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## VALUE OF OBJECTIVE SYMPTOMS IN DAY TO DAY HOMEOPATHIC PRESCRIPTION

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### ABSTRACT:

Symptoms are an external reflection of an internal disorder of the vital force, they reflect the language of diseases and disturbed human homeostasis.

Homeopathy is a "medicine of vital stimulation". Its goal is not a physiological action, but a vital reaction. The vital force, when deranged, is expressed as subjective and objective symptoms. Subjective symptoms are expressed by the patient himself, while objective symptoms are elicited by the doctor based on careful observation. Subjective symptoms are less reliable compared to objective symptoms, they can be changed during the collection of the case, either by the doctor's mistake (i.e. by asking a direct and suggestive question, or by the patient's way of expressing the symptom, which will mislead the Totalita similimum). (ie) in the case of a hypochondriac patient, an indolent patient, from an obvious cause, a minor secondary symptom, and in the case of an uncooperative patient.

The inner core of the patient manifests itself on the outside according to his personality. Every action and reaction tells about the personality to which it belongs. From the hair on the head to the toenails, the way they talk, sit, walk, react to a question, etc., give us symptoms that are nothing but objective symptoms. These objective symptoms, although an important tool for the homoeopathic physician, are often neglected in many cases, and our modern Materia Medica also lacks these objective symptoms.

Objective symptoms are purely based on observation; because it is less evoked, it needs observation or attention.

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**KEYWORDS:** Objective Symptom, Homeopathy, Organon of Medicine and Homeopathic Medicine.

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### INTRODUCTION:

Homeopathy is a science in which so many concepts, conclusions, methods and different ways of prescribing medicine are developed by many devotees of homeopathy.

When prescribing homeopathics, objective symptoms are of particular importance. They reflect the deepest side of the patient, who is not aware of them, and it is an observation of the people around him and the doctor himself. The remedies that have come to him are ultimately confirmed by these objective symptoms, and in some cases they are the symptoms that are the prescribing symptoms. In many cases they take precedence over the general and local symptoms, even though these constituted the original complaint; and when properly selected and adapted, they can lead to a permanent cure.

Hippocrates was the first to write about the constitutional nature of the human organism. He taught that all diseases (except injuries) were initially general in nature and only become local to produce a crisis at a later stage. All natural diseases are initially functional and over time turn into pathological damage. The old master also taught that there is no such thing as a single cause in natural disease. He taught that causation is of interdependent origin rather than any isolated factor. There is always a fusion of individual or group susceptibility with sympathetic pathogenic influence. The etiological constellation therefore includes the predispositions of the physical constitution and mental temperament, the nature of the disease state, as well as environmental conditioning factors.

There are people who are averse to using the word "constitution" in any way. They are even more opposed to the term "constitutional remedy". The term was coined by James Kent to denote a chronic or antimiasmatic drug that affects the whole patient. This term was complementary to "acute treatment", which was more appropriate for the transient local phenomena associated with an acute crisis. Kent's constitutional medicine had nothing to do with the administration of drugs according to classical constitution or temperament. It was simply the medicine most suited to the treatment of chronic diseases and miasmata. In truth, Kent in his Lesser Writings spoke out against the use of classical constitutions and temperaments in homeopathy.

Any negative changes in human constitution and temperament are simply signs that can become part of a set of symptoms if they are characteristic. One does not give medicine for constitution or temperament as such. Taber's Medical Dictionary defines "constitutional" as something that affects "the

whole institution" and is not "local." Something that is constitutional concerns "the whole constitution." Hahnemann certainly made it clear that deep-acting homeopathic remedies work on the whole patient through the vital force. In this sense, chronic drugs are certainly "constitutional remedies".

Hahnemann used his knowledge of the Hippocratic Canon to understand the nature of constitution, temperament, and predispositions and their relationship to signs, pitfalls, and symptoms. The first instruction for taking homeopathic cases is for the homeopath to record all significant moments of the complete history, potential causes including miasmata, and also related circumstances. This information forms the basis of understanding the patient (natural heredity) as well as the environmental factors that influence the development of symptoms.

Observation: BEFORE and SERVE - TO KEEP BEFORE. To gain knowledge of any department of nature, we must seek, nature in nature. For this we must cultivate the art of observing natural phenomena without addition, without colouring, without speculation and without any preconceived or pre-imposed conclusions upon them.

Observation is defined in a book of logic as a regulated perception of facts and circumstances with a definite purpose in view, and the term observation etymologically means to keep something before the mind.

EXACT

CORRECT INTERPRETATION

RATIONAL EXPLANATION OF PHENOMENA AND TRUE SCIENTIFIC CONSTRUCTION

PASS THE OBSERVATION BACK TO THE PATIENT

2. Manner of telling the complaint

3. Understanding the patient's condition during peak suffering.

4. Interests and hobbies.

5. When the stress and tension in the life situation is at its peak.

6. The feeling that the patient creates in you.

Usually, when a patient receives homeopathic treatment, the treatment boosts the patient's immune level to fight back. The healing response comes from the body and not from the drug. In homeopathy, this phenomenon is called secondary action healing. This is observed in patients with any disease. In homeopathic philosophy, the doctor refers to this as the stimulation of the vital force to cure the sick.

"Homoeopathy appeals only to the verdict of experience..... Repeat the experiment, carefully confirming each step. Homeopathy insists on being judged by the result.'

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## REVIEW OF LITERATURE:

Prescribing in homeopathy is a philosophy, a science and an art. The three prerequisites are good cases, a good knowledge of material medicine, and skill in the full use of reference books

Homeopathy is a complete system of medicine that aims to promote overall health by enhancing the body's own natural healing capacity.

He has medicine for people with diseases. It works completely differently from conventional medicine, which homeopaths know as allopathy. Allopathy means 'different from suffering', the medicines that are given work against the disease and its symptoms. There are drugs that are "anti" like antibiotics anti depressants, anti inflammatory drugs and pain relievers etc. Homeopathy means similar suffering. Medicines used to treat sick people are actually capable of producing symptoms in healthy people similar to those in patients who need the medicine.

Homeopaths are known to vary greatly in their preparation, although their effects cannot be explained so simply. One could say that medicines work on the level of energy and not matter. The method of preparation of medicines and their action is not essential for understanding homeopathy. Homeopathy is about why the medicine is given, not what is given. There can be no homeopathic remedy for colds or arthritis

Not individuals manifest their illness in exactly the same way, even if they have the same label of illness

Only when a substance is matched to a patient by the "law of similarity" does it become homeopathic. When it sits in a medicine cabinet or pharmacy, it is not homeopathy at all. It's just a potency drug

Objective symptoms are disease symptoms and phenomena perceived and observed by the doctor and the patient's surroundings.

Objective symptoms are those symptoms that the physician observes or sees and observes, and therefore consist of physiological findings, laboratory findings, and his observations.

The doctor acquires knowledge of these symptoms using his own senses, which are sight, touch, hearing, smell, taste, percussion, and microscopic and chemical examinations.

These symptoms can be seen by the patient himself or those who have reached him. These symptoms can play an important role in accurately identifying an individual patient. They are of great value in authentically ascertaining the nature of the disease and its changes in treatment.

The case cannot be considered radically cured. Whatever the subjective symptoms have disappeared, however the patients feel well, as well as the objective symptoms like intermittent fever with enlarged spleen and liver in case of malaria. High percentage of blood sugar in case of diabetes etc. disappeared.

According to Dr. Hahnemann's "homoeopath should be a keen observer", so by keen observation valuable clues can be gained in prescribing the correct similim. E.g. Enlarged tonsils, mapped tongue, swollen glands, red eyes red cheeks etc.

Objective symptoms are of great importance in the treatment of infants in the same persons

In today's practice, we have many patients with objective symptoms. These symptoms really help the doctor in prescribing the right similim

Symptoms narrated by patients may be confused, but if objective symptoms are present in the patient, these objective symptoms cannot lie.

### Sound senses

We notice any change using our sense organ. It is the physician's duty to record any change from a healthy state to a diseased state. It required sound senses.

Be his (medical) power of penetration ever so sharp, he will notice nothing in each individual disease except a change in the health of body and mind, which can be perceived only by the senses."

In order to create the true and only conceivable portrait of a disease, the physician should be able to collect all the perceptible signs and symptoms of the disease through his healthy senses.

Sound senses here mean senses capable of perceiving any change, however minute it may be. When taking a case, the doctor who sees, listens, notices the sense of smell (if any) and examines using various methods of physical examination and finally gets a complete picture of the whole phenomenon. All these sensory stimuli and information help to arrive at an intelligible wholeness.

A sense can only be called a sound if the mind can make the best use of it. To get the full picture, you need to know what to look for in a given case and where to look if the doctor doesn't have the necessary knowledge to be competent. Practitioners of the healing arts, the senses do not notice the deviations from the former healthy state of the now sick individuals.

Sound senses help the physician not only to take informed action, but also to distinguish and differentiate. The medical senses can be called sound only if he is able to use them undisturbed, undisturbed and disinterested.

The health of the senses also depends on the doctor's sensitivity and dedication to his profession. Whatever his knowledge of the subject, unless he is sensitive and devoted to the service of his fellowmen, his senses may not form an accurate picture of the disease.

### Attention when observing

The doctor should be able to concentrate his full attention on observing the facts and phenomena of the disease. Real observation cannot be done without proper attention. When accepting a case, he should concentrate only on observing the patient. In fact, many psychologists have expressed their opinion that one cannot devote more than one job at a time. If two things participate together. One goes unattended. It is imperative for a doctor to attend to only one at a time when observing patients.

The duty of the observer is only to notice the phenomenon and course of the disease. His attention should be such that nothing that is present escapes his attention. Observation requires attention in order for the observation to be understood exactly as it is. It must be acquired primarily through practice. By referring and regulating sense perception.

Master Hanuman in his essay "Medical Observations Written". It is true that only a careful observer can become a real healer of diseases" He outlines several points in favor of observation

- 1) A general practitioner requires the ability and habit of doing anything carefully and correctly
- 2) He should direct all his thoughts to the matter at hand and should come out of his self.
- 3) Great patience supported by willpower should support him.
- 4) The best opportunity to practice and improve and observe the faculty is provided by the introduction of experiments with drugs on the no.
- 5) He must refrain from poetic fancy wit, speculation overstretched reasoning forced interpretation and tendency to explain things

Regarding "attention," Wilfred, the great English neurophysicist, says, "as long as medicine is an art, its chief and characteristic instrument must be the human faculty which the good physician cultivates. The first to be appointed must always be a force of attention which gives the patient his whole mind without interfering with it himself. It sounds simple, but only the best doctors ever fully participate in it. It is an active process and not just resigned listening or polite waiting to be interrupted. The disease often says that it is a secret in a casual parenthesis

A good doctor is an attentive listener with an ear for Trotter's "occasional parenthesis"

An objective finding is best defined by a physical examination

- a) Vital signs (Temperature), pulse rate, respiratory rate, blood pressure
- b) Proof of seventy diseases.
- c) General appearance including the covering layers of the eyes and fundus of the ear, nose and throat
- D) Palpable lesions including masses, local sensitivity, deformity, pulsation, their absence
- E) Breathing difficulties including signs of obstruction weakness splinting cynosis
- F) Murmurs, friction friction bruits and bowel sounds
- G) Neuralgic symptoms

Findings - Best defined by techniques other than physical examination

- a) Lung masses mediastinum retroperitoneal space intracranial  
nasopharyngeal intrahepatic
- b) Visual field of intraocular pressure
- c) Heart size
- d) Cardiac arrhythmia
- e) Lesions in the gastrointestinal tract
- f) Reduced alveolar ventilation  
common objective symptoms of severe illness
- a) Temperature too high or too low
- b) Heart rate too high or too low
- c) Excessively high or low respiratory rate
- d) Excessively high or low blood pressure
- e) Altered state of consciousness (anxiety, lethargy, confusion, delirium, coma,)

- f) Respiratory problems
- g) Central cyanosis
- h) Excessive sweating
- i) Evidence of intense pain
- j) Signs of pulmonary edema

Signs of increased intracranial pressure

The physician should be systematic in the usual sequences of procedures performed. Although there is no best order in which to perform the examination, it is essential to avoid inadvertently omitting the proper order. The organ system causing the most trouble should be examined first, followed by a routine examination. Although thoroughness is important in all fields, there are some in which it is essential. The doctor should consider the modesty of patients who need privacy and the environment in which the patient is examined. He should know when and how to deviate from a normal routine to a special routine.

A symptom can be defined as an external expression of an internally disturbed vital force.

The outwardly expressed manifestation can be observed by the patient himself, his relatives, the doctor or through laboratory and other mechanically supported examinations.

The word symptom is derived from the word "symptom" which means "anything that happens".

According to Dr. Hahnemann, "a change in the health of the body and mind (diseases, accidents, symptoms) that can be perceived externally with the help of the senses, that is, he notices only the deviations from the former healthy state of the now sick individual, which the patient himself feels, notes his surroundings and the doctor observes.

You will have to ask many questions to elicit a few telling symptoms, and you must be quietly sure that you and your patient think the same Or' It is an outward reflection of the inward nature of the disease, of which affection is the vital force.

According to Dr. Kent, "Every symptom indicates a deviation from normal health"

According to Dr. S. Close "A symptom is generally any evidence of a disease or change in a state of health".

According to Dr. Dewey, "A symptom is a manifestation of a disorder in a healthy body caused by a drug or some morbid substances."

According to Dr. Wright "The symptom of homeopaths is body language expressing their disharmony and calling for a similar remedy".

"Any perceptible change in the body and its functions, whether subjective or objective, which indicates a disease of the species or a stage of the disease." \_ Webster's Dictionary.

Sign \_ These are changes in the state of health observed or detected by a doctor or nurse. All objective evidence of disease is identified with a verbal sign. Symptoms are very important because they are the only available evidence of disease in infants, comatose patients, insane, etc. The patient may not be aware of the existence of this entity.

Syndrome: A group of symptoms and signs indicating a certain type of disease or in other words representing a disease.

Flag elements

Location

Sensation

Character/colour/smell

Deterioration

Improvement

Accompanying folders

Causation

Duration

Extension

Shifting

Miasma.

CLASSIFICATION OF SYMPTOMS Briefly

1. Dr. HAHNEMANN

Characteristics \_ § 153

General and undefined symptoms \_ § 153

Fewer secondary symptoms \_ § 95

Secondary symptoms \_ § 181

Random symptoms

Identify the symptoms.

2. Dr. KENT

General, Special, Common

Removal of the symptom

Clinical sign.

3. Dr. S.CLOSE

A subjective symptom

Objective symptom

The main symptom

Negative general.

4. Dr. H.A. ROBERT

Chief Complaint / Chief Symptom

Auxiliary symptom / Accompanying symptom

A subjective symptom

Diagnostic symptom

Localization symptoms

Contradictory symptoms

Alternation of groups of symptoms.

5. Dr. GARTH BOERICK

Basic and determining symptom

Clinical sign

Healing symptom.

6. Dr. E. WRIGHT

A common symptom

A mental symptom

General symptom

Objective symptom

Pathological General

Details

Elimination symptom.

IN DETAIL.

1. HAHNEMANN CLASSIFICATION.

Hahnemann classified symptoms as common and uncommon.

A COMMON SYMPTOM is one that is common to either a drug or a disease state.

Pathogenic common symptom.

It is a symptom that is common to the drug

It forms the main part of the pathogenesis of the drug

They do not aid in remedy selection when found in isolation

They are important when they are in harmonious groups or when they are very intense in their expression.

A common symptom of the gnomic path

It is a symptom that is common to disease states

They may not be related, they are commonly found in many related disease states.

Help in differential diagnosis.

LESS COMMON SYMPTOMS

These are the symptoms on which the prescription must be based. It indicates those symptoms which are...

Peculiar in nature and character. Which is characteristic of a few patients suffering from a similar disease.

They usually help in the miasmatic understanding of the case.

2. BOENNINGHAUSEN'S CLASSIFICATION

Boenninghausen has seven points to separate symptoms for practical assessment. Points are represented in the form of maxima.

QUIS \_ Personality / individuality

QUID \_ Disease its nature and peculiarity

UBI \_ Seat of disease

QUIBUS AXILLIS \_ Associated symptoms

CUR \_ Cause of disease

QUOMODO \_ Modifying factors

QUANDO \_ Time factor.

3. KENT'S CLASSIFICATION

A. GENERAL SYMPTOMS

#. A mental general

#. Physical General

B. SPECIAL SYMPTOMS

#. A complete symptom that has sensation, location, modality, and accompanying phenomena.

#. Common symptoms that are not qualified in terms of symptom elements.

4. GARTH BOERICK'S CLASSIFICATION

#. Basic symptoms

#. Determining symptoms.

The basic symptoms are the same as the normal Hahnemann symptoms.

Determinative symptoms are similar to Hahnemann's unusual symptoms

General symptoms of Kent

Qualified common/local symptoms of Kent

Complete symptoms of Boenninghausen.

According to G.Boerick, "Basic or absolute symptoms are those that appear with any diagnosis (including most diseases) and are of a general nature and usually diagnostically significant. They are of little value for determining the specific homeopathic remedy indicated, but together they provide a suggestive start. Such symptoms include malaise, headache, fatigue, anorexia, fever and pain.

Basic symptoms are only important if marked by personal modification.

Determining symptoms are individual or personal symptoms, if found in the patient, or a characteristic, key or leading symptom, if found in the pathogenesis of the drug.

The defining symptoms, whether they occur in the disease or in the drug trial, are similar and usually consist of: Modality

Mental symptoms, Qualified basic or absolute symptoms

Strange, rare, or peculiar symptoms, as mentioned by Hahnemann.

#### BOGER'S CONTRIBUTION TO SYMPTOMATOLOGY

Correct prescribing is the art of carefully matching pathogenetics to clinical symptoms. A picture of the clinical symptom is best obtained by asking the patient to tell his own story.

Try to call forth the apparent cause and course of the disease, to which all things now seem to interfere with the comfort of the sufferer.

1. Modalities \_natural disease modifiers are most important.

The most important ways are: Time, Temperature, Open air, Position, Being alone, Motion, Sleep, Food and drink, Touch, Pressure, Discharge, etc.

2. Mental state comes next in order of importance.

The decisive factor is irritability, sadness or fear.

#### 3. Feelings

See if any of the following sensations are present.

Burning, cramping, cutting, soreness, throbbing, bushy and thirsty.

4. The entire objective side of the manifestations of the disease.

They are Facial Expression, Behavior, Nervous Excitability, Sensitiveness, Restlessness, Torpor, State of Secretions.

5. Affected parts.

This includes investigation and diagnosis.

By going through the above rubrics in the order named, the counter of the image of the disease will be easily sketched and directed towards the similim.

Important information about his mental state can be obtained from his friends and relatives.

Application of the concept of dimensionality in case analysis

As Stuart Close describes in *The Genius of Homeopathy*, a stable case – like a stable milking stool – rests on at least 3 legs. So the first task is to make sure that we have at least 3 dimensions of symptoms represented in our case when taking cases and analyzing cases.

To use another metaphor, a dog has a dog's nose, a dog's tail, and a dog's body. We will require this from our comparison as well – it should have our case sensitivities, our case responses, our case choice moment biases, and where they exist, our case compensations.

For those using computer repertoire programs, there are several elegant ways to organize a case for analysis, taking into account the characteristic dimensions of the complete whole. Below I will deal with the case where the center of gravity lies heavily in the mental/emotional realm.

Using the RADAR software package, I dedicate one rubric box to case stimuli/sensitivities; a second box for external behavior/case responses; and third for the Moment of Choice distortion. Compensating symptoms would go into the fourth box. The characterization of physical details and the characterization of general symptoms would go to the fifth. I then use the Herscu module for analysis. This will focus the analysis on those corrective actions that pass at least one rubric per box (ie, at least one rubric in each dimension considered).

In an analysis such as this, I depart from my usual tendency to produce a "lean" repertorization; my goal is to be inclusive for every dimension of the case. Brevity is achieved by focusing on the characteristic dimensions of the case, but within these it is best to err on the side of the inclusive rather than the exclusive. Here is an analysis of a case with a "migraine" headache but dominated by a strong mental/emotional focus (the rubrics were selected from the Synthesis repertoire):

MIND - DISEASES FROM - contradiction

MIND - DISEASE FROM - honor; wounded

MIND - DISEASE FROM - resentment

MIND - DISEASE FROM - despised; being

MIND - REST - cannot rest when things are not in the right place (combined with:)

MIND - ANGER - objects are not in their proper place; if

MIND - ANXIETY - little things, Fr

Box 2 - answers

MIND - BRUSPT, rough - raw

Box 3 - "moment of choice" distortion

MIND - DELUSION - haunted - is haunted (from recurring dreams)

MIND - DELUSIONS - injury - about to get injured; is (from recurring dreams)

MIND - DELUSIONS - people - pranks with him; people carry all kinds of (feelings from work)

Box 4 - compensation

MIND - AMBITION - increased - competitiveness

MIND – DUTY

To complement the analysis of the above, there is an interesting "seeming contradiction" in the case that creates a polarity or dynamic tension worth exploring between:

AMBITION - increased - competitiveness <-> BENEVOLENCE / GENEROUS; too

Here is an analysis of this case using the Herscu module from RADAR to organize the analysis across dimensions, leading to a successful prescription of Nux vomica.

Summary of Mental/Emotional Symptom Dimensionality:

Stimulus -> [Afferent gain] -> "Moment of choice" -> [Efferent gain] -> Response Distortion/restriction of "moment of choice" (= "fundamental delusion") Can be modified by personal compensation – mirror-equal disharmony. Our window into this comes through patient descriptions:

Observations

Conviction

Feelings

Images, Symbols

The compensations reflect the original disharmony as an attempt at a patch stemming from the same constraints and selection biases. Look for decompensated moments and behaviors and threads that run through <-> polarities or dynamic tensions.

Modalities (general, generalized and specific)

Concomitant substances (other characterizing mental/emotional symptoms and/or characterizing general and physical details)

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## CONCLUSION

The case material used for study in this work was compiled after extensive practice based on an integrated methodology. They represent a wide spectrum of homeopathic medical practice. This spectrum includes acute diseases caused by acute miasmata and acute exacerbations encountered in the treatment of mental illness, chronic diseases caused by chronic miasmata.

They differ in nature, type, mode of onset, suppression, relief, emotion and extent of gravity.

In the interview of all these cases, the scope of the investigation was expanded so much that almost all the collected data could be used for the objectivity of the whole. Data processing, total constitution and case management were achieved through an integrated methodology considering the role of homeopathy in disease prevention. The purpose of this exercise was to verify whether such an approach to case investigation and treatment. It provides consistent and reliable results, whether it has universal use in homeopathy and whether it deserves to be accepted as a standardized method in the practice of homeopathy.

Homeopathic case-taking is an art and is thus essential in the treatment of the sick. The patient is allowed to vent all his troubles without our interpretation and at the end of the session he is relieved to let out the clouded emotions. Privacy should be maintained and the patient should be free to speak.

By correlating the concepts of clinical pathology and chronic miasmata, it is possible to classify diseases bearing conventional labels under the appropriate miasmatic heading, and searching for cases of the disease in the patient's family and in the past helps the doctor estimate with reasonable accuracy the patient's predisposition. It allows the doctor to assess the receptivity of the patient and also determine his intercurrent medication. Recording family and past history thus becomes essential. A physical examination of a patient also tells doctors a lot about the patient's type, the nature of the disease he is suffering from, and its common and unusual features. Evidence of warts, birthmarks, nausea, spotted ribbed or deformed nails, deep and ugly scars from skin diseases, sweat on palms and soles on one side of the body. One side of the body is hot to the touch than the other, the finding of large uterine fibroids or inguinal herniation helps to determine whether it is a surgical or homeopathic case.

Homeopathic case-taking allows no shortcuts. A physician who confines himself to the examination of the present symptoms and tries to remedy them, deceives the patient and robs himself of the opportunity to know the whole case. The general totality, his expression, mental and physical generals of the patient must be taken accurately. The physical appearance of the patient is also important and should be recorded in the case. A tall, slender individual with a pointy chin and fine eyelashes, or a slim and lanky, hunched-shouldered dirty individual, or a beautiful, fat, flabby child are self-expressions of the cure. The patient's dream and mental state provide a lot of information about the state of mind.

During case collection, the patient cannot be limited to a pre-set symptom recording set. He cannot follow the area in a row, so he allowed himself to take up freely, but we should leave enough space for each symptom to finish them exactly at the end of his narrative, to get detailed information about them, to cover the case as a whole, then the case is complete and the doctor can hunt similimum. He should stop the session because a long interesting story could lose sight of the subject of the investigation. In my work, the role of homeopathy in disease prevention is studied.

Despite wide variation in cases, all were recorded as fully as possible. All the data relating to the various areas that could be ascertained were recorded. Chief complaint, related problems, physical description of the patient, his appetite, thirst, desire, aversion, addiction, idiosyncrasy, sexual function, living space, sleep and dream, sensitivity to temperature, weather, form of posture, bath, In each case were approach to life, past and family history, and physical and pathological findings as well as findings obtained by specialized techniques are also recorded.

Menstruation, obstetric anamnesis, information regarding leucorrhoea, unwanted and unwanted pregnancies, both natural and artificial, as well as any complaints, whether caused or accompanying them, were recorded for women. For children, notes were added about the mother's pregnancy, the infant's mental and physical development, and also about vaccinations. Every effort has been made to collect in each case unusual, peculiar, and characteristic symptoms for therapeutic purposes. The data obtained in this way were recorded according to a pre-designed format for quick orientation during the subsequent processing of the case. Since the acute cases were of recent origin and the patient vividly remembers all the

details regarding his illness, a thoughtful case collection was necessary. In each case, the symptoms belonging to the given sector as well as those characteristic manifestations on a general level were recorded.

The data thus collected were subjected to analysis and synthesis according to the integrated methodology discussed above. Based on the available data, an attempt was made to diagnose the disease in each case. Conventional methods for this purpose, patient symptoms, a brief history of their origin and development. Physical examination findings and available laboratory examination data were focused to a point to arrive at the stated diagnosis.

In some cases, patients have already been examined elsewhere and diagnosed by specialists. Clinical diagnosis served as useful in separating common symptoms from unusual ones. Common symptoms with intensity marked against them were treated as unusual symptoms and transferred to form a whole.

For all chronic cases, attempts were made to define the patient's problem. This made it easy to arrange the symptoms chronologically from birth to the present.

The data obtained in the living space of the patients were tabulated as they develop in different phases of his life. Various events and reactions to them were interpreted to assess the underlying mental state responsible for the manifestations. The condition and expressions were arranged on a time scale according to their development in order to understand the psychodynamics of the case. The unusual, peculiar, characteristic symptoms on the mental, physical, and pathological levels were tabulated under the miasmatic heads as they developed from the stage of predisposition to the stage of disposition. The mental and physical type known from the miasmatic characteristics they presented was added to the above to know the constitution and diathesis of the patient. Prodromal expression was identified wherever it was acquired. Furthermore, the functional and structural phases of the disease were recognized.

The unusual symptoms were then arranged logically in this order, from causatives, modalities, sensations including complaints in general and pathological generals, followed by mental generals to the characteristic details of the disease, keeping a mark on the subtle changes occurring in expression during their transition from one miasma to the second.

Once the aforementioned miasmatic cleavage was achieved, it allowed the creation of an evolutionary totality, from this point the simillimum could be worked out by two methods, Repertorial and Non-repertorial. Where the simillimum is evident from the evolutionary totality. Repertorization itself was not needed.

Since the patient was studied as an individual and the disease he suffered from was seen as an evolutionary totality, it became necessary to study the medicine in a similar way also in homeopathic materia-medicine, so that the natural and artificial portraits of the disease could be captured. compared for their similarity for the successful application of the law of similarity.

The highest score for any drug in the reporter syndrome was not considered for further differentiation. The remaining drugs were listed according to whether they were indicated for the acute or chronic phase of the case. These were further classified into cool, ambithermal and hot remedies depending on the patient's thermal rating. It was obvious that the treatment of the chronic phase could not be considered for the acute phase. Likewise, it was not possible to consider a cooling medicine in a patient who was generally aggravated by heat and vice versa. Only those drugs that were indicated for the chronic phase and matched the thermal assessment of the patient were transferred to the potential differential field for further differentiation. The remedies that emerged from such differentiation were then compared in the materia medica and differentiated until the same phase of constitution, diathesis, and disease as done in the study of natural disease clearly identified the rate of travel of the miasma from one head to the other. This type of study has been tried and published in the homeopathic literature, although the study is still in its infancy. Today, there are very few drugs available from their large collection in the materia medica that have been studied using the above methodology.

Quite often, when managing a case, the indicated drug is not maintained after a certain time, higher efficiency or increasing the frequency of reputation also does not bring the desired effect. It is clear that there is a deep-seated miasmatic block that prevents the medicine from working. This can be overcome by the administration of a suitable intercurrent drug. This medicine acts deep enough at the structural level, which was determined by the available indications at the levels of predisposition and disposition of the patient. Nosodes work deep enough in the system to bring permanent changes. But in any case, and intercurrent medicine need not be only nosodes.

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