girl interrupted and burst with a voice filled with horror. Doctor, please excuse me. I can't undergo the sort of torture my mother is accustomed to. I wonder how she tolerates what you call aggravations and moreover everybody knows that the bone breaking pains of malaria fever are horrible in themselves. Further as is usual with me she continued, "I like the ailments to finish as soon as possible". "it is because of a classmate who is the only rival to me in studies that I don't want to miss any class. I can't tolerate that she should excel me."

3) "But she forgets everything else if someone of her choice comes to her and makes herself available for talking." Her mother intervened.

"Yes of course that is my weakness" she admitted. Any other weakness of yours, she was asked, "anything that could amuse me," she replied. LIL. TIG. 30 was prescribed on the following rubrics.

- 1) FEAR, *suffering of.*
- 2) ENVY
- 3) EXCITEMENT, *amel.*

The same day the family left for Vaishnav Devi and came back after 10 days of pilgrimage. Fever came but without much agony. The above mentals were no more to be observed. By her next visit to me, she had running of nose which lasted for five days and the recurring fever disappeared for good.

Likewise a boy of 16 with the temp. 105°F—106°F said, "I have a strong desire to see the neighbouring city for I am suffering from extreme boredom." TRAVEL, *desire to,* and ENNUI, were the rubrics on which Curare 30 was prescribed which eradicated the tendency of the fever in his case.

A case of a housemaid. She was separated from her husband and had two children totally dependant upon her. After getting frequent attacks of malaria, she became depressed.

1. acute mental suffering. m. great suffering, as from worry, grief, or pain: aptly. to feel anguish.
2. disnot authorized. *Dr. M.L. Sehgal's Rediscovery of Homoeopathy*

She was weeping with high temp., with the feeling that she couldn't afford to fall sick so frequently. No body will pay her for the period of her absence from work. This idea of helplessness saddened her and made her weep. **WEeping** sad thoughts at, and **HELPLESSNESS** led me to prescribe **Stram. 30**. The lady was out of the grip of the fever within a few days. There are many more examples like this. The very fact that this method cures malaria fever convinced me of its superiority over other methods for its efficacy. I started applying it to other cases also e.g. a girl of 19 used to experience attacks of Urticaria with anguish and high fever. Twice she was hospitalised for the severity of the attacks with grave prognosis. The doctors had opined that attacks of that intensity at short intervals could endanger her life. When examined she said she was expecting the attack any time and that she didn't like to attend her college those days because of unwarranted remarks from her classmates. She said, that she was averse to business except sweeping which she reserved for herself. She revealed that it was because of fear of infection that for this job she couldn't rely upon others. **DESIRE**, for amusement was also there.

FEAR, infection of and **AMUSEMENT**, desire for made me to prescribe **Lach. 30**. The attack came with lesser intensity and duration but never to come again. This is in short about the discovery.

∩ The results as above made me think that a 'Master Key' had fallen into my hands. As is with the every new idea it was crude in the beginning and required further and constant research for its refinement. I have been doing this since a decade now and simultaneously passing on the outcome of my labour to my students.

∩ For its propagation our main stress has been on practical training. Our experience is that with this technique, we can have a better understanding of the Homoeopathic doctrine.

) Perhaps you have in your possession our brief literature, **papers of 1985 Papers of 1986 - Dr. Sehgal's Rediscovery**, a small booklet. It is suggestive of various ways of learning the new method. The paper entitled prescription-box is designed like a practical guide.

) Besides the individual and collective training on a humble scale we ventured upon a regular institution giving it and the new method distinct names. The School SSRH was inaugurated on 20th Feb, 1983. We have been holding annual functions followed by one day seminar. In the year 1985 we presented papers keeping in view a beginner's problem and suggesting how to learn this method.

) In 1986 we provided its advanced version, by discussing rubrics and their interpretations. These interpretations are not academic, but are in the shape of the real versions of the patients converted into rubrics. They were 39 in 1985. Now after adding those contained in the papers of 1986, they come to about 125. We hope to add more in the coming years. The order is from practice to theory, after due verification with results.

) In the paper presented by me in the seminar on Bronchial Asthma indications of 6 drugs *Opium, Cham., Ant. C., Lil. Tig., Cocc. Ind.*, were given. They are real cases related to varied complaints including Bronchial Asthma, Skin diseases of long standing, and Arthritis etc.

) According to this new method the prescription is based on the symptom of mind which are directly related to the physical disorders, but the progress is watched on both the type of symptoms. For further details you are advised kindly go through the Rediscovery of Homoeopathy, the papers of 1985 and 1986.

) Copy of Monthly Bulletin of 1984 (Sep. & Oct.) is also enclosed. It contains a few reports of the cases successfully treated by our students.

**Paper presented at a seminar
organised by C.C.R.H.**

Part I

***"The Art of case taking"* according to
Revolutionized Homoeopathy
An Introduction**

) A new concept, a new way of prescribing, would obviously appear strange hence it may become difficult to understand it.

) But if we are told that the concept has already been tried by others and testified to be of value, our attitude may change from questioning to that of learning. And if the attitude of learning has once been adopted by anyone, it becomes very easy for him to understand even the toughest of the matter. It also becomes a useful exercise for the person who has to explain it (the new concept). Let us try to understand it in a simple way.

Every patient coming for treatment **'TALKS TO YOU'** about something. It may be in any form and in any way. It is not always necessary that he talks only about his sickness. He may do so about his business, about his surroundings, including social and personal affairs etc. and totally ignore talking or complaining about his sickness for which he comes to you. So the first thing to be noted by you is **'What he talks'** and **'about what'** and the second thing to be done by you is to **observe what he does** (with his limbs and facial expressions in the shape of gestures) **while he talks.**

✓ Note down all that you have listened and seen.

✓ Out of these expressions, underline those which are

persisting and predominating. Thereafter you have to open the Mind section of the Repertory.

HOW TO USE THE REPERTORY

Repertories of Homoeopathic Materia Medica contain symptoms in the form of rubrics. This is one of the unique features of the Revolutionized Homoeopathy that before arriving at the selection of a medicine every symptom is given a definite shape i.e. of a rubric (this minimizes the chances of error).

Shaping a patient's expression to a rubric is also an art which is not very difficult. Three things are to be kept in mind in this task:

1. ✓ Familiarity with the stock of rubrics and its memorisation.
2. ✓ Their dictionary meanings.
3. ✓ Their interpretations as exemplified by Dr. M.L. Sehgal.

These are the three essential steps.

✓ In many cases, one finds, that these expressions represent the emotional part of man. It is the disturbance in the emotional being of a person, under the influence of sickness which finds an outlet through his thinking and willing in the form of his VERSIONS.

The versions of the provers are recorded in Kent's Repertory, and its enlarged form Synthetic Repertory. The main job for you is to equate the versions of patient with those of the provers, in a mathematical way. You have to find out the equivalents to the expressions of your patient in the stock of rubrics as you know them and understand them.

सद्वचनः
1. -to treat as equivalent, to make equal. एव उच्यते इति सूत्रेण
अत्र अत्र अत्र अत्र। 9

version: अत्र अत्र: १. translation, a statement of account. (अत्र अत्र, अत्र अत्र, अत्र अत्र), अत्र अत्र।

) The visionary of the calibre and stature of Dr. Kent, has precisely displayed the shades of human mind and placed before us a vast variety, so that nothing seems to have been left unnoted.

) Coming to 'BRONCHIAL ASTHMA' Dr M.L. Sehgal, discusses the changes on the emotional level of a patient and how to make use of those changes for the sake of prescribing.

**A Paper presented at a seminar by
C.C.R.H
Part II**

Bronchial Asthma.

Asthma as we know in simple words means- "difficult breathing" with constriction of chest and wheezing sound.

Revolutionized approach looks at all the problems of health from a different angle. It observes that every being is an embodiment of all types of emotions. A few and particular emotions differing from disease to disease and individual to individual are thrown up to take charge of the entire mental state of the person. They predominate and persist having direct link with the disease.

Through speech and actions they exhibit themselves in the form of :-

- 1) *Fears and Anxieties* (discomfort about something known and unknown).
- 2) *Change in attitude towards one's life in general,* (surroundings and health).
- 3) *Change in routines* (e.g. a person stops attending to his business etc.).
- 4) *Change in habits and tendencies* (e.g. a person loves to remain in bed).

Every disease denotes a disorder in a particular organ and is found to be stirring an emotion linked with it e.g. in asthma the problem is concerning the 'breathing-process'. Obviously, your patient will mainly be talking about it.

) Let us see in the given cases, what are the versions of the patients. How will we evaluate them and give them, the form of definite rubrics found in our repertories?

A patient says:

- F. 1. "It is already a long time now, I cannot take a longer treatment, than is necessary.
- Int. 2. "The minimum that I expect is that the intensity of the disease is reduced to a tolerable extent.
- Int. 3. "Actually, it is not the difficult breathing that I am bothered about but it is the pain due to the constriction of the chest, which irritates me."

In this case, please note that the disease is found to be affecting the ATTITUDE of the patient. And this change in attitude is towards life.

The patient feels that her disease has already taken a long time. There is a limit to one's tolerance. Now, she cannot accept to live anymore the way the disease has made her to. To her mind, it is crossing the limits, where one is compelled to think whether it is worthwhile to wait any more and live the way one has been doing for long.

We have been interpreting the rubric - FEAR extravagance of, in the manner stated below with cent-percent success.

Where the patient starts becoming uncomfortable about the excess of anything, whether it is related to matters of money or the affairs connected with anyother field of activity in life. If to him/her the things seem to be crossing the desired limits, he/she becomes fearful of them. Accordingly the expression number(1) above indicates a particular change in the attitude of the patient towards her life, which is covered by the rubric - "FEAR, extravagance of" (pg.499, B.S.R.). Likewise in expression

No.(2), the patient's attitude towards suffering is being surfaced. The patient feels that the sufferings are no problem for her if they remain within a limit. For minor problems, she never bothers unless they prolong. The rubric "INDIFFERENCE, *suffering to*" covers this expression.

The third and last expression is "but it is the pain due to constriction of chest, which irritates me." This means that although the sufferings are not bothering her much, yet the pain and the pinch of it is making her unhappy and irritable. The rubric "IRRITABILITY, *pain during*" covers this expression (B.S.R. Pg. No.668).

The remedy common to all these rubrics is "**OPIUM.**"

But if the same statement continues and ends in an another way, the rubric and the medicine will change.

For example, the version of the patient is:

1. "It is not within my capacity now to bear anymore this sort of torture."
2. She is irritated, and continues "You say I have to bear it in the interest of true cure. But I say I cannot continue this struggle. Please, tell me clearly if you can't do anything, I shall have to change the treatment."

In this case too, it is the attitude of the person which has undergone a change. The patient feels that in her fight against her disease, she feels defeated and is no longer interested to continue the fight. Therefore, the expression, 'It is not within my capacity now to bear anymore this sort of torture' will be covered by the rubric DISCONCERTED (Pg.402, B.S.R.). 'If you cannot do anything, I have to change the treatment.'. She is uttering these words out of irritation. It is to be noted that whereas she is irritable due to physical pains, the very idea of

adv. - true, real, actual 1754, 810, 11221.
adv. in a great degree, exceedingly 2101, 2110 & 211.

Moan - The expression of sorrow or pain in a low, prolonged, mournful sound or sounds.

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the disease and the course that it has been taking is also hurting her somewhere in her mind and making her irritable about it. So the next rubric will be IRRITABILITY, *pain during.*' (Pg. 668, B.S.R.). The medicine common to these two rubrics is **IGNATIA**.

Again if the stress and the style of the same statement varies the rubrics and medicine will also be different.

For example:

- Ex. 1. Alternatively throwing her head on sides, the patient moans, 'Uff-Uff' and says "Dr, I cannot bear it, it is paining me a lot" and angrily adds,
- Angry. "The breathing is also much obstructed. Dr. tell me what should I do?"
- Cal. 3. "What should I do?"

Now in this case the attitude of the patient is that of losing patience. She feels that she cannot keep patience and bear pain. Thus the expression No.(1) Will be covered by the Rubric IMPATIENCE *pain from*' (Pg. 602 B.S.R.).

Expression No. (2) (Angrily adds, "The breathing is also much obstructed") is covered by the rubric "ANGER, *interruption from*" (Pg. 25 B.S.R.)

Expression No (3) ("Tell me, what should I do?") is covered by the rubric "CAPRICIOUSNESS" (Pg. 119 B.S.R.) means that he wants to do something but does not know what, and that is why he is asking what should she do? And the medicine common to these rubrics is **CHAMOMILLA**.

Now, in the next example, we will see that the person's disposition (habit or tendency) is being influenced.

caresses - a display of affection by gentle stroking or patting, an affectionate touch or gesture, as a kiss, embrace, etc. to treat kindly & affectionately.

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- 1 Like a child she says, "Dr, see, what is my condition. Please tell me, how it will be cured. Can you tell me how long will it take? Please Dr, do tell, Dr, please. (like a child she insists). Oon..Hoon...Hoon..Hoon...Hoon...(in the same childish tone)."
2. What is it? You don't tell me anything.
3. Well, I don't know anything else, you cure me at once.
4. (Her face reflects simplicity and lips emit innocence). These days she has been remembering her mother, her husband says. "Is it so?" You (doctor) ask.
5. "Doctor if you ask me the truth, I will say that in this condition, I always remember my mother. I want to be in her lap and be soothed by her caresses. But when I realise, that it is not possible I become angry
6. and also weep.
- Q. 7. "Why"?, you (doctor) ask. "It touches my mind, when I have to think that so precious a thing as mother, who is the only source of affection is not available in the times of need and in anger,
8. I lament why then has God created it."

) To find out the medicine on the basis of the above expressions, we have to convert them into rubrics.

The expression No. 1	=	IMBECILITY	(Pg.598 B.S.R.)
-do- 2	=	FOOLISH behavior	(Pg.537 B.S.R.)
-do- 3	=	IDIOTIC actions	(Pg.597 B.S.R.)
-do- 4	=	AFFECTIONATE	(Pg.13 B.S.R.)
-do- 5	=	LOVE-lovesick	(Pg.719 B.S.R.)
-do- 6	=	ANGER,	
		touched when	(Pg.38 B.S.R.)
-do- 7	=	WEeping	

Lament - to feel deep sorrow or express it as by weeping or wailing; mourn; grieve. Lamentation. an outward expression of sorrow; wail.

Foolish - shows lack of good judgement or of common sense. [don't take foolish chances]

Ediotic - an idiot: very foolish or stupid.

Idiot - a retarded person mentally equal or inferior to a child two years old [Obs.] touched when (Pg.1089 B.S.R.)

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The medicine common to all these rubrics is **ANT. CRUD.**

As already stated in the beginning of this example that the person's disposition is under influence. She has become love-sick and is badly in need of love. It is because of this that she has become *imbecile, foolish and idiotic* in behaviour and affectionate etc.

Let us take into account another example of change in disposition.

This person is disposed to be quiet and wants that he should remain silent, so that he could get rest and peace of mind. When examined, he says:

A-1 "I want to be quiet, so that I could get rest and achieve peace."

A-2 "But this, ailment of mine is proving to be a great hinderance."

Another example of a similar type, a version with a bit of difference in meaning:

"Since a long time, it has been a strong desire of mine that I should have rest (B1) so that I may be able to attain peace B.2 .but because of this ailment, I have not been able to do so."

To convert the above expressions into rubrics:

A-1 ✓ QUIET, wants to be, repose and tranquillity, desires (Pg.812 B.S.R.)

A-2 ✓ ANGER, interruption from (Pg.35 B.S.R.)

B-1 ✓ LONGING, repose and tranquillity for (Pg.712 B.S.R.)

Imbecile - [Obs.] a retarded person mentally equal to a child between 3 & 8 years old, very foolish or stupid person.

Longing n. strong desire; yearning - adv. feeling or showing a yearning (n. deep or anxious longing, desire, etc.)

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LONGING, repose for tranquillity (Pg.63 B.S.R.)

B-2 ANGER, interruption from, (Pg.35 B.S.R.)

The medicine common to both these examples and all the rubrics, is **NUX VOMICA**.

Before passing on to the next example, I shall like to remark that although in his repertory Barthel has tried to enrich the contents of Dr. Kent's repertory with new additions, etc., but in certain cases he seems to have tampered with the original meaning while re-arranging the rubrics of, Dr. Kent. For example, the original rubric according to Kent's repertory is LONGING, repose for tranquillity whereas Barthel has re-arranged it LONGLING, repose and tranquillity for. The difference is quite clear. The person wants to be quiet because he is desiring both repose (rest) and tranquillity (peace of mind). But according to the other rubric, he is longing repose (rest) to attain tranquillity. So in the first rubric the target is to achieve both repose and tranquillity by becoming quiet. Whereas, in the second the target is tranquillity (peace of mind) which he feels, he can get through repose (rest).

In the remaining examples, we shall see the effects of the disease on the emotional level of the person in the form of anxiety, fear and the daily routine.

To examine an example of this kind:-

1. "Doctor, I don't mind any length of your treatment but the sufferings are awful for me. If you can treat me without them, then only I will be interested in your treatment, otherwise not".

Q. Her mother says, "There is another way out".
A. "What is that"? You (Dr) say.

2. In a joking mood, her mother replies, "If you can send

17
1. Tamper: to make secret, illegal arrangement, as by bribing. To interpose or meddle, esp. so as to damage, corrupt, etc.

excite - to put into motion or activity; stir up. [tapping on the hive excited the bees]. To call forth; arouse; provoke [the rumour excited her

curiosity]. DR. M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY [to arouse the feelings or passions of [excite] someone to talk to her, you rest assured, she will forget the sufferings.]

"Of course, Doctor, I do not know why, but whatever my mother is telling, is truth".

3. "Or if there is something else more exciting which can afford relief", her mother adds further.

Q "What can that be?" You ask.

"It can be anything like some movie, or song, etc. Actually, this is how I manage her. Either I have to make myself available for her to indulge in talking or if I am not free I switch on the radio, etc., for her entertainment."

In this example the person's sense of fear has been stimulated by the sufferings produced by her disease. To find out her medicine on the basis of above expressions:

- Expression No. 1 : FEAR, *suffering of*
(Pg. 525 BSR)
- do- 2 : TALK, *desire to someone*
(BSR p. 986)
- do- 3 : *agitation.* EXCITEMENT, *ameliorates*
(BSR p. 450)

LILIUM TIG is the medicine common to these rubrics.

In another example, the person's attitude seems to be typical. One is expected to be bothered about self especially when in trouble like asthma but in this case, the person's anxiety is about others.

1. "I am not worried about myself. You people as my

1. to remain firm, to bear, to last. (अटकना, बरकरार रहना).

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physicians are doing your best for me. My people around me are also very nice and take due care of my health. Everything needed is being done for me. Even after that if my health does not improve, let it be so. Something that cannot be cured must be endured".

2. "Only one thing which keeps me anxious all the time, is the future of my children. I think, if I die, what will happen to them?"

"Anything else?"

3. "Nothing else except that no one should disturb me during the attack. Let me remain where I am and in whatever position."

To convert the above expressions into rubrics :

Expression No. 1 : **RECOGNISE**, *everything but cannot move* (Pg 825 B.S.R.)
(inferred as Recognises, the reality and accepts it)

Expression No. 2 : **ANXIETY**, *others for*
(Pg. 86 B.S.R.)

Expression No. 3 : **DISTURBED**, *averse to being* (Pg. 414 B.S.R.)

The medicine common to these rubrics is ***Cocculus Indicus***.

As already stated in this example "the person's sense of anxiety about others" is being aroused. Her attitude towards her own health is that of accepting the reality of life and her

tendency during the attack and at other times is of not liking 'disturbance'.

CONCLUSION:

) Those who are well-versed with the Homoeopathic way of prescribing know, that in Homoeopathy whatever may be the criteria of selection, medicine is prescribed on the basis of symptoms totally different from the symptoms of disease. That is why the above few indications will be useful in all the problems of health.

) These examples, are an INTRODUCTION to this new method of prescribing and are, therefore, not to be taken as complete pictures of the drugs. Nor is it to be mistaken that these seven medicines alone will be sufficient to treat Bronchial Asthma.

1. श्रु - to deliver a sermon publicly, to give moral advice, to proclaim. अश्रु श्रुति श्रुति, अश्रु श्रुति

'MENTAL SYMPTOMS AND DISEASE'

(a precise relationship)

**Paper presented at a Seminar on 'MIND'
organized by Hahnemannian Society of
Homoeopaths of India on
19th July, 1987, New Delhi.**

) There are different schools and therefore various criteria of eliciting and evaluation of symptoms of 'MIND' and obviously distinct ways of making their use for the sake of prescribing or in other words Homoeopathic diagnosis.

One school advises its patient to change his ways of thinking. He should avoid anger, anxiety and tension etc. and change his surroundings if possible. He is kept on tranquilizers which help to keep him in a semi-conscious state so that he should not disturb other members of the society.

Even after taking long histories and linking sickness to serious causes like inheritance etc. the field of their medicine remains very limited.

Hindu religion preaches the practice of self control over one's passions- which manifest themselves in the form of KAM, KRODH, LOBH, MOH, AHANKAR, and to translate them in English INDULGENCE, ANGER, GREED, AFFECTIONS (sympathy), EGO. No doubt mind accepts charges from outside. Atmosphere, environment, surrounding, society, company etc., have their own bearing on one's mind. But this remains only as long as the contact is maintained. Diversion of mind does help without the aid of medicine, but only in those cases which are not chronic in nature. In a really sick person, the relief is short lived. To expect cures by talks, discourses and lectures alone is not possible. Your patient says, "I understand what you preach but it is difficult to practise". How much so ever valuable may

1. अन्या (अन्या)। अर्. ए one opinion. (२०-२१-२२)।

Annoy - temporary disturbance of mind caused by something that displeases one or tries one's patience to irritate, bother, or make somewhat angry, as by repeated action, noise, etc.

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your advice be, he gets annoyed.

It is also now increasingly being realized by allopaths that the field of mental symptoms is not limited to mental cases alone.

HOMOEOPATHY recognised this fact from the very beginning.

In the selection of a similar, supremacy of the mental symptoms over the physicals has unanimously been confirmed in experience by homoeopaths from Hahnemann down to established stalwarts of today. But the problem which remained with them was the paucity of mental symptoms. They thought it was difficult to find mental symptoms in every patient. This was so, perhaps because of their sticking to the norm of finding rare and peculiar symptoms.

Through this paper I intend introducing you to a new way of TAKING MENTAL SYMPTOMS by relating two cases:

CASE-I

A boy of 7 (seven), was brought to my clinic. Crying with abdominal pains he sat down on the chair in front of me. Bending double he was pressing hard both of his hands at the site of pain. His mother remarked 'the boy has a very strong will!'. He will keep on bearing the pain unless it goes out of his control to do so. But when he realizes that he is losing self control he clings to anyone near him.

First Prescription : **Gels 30** was prescribed on the following mentals:

(i) WILL, muscles refuse to obey the

will, when attention is turned away.

(ii) FEAR *self control losing of.*

(iii) CLINGING *to persons.*

which relieved the pains instantly. On investigations it was found that the boy was suffering from acute pancreatitis for the last over a year as per hospital reports.

In the beginning the pain used to recur after two months. Then occurred after intervals of one month or so. All pathological tests were NAD. They used to admit him in the Ganga Ram Hospital. This case was referred to me by a colleague Homoeopath after trying the medicines like *Colocynthis* etc.

The pain returned after five weeks instead of four with lesser intensity, duration and frequency. The number of vomitings, the degree of temperature also remained lowered. But the pain persisted and the intensity increased after the third day and at the end of the fourth, after due wait and watch, the case was re-examined for fresh prescription. The boy was sleepy and in between he remarked, 'Dr. I am not getting sleep. I want to sleep' and would go back to a deep stupor. There were intervals between the paroxysms of 12 minutes, he would scream wake up from sleep and desire to be carried. The pain would disappear after a moment and the boy would lie down and go to sleep again.

Second Prescription

Bell 30 was prescribed on the following mental symptoms.

Hue m. colour, tint. रंग, रंग।
1. Hue & cry (confusion, outcry). अन्धकार, शिक्का।

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- (i) QUIET *wants to be, desires repose and tranquillity.*
- (ii) UNCONSCIOUSNESS, *interrupted by screaming.*

This remedy also gave him instant relief.

The next attack came after seven weeks with high temperature, vomiting of phlegm and bile with entirely changed mental state. In Irritated tone he said, "Mummy take me to the Dr. or Hospital and arrange for me blood transfusion or drip. I am not going to survive." But it seemed that the boy remained comparatively comfortable during this attack. The hue and cry noticed during the previous attacks was absent. The next remedy had to be considered because although in the morning of the third day all the existing complaints disappeared yet by the evening they returned with a new set of mental symptoms.

Third Prescription: **IGN. 30** was prescribed on the following mental symptoms:

- (i) ' SHRIEKING *aid for:*
- (ii) ' IRRITABILITY, *pains during.*
- (iii) ' DISCONCERTED.

It removed irritability only. After three hours the potency was raised to 200. It removed 'SHRIEKING, *aid for*' After

1. स्थिति. to hold an opinion, to think, to suppose.
अपि च, अथ च, अथ च, अथ च.

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another three hours it was raised to 1M, it lowered the fever from 102°F to 99°F, restored appetite, stopped vomiting but pain in the abdomen persisted with disconcerted feeling. 10 M removed instantly all the remaining symptoms.

Let us see, when the pain comes next the case is still under treatment.

CASE-II

A pregnant lady started getting pre-mature labour pains. The lady Doctor who examined her recommended her to be removed to Hospital. She opined that the case could take any turn. The pains were coming exactly after every five minutes and remaining for three minutes. Laughingly the patient said, "I am not very serious about what will happen. I simply want to know what type of pain it is. I am interested to be relieved of it as early as possible because it is creating a poor impression amongst the women around me."

First Prescription: **Bell 30** was selected on the following mentals:

- (i) LAUGHING *speaking when*
- (ii) FRIVOLOUS
- (iii) LIGHT, *desire for*
- (iv) REPULSIVE, *mood.*
- (v) CARRIED, *desires to be fast.*
- (vi) HIDES, *things*
- (vii) DELUSIONS, *poor she is*

The relief started and gradually the intensity, duration

and frequency of the pain reduced. After about three hours she went to sleep.

- (i) The next day the character of the pain changed. It was a general abdominal pain aggravating every time after stool or by slight motion even while lying in bed. She resisted the frequent calls for stool because of losing the comfort which she attained during rest. She was not bothered about what will happen because in spite of the best efforts if something went wrong then it had to be accepted as a fact.

Second Prescription: **Cocc. Ind. 30** was selected on the following mentals:

- (i) **DISTURBED**, *averse to being*
(ii) **RECOGNISES** *everything but cannot move.*

All the above mental as well as the physical symptoms disappeared. Instead of aggravation the pains were relieved each time after stool.

The purpose of relating the foregoing case reports apart from introducing you to a new way of taking mental symptoms is:

- (i) To prove that no human mind is without any mental symptoms at any given time.
(ii) To draw your attention to the precise relationship between the mental symptoms and the disease.

To elaborate this point it may be recalled that in the above cases medicine (the Similimum) was selected on the

symptoms of mind only. The job that the medicine did was to change the mental state on the basis of which it was prescribed and correspondingly the new mental state restored the order. In the case of above lady ultimately it was the regulated stools that relieved the pains which is indicative of a beautiful example of relationship between the mental symptoms, the disease (i.e. pain) and the cause of the pain (i.e. the unregulated bowels). The case of the boy demonstrates the limitations of Allopathy as well as Homoeopathy.

(The anatomy of mind as given by Dr. Kent is INTELLIGENCE plus EMOTIONS aided by memory. But to elaborate it one infers that the above components of mind are linked to functioning of the nervous system which is connected with each and every organ of the body). And the nerves act as a musical instrument and produce vibrations in the form of speech and actions. Through various moods, emotions and gestures every disturbance in the body finds expression. This implies that the present mental state is the true representative of whatever order or disorder is going on in the body and it can serve as an accurate dial to recognise the mental symptoms to find out the real simiulimum.

Gestural (gestur) n. a movement, or movements collectively, of the body, or of part of the body, to express or emphasize, ideas, emotions, etc. Anything said or done to convey a state of mind, intention, etc.; often, something said or done merely for effect or as a formality. [a gesture of sympathy].

- vi. to make or use a gesture or gestures.
- vt. to express [a gesture or gestures].

1. अव. in an unchangeable manner. सथावत एवम्, अनिवार्यम्.
 2. अव. true, real, actual. सच, ठीक, सही. अव. in a great degree, exceedingly. अत्यन्त, अति, अत्र.

PAPER 1987

MENTAL SYMPTOMS

OF

TWO, AIDS PATIENTS (HYPOTHETICAL) Identical to the diagnosed cases (of AIDS)

Introduction

Any disease, as such, when it attacks, causes functional and structural alterations in particular organs of the body and these alterations together form the symptomatology of that disease which helps physicians to diagnose it.

An important point to be noted is that invariably in very case changes on the EMOTIONAL and INTELLECTUAL LEVEL of the body also appear. Please note that no disease minor or major is without a change on the emotional level of a person.

Alterations found on the physical level of AIDS Patient (as we are told) are as follows:-

<i>Signs & Symptoms</i>	:	Weight loss Chronic diarrhoea Prolonged fever
<i>Others</i>	:	Persistent cough Swollen glands Dermatitis

"HOW it spreads?"
 through

- Sexual contact with infected persons
- Improperly sterilized syringes
- Administration of blood or blood products from an infected person.

It is said that the disease is "ACQUIRED", from outside. A particular type of virus is contacted by coming into touch with the blood of the AIDS patient directly or indirectly which ultimately causes this disease.

Although this is a part of the natural phenomenon that certain species have seeds which can be sown to grow more of them, yet it cannot be accepted as a rule sufficient for the diseases to spread. The great Dr. Kent disputes it and asserts that no live organism can exist without food. Soon after birth, depending upon the strength and degree of their preservation they require food for maintenance, upcoming and growth. So the rule is effective only in those cases of individual economies which provide a ready ground for their preservation and growth.

Since, the scope of this paper does not allow to go further into this part of the subject, it is to be stopped here.

Let us remind ourselves that as Homoeopaths, we cannot forget that in contrast to the above phenomenon, we have another natural one that of drugs also have the power to CREATE DISEASES and cure the same and no disease what soever is outside of its impact. (See foot note, 1, 2, & 3.)

It is because of this scientific truth, that there exists a scope in Homoeopathy that a person can be treated even without knowing the name of his disease. As for example, 'AIDS' as disease has taken its birth quite recently. Healthy human beings proved our drugs long ago. Obviously during provings none of them could be expected to experience this disease.

As in the case of other diseases, we can proceed to treat 'AIDS' even without experiencing it during provings. There is nothing wrong in this idea. In fact it leads to another scientific truth. That (the changes on the physical level may or may not occur to take the shape of a particular disease yet) the causes common to all the diseases exist in the body which invite or allow any disease to attack it (irrespective of the fact whether a particular disease had its origin in the past or belongs to a recent origin).

These causes keep on manifesting themselves through emotions with or without minor (physical) ailments every now and then.

Cases of minor ailments if treated with the help of the medicine selected on the basis of indications appearing on the 'EMOTIONAL-LEVEL', (centre of the body) or in other words the defences of the organism which is under your care, you can prevent major ones. **

In certain cases, physical ailments do not occur even in the slightest form, say upto the age of 45 or 50.

But in these cases, the onslaught of disease, if it attacks, is sudden, severe and quick and many times irreversible. Perhaps this is because it keeps on fortifying itself silently without any presign on the OUTER PARAMETER of the body in the shape of physical disorders of even minor nature.

How to detect such cases :

By the help of general physical (Possible) check-up for:

1. Alteration in structure of body.
2. Alteration in functions (Including B.P., E. C.G., respiration rate, pulse rate etc.,
3. And overall abnormalities found on the "EMOTIONAL-LEVEL".

Please remember that the abnormalities found on the emotional level must be kept in mind while prescribing in all the cases, whether a person is having any sort of physical disorder as stated at No. 1 & 2 above or not.

In this way, I think we can help most of the people, whose cases

1. We have at our disposal a vast treasure of symptoms given to us by our provers which has been helping us for prescribing in many areas of medical field and proved to be comparatively more effective than others.

2. सचि न. scarcity of food, famine. गलोर, ३०१०१, ५३१५.
 1. एता शो न. waste, destruction, devastation. आ०१२, आ०१५,
 आ०१६(१०५). व. १. to be waste. आ०१५ ०५०१)

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remain undetected for want of apparent signs on physical level. It is to be remembered that having no disease for a long time is also a disease in itself. An intelligent Homoeopath can prevent this havoc before it takes place, if he succeeds in balancing the exaggerated emotional state of the person.

This exaggeration is a relevant term. The ideal or the natural mental state is expected to keep the body as a whole in perfect health which varies from individual to individual. We have to keep on changing the medicines based on symptoms relating to the changes and exaggerations found on the EMOTIONAL-LEVEL, till the above goal is reached.

2. No doubt in provings diagnostic symptoms were not verified and laboratory test not taken but we have no dearth of clinical record of cures of these symptom and;

3. The causes like external injuries to the organisms by accidents, mental strains or shocks and internal-disorders of inefficiency on the part of eliminatory and assimilatory systems also create diseases in the same way and similar to that created by drugs. If we succeed to come to some useful conclusion after pondering and experimenting over this idea and that of Dr. Kent and correlating and co-ordinating it with that of the live organism, a revolution will be brought in the field of medicine to the greater benefit of mankind.

** Although nothing is universal, it has been found that in individuals a particular set of emotions get stirred up whenever attacked by any ailment minor or major and as such if treated for the minor ones on the basis of those emotional disturbances we can prevent the occurrence of the major ones.

Coming to the real subject of this paper let us examine what could be the alterations on the Mental Level of AIDS patients?

To build an hypothesis the rubrics DELUSIONS, *thin, is getting* and DELUSIONS, *thin, body is* (Pg. 367 B.S.R.) (Pg. 24 K.R.) attract my attention.

As the alterations on the physical level (of the 'AIDS' patient) suggest that a person loses weight accompanied by other ailments of degenerative nature, it has been presumed that the changes on the emotional level could belong to the above rubrics. The remedies that have produced these delusions during provings are **Sulphur and Thuja**. So through this paper we will study :

1. The new technique which teaches how to prescribe on the basis of the symptoms occurring on the emotional level of a person corresponding to those found on his physical level (i.e. disease)
2. That the changes on the emotional level of a person are represented by very common expressions which are generally ignored by us as common and usual ones.
3. The art of converting a large variety of shades of disturbances found on the emotional level of the patients, into rubrics.
4. The mental pictures of the drug, **Sulphur and Thuja**.
5. These two drugs have produced two rubrics i.e. 'DELUSIONS, *thin, is getting*' and 'DELUSIONS, *body thin is*'. These rubrics carry a common feeling of thinning. How to identify them individually on the basis of this common sensation.
6. Why the KING-PIN Symptom of sulphur is DELUSIONS, *thin is getting*, but that of THUJA is STUPEFACTION, *knows not where he is* ?

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7. How the whole symptomatology of the two drugs revolve around their king pin symptoms.
8. 'MENTAL STATES' of two patients identical to the diagnosed cases of AIDS.

Paper-1987 (a)

MENTAL SYMPTOMS OF AIDS

(PATIENT NO. 1)

OR

**Alterations, brought on
the Emotional Level of the Provers
by the drug 'SULPHUR'**

(Now you have to imagine)

A patient is waiting in your clinic, for his turn. He does not seem to be absorbed, nor does his mind seem to be absent. He is looking towards you as if waiting for his turn but is not responding to your call.

- (1) Page 91 KR
UNOBSERVING
- (2) Pg 960 B.S.R.
STARTING, *spoken to, when*
- (3) Pg 2 KR
ANGER, *mistakes over his*
- (4) Pg 37 B.S.R.
ANGER, *tear himself to pieces, could.*
- (5) Pg 405 B.S.R.
DISCONTENTED
himself. with
- (6) Pg 704 B.S.R.
LAUGHING, *serious matters, over*

You repeat your call and say, "Gentle-man , its your turn".¹ Again it seems as if you remained outside the orbit of his sight. In the end, you have to request some one else from the queue to draw his attention towards you.² He shakes and appears³ to notice his inability to observe as was expected of him. And says, "I wish I could tear myself to pieces".⁵ Discontented and displeased with himself he moves from his seat and presents himself before you. You offer him a seat, and fix your looks on him. ⁶He becomes more serious and laughs .

(7) Pg 71 KR
REPULSIVE,
mood.

⁷ In a repulsive mood he enquires from you, "⁸ Sir, perhaps you are looking at my dress. In reality my wife has been requesting me to change my clothes. But I do not find anything wrong with them. ⁹ To me they still have not lost their charm. ¹⁰ I think, I can wear them for many days more"

(8) Pg 712 B.S.R.
LOOKED, *at*
cannot bear to be

"Have you taken your bath?"

(9) Pg 255 B.S.R.
DELUSIONS,
clothes, thinks,
beautiful.

"I did not find it necessary."

(10) Pg 400 B.S.R.
DIRTINESS

¹⁰ "I feel, I am more happy without that".

"Well, what is your trouble ?"

(11) Pg 367 B.S.R.
DELUSIONS, *thin*
is getting.

¹¹ "Sir, I am getting thin day by day and losing weight." ¹¹ He pulls up his sleeves and shows you his arms and wrists by touching and drawing out the skin on them. ¹¹ "Sir, this thinning is not from without only but also from within me. Inside, also I seem to be losing strength."

(12) Pg 246 B.S.R.
DELUSIONS,
body black, as if
it were.

¹² "See how black has my body turned? "

"But how has all this happened ?"

(13) Pg 50 KR
GESTURES,
hands, motions in-
voluntary of the.

"Actually, I am getting watery evacuations many times a day with fever for the last many weeks."

(14) Pg 563 B.S.R.
GESTURES *talk-*
ing, head with

"He coughs a little and stops talking for a moment to regain his breath." ¹³ In a rhythmic gesture, he starts beating his thigh ¹⁴ and nods (communicate with his head) instead of speaking and showing his inability to do so.

(15) Pg 51 B.S.R.
ANSWERS,
slowly

"Is it that you cannot talk ?"

1. शिष्ट. to avoid, to shirk to get out of. अविना, एका,
 अना, अना. - n. one who lives by tricks. अना
 शिष्ट अना अना.

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(16) Pg 991 B.S.R.
 TALKING com-
 plaints all agg.

¹⁵ nodding continues and slowly he answers,

¹⁶ "Yes it increases my cough, and general fa-
 tigue."

"You seem to be irritable also."

(17) Pg 665 B.S.R.
 IRRITABILITY
 exertion from

¹⁷ Yes, I do get so after I have exerted "

"You mean, after doing the days job or after you
 have taken a little extra-physical strain."

"Any little fatigue, what to say of the whole
 day's job."

(18) Pg 117 B.S.R.
 BUSINESS,
 averse to

"What about your business?"

¹⁸ "I do not like to pay any attention to it."

(19) Pg 118 B.S.R.
 BUSINESS, talks
 of

"Do you mean you are not attending to it?" ¹⁹ I
 do talk of it, the idea of it always occupies my
 mind. ¹⁸ I do attend to it but without interest ¹⁸
 Actually, I do not like it.

In a jesting mood, his wife remarks, "Sir,
 actually he has no trouble, simply he shirks
 work."

(20) Pg 678
 B.S.R. JESTING,
 aversion to

²⁰ I have told you many times that I do not like
 jokes but you cannot restrain yourself," he ut-
 ters tersely.

(21) Pg 25 B.S.R.
 AMUSEMENT,
 averse to

"But she seems to be amusing you," he is told.
 He replies, ²¹ "No, I do not like it."

His wife confirms that he does not enjoy jokes.
 By this time, the person has turned his face away
 and gets absorbed.

2. Jest (शुद्ध) a joke, laugh or fun. अना, एका, अना.
 वि. - to joke to merriment. अना, अना, अना, अना.

3. अना अना. (Tense - अना, अना, अना, अना)

1. to shake to sudden jerk. 5th 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th
 2. a sudden jerk. 1st 2nd, 3rd 4th.
 2 - to turn to throw back to tell against. 1st 2nd 3rd 4th, 5th 6th, 7th 8th, 9th 10th 11th 12th.
 2. n. ready, reply. 1st 2nd, 3rd 4th.

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His wife speaks about him in whispers. "Sir, see, I shall call him by his name." "ARUN" she calls.

(22) Pg 953 B.S.R.

STARTING CALLED, by name, when

²² He jerks and jolts at once and is irritated at the call, ²³ shrieks with ²⁴ anger, anxiety and fear, and retorts, ²² "what has made you to call me by my name?"

(23) Pg 953 B.S.R.

SHRIEKING

(24) Pg 2 KR

ANGER, ailments after with anxiety and fear

3. n. disposition of mind, temperament, passion, imitation. 1st 2nd, 3rd 4th, 5th 6th, 7th 8th 9th 10th 11th 12th
 1st 2nd, 3rd 4th, 5th 6th.
 1st 2nd, 3rd 4th, 5th 6th. 7th 8th 9th 10th 11th 12th

(25) Pg 649

B.S.R. INTRO-SPECTION

²⁵ Soon he seems to be coming to himself and realises that he has made a mistake. It is a Dr.'s clinic and thus not a place to exhibit his tempers.

(26) Pg 30 B.S.R.

ANGER, alternating with repentance, quick

²⁶ He repents and begs apologies from you with a sense of ²⁷ guilt on his face and humility in his eyes.

(27) Pg 830 B.S.R.

REMORSE

(28) Pg 673 B.S.R.

IRRITABILITY waking, on

He is trying to regain his composure, ²⁸ the traces of anger are still evident on his face. ²⁸ Perhaps he has not been able to forgive himself for his misbehaviour and has therefore ²⁹ become silent.

(29) Pg 986 B.S.R.

TALK indisposed to

Remorse - a deep, torturing sense of guilt felt over a wrong that one has done; self reproach

(30) Pg 813 B.S.R.

RAGE

(31) Pg 397 B.S.R.

DESTRUCTIVE-NESS clothes of

His wife says, "Sir, this is what I wanted to show you that he becomes so irritable at times that he ³⁰ is besides himself.

(32) Pg 129-130 B.S.R.

CHEERFUL

Morning, evening

cheerful - a steady display of bright spirits, optimism, etc.

³¹ He starts tearing anything around, specially his own clothes. ³² Strangely he can be cheerful

1. to feel regretful about. to feel regret for something.
 2. n. meekness, modesty, humbleness. 1st 2nd, 3rd 4th, 5th 6th, 7th 8th, 9th 10th, 11th 12th.

mirth. n. joyfulness, gaiety, or merriment, esp. when characterized by laughter.

1. adj. full of, expressing, or causing mirth; merry.

DR M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY

(33) Pg 65-66 KR

• MIRTHFUL
morning, evening

(34) Pg 466 B.S.R.

• FANCIES, exaltation of

(35) Pg 382 B.S.R.

• DELUSIONS
wealth, of

(36) Pg 907 B.S.R.

• SENTIMENTAL
2.

(37) Pg 50 KR

• GESTURES
hands of as if grasping and reaching at something

(38) Pg 895 B.S.R.

• SELFISHNESS
egoism

(39) Pg 404 B.S.R.

• DISCONTENTED, everything, with

and ³³ mirthful also specially in the morning and evenings. ³⁴ He goes into beautiful fancies and ³⁵ will derive a lot of contentment from them. For example yesterday as he was sitting, he called me, "Usha."

"Ya" I replied.

2. a feeling, often a tender one, accompanied by some thought or reasoning.

"Please come", he said. And I obeyed. "Sit down by my side", he said. ³⁶ In a sentimental mood, he caught hold of my wrist and drew me towards him.

³⁷ His hands reached my ear-rings and his fingers started playing with them.

³⁵ He started, "How foolish am I, all my worries are imaginary. You are there as my very faithful wife, who is always thinking of me and helping me in every odd. ³⁵ Not only that but also as a beautiful woman to enjoy with. Then also, I see a grand future in my children too. ³⁸ They will come up one day to share my burdens and enrich my resources. All that I earn and possess suffices my needs. I do not feel, I am short of anything. Then, why should I worry?"

"But, sometimes back you were telling me ³⁹ that I am not beautiful and that we are poor people and hardly manage to make both ends meet and that we cannot even think of a better future for our children."

When I pointed out this contradiction". He refused to see it and became angry and said, "I have told you many times, not to cut jokes with

me."

"I am astonished at this change in his attitude." she adds further.

As this goes on you hear him (the patient) weeping, and tell his wife, She consoles him, "and says Arun, what is the use of this, I have told you many times that you need not worry about anything. You say, that you posses everything and lack nothing. Then what is it, that makes you weep?"

(40) Pg 181 B.S.R.
CONSOLATION
agg.

(41) Pg 1074
B.S.R. WEeping
causeless

(42) Pg 39 KR
EMBARRASSED
ailments, after

(43) Pg 263 B.S.R.
DELUSIONS
dead persons, sees,

(44) Pg 502 B.S.R.
FEAR, *ghosts of*

(45) Pg 487 B.S.R.
FEAR *death of*

(46) Pg 512 B.S.R.
FEAR *misfortune of*

(47) Pg 518 B.S.R.
FEAR *poverty of*
(48) Pg 619

B.S.R. INDIF-
ERENCE *others*

⁴⁰ He gets irritated, and retorts "You keep quiet, you need not bother about my affairs. I shall talk to the doctor myself." After sometime he calms down and restarts addressing you, " Sir, ⁴¹ sometimes I weep with out any cause. ⁴² At other times when I am reminded of my sickness, ⁴² I become overconscious about myself ⁴² I am going down hill day by day. ⁴³ There seem to be no sign of improvement. ⁴³ In my imagination all types of images come before my eyes ⁴³ I see dead persons and in this trail, ⁴⁴ fear of ghosts creeps into my mind and ultimately that of ⁴⁵ death. ⁴⁶ The terror of misfortune over-takes me there after. ⁴⁷ I shall be losing my wife, my children, my family, my home, and all my possession if I die. I do not want that Dr. I love them all.

You turn to his wife. Who is a nice lady, and serious, but not without humour. She turns to her husband and says, "Arun Saheb, ⁴⁸ do you know the age of your children or in which class are they

1.2. *disparous, cause of shame or reproach, disesteem, ugliness.* ગુણિત, (મન) 2) શિષ્ટી અથવા અશિષ્ટી, શ્રીલક્ષ્મી, શ્રીલક્ષ્મી.
 V.7. - *to dismiss from favour, to being disreput.* *DR M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY*
~~order~~ *શ્રીલક્ષ્મી* toward studying, the name of their school etc. etc.?"

(49) Pg 571 B.S.R.
 HATRED persons who had offended him of

"49 I hate you, I hate you," he cries and says, "alright you go out."

She laughs and goes out.

(50) Pg 572 B.S.R.
 HAUGHTY

Dr.⁵⁰ he starts stressing his point of view, see this lady, she does not realize my position and that is why I do not like her.

(51) Pg 927 B.S.R.
 SIT inclination to

⁵⁰ "I know, she is right. I do realise my fault. I do nothing, except ⁵¹ keep on sitting the whole day, ⁵² buried in ⁵³ thoughts of my disease, always ⁵⁴ anxious about my health, ⁵⁵ my future.

(52) Pg 4 B.S.R.
 ABSORBED

⁵⁶ When I find some improvement in my health and encouraged by a physician like you, I start indulging in building castles in the air and forget about my disease, although I know it is fatal."

(53) Pg 1002 B.S.R. THOUGHTS disease, of

(54-55) Pg 78-79 B.S.R. ANXIETY

"⁴² But when I find, I am thin and emaciated and going down in health day by day, especially after an acute phase is just over, I become overconscious of myself. This chain of ⁵⁷ thoughts leads me to think that I am lowered in the eyes of others and that If things do not improve, ⁵⁸ I feel indignant. ⁵⁸ My ego wakes up. I start ⁵⁹ desiring death, and of ⁶⁰ committing suicide by throwing myself in some river."

future, and health, about

(56) Pg 578 B.S.R. HOPEFUL

(57) Pg 270 B.S.R. DELUSIONS *dis-graced, she is*
 1 -

(58) Pg 437 B.S.R. EGOTISM, self-esteem

2. also moved by indignation, અંગુ. શ્રીલક્ષ્મી, શ્રીલક્ષ્મી, શ્રીલક્ષ્મી

(59) Pg 195 B.S.R. DEATH desires

(60) Pg 977 B.S.R. SUICIDAL drowning by

(61) Pg 1071
B.S.R. WEEP-
ING, *alternating
with laughter*

(62) Pg 119 B.S.R.
CAPRICIOUS-
NESS

(63) Pg 124 B.S.R.
CARRIED *desire
to be*

(64) Pg 600-604
IMPATIENCE

(65) B.S.R.

IMPETUOUS

By this time, ⁶¹ tears fill his eyes and yet he tries to laugh.

"²⁵Sir, how foolish I am ?" I have wasted a lot of your time for nothing. ⁶² But before I conclude I must tell you sir, "I am on a crossroad. I do not know what to do. ⁶³ It will be for you to do something for me. ^{64,65} I hope sir, you will not disappoint me."

Now he becomes ⁶⁴ impatient and ⁶⁵ impetuous, you console him and direct him to wait outside for the medicine.

rash, violent, vehement, furious. 4 अशु, 5 अशु, 6 अशु.

1. 211) - 2. dress, clothes, costume. 22-0, 4/21/11.
vt. to clothe, to dress. 05/05/11/12/11/05 4/21/11.

Paper-1987 (b)

MENTAL SYMPTOMS OF AIDS

(PATIENT No. 2)

**in the garb of
HOMOEOPATHIC DRUG "THUJA"**

Please imagine that you have called in the next patient and said "next please" and there is a laughter from the queue as the old lady whose turn it is does not respond to the call.

(1) Pg 91 KR
• UNOBSERVING

Referring to the previous patient they are saying. She is also of the same stock. Her attendant tells her, Amma, it is your turn".

(2) Pg 671 B.S.R.
• IRRITABILITY
*sleep, when roused
by noise, during*

² She awakens, as if from sleep, with irritation.

(3) Pg 970 B.S.R.
• STUPEFACTION
*knows not where
he is*

³ Where have you brought me?" She asks the person accompanying him.

"You try to move from your seat first," he tells her.

"Why?", she asks.

"There is some purpose", he replies.

(4) Pg 983 B.S.R.
• SUSPICIOUS

⁴ You tell me first", she insists.

"You go and sit there". Angriily he points his hand towards the chair facing the doctor.

(5) Pg 935,938
B.S.R. SPEECH,
*confused, finish
sentence, cannot.*

"I am better (here)". She insists ⁵ (without completing the sentence.)

"Look the doctor is waiting to examine you. Please get up and don't waste his time, he has to examine many more patients", he asserts.

(6) Pg 678 B.S.R.
JESTING *aversion, to*

"You are a very bad (person). You are always in the habit of (⁶ joking with me)".

"Who is joking with you?" he cries. "You", she says.

"No, not at all".

(7) Pg 935,
(8) Pg 940 and
(9) Pg 944 B.S.R.
SPEECH *confused, hesitating,
slow.*

"But I don't see (⁵ any Doctor here)." In a ⁷ slow, ⁸ confused and ⁹ hesitating manner, ⁵ she speaks without completing the sentence.

The person accompanying her tries to pull her up by force. Perhaps he is getting embarrassed by the situation created by her behaviour.

(10) Pg 1028
B.S.R.
TOUCHED *aversion to being.*

"¹⁰ O.K., O.K., I will do it, myself."

"you don't touch me. I have told you many times to deal with me from a distance." She gets up from her seat and moves towards the patient's chair.

"Here is the doctor, say Namaste to him". The person accompanying her encourages her to do so.

(11) Pg 517

B.S.R. FEAR,
*physician will not
see her, he seems
to terrify her.*

(12) Pg 525 B.S.R.

FEAR strangers, of

(4) Pg 983 B.S.R.

SUSPICIOUS

"¹¹Dr", she exclaims.

¹¹ You know that even mention of the word doctor is terrifying to me. Why are you after my life? Do you want to take my life? She gets irritated and becomes silent. 'Amma,' the man says, he is not a Dr. only ¹² but a member of our family too. Don't take him to be a stranger and tell him everything that you are suffering from."

"⁴ But I have never seen him before".

"Then what, if you have not seen him before." After a pause he resumes telling her, "rest assured, he is very intimate to me. I have been coming to him very often."

"⁴ What for?"

"For the treatment of my gastric trouble".

"⁴ Who introduced you to him?"

"Ahmad, my friend whom you know."

"That person?"

"Yes, that person."

"Alright", agreeably she continues.

"I shall start his treatment, but with a condition.

Q. "What is that?" You, (Dr.) Intervene.

(13) Pg 647 B.S.R.

INSANITY

*touched, will not
be.*

¹³ You will not touch me", excitedly like a mad person, she bursts.

"No, not at all, there is no need of it."

"Should I tell you about my complaints?"

"Yes."

(12) Pg 525

B.S.R. FEAR
strangers, of.

"¹² Who is this person?"

"My compounder."

"¹² And he?"

"My assistant" And you add, yes, all are our own people, none of them is a stranger."

(14) Pg 367 B.S.R.

DELUSIONS
thin, body is

"O.K., then listen, ¹⁴ I have gone thin. I feel so. ¹⁶ delicate in every organ that it ¹⁵ may break as a thin piece of a dry wood."

(15-16) Pg 246-
B.S.R.

-15. DELUSIONS
body brittle, is

As she speaks the persons around her including you, laugh and you say, "But apparently you don't look so. Q.

.16. delicate, is

(16-A) Pg 655
B.S.R.

IRRITABILITY,
waking on

[16-A] "You are perhaps looking at this bulk of mine from outside but you cannot judge, how I am and how I feel from within me. Like an empty and big earthen pot, made of clay, I am eroded from inside and feel brittle."¹⁷ She speaks with increased mental strength and slows down to a point of halt.

(17) Pg 963 B.S.R.

STRENGTH in-
creased, mental.

(18) Pg 546 B.S.R.

FORGETFUL
*words while speak-
ing, of; word hunt-
ing.*

"¹⁸ She wants to restart relating something. Scratches her head and tries to recollect what else is there to tell about herself but does not succeed."

¹⁹ At this as if, she awakens about her condition and becomes anxious as to what is happening to

1.7. The feeling or attitude of one who looks down on somebody or something as being low, mean or unworthy; scorn. The punishable act of showing disrespect for the authority or dignity of court, as by disobedience, contumeliousness, etc.

DR. M.L. SETHI'S REDISCOVERY OF HOMOEOPATHY

- (19) Pg 98 B.S.R.
- ANXIETY, waking on
- (20) Pg 39 B.S.R.
- ANGER, violent, when things don't go after his will
- (21) Pg 1013 B.S.R.
- THOUGHT, stagnation, of
- (22) Pg 182 B.S.R.
- CONTEMPTUOUS self, of
- (23) Pg 595 B.S.R.
- IDEAS abundant heat during
- (24) Pg 235 SR
- DELUSIONS animals abdomen, are in
- (24A) Pg 339
- DELUSIONS pregnant she is,
- (25) Pg 1006 B.S.R.
- THOUGHTS persistent
- (26) Pg 1000 B.S.R.
- THOUGHTS as if from abdomen
- (27) Pg 524 B.S.R.
- FEAR, stomach arising from
- (28) Pg 378 B.S.R.
- DELUSIONS, voices abdomen, are in his

her,²⁰ Angrily she adds, "What is all this?" Have I to hunt for words to express myself? She asks and adds. "²¹ My thoughts are stagnating, "²²What a useless person am I? I cannot remember what I am suffering from. How will any Dr. be able to treat me? What right have I to live any more?" Full of self contempt, she goes on speaking for sometime and stops. ²³ And in the heat, she recollects and says, " Oh. It is about my abdomen. I feel, I have a serpent in my abdomen. ^{24A} Occasionally it gives me a sensation as if I am with a child, but most of the time, I feel, I have a serpent in it. ²⁵ This thought persists and seems to ²⁶ come from my abdomen, ²⁷ I suffer from a fear which originates from stomach. ²⁸ Hissing sounds are there all the time in my abdomen.

1. n. a learty out, jailase, neglect. 4101, 214, 88.
2. SISR n. divinity, a god or goddess. 4200, 211, 90.

DR. M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY

(29) Pg 386 B.S.R.

DELUSIONS

wrong he has done.

(30) Pg 361-362

B.S.R.

DELUSIONS

superhuman control, is under

(31) Pg 497 B.S.R.

FEAR evil, of

(32) Pg 412 B.S.R.

DISGUST, everything with

(33) Pg 109 B.S.R.

BESIDE,

oneself being

(34) Pg 684 B.S.R.

KILL, herself sudden impulse to.

(35) Pg 981 B.S.R.

SUICIDAL, throwing himself windows from

(36) Pg 1063

B.S.R. WEARY of life

(37) Pg 406 B.S.R.

DISCOURAGED

(38) Pg 1077

B.S.R. WEEPING, desire to weep all the time.

(39) Pg 812 B.S.R.

“QUIET, disposition paravition, after

(40) Pg 1060

BSRWALK, circle, walks in a

²⁹ I feel this trouble is because of some omission on my part. There is a famous place of worship. I know its name and have heard a lot about it but I do not remember of having ever promised offerings to the deity. ³⁰ Some spirit keeps reminding me all the time of having committed a wrong by not keeping my word. ³¹ Because of this I am always afraid of some impending evil. ³² I feel disgusted with everything and ³³ cannot control it.”

³⁴ Impulse to kill myself usually overwhelms.

³⁵ Many times, I tried to jump from the window.

³⁶ I am so weary of life and ³⁷ discouraged that I feel ³⁸ weeping all the time.” ³⁹ In the end, she becomes silent, gets up and with tears in her eyes starts ⁴⁰ walking in a circle. As you see her taking small steps around the chair.

“You tell her to wait outside.”

CONCLUSION :

These are just examples, as INTRODUCTION to this new method of prescribing and are therefore not to be taken as the complete pictures of the drugs, nor it is to be mistaken that these two medicines alone will be sufficient to treat AIDS.

1. caused, experienced a state of self conscious distress. something that embarrassed (difficulty or perplexity arising from the want of money to pay debts). to be uncomfortably self conscious. To make more difficult. To cause to feel ill at ease so as

SULPHUR

SOME 'PRACTICAL INDICATIONS'

to result ^(Frequently coming into use) in a loss of composure. *cuprum / Alator*

- I. A patient with cervical spondylosis says. "I am of firm belief that I shall get relief. But I just fear one thing i.e. pain."
- Q "Why?" Because it causes weakness and as a result I become poor in overall performance and functioning. This I don't want."

This version is covered by three rubrics :

1. HOPEFUL
 2. FEAR, poverty of
 3. REPULSIVE, mood.
- II. When the pain becomes intolerable. I become quiet and try to take rest so that I should get rid, of the suffering. I am sure of getting relief but get embarrassed when it recurs time and again.

Rubrics

1. QUIET, wants to be, repose and tranquillity, desires
 2. HOPEFUL
 3. EMBARRASSED ailments after
 - 1.
- III "Any physical or mental exertion shakes off my balance and composesures and I desire to withdraw from all types of activities and go in for rest for sometime or preferably sleep to recoup myself. If I get a chance to do so I am back to myself. Otherwise, I get irritated with every one."

2. m. Sorrow, grief, *दुःख, शोक-विषय.* (दुःख-विषय)

1.

DR M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY

Rubrics

- 1. IRRITABILITY, *exertion from.*
- 2. QUIET, *wants to be, repose and tranquility desires.*
- IV "I get angry too often. It is a bad habit. Why can't I always remember that children are naturally naughty and that it doesn't behoove of me to get offended with them. I don't want this, I really feel bad about it.

Rubrics

- 1. ANGER, *alternating with repentance, quick.*
- 2. MOOD *repulsive.*
- 3. DELUSIONS, *injured is being.*
- V "See doctor how thin I am getting day by day. I feel it more when I talk. Even a little talking gives me a feeling of great weakness.

Rubrics

- 1. DELUSIONS, *thin is getting.*
- 2. TALKING, *aggravates all complaints.*
- VI. I feel I will get well every time before I take the medicine, but when I get no relief I get disappointed and embarrassed.

Rubrics

- 1. HOPEFUL
- 2. EMBARRASSED *ailments after*
- VII. I am much troubled, inclined to take rest and need nothing else.

Rubrics

- * 1. DELUSIONS, *injured, is being*
- * 2. QUIET, *wants to be, repose and tranquility desires*

Q. "You seemed to have not cared to dress up properly". Yes
"Don't you feel that you are not properly dressed"? "No not at all" "I
feel like taking rest and keep quiet. I do not like to do any work."

Rubrics

- * 1. INDIFFERENCE, *personal appearance, to*
- * 2. QUIET, *wants to be repose and tranquility desires.*
- * 3. BUSINESS, *averse to.*

VIII I never bother about my work. I feel like resting all the time.

Rubrics

- * 1. BUSINESS *neglects his*
- * 2. QUIET *wants to be, repose and tranquility desires.*

IX A millionaire says "I cannot part with the money which I
once put into my safe, as I like to keep feeling wealthy and
not thin. The fact is that even for making payment of your
small bills, I wait for dues coming from other sources instead
of paying from my cash.. To me to withdraw money from my
safe means reducing my flesh.

Rubrics

- * 1. AVARICE
- * 2. DELUSIONS, *wealth imagination of*
- * 3. DELUSIONS, *thin, is getting*
- * 4. FEAR *poverty, of.*

THUJA

Thuja is another drug which produces the sensation, *THIN is*. Sensation of SULPHUR is, '*THIN is getting*'. Thuja feels that body is thin and it can break into pieces. Another feeling of Thuja almost similar to the foregoing is of DELUSIONS getting dissolved or eroded. Which may not be found in the repertory . It has come up in my personal clinical experience.

The 'THINNING' of SULPHUR is generally related to something material, something physical i.e. flesh and bones. But THINNING of THUJA refers to the sensation of hollowness or softness and that of continuous erosion of general vitality. It can break and go into pieces even with a whiff of wind symbolically or is in the process of dissolution with the passage of time, as if a lump of clay is kept in the flowing stream of water (time). He feels that gradually he is heading towards the grave and will not live longer. There is no immediate danger of death but something keeps him reminding that he is not going to live any longer. But he doesn't bother for it because somewhere he desires death that is why he doesn't try to tell you about this feeling. It is very occasional and seldom that he speaks to you about it because in a general way he remains as if in a state of stupefaction and doesn't know where precisely he is and what exactly to tell you. Sometimes he admits that he hesitates to come to you because he feels he himself does not know what to tell you (about himself).

Please examine the version of a patient.

"With me there is a problem, that I cannot answer your questions. I myself don't know as to what to tell you. That's why I feel I am not fit for Homoeopathic treatment."

PRACTICAL INDICATIONS

(Commonly coming into use)

- I A woman with 4-5 months pregnancy says "I have in my abdomen a snake and not the human foetus. This idea

frightens me and always occupies my mind with a fear that some evil may befall on me.

↓

Rubrics

- ✓ 1. DELUSIONS, *animals are in the abdomen.*
- ✓ 2. FEAR, *evil of*
- II I have gone thin and lighter in weight but I am not worried about it. What if I die?

Rubrics

- 1. DELUSIONS, ~~body~~ *thin is*
- 2. DELUSIONS, *body lighter than air, is*
- 3. DEATH *desires.*
- III I feel as if I am being eroded from within and the time is not too far for my end to come and perhaps it is already here.

Rubrics

- (i) DELUSIONS, *body, is eroding from within*
- (ii) DELUSIONS, *die, he was about to.*
- (iii) DELUSIONS, *die, time has come to*
- IV. I feel as if I am diminished and much thin.

Rubrics

- DELUSIONS, *diminished, thin, he is too*

V. I don't feel any attraction towards opposite sex.

• INDIFFERENCE, *opposite sex to*. This one rubric covers this version and if predominating will be indicative of THUJA.

VI. I am myself not clear in my mind as to what to tell about my sickness because it is beyond my understanding except one thing about which I am clear is that I am thin.

Rubrics

• 1. STUPEFACTION, *knows not where he is*.

• 2. DELUSIONS, *thin is*.

VII. While he speaks he loses the thread of conversation. When he tries to recall it unsuccessfully he becomes irritable. This agitation perhaps enables him to recover his thoughts. Then he feels as if his mental strength has increased. But no sooner he succeeds in expressing one particular idea, the flow of thought stops, and he decides to abandon thinking any further.

Rubrics

• 1. THOUGHTS, *vanishing of speaking, while*.

• 2. FORGETFUL, *words while speaking of; word, hunting*

• 3. IRRITABILITY, *chill during*

• 4. IDEAS, *abundant heat during*

• 5. STRENGTH, *increased mental*.

• 6. QUIET, *parturition after*.

PAPER 1987- A COMMENTARY

The paper is titled "MENTAL SYMPTOMS OF TWO PATIENTS" (identical to the diagnosed cases) of AIDS. It is in two parts, introduction and practical case-taking. In the introduction, the theoretical background of the paper has been discussed. It starts with the idea of symptoms needed to know the name of the disease (diagnosis) and those required by a Homoeopath to know the name of the medicine to be prescribed according to the new approach (Revolutionized Homoeopathy).

An important point to be noted in this part of the paper is 'how to find out a prophylactic for an individual on the basis of the day to day abnormalities found on his emotional level. These abnormalities are indicative of IMMUNE deficiency in an individual's economy, which if taken care of well in advance can help save a person from every type of disease to come. In the end it has been explained why Sulphur and Thuja could possibly be the medicines for the patients of AIDS.

In the practical part of the paper, pictures of the drugs Sulphur and Thuja have been depicted taking into account the EXPRESSIONS of the patients with side by side conversion of the expressions into rubrics.

While going through the papers keep in mind that there is one (King Pin) rubric in every drug (as in Sulphur DELUSIONS, 'thin, is getting') which is reflected in all the other rubrics contributing to form the picture of the drug. For example the group of the first five rubrics convey that the patient is angry and discontented with himself because he could not observe the call of the Dr. which normally he could have. This to him means that he is getting thin, a condition which is not acceptable to him.

In the next group of five, *the feeling of being wealthy* is upper most in his mind and any doubt about it in any way is not liked by him. Rubric No. 9 gives him the feeling of being wealthy but No.8, (the on looker) doubts his conviction which is beyond his forbearance.

1. ६११, म.स.१०११।

According to rubric No. 6 within him he is serious but outwardly is trying to laugh because he does not want to present a poor show of himself although in reality (rubric No. 10) he is dirty (is poor and not wealthy).

The other group is, from rubric No. 11 to 21. He is feeling through his senses that he is getting thin (poor in health) day by day, has lost the lustre of his skin (12). Rubrics No. (13) and (14) are Gestures which are the result of his basic nature of being repulsive in mood. Rubrics No. 15, 16 and 17 give him the sense of thinning and after exertion when he realizes that he is losing strength he wants to stop straining further and if not allowed to do so he becomes irritable unless he gets the chance to lie down and take rest and recover his strength. This also denotes the *desire to remain wealthy*.

Although rubric No. 18 tells that he does not like business, rubric No. 19 indicates that his concern for business is intact. Rubrics no. 20 and 21 indicate that he is averse to jesting and amusement because he feels these things also take away something from his body.

The next group of rubrics No. 22 to 31 give him the feeling that in his lackings (weaknesses), his poverty (in behaviour, impression on others, etc.) has been exposed which is not acceptable to him because the basic thought of 'DELUSIONS, *wealth of*' is always occupying his mind which keeps him satisfied.

The group of rubric, No. 32 to 39 denoted that in reality the person has no problem, (so long as he is under the delusion that he is short of nothing-that he is not poor) which means he is wealthy. So far so, (as is explained in the expression covered by rubrics No. 39) that inspite of being reminded of his own utterances in the past about his 'discontentment with everything,' he does not like to think to the contrary.

Rubric No. 40 also hints towards his poverty and that is why he is not in a mood to agree to it. Each rubric from No. 41 to 65 in one or the other form is contributing to one main idea that the person wants to remain contented with the feeling that he is wealthy. The idea of poverty

is fearful and embarrassing to him which makes him repulsive in nature to remove poverty by either of the two ways i.e. by recovering the losses incurred or inviting death.

Next to it is the second patient requiring Thuja. The rubric 'STUPEFACTION *knows not where he is,*' serves as the 'King pin' symptom of the drug. From the start to the end of the paper it is to be understood that the patient is actually not aware of what is proper for her to do or say. Except the sense conveyed by the rubrics No. 2, 10, 11, 12, 13, 16A, 19, 20, 23, that on occasions (when she is roused, touched, faced with a stranger, in anger, during heat etc) momentarily she will be found to be in the state of awareness of her surroundings etc.

To conclude it is to be understood that the rubric 'STUPEFACTION, *knows not where he is,*' is an objective symptom, to be found by observation that the patient is stupid and is not able to recognize the reality. To elaborate this point the example given below may be of help.

A house wife- says, "nobody likes me, nobody helps me, no one cares for me. You give me the medicine so that I could do something for myself. I do not want to take any favour from any body." But in reality the people around her are very nice co-operative and sympathetic towards her.

Apparently these versions of the patient would seem to lead two rubrics. (1) IRRITABILITY *pains during,* (2) SHRIEKING, aid for and remedy to be IGNATIA. But the fact is that she does not know that it is her own thinking which is wrong and not of the people around her. This amounts to the rubric STUPEFACTION, *knows not where he is.*

Paper 1988

**THE FOUR SISTERS
a drug relationship between**

**BRYONIA, GELSEMIUM, COCCULUS
IND., and CHINA ARS.**

INTRODUCTION

Study of the drug relationship has been carried out in the past in such aspects as Complementary, Supplementary, Inimical, Antidotal or Incompatible to one another. This study of relationship is based on similarity of feeling and thinking or in other words with reference to one shared reaction to an action.

The four medicines are common in reacting to any type of action in the form of disturbance (the reaction is aversion and the action is disturbance). This refers to a rubric in KENT's Repertory "DISTURBED, *averse to being.*" It covers two drugs i.e. Bryonia and Gelsemium and the other two i.e. Cocculus Ind. and China Ars, have now been added by Barthal in his Synthetic Repertory. I have called them sisters because they belong to a family headed by the above singular rubric which is their King-Pin symptom.

These drugs should draw first attention if we see that patient is inclined to show aversion to disturbance. And once we become certain in our mind that this observation is correct, the necessity of finding the distinguishing features of the four drugs will have to be studied in order to recognise their individual indications.

1. शि० २. to break suddenly into pieces, to split, to derange, to destroy. गन्त० - २ शि०, भेद० २०१, अथ शान्ति० २०१, अथ २०२०१).

Paper 1988 Part I (a)

Bryonia-its causes of disturbance

Bryonia has another rubric 'FEAR suffering of'. It has been found that she is averse to disturbances of any kind and any form, which brings suffering to her. Hence we can say that one of the reasons Bryonia is disturbed is because it cannot bear suffering. He talks of business because any disturbance (change) in the present state of his business may bring him miseries and ultimately suffering. One of the common remarks will be, 'if one does not work, how shall one make both ends meet.'

He is angry and there follows certain ailments, after anger. May be in the form of anxiety and silent grief etc.

Q.
If you ask him "do you get angry"?, he will reply "I do but avoid it because it shatters the whole of my frame." He becomes angry, sometimes violently and sometimes on small matters when things go against his wishes, when he meets contradictions. Again if you ask him why cannot he control his anger, the reply will be because basically he cannot endure and tolerate disturbance. In reality it is his disliking for disturbance which gets manifested in the form of anger etc. He is hasty in answering questions, one may like to ask him why? Definitely it has a cause that of the desire to remain quiet, also of indisposition to talk and even of thinking. Because thinking of complaints or about anything else aggravates his complaints ultimately causing disturbance (which he is averse to). He feels comfortable at home i.e. he talks of home and suffers from homesickness. Being away disturbs him, but sometimes when there are causes in the home itself to create disturbance he will like to leave home. He thinks let him try a change away from home. Possibly he may recover or at least get away from the people who come and unnecessarily disturb him by giving unreasonable and superstitious type of suggestions about his treatment. (Change desire for). He is impatient and impetuous because he wants to get out of disturbance as soon as possible.

Although by nature he is averse to work, desires rest, is inclined to sit, is slow in habits yet he chooses a sort of disturbance to avoid a greater one. And the causes of greater disturbance are his desires. He is full of desires and many times desires more than he needs and sometimes for those things which are not present and attainable. And this desire is so out of proportion that he is in the habit of demanding things for nothing. He is hard at work and makes it a point to achieve them, forgetting his inconveniences.

He is homesick, talks of home and sometimes has a desire to leave home. Because he suffers from mental insecurity. So he tosses between two poles constituting his emotional frame i.e. problems relating to his wishes and the way he wants the things to be and problems relating to his capability to perceive and produce thoughts. He is capricious particularly when rising in the morning. He is as if in a state of unconsciousness and at that moment if you try to talk to him he will simply like that you do not disturb him. Telling you that he is not within himself. He is not able to tell you as to what is happening to him and what actually is needed by him. To him everything looks strange as if under the control of strangers. His friends appear to him strangers, residence a strange land. His remarks will be "*Na Jane mujhe kaya ho raha hai. Kuch ajeeb ajeeb sa lag raha hai. Pahle to kabhi aisa nahi hua.*" "I am not able to make out as to what is happening to me. It is a strange type of feeling which I have never experienced before. And feels as if in dreams. Shrieks on waking with pains. Becomes nervous and will weep. "*Main kuchh nahi bata sakti mujhe kaya ho raha hai*". "I can't explain how I feel". And will go on talking 'I must go home'. In a state of delirium, and stupefaction he gets delusions that he is away from home. He must go home because he wants rest which he feels he can get only by being at home and then only he can get rid of the disturbance which he is averse to.

- regain my sense and clarity of mind slowly and gradually.
- 6. CONFUSION,
*of mind eruptions
and yawning amel.* "Generally it is yawning, open air or eruptions that helps."
 - 7. DELIRIUM
fever, during Her husband related "Once she had fever. The fever was high 105°F. She became delirious, and spoke as being off the rails."
 - 8. DELIRIUM
maniacal. To me she said, "You, fool, why are you bothering me?" She burst and became quiet.
 - ? 9. DELIRIUM,
raging, raving. I had simply inquired whether she needed anything.
 - 10. DELIRIUM,
quiet. A doctor was called. My friend told her, "Doctor has come, please tell him about your condition". She closed her eyes more tightly in an unusual manner and spoke nothing. She remained quiet for sometime and hastily answered, 'Why have you called a Doctor?', "I am busy in my work," she said and stopped.
 - 12. DELIRIUM,
*closing the eyes
on.* After a few minutes she was seen opening her eyes and found normal, but only momentarily. No sooner did she close her eyes, she went into delirium and experienced delusions of many kinds.
 - 13. DELIRIUM,
muttering She would mutter occasionally,

- 14. DELUSIONS
beaten, he is being
 - 15. DELUSIONS
dead persons, sees
 - 16. DELUSIONS
sinking is
 - 17. DELUSIONS
bed hard too
 - 18. HOME, *desire*

 - 19. DELUSIONS
injured, is being
 - 20. DELUSIONS
strange land, as if in a
 - 21. DELUSIONS
stranger room, seem to be in the
 - 22. DELUSIONS
strangers control of, under

 - 23. DELUSIONS
unfortunate he is
 - 24. FORGETFUL
 - 25. MEMORY WEAKNESS OF
 - 26. MISTAKES
localities, in
 - 27. SPEECH
confused and hasty
 - 28. DISTURBED
averse to being

 - 29. SOMNAMBULISM
make day labour to
- stop and utter that she was being beaten,
- that she saw dead persons,
- that her bed was sinking,
- that her bed was hard
- and at the other moment, she would talk of home and say, when shall I go home.
I must go there.
I am in great difficulty.
- Then again after she came out of the state of her stupefaction, she asked, "Where am I?" To me you look as if you are a stranger, that I have seen this room for the first time and that some new faces are controlling all the activity around me.
- "How unfortunate it is to be in a strange land and away from home."
She said, I forget things. My memory is very weak
- and I make mistakes in recognising localities.
- Her speech was confused and hasty.
- From the tone and style of her expression, one could feel that this awareness of her own shortcomings was also making her uneasy.
Her husband added that there was one more thing.

1. n. a piece of baked bread, conical mass of sugar. (LINDL.)
one on the top. vi. to spend time idly. exaliam accdxi.

DR. M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY

She gets up at night in the state of sleep and starts doing house hold duties and if, try to stop her she will reply, "If I don't work from where shall we get our loaf."

1

She resumes "If you don't mind doctor please ask minimum questions." When asked the reason, she said,

- 30. THINKING
complaints of ag-
gravate,

"I don't want to put pressure on my mind. When I think about my complaints, they aggravate."

So far we have learnt about the disturbances in the intellectual part of Bryonia. We will now examine the emotional state of its mind. It is to be observed that the tides of its emotions revolve around three ideas, BUSINESS, HOME and SUFFERINGS. In most of its mental states (in the form of rubrics) it would be found that he or she is always busy in avoiding disturbance into his or her above affairs and will make it a point that they run smoothly.

- 31. AFFECTION-
ATE

Her husband says, "Although she impresses everyone by her behaviour and seems to be an affectionate person,

- 32. ANGER
face red

yet when she gets angry, her face becomes red.

- 33. ANGER
trifles at

She becomes angry on little things,

- 34. ANGER con-
tradiction from

mostly from contradictions when things go against her wishes,

- 35. ANGER
throws things
away and violent

even to the extent of violence and throws things away."

- 36. DISTURBED,
averse to being

Agreeing with her husband, she continues, "Yes sir, he is right. I never want that any body should disturb me while I am at work."

- 37.A. CONTRARY

"She is full of contradictions", her husband starts, 'She desires rest, and is always inclined to sit.'

- 38. REST, *desire for*

- 39. SIT, *inclination to*

- 40. INDUSTRI-
OUS, *mania for work*

Yet, 'I never find her taking rest. I can say that by nature she is industrious.'

- 41. DISTURBED
averse to being

She tries to correct his statement. 'No doubt I want rest and will like to sit but only when I am mentally at rest or my physical ailments permit me to do so.'

- 42. AILMENTS
anticipation from

If I know that some work is pending I cannot imagine anything else, except that I must finish it.

- 43. ANXIETY,
business, about

During pain I become anxious about my work. But sometimes I am not aware of the cause of my anxiety.

- 44. ANXIETY,
causeless.

- 45. ANXIETY
conscience as if guilty of a crime

At times I feel, perhaps, I am doing wrong while simply taking rest.

- 46. ANXIETY *do something, compelled to*

And that anxiety drives me to do something or the other.

- 47. ANXIETY
thinking about it, from

More so, the anxiety itself is a problem for me.

- 48. FEAR *suffering, of*
- 49. DISTURBED *averse to being*
- 50. AVARICE

"When I become conscious that I am becoming anxious, I become more anxious because of the suffering and disturbance it causes."

- 7 • 51. FEAR *poverty of*

Again her husband joins, 'let me tell you frankly sir. She is very calculative and will hardly agree for spendings. So much so, that for every purchase on my part she inquires about the price of every thing and will compare it and will become irritable when she finds that according to her I have not been able to bargain properly. If you observe her while purchasing vegetables from the vendor, you find her in her real colour. She will first verify the quality of the vegetables. It should be the best and it should be cheap also. In the end she will start bargaining.'

- 52. IRRITABILITY, *waking on*
- 53. BARGAINING
- 54. BARGAINING
- 55. QUARRELSOME

She will offer a price which will generally not suit the vendor. He will definitely say 'No' and look towards the other customers. At this she quarrels with him. "Do you think my money is bad or am I asking for something free? What is wrong in what I have said. You are always overcharging. Alright, but do not try to cheat me by weighing less." She will keep the eye on the weighing balance

- ✓ • 56. DISHONEST
- ✓ • 57. KLEPTOMANIA

and while pouring the contents into her basket, she will pick up one or two more, pieces over her purchase and add them to her basket. "If sometimes, he objects, she will leave it but waits till his attention is turned away, to make up the loss by virtually stealing which she feels she should not bear. Also while making payments she will make it a point that she pays less than the settled price".

- ✓ • 58. DISHONEST
- 59. DIRTINESS

She intervenes "But why do you bother?" She

tells her husband. If I am that bad, why doesn't he break the dealing with me. "You must know that many times, I don't have small change which ultimately I never pay, and he does not mind. He knows that, because occasionally, he helps and deliver the vegetables home. When needed he gives things on credit, so if I am bad, how is all that?"

- 60. UNGREATFUL
avarice, from

Her husband says, 'It means that inspite of the fact that he over looks your dealings, you blame him specially if it is a question of money.'

- 61. DIRTINESS,
dirting everything

"Yes" she says, "then what is bad in it ? You are always in the habit of teasing me. What is the need of telling all these things here? I can also start revealing your short comings". "Al-right", he says and tries to divert her attention by saying "let us talk about your sickness."

- 62. MOCKING
sarcasm

"What do you know about my sickness except pointing out my mistakes. You leave that to me. I will do that job myself. Better you keep noting my mistakes," she says, mockingly and sarcastically.

- 63. SHRIEKING
pains with

Before she finishes her sentence, she shrieks as if with pain.

I felt inclined to ask her, "What is the matter?"

"It is pain," she replied.

- 64. DELUSIONS
injured is being
- 65. DISTURBED
averse to being

"What else occupies your mind at the moment?"
"Only that I have pain." She has changed the position of her painful leg and the pain is aggravated. The look of her face denoted loss of stability. After regaining herself a little bit, she

1. to lower the dignity of, to mortify, to depress. अङ्गुली, अङ्गुली, अङ्गुली.

DR. M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY

- 66. DISCOMFORT *eating after*
- 67. FEAR, *stomach arising from*
- 68. DISCOURAGED, *discontented himself with*
- 69. DOUBTFUL *recovery of*
- 70. PERSEVERANCE
- 71. DESPAIR *recovery of*
- 72. FEAR *suffering, of*
- 73. DISTURBED *averse to being*
- 74. INDIGNATION
- 75. MORTIFICATION *ailments from*
- 76. CAPRICIOUSNESS
- 77. CHANGE, *desire for*
- 78. DISTURBED *averse to being.*
- 79. DISTURB, *do*

started, "Whatever I eat makes me uncomfortable and irritable. Sometimes, a sort of fear arises from my stomach." After a pause she continues, "I am crippled and bed-ridden. Unable to look after myself. How useless am I?"

Who knows whether I shall recover or not ?

When I am slightly better I can tolerate the pains.

But when there is a relapse I lose all hope of recovery. Although I am never well during day, yet the sufferings at night are very fearful for me because they are torturing and disturbing and do not allow me to sleep.

I want atleast I should be able to look after myself. I do not want to be dependent on others. I know I will not be respected in this condition. Although there is nothing like that at present, yet what is the guarantee for tomorrow. If that happens, I will definitely feel humiliated.

I fail to understand, what course to adopt for the sake of recovery.

Many times, I think I should change the place. Perhaps I may recover thereafter. My brother and sister-in-law had requested me many times to be with them for a month or so at their place. I shall like that but only after I am able somewhat to look after myself.

not want others to
80. RESIGNA-
TION

"I have given charge of every thing to my daughter-in-law. What have I to do with all that when I am not in a position even to manage myself? Presently my condition is that I do not want to work, do not like it, where as previously, I used to do a lot of work."

81. DISTURBED
averse to being

d. Have you actually given up the idea of household and other work? She was asked.

"How can it be?" She replied and continued, I have to keep a watch on the house maid, whether she has done the job properly?"

a. "What is there to check?"

82. AVARICE

"A lot, you do not know. If they are left free, they will disturb your entire budget by using excessive amount of cleansing powder, Ghee, etc., Then who knows, when they get tempted to steal and make us starve." "Yes sir," she continues, "It is not very easy to earn than to spend! You know certain house-wives in my street are very bad. They have spoiled the psychology of these house-maids. They will serve them with tea, bread and other eatables daily, and will give them all sorts of old clothing. That is why they demand these from me also. This is disturbing. More so, if you ask them to do a little extra job, they will avoid it or will ask for extra reward. Then why we should show leniency."

83. FEAR,
poverty of

84. SUSPICIOUS

85. FEAR,
poverty of

86. CRUELITY

Her husband takes over, "but don't you think that one should be compassionate in human matters. One day the maid had to come earlier without eating anything at home and you refused even to serve her a cup of tea which she virtually begged saying, she had severe headache. Rather

1. 2. reward for service, hire. and on HJIGN, and (HJIGN),
HJIGN.

DR. M.L. SEHGAL'S REDISCOVERY OF HOMOEOPATHY

- Q -
- ? 87. AILMENTS
 - from hurry
- 88. ANGER, contradiction, from
- 89. CONTRADICTION is intolerant of
- ? 90. VIOLENT
 - deeds of violence, rage leading to
- 91. DESIRES, full of
- 92. DESIRES more than she needs.
- 93. DESIRE present, things not.
- 94. ASKS for nothing.
- 95. CONTRARY
- 96. CONTRADICTION, intolerant of
- ? 97. PERSEVERANCE

you insisted that she must complete the work otherwise you will not pay her for the days wages. When I intervened you refused to listen. He reported that she is extremely intolerant of the slightest contradiction. Yesterday what happened. The poor maid was busy in cleaning the floors. Suddenly she called her for a very minor job which could easily be postponed for a few minutes or even more. The maid said, "Just a minute, I am coming after finishing the job in hand." She showered all sorts of abuses on her.

Another important thing is that she is always full of desires, many times more than she needs and sometimes for things which are not available and attainable. Will ask things for nothing.

"She is contrary in character. Her legs are stiff and painful. She is always complaining about them and will refuse to move even in times of urgency. But if it comes to her own demands and if she imagines that others are not attaching due importance to fulfill them, she forgets her suffering and persevere, even walking distances and undertaking journeys which in the ordinary course she refuses"

1. To chirp - to squeak, to look through a narrow hole - to look closely. चिर-चिर, चिर-चिर, चिर-चिर, चिर-चिर.

Paper - 1988 Part II (a)

GELSEMIUM

CAUSES THAT DISTURB IT

In Bryonia, we find that it fears suffering and that is why is averse to any kind of disturbance which can cause suffering.

Gelsemium fears losing self control. It seems to be maintaining its balance with effort and will therefore not like any sort of disturbance which can upset its balance. A slight variation in the **WILL** can disturb its balance. That is why in sickness, present or anticipated, it is the **WILL** which is affected and which oscillates to and fro between confidence and want of confidence in self.

Now, if we peep through the whole symptomatology of Gelsemium, the concern for maintaining self control will be visible. There are fears of many kinds. His heart will cease to beat unless he is constantly on the move. Fear of being alone, fear when ready to go to church or opera, in a crowd, in public places, of appearing in the public, of downward motion, of falling, that something will happen, of thunderstorm. All of these seem to be contributing to one idea i.e. **losing self control**. It is in a bid to maintain self-control that all these types of fears creep up in his mind while facing problems. It is because of the wavering 'WILL' the 'WILL' that stragglers, that depends solely on the mind and that is why she will always be on guard lest attention should turn away, because she knows her muscles will refuse to obey (the will) and lose co-ordination. She is easily angered and is affected by anger, anxiety, fright, silent grief, bad news, emotions. They all make her sick because they leave their impact on her mind which is not confident of self and cannot keep itself composed. That is why she does not find herself safe while alone and tries to cling to persons. If he or she is a child, when carried will grasp the nurse or will like to be held. She is indisposed to talk and averse to being spoken to and so is 'irritable when spoken to'. She wants to remain quiet. Why? Because she wants to avoid every kind of disturbance which

is going to affect her composure, the state of balance. which she is trying to maintain with a lot of effort.

Events effect her both ways whether anticipated or of the past. While anticipating she is doubtfull of her capacity to face them and after they have passed away, she becomes overconscious of herself as to how it was possible for her to have faced them and if it happens again, will she actually be in a position to face them? 'EMBARRASSED ailments after.' From the total behaviour of Gelsemium, one can very easily infer that the shakiness is because of the imperfect nervous system. That, all this imbalance is because of the bad nerves. This is the emotional part of Gelsemium.

Now coming to the intellectual side- in bad health- stupefaction, dullness, torpor, confusion of mind, general sluggishness, nearing unconsciousness are marked. She cannot open the eyes, cannot concentrate her thoughts. Her concentration is difficult which may alternate with uterine pains. She cannot bear mental exertion, it aggravates all the symptoms. There is desire for mental work which seems to be difficult. The more she concentrates the more she gets confused. There is so much of disturbance in the iniellect that she starts thinking that instead of herself someone else is sick, and it is not she that is sick.

The other day, I came across a patient of Herpes Zoster- an old religious lady. She was suffering from all types of pains, as is usual with the patient of this disease. When questioned how she takes her sickness and how she feels about it, She replied, "I have realised after so many days of turmoil and tell myself 'Why do you worry about this body, it is not you that is sick, it is something else, which is not yours. It is the fruit of its (Body the mortal being) Karmas (deeds). Let it bear it. Why do you bother about it. You have to leave it here. So what have you to do with it? I have been telling all this to myself. "You are the soul and not the body." Rubric DELUSIONS, sick someone else is (B. S. R. Pg No. 349)

Then she continued, "I try to lift myself, lift my WILL, my MIND by telling it about all this but it does not agree and accept the lift. It remains where it is and does not pick up because of the pains. Unless they go, the WILL, will remain affected in the same way. Really, the pains

are very disturbing and if I am not able to control my mind, it is not my fault because actually the pains are very severe and even the strongest of the willed will not withstand them. The pains must be subsided. I have been having attacks and after every attack, I feel embarrassed at the thought of it. What is the matter? Why are they not leaving me? I have become grief-ridden and want courage but cannot get it." There is always a desire for mental work to occupy her mind but to her it seems impossible. She gets ailments from mental exertion. Her thoughts vanish and any sort of thinking aggravates all complaints. Sometimes she loses confidence in herself. She cannot concentrate. The more she concentrates, the more she becomes confused and even if she succeeds to do some mental work she is unable to think for long.

1. adj. *elated* in spirit. यत्न. (Elate - to stimulate, to swell, to make proud. इति वा मन्त्र, इति वा, इति वा. *adi-exultant*, proud. अतिशय, अतिशय, अतिशय.)
2. *elate* - n. a banquet, a festival, a gratification. इति वा, इति वा, इति वा. -व. वा. यत्न वा मन्त्र, इति वा अतिशय, इति वा, इति वा, इति वा, इति वा, इति वा.

Paper 1988 Part II (B)

**GELSEMIUM,
an individuality**

As an entity or as a being or as a person, every existence is based on two opposite poles. It is the union of the two opposites which keeps it alive as it is. So, in every person there are two faculties- Intelligence and Emotions- which form his personality and these two faculties have further subdivisions of two each which denote their qualifications. Intelligence works in two ways. It performs the job of perceiving from surroundings and manufacturing within and relaying the response outside by conveying the decisions it takes or the conclusions it arrives at. So in a personality, we have to judge the efficient functioning of these two aspects. Likewise in emotions also a personality exhibits two types of characteristics. They are connected with its sorrows and joys i.e. the factors which make him sad and those which give him joy.

Let us start studying the moments of joys, in the life of Gels. Perhaps they are few in number. He or she is happy only while living in the past, and never in the present or when thinking of the future. In the repertory we have rubrics, 'EXHILARATION' and 'MIRTH', which denote the sense of happiness.

Exhilaration means the sense of feeling elated. When he recalls his successful adventures and past deeds, he derives a sense of happiness, out of it. (EXHILARATION, recalls things long forgotten can). It is the air (EXHILARATION) which comes out of his wonderful past on which he floats and flies and (the 'MIRTH') gives him the sense of enjoying those ideas within his mind. He might have seen good old days. He might have been amongst the people and the spheres beyond his reach and the areas known only to a few. When he sits he feasts over past memories and that is how he enjoys within and feels mirthful.

The third rubric is CHEERFULNESS which according to Dr. Kent means contentment. This rubric belongs to sphere of joy. But in his case

it is half way. CHEERFULNESS, *alternating with sadness* and the other is CHEERFULNESS *followed by melancholy*. He is contented with something which has passed, which has gone but is not contented where he is today. Both the states are alternating. One moment he dwells in the past and the other into present or so to say in reality that is the future.

Singing means to produce a sound with a rhythm which is not always necessarily of joy. It may also be of sorrow.

The moments of his sorrows start at the time when he thinks of events to come—may be bad or good. This thought disturbs the state from which he was deriving joy i.e. from the past.

The point to be seen is the thin margin between his joy and sorrow. How happy he feels while remembering and telling others about his past successful moments. How beautifully he addressed a huge crowd on the Republic Day etc. Forgetting how embarrassed he was feeling before this performance. Actually at times when he starts talking to others about himself, say in praise of self (to his surprise) his speech is not stable. He finds he is not able to impress the other party. This wavering state of self control leads him to cling to his past, to gain control of himself. He starts referring to his successes, to the successful moments in his life. But the peculiarity to be noted is that he succeeds in regaining self-control only after feeling assured that he is being taken on his words. That the opposite party is not doubting the truthfulness of his statement. As long as the impression of an opposition from the opposite party continues, loss of self control remains. But as soon as he gets the assurance well done, my boy ! my baby!—he/she comes to him/her-self and achieves brilliant success. But if he gets the slightest opposition inspite of knowing very well that the opposition is wrong and baseless, he finds it difficult to manage himself. It is not that he is poor in knowledge but because he loses self control. There is a rubric "BAD NEWS *ailment from.*" The news may actually not be bad in the real sense, yet it can be bad for him, if it works as a disturbing factor in his present peaceful state. He has always a desire for light (LIGHT, *desire for*), every moment must be upwards towards heights (like rising sun), where the light i.e. Hopefulness-

Optimism dwells and shines and not downwards towards, darkness (Despair) where he feels no confidence in himself, even to be able to maintain his balance. So the on coming events may have 'joyful shadows', they may be in the form of messages for parties, merrymaking, marriages but as they are in the womb of future, they make him shiver. He shivers from fear, about his own doubtful self-composure and that is why anticipation is disturbing the co-ordination between his intellectual and emotional faculties. His concentration, becomes difficult. The more he attempts, the more confused he becomes. Cowardice and timidity overtake him, depending upon the situation, how demanding it is. He or she goes off the rails. In a state of delirium his face becomes red and he becomes talkative, muttering in paroxysms during sleep and on falling asleep and sometimes to the extent of exhibiting wildness in behavior. Likewise, this disturbed mental state gets him delusions. He doubts his personal identity. He thinks that his real self is missing, that someone else is residing in him; that he is not a single person but is double, that he is lying in his own grave. About his sickness, he believes that someone else is sick; that there are snakes in and around him and before his eyes he has visions of large distances. He is in a general state of despair. He is dull and unable to think longer and gets excited with any news which is bad for him, which can horrify him. He gets embarrassed at the thought of all these things and fears to be alone because he fears he may fall. He requires someone to cling on to so that he can keep himself stable. He forgets things. He becomes so grief-ridden and full of embarrassment that he wants to cry but feels unable to do so. He knows he cannot cry because if he cries then whatever little self control he still has will also go out of his hands. That he will never be able to regain it and that is why he gets impulses, sometimes to jump from a height, to jump from a window, to commit suicide. So instead of bursting, instead of crying out, he likes to remain quiet. It is perhaps the only state which helps him to regain some-what of his self-control and that is why he becomes irritable when spoken to or becomes indifferent in general and averse to work.

He is in a general state of prostration of mind and gets restless. He will not bear any noise and sits still, speaks in a confused and incoherent

manner as if he is intoxicated. It is a general state of stupefaction. He wants to remain silent, does not want to think, ultimately a complete state of numbness of all the senses, the state of torpor and unconsciousness overwhelms him. In the last he is in a general tearful and weeping mood and in a state of unconsciousness, unable to open his eyes.

Paper- 1988 Part II (C)

GELSEMIUN INDICATIONS

Case Reports

Following examples cover the varied symptomatology of the drug, but with an overall tinge of one rubric i.e. 'DISTURBED *averse to being.*'

CASE NO. I :

A young man of 25 years of age came for the treatment of a mental state with a convulsive type of sickness. He said, "While riding on the scooter all of a sudden, say for a minute or a half I get vacant feeling as if the entire understanding comes to a halt and I must stop the vehicle".

Q. "What actually happens?", he was asked.

1. "As if I am trying to understand what is happening and inspite of the repeated efforts the brain remains locked and does not open."

Q. "How do you take it?"

"Not very serious because I know by experience that it remains for a few moments and vanishes on its own."

Q. "How does it affect you?"

2. "It is embarrassing. I may meet an accident or placed in such an odd situation being in the center of the road that it may become impossible to save myself."

Q. "But how do you manage?"

3/4. "Because somewhere I feel that I am losing control over myself and some how by reinforcing my will I am able to get onto the road side."

Q. "It means your dullness is not complete. That there remains the sense sufficient enough to drive you to the side of the road and wait there till you are really in a position to see the world as before (to reopen your eyes)."

"That is exactly so sir."

Gelsemium 30, one does removed all the above symptoms within 3 weeks. The prescription was made on the following rubrics. R

1. UNCONSCIOUSNESS, *eyes cannot open.*
2. EMBARRASSED, *ailments after.*
3. FEAR, *self-control, of losing.*
4. WILL, *muscles obey the will as long as the will remains strong.*

CASE NO. II

His version is I fall ill very often and disturb everybody. Disturbing others is rather more disturbing for me. Do you have any medicine which can freeze my memory and all sort of sensations which are responsible for this type of unwanted behaviour on my part ?

This is the real shortcoming of your system because you don't have any medicine like that I remember in my old days when I was young and unmarried I used to take sleeping pills and lie down quietly in my bed without disturbing the people around me. That way the trouble remained to one self, and without disturbing others.

Gelsemium 30, which removed all the above symptoms, was prescribed on the following rubrics :

- (1) DISTURBED, *averse to being.*
- /? (2) QUIET, *disposition heat during.*

- ' (3) EXHILARATION, *recall things long forgotten, can.*
(Exhilaration, by recalling things of past.)

CASE NO. III

A child of 6 years old a patient of bronchial asthma had cough with difficult breathing. (1) He would not leave his mother, would not allow her for a minute to go even to bathroom. (2) Wanted her to hold him in her lap all the time. While being carried (on all occasions) he will be seen grasping her mother's blouse. (4) He would weep if any sort of change was imposed or attempted on his-present position. (5,6,7,8) He would not allow any body to talk to him. Would like to remain quiet resting his head on the mother's chest. The above (observations) were converted into the following rubrics:

1. CLINGING, *to persons.*
2. CARRIED, *desires to be.*
3. CLINGING, *grasps the nurse when carried.*
4. DISTURBED, *averse to being.*
5. QUIET, *wants to be, heat during.*
6. QUIET, *disposition.*
7. SPOKEN *to, averse to being.*
8. TALK, *indisposed to, desire, to be silent.*

Gelsemium 30, put at rest all the above symptoms and relieved the patient.

CASE NO. IV

A boy of 10 yrs, was brought to my clinic with pains in the upper part of abdomen, (diagnosed as acute pancreatitis). Although he was

1. अनास - न . a wreath or chaplet of flowers. अनास, अनास (अनास).
 - व. फ. To deck with garlands. अनास (अनास).
- 2 - R.P. of Cling.

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being carried by a male relative, yet actually (1) he was clinging to him by garland¹ing his neck with both of his arms. He was put on the chair in front of me and the boy sat with (2) his head on the table and hands on the site of the pain. He kept on bearing the pain as long as he found that he could keep it under control by pressing his hands on the painful part. (3) But when he found that it was no more possible for him to hold on any longer in that condition he got up and moved about in the room, bending double, and ultimately when the situation went out of his control (A) he clung around the neck of some one near him.

Miraculously **Gelsemium 30**, relieved the pain within 5 minutes, on the following, rubrics:

- √(1) CLINGING, *to persons.*
- √(2) DISTURBED, *averse to being.*
- √(3) WILL, *muscles obey the will as long as the will remains strong.*
- √(4) FEAR, *losing self control of.*

CASE NO. V

A young girl of 20 had menstrual disorders with unbearable pains before and during the menses. The pains would assume such acuteness that she would go into (1) delirium with redness of the face. (2) Would go on talking this and that and hardly able to open the eyes. (3) Would not allow anyone to enter into her room other than her mother. (4) Would like her mother to just sit by her side. Not only this but would also like to keep her engaged in her personal affairs (5) of maintaining her balance. When she got (6) delusions about her personal identity, she would ask her mother to feel her by touch to verify whether in her frame, in reality, it was someone else or she, because to her mind it was someone else. In another moment she would say (7) instead of bed she was in her grave and would go on talking like this (8) "there are snakes around me, do not you see", adding further she would say, "they are there also in me."

If you asked something, she would not answer (9) properly but suddenly in an incomplete manner with redness of face just once or twice and become mum thereafter. (10) She was seen making efforts to answer further questions and ultimately abandon after finding her self unable to do so. (11) She gets up for frequent calls to urine which gave her relief.

The prescription was made on the following rubrics:-

1. DELIRIUM, *face red.*
2. DISTURBED, *averse to being.*
3. UNCONSCIOUSNESS, *eyes cannot open.*
4. CLINGING *persons to.*
5. FEAR, *self- control of losing.*
6. DELUSIONS *identity, errors of personal, someone else, she is.*
7. DELUSIONS *grave he is in his.*
8. DELUSIONS *snakes in and around her.*
9. ANSWERS *abruptly, shortly, curtly.*
10. CONCENTRATION *difficult, on attempting to concentrate has a vacant feeling.*
11. DULLNESS *urine ameliorates, copious flow of.*

CASE No . VI

A business executive complains of his (1) difficulty in concentrating his thoughts. The more he attempts to do so the more he feels as if the (2) thoughts have vanished and that his head is vacant. (3) He gets fatigued from mental work and after that the (4) confusion of mind starts.

1. n. a gathering of men, collection or act of collecting. (1871-1872),
1871-1872. - v. i. b. t. to collect for inspection. (1871-1872), School 1871-1872.

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The more he tries to arrange his thoughts the more confused he gets. Ultimately there starts a (5) distaste for the mental work. It is a paradox in him that on the one hand he is finding it (6) impossible for him to continue with his mental work but on the other (7) the desire to continue it remains, because basically he loves mental work. (8) His memory is weak and it is aggravated after (9) mental work which tires him.

His power of retention is much less than the pages he has to go through. Therefore it is all useless on his part to read so much. Yet his desire for it never dies. He has a type of dullness of mind and memory (10,11,12) which can be called slow sluggish and powerless to feel or act (13) It is after a lot of effort that he is able to muster clarity of ideas and thoughts regarding the decisions he has to take and to reply to correspondence. It is after many days that a moment like this arrives and he sits at his table to clear his work. He will keep the doors of his office room closed, with instructions not to allow anybody in because (15) he will not like to be disturbed, lest he loses hold of the clarity of ideas achieved with difficulty. (16) He likes to cling to his thoughts and try to put them into black and white hurriedly. (17) He has no confidence in himself that he will be able to hold on to them for longer time or so long as he wants them to. (18) Fear hangs over his head of losing control of those thoughts because he knows his memory is short. (1) Has poor concentration of mind and that is why keeps himself constantly engaged till the job is finished. Moments of losing will-power do come in between but for fear of losing self control he holds on to it by reinforcing his will, by avoiding (15) disturbance of any kind. The following rubrics cover his mental state.

- 1) CONCENTRATION, *difficult*
- 2) CONCENTRATION, *difficult. has a vacant feeling, on attempting to concentrate.*
- 3) THOUGHTS, *vanishing of, mental exertion on.*
- 4) CONFUSION, *concentrate the mind, on attempting to.*
- 5) WORK, *aversion mental to.*

- 6) WORK, *mental impossible.*
- 7) WORK, *mental desire for.*
- 8) MEMORY, *weakness of.*
- 9) AILMENTS, *work mental.*
- 10) SLOWNESS
- 11) DULLNESS
- 12) TORPOR
- 13) BROODING
- 14) IDEAS *abundant, clearness of mind*
- 15) DISTURBED, *averse to being*
- 16) CLINGING *to persons or furniture etc.*
- 17) CONFIDENCE, *want of self*
- 18) FEAR, *self-control of losing*
- 19) WILL, *muscles obey the will as long as the will remains strong.*

PATIENT NO. VII

A member of an interview board is sitting in his chair along with the other member. He has an urge for urination. Unluckily, the toilet is a few yards (say about 50 yds) away. He had been to it once with the permission of the other members but after a few minutes the urge recurs. Interviewing of the candidates, has already started. It is being conducted without break. He does not feel it proper to frequently absent himself from the job. He tries to make up his mind not to leave his seat too

frequently but when he sees that the list of candidates is long and the job may take a long time he doubts his will-power to retain the urine for such a long time and (2) fears that he may lose control over himself. (3) The more he thinks over it the more pressure of urine is built up. (4) The fear of losing self control, the storm created by the pressure makes him restless and (5) keeps disturbing him. (6) This retards the proper functioning of his mind. Then his (7) WILL, to retain urine gave way and he made for the lavatory. Thereafter he could attend to his work properly.

The following rubrics cover the given mental state:-

- 1) AILMENTS *anticipation from.*
- 2) FEAR, *self control of losing.*
- 3) THINKING *complaints agg.*
- 4) RESTLESSNESS, *storm during.*
- 5) DISTURBED, *averse to being.*
- 6) DULLNESS, *urine amel, copious flow of.*
- 7) WILL *muscles obey the will as long as the will remains strong*

These are a few real and not hypothetical examples of the cases treated and cured.

1. शीत-उष्ण - म. a maxim, an old proverb, a saying.
शुद्ध, अनैतिक, असुख.
2. Satisfaction. सुखी.

Paper 1988 - Part III (A)

COCULUS INDICUS.

Its causes of disturbance

It may be repeated that the four drugs have their own individual spheres of showing *aversion to disturbance*. The area of Bryonia is suffering. Anything and any type of disturbance which can cause suffering is not to the liking of **BRYONIA**. **GELSEMIUM** has a wavering will and that is why the patient remains fearful of losing self-balance. Any type of disturbance which can aggravate its present state of mind creates fear of losing hold over self and is therefore not to its liking.

COCULUS is midway. Like the other two, it also reacts to disturbance and other sources which can provoke different types of emotions, but finally it believes in **COMPROMISE**. It recognises everything on merit and accepts the reality of the situation. It believes in the adage 'what cannot be cured must be endured.' It has its unique qualifications and disqualifications.

It gets sad as if from insult. In the repertory the rubric is 'SADNESS, *as if from insult.*' But like many other rubrics this rubric too has wider meaning. It is not confined only to 'as if', for the person may also get sad because something has actually happened. It is therefore not always that this sort of sadness comes without a reason. In most of the cases it will be found that there exists a ground. Although to others the insult may not have been intended, yet the impression carried by Cocculus is of having been insulted which leads it to sadness.

In Cocculus, the pendulum on the emotional level does oscillate but comes to a halt guided by its unique quality of realizing the truth and ultimately accepting it. He tries to compromise in all the conditions after analysing the situation and accepting the reality. If he comes to know that actually the motive of the other party was not to insult him, then it is obviously okay for him, and if it is otherwise and the intention proves to be true to his contention, in that case also ultimately or after sometime he accepts and tells² himself to forget the by-gone.

1. adj. sympathetic, merciful. सुविद्य, कृप, अनुकूल.
2. noun - m. veneration, act of respect. श्रद्धा, आदर, आचरण.
3. adj. love-inspiring, lovable. आदरणीय, प्रियकर (अनुकूल)
4. n. a witty remark. शब्द, वाक्य, श्लोक, श्लोक.

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to find out the intentions behind her strange behaviour. In repertories we do not find any rubric to support this popular belief. She has no ailments from love, nor does she have religious affections, but is contrary in character. Has no moral feeling, is wicked in disposition. No doubt she is sentimental and compassionate and may exhibit sympathies for others and show reverence for those around her. Perhaps, she is a good nurse and while in the presence of others exhibits gentleness, mildness and seems amiable. She is full of witticism and keeps people laughing and happy. Ecstasy, exhilaration, mirth and vivacity are admirable ornaments of his/her conduct.

She remains content with those around her so long as they do not disrespect her. She is reciprocal because this gives her joy. She is playful, active and lively while meeting and enjoying the company of those who are intimate to her. But with all her fineness others may feel as if something is missing. The true sentiment affection for which he or she is very much looking for in her is nowhere to be found. To him, the end, the net result of the meeting, the association, the company with her, gives a sense of hollowness. He or she departs empty handed as if he has lost something instead of gaining because one does not encounter any emotional depth in her.

Perhaps this is not her fault. Because it lies somewhere in her constitution. She has given what she could to the maximum. Because it is a weak constitution, she has no stamina for furthering her relations with others to a deeper level that demands more energy, strength, and grit. And this is because a little exertion takes away everything from her. She cannot bear touch and obviously keeps away and has therefore aversion to it. After a little while of talking she gets exhausted and becomes indisposed to talk. Talk worsens her complaints. She is averse to touch. For example, under the influence of emotions, a son addresses his mother who was in the kitchen, "Mummy you are very nice" She replies in a repulsive mood "Don't tell me all that, I don't want to be known as such, take your food and get out".

Like Gelsemium, Cocculus also cannot bear mental strain. Mental exertion aggravates and creates disease and fatigues. The patient cannot afford to lose vital energy and becomes sad after masturbation and

1. to proceed in place of time, to give up. (शुद्ध) एतत्,
कृत्वा (कर्म)।
2. one who introduces strangers. यदाच, शिष्यकृतः।

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sometimes insane. There is confusion of mind from mental exertion. She has difficulty in concentration and becomes dull from mental exertion or otherwise. She has to repeat questions before understanding. She is forgetful and imbecile. Weakness of memory affects her in expressing herself. While speaking she uses wrong words and misplaces words. She has prostration of mind.

She becomes unconscious after exertion. As already stated, vital discharges like sexual excesses and menstration before and after aggravate her mental problems. Suppression of menses gives her nymphomania.

She may avoid excitement because she knows excitement like horrible dreams etc. aggravates. She is compelled to keep her tone too low and may be inclined to sit always. Sits as if wrapped in deep sad thoughts and notices nothing. She remains always in an attitude of general indifference towards everything even pleasure. With her eyes closed, she does not show any interest in happiness. There is a rubric 'INDIFFERENCE, lies with the eyes closed.' Now the meaning of this rubric should not be taken as limited to mere taking no interest in anything and lying down with eyes closed but it is conveying the same senses as by rubric, RECOGNISES everything but cannot move. Therefore it is not to be mistaken as a totally dull and unhappy personality. Let us not forget that she is vivacious, witty, playful, mirthful, full of exhilaration and ecstasy, contented and cheerful. She is fond of singing and dancing. But her sense of contentment is so great that, she can forego, if the situation so demands, the moments of even greater pleasure.

It is the sense of incapacity is her general constitution which makes her angry, anxious and fear with a tendency to escape from certain unwanted situations. Yet in her own way she is industrious by nature and likes to remain busy always. She gets abundant ideas in the evening in bed. She has an aptitude for mathematics.

One thing which she cannot compromise with is the rudeness of others and that is why she is sensitive to external impressions. She takes to heart the acts of insults ushered upon her, which may result in foolish behaviour. Will become loquacious to express her sense of indignation. She likes jesting, is capable of jesting but is averse to jesting by others if

accompanied by bad manners and where she imagines that the remarks are insulting.

In moments of her foolish behaviour and imbecility she may refuse to eat. She will respond with a straight refusal. She will always say no for every article offered as if she is averse to everything. Yet in the next moment she may accept it. It is a sort of capriciousness.

Paper- 1988 Part III (B)

COCCULUS INDICUS *An Individuality*

The foregoing study of *COCCULUS* is through the mother rubric 'DISTURBED' *averse to being*. We can study it as an individual entity, as a personality in itself. A personality can be divided into two major parts :- (1) Belonging to the intellectual faculties and (2) Representing emotions. Intellectual faculty can further be subdivided into two - (a) The power to construct thoughts and transmit them and (b) to understand and receive them. Likewise the faculty of emotions can also be divided into two (a) those belonging to its sorrows and (b) those belonging to its joys.

Intellectually her concentration is difficult. There is confusion of mind particularly in the morning time, after drinking, after eating as if after being intoxicated, during menses, from mental exertion, while reading and even on walking. She is confused as to her identity and feels as if her head is separate from her body.

She has delirium alternating with stupor, during menses. She gets delusions about criminals, dead persons, hollow feeling in the organs, things seem unreal. Gets many types of visions on closing eyes. It is only in the evening in bed that she gets abundant ideas and at times has an active memory. She makes mistakes in speaking, at times misplaces words, uses wrong words.

Foolish behaviour, hysteria, fainting, hysteria before and during menses, mania with singing. These states belong to mixture of intelligence and emotions. They are perhaps disturbed emotions overwhelming intelligence although in other sphere of intellectual functioning also emotions play a greater role. Intelligence is fixed. It cannot be increased or decreased. In most of the imbalanced states, emotions are found to be manipulating the intellect.

This wickedness may be two sided - for selfish ends or for the community. On both the fronts it is not for minor things. It is for the greater and higher causes which ultimately leaves her contented and may never make her feel repentant. For both she will forget the moral code. If it is a matter of revenge she can commit murders. If she takes to crime she may commit dacoities, on higher scale and if she takes to any national cause she will be taking jobs involving danger to her life and anything worst she can do for the enemy.

She is angry and her anger alternates with cheerfulness, jesting and vivacity. She is irritable and this irritability alternates with cheerfulness. Cheerfulness alternating with irritability, jesting alternating with vexation. She can be full of rage, fury, malice and violence but the overall predominance is of 'Recognise everything but cannot move' the main instrument in her mental set up which acts as guiding rod for her actions. If the situation demands and she comes to know that things are a must, she can go to any extent.

quip - n. a sarcastic remark, launt. (100), 081.
- vt. to launt. 11-11 11/211.

Papers- 1988 Part III (C)

COCCULUS INDICUS

Indications

PATIENT NO. 1

Highly inflamed septic condition in the right calf, with hardness, redness and unbearable pain and high fever. The patient was not able to move from bed. (An acute state had appeared while under treatment for many other ailments).

Expression of the patient :

When reasoned that she had to wait for a few days and bear the pains as any interference in the action of the medicine will stop its action, she replied "I am not a fool I can understand that the disease will take time but the pains should be bearable."

a. "Nobody has told you that you are a fool".

(1.) "Alright, but you are definitely unnecessarily rude to me, and are not trying to understand my point of view".

"I know what you have in your mind but the more important thing for you is to understand my point of view".

(2) "This is what irritates me and makes me mad". She quipped and (3) suddenly became quiet with signs of anger on her face. (4) She put on such a bad face that it became difficult for me to decide how to reopen the conversation.

Somehow I picked up courage to ask ^{a.} "Now what will you like me to do for you"?

(5) "What can I say when you are not ready to listen to me? I have already told you that I don't expect to be cured within a short time I do

recognise the limitations of Homoeopathy. My problem is that the pains should be tolerable.

The following rubrics cover the above expression:

- 1. SENSITIVE to rudness.
- 2. DELIRIUM angry.
- 3. QUIET, disposition.
- 4. SADNESS, as if from insult.
- 5. RECOGNISES, the reality and accepts it.

High fever (104° F continuous) came down, the pains vanished and a lot of blood and mucus came out to the overall relief.

PATIENT NO. 2

An elderly lady with rhematic pains sends her son.

"Sir, if you don't mind I have a message for you from my mother".

My. "Welcome".

"Sir, she wants to be under your treatment once again but with the condition that you (1) should not ask her why she left the treatment and (2) neither you should blame her. For her suffering has already increased because of her own fault although (3) she realises that whatever you will tell and have already told her was correct.

The following rubrics cover the statement and the medicine was sent without examining the patient.

- 1. SENSITIVE, to rudeness.
- 2. OFFENDED, easily
- 3. RECOGNISES, the reality and accepts it..

PATIENT NO. 3

Another lady sends her husband. "Sir, we came that day and started the treatment of my wife. Perhaps, you told her that her ailments

will aggravate and that is why she did not turn up. She has a condition to come back to you (1) that you should not tell her that she will have to undergo sufferings. (2) she says she gets frightened on that account and it (3) makes her sad. The idea that she has to suffer again without knowing for how long makes her (4) imagine that for her the pleasures of life have no meaning and that is why unreal (5) although she knows that your advice is correct".

The following rubrics cover the case without examining the patient:-

- * 1. HORRIBLE, *things and sad stories affect her profoundly.*
- * 2. FRIGHTENED, *easily.*
- * 3. SADNESS, *chill during.*
- * 4. DELUSIONS, *unreal things seem.*
- * 5. RECOGNISES, *the reality and accepts it.*

PATIENT NO. 4

A couple arrives, the lady was under the treatment of some other physician. There was some relief also but she had decided to leave that treatment.

Q. "Why" ? She was asked.

"She feared the doctor".

Q. "Why" ?

"Sir, (1) I am fearful of such people who will not listen to others even for a minute and hastily impose their will on others. (2) I know, that I cannot be a physician myself, but at least I must be listened to may be for my satisfaction. I expect a physician to be broad-minded in that respect."

Two rubrics cover the above impression :

- * 1. FEAR, *narrow places in.*
- * 2. RECOGNISES *the reality*

She was suffering from migraine.

PATIENT NO. 5

Urticaria very troublesome. Aggravated and the patient became bed-ridden.

His Expressions : "Dr. I don't think, I can afford to be bed-ridden for a longer period". (D)

Q. "Why" he was asked. "In my business there are important operations which only I can do. It means my work will stop and all commitments remain dishonoured. No body will like that. Do something in such a way as my routine does not suffer". 263.

Following rubrics covered the case :

- ? 1. RECOGNISES, *the reality and accepts it.*
- ? 2. INTERRUPTION, *aversion to.*
- ? 3. DISTURBED, *averse to being.*

PATIENT NO. 6

A lady of 26 has a nodule in her right breast. It was painful. She was advised operation, which she accepted to under go. After one month of the operation it reappeared, but smaller in size than the earlier.

She was sad because of pains, 'SADNESS' from pain indicates just one remedy i.e. Sarsapilla. It was given in 30 which removed the whole trouble.

Thereafter she had an open wound in the right toe. It inflamed and converted into septicemia with high fever.

(2) She wrote to me, " Although I am impressed that your medicine works but in this case, I think, it may not. Because it is of a different type where only allopathy will work. Also I feel it is all the more disturbing to come to you from a long distance. This is exactly in my mind".

Two rubrics covered the above statement :-

- *1. DISTURBED, *averse to being.*

1. to proclaim, to reveal. उघरि अरि अरि, अरि अरि, अरि

2. ^{deliberate} deliberate - at well considered.
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2. RECOGNISES, the reality and accepts it.
 COCC IND. 30, one dose was sent. - v.l. - to consult, to consider, to think carefully.

There was no communication for two months. There after her husband happened to come for his own treatment. He revealed that she recovered totally within 10 days.
 All (del),
 (del) (del),
 (del) (del) (del).

PATIENT NO. 7

A lady of 50 years with pain in the chest i.e., in the cardiac region states, "I have pain in the chest for the last so many days. I cannot talk because the pain aggravates. It aggravates even when others talk amongst themselves."

Q. 'But, how did it start?'

'I don't think that I can tell you'

Q. 'Why?'

'There are so many things relating to domestic affairs v. which cannot be made public.' 'One has to preserve the prestige of the house'. I don't think that I am going to divulge it to anybody.

Phy → "I don't intend to interfere into anybody's internal affairs. I want to know because I have to locate your present mental state to the utmost precision which is essential for the selection of the correct remedy."

(1) (del) "Since you insist, I must tell you" she said and started "it is a trivial affair". I had requested my daughter-in-law to prepare a cup of tea for me. The request was neglected. Although I am not sure that it was deliberately. I took it as an insult. I became sad and quiet. After an hour or so she came and inquired from me whether she should prepare (the usual) breakfast for me"?

I replied in the negative. She insisted and I persisted. She went back in the kitchen lamenting that she was a bad person and that she will have to do something to herself. I became suspicious and followed her in the

1. ad. agitated - ad. perplexed - to throw into confusion, to disturb, to agitate. अज्ञान, अधोमुख, अधोमुख, अधोमुख, अधोमुख

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Q. "You mean you never wanted any medicines."

"I mean it never came to my mind whether or not I need any medicine for it"

Q. "How have you decided now?"

"Perhaps I have not made this as a special visit to you for myself. I am with my mother (who is under your treatment). Generally I attend to her from the very start of her sickness and I am indifferent to my personal affairs."

Q. "Your personal affairs?"

③ ④ ⑤ "Yes, I need medicine. My studies are suffering. I do feel perturbed and get angry about the hindrances. But taking into consideration the overall family condition I realize that there is no other way. I have to make this contribution."

Q. "Alright what is your problem?"

⑥ "At time I get pain in my epigastrium and many more complaints and try to remember that whenever I would come, I will mention them to you. But now I realise that when I am thinking about them I do not feel whether I actually have those complaints".

The following rubrics covered above expressions:

- (1) INDIFFERENCE, *lies with eyes closed.*
- (2) CARES, *full of others about.*
- ② • (3) DISTURBED, *averse to being.*
- ② • (4) INTERRUPTION, *averse to being.*
- (5) RECOGNISES, *the reality and accepts it.*
- (6) THINKING, *complaints ameliorates.*

PATIENT NO. 9

Mr. A is 80, had semi-paralytic attack of left arm and left leg, with no sensation, and reduced strength. Cannot stand on it with full body weight.

1. Contemplation, censure, reconsideration, approach.
उत्प्रेक्षा, यत्प्रेक्षा, विवेक, यत्प्रेक्षा, विवेक, प्रतिक्रिया,
सिद्धा, विवेक

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Q. "How do you do?"

"I cannot raise my left arm and leg too high"

(1) "They are heavier in weight than they should be but I know they are because of my disease".

Q. "What is your disease?"

"They say this is because of the blood clot in the brain".

Q. "What is the reflection of the disease on your mind?"

"Nothing. It is because of (Karma), the past deeds that I have to repay in the form of present sufferings. I have accepted it as a reality. I shall undergo it without any complaint."

(2) "In spite of this ailment I am totally contented. Whatever is happening is for the over all betterment."

(3) He stops and adds further "I wish that I could walk myself without any support. Yesterday there was no one in the house. I tried on my own to take the support of wall and stand on my legs. I did not succeed and realised that perhaps it was not possible even to do without the help of others."

The person was already under my treatment and these indications were of a next remedy.

The following were the rubrics:

- (1) RECOGNISES, *the reality and accepts it,*
- (2) CONTENTED.
- (3) INTERRUPTIONS, *averse to.*

1. Quietude - ns. tranquility, state of rest. 211611,
211611, 211611 (211611)

2. Pref. to nos, on. 3. ab. elevated, raised to height.
5-11 10211 5211

(Exalt) - to raise to a high rank, to praise, 211611, 211611
Paper 1988 Part IV - (a) 211611, 211611

4. 211611 - n. meriment, ^{with fullness} 211611, 211611,
211611, 211611
CHINA - ARS
211611, 211611, 211611
211611

(a) China Ars. - Individuality

Every rubric has two edges. For example 'DISTURBED, *averse to being*'. Either, a person is in a state of quietude-rest etc. and does not want to be disturbed (by the external forcēs) or She/He is already in a disturbed state and wants to get rid of it.

1. EXHILARATION
2. FANCIES exaltation, of
3. DISTURBED *averse to being*

¹China Ars., in general remains unto herself with exalted fancies ², and enjoying joyful thoughts as if she is the product of hilarity or hilarious ideas-or experiences. ³ And does not want to be deprived of this attainment. Physical ailments, like pains, fevers, chills, haemorrhage etc. convert it into a completely disturbed economy.

Anxiety about health, with fear almost all the time, predominates her mind. Hopeless with pains, irritable, sad, restless with moaning and groaning. Exhaustion and prostration are the two words which she cannot endure even to hear. The idea itself makes her restless. The pains and aches makes her impatient not because they are torturing but because they are exhausting and take away from her energy, grit.

(b) A patients history

A woman of fifty with cervical spondylosis, walks into my chamber. Bent forward making an angle of 75 degree, dragging her legs which do not seem to be keeping pace with the speed with which she wants to reach the chair. After a step

6-n. accomplishment, acquisition, acquirement. 211611, 211611,
211611 (211611, 211611)

1. प्रि 212 - n. one who ~~sets~~ introduces strangers, an under-
 teacher. उपदेशक, शिक्षक, प्रि 212. -v.t. to introduce.
 उपदेशक, प्रि 212.

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- 10. IMPATIENCE
Intermittent fever in ¹⁰I can bear pains. I become impatient only when they start taking away my energy.
- 11. ANXIETY
must sit up ¹¹Unable to lie down I must sit up or
- 12. JUMPS *out of bed* ¹²Leave the bed at once.
- 13. AVERSION *to mental work* ¹³My liking for mental work (study of Ramayana) has also vanished.
- 14. INDOLENCE ¹⁴A general state of disinterest in any type of work has developed.
- 15. WEARY *of life* ¹⁵Fed up with life.
- 16. LOATHING *of life* ¹⁶I find no interest left in living.
- 17. SUICIDAL ¹⁷Thoughts of ending my life (I think it is better if I end my life) and
- 18. DULLNESS ¹⁸dullness in general overwhelm my mind. (I cannot comprehend as what to do)
- 19. DISCOURAGED ¹⁹Loss of courage and grit ushers
1-
- 20. WEEPING ²⁰me into a weeping mood.
- 21. CONSCIENTIOUS *trifles about* ²¹For every little affair she will refer to talk of conscience. (She says "I know these are little things but I say why these people forget to commit the same omission and commission in their own case").
2 3

2. n. a leaving out, failure. अभाव, विफलता, प्रि 212.

3. n. commons, authority, constant, expressing authority,
 1. of an amount, a committee of enquiry. प्रि 212, प्रि 212.

1- 26. *abounding in sentiments. ↓ Rich, Equi of M:ci) an) J dlori
- n l o t d l o t l .*

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- 22. EXCITEMENT ²²Will get excited (provoked) and
- 23. OFFENDED ²³offended easily and
*easily (takes every-
thing in bad part)*
- 24. SENTIMENTAL ²⁴being sentimental and
- 25. SENSITIVE to noise ²⁵sensitive specially to noise,
- 26. SUSPICIOUS ²⁶"she becomes suicidal and suspicious," her
daughter who is accompanying her adds.
Carrying over the heard of conversation, she
herself says, "Dr. in sickness and with pains-
when.
- 27. DISCONTENTED with everything ²⁷I become hopeless, nothing satisfies me.
- 28. INDIFFERENCE pleasure to ²⁸I am not attracted even by pleasure itself.
- 29. TALK indisposed to ²⁹"No inclination to talk".
- 30. THOUGHT persist. ³⁰"Thoughts of many kinds persist" and all
- 31. THINKING complaints agg. ³¹complaints aggravate when I just think of them.
- 32. ANXIETY must sit ³²I cannot lie down although when I get tired I
like to because as soon as I do so I realize I am
getting anxious. I have to sit up".

commit - to entreat, to consign, to perpetrated.
crime. एतद्विषय, एतद्विषय,
इति।

* 33. CENSORI -
OUS with dearest
friend

³³“This my daughter is annoyed with me. She says I criticize her too much. I have told her many times that it is only because I feel concern for her. Do you think I am bothered for everyone in this world. No, you must realize that it is because you are very dear to me and I feel I must make you aware of what I think is wrong for you”

“I am not bothered whether you take it in bad taste but I must tell you where you are wrong”. Very straight forward always giving correct advice, because anything wrong with the dearest friend becomes a matter of disturbance for him/her. She/he is the best friend at heart.

