

Ajit Kulkarni

A Select Homoeopathic Materia Medica

Leseprobe

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Herausgeber: IBPP



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PREFACE

It is with great pleasure we offer Part I of this 'A Select Homoeopathic Materia Medica' to the medical profession.

The science of homoeopathy, which has reached every nook and corner of the world by its intrinsic merit, has undergone a lot of metamorphosis. Life never stands still. Change is the only constant invariable in life. The 20th century has witnessed tremendous progress by leaps and bounds in almost every field under the influence of change, and homoeopathy, an out and out rational therapeutic system, is not an exception to this. While its principles are natural and hence fundamental, its application has been altered in accordance with the refinements in technique evolved in the course of time.

Ridiculing, pooh-poohing and repudiation of homoeopathy has now been replaced by growing inquisitiveness and wider utilization in all the strata of society. Homoeopathy has been tested in the crucibles of TIME, has survived, and has now 'come of age'; it is no more a domestic medicine or first aid or 'before the doctor-or-the specialist'-arrives system. It is now bold enough to meet the challenges of most obstinate, inveterate diseases that are impinging on humanity today.

The Variable Approaches

Extensive work has been done on homoeopathic materia medica. An outline of various approaches as envisaged by several authors will not be out of place; rather, it will pave the way for understanding what we have offered in this materia medica. Allen's Encyclopaedia, Hering's Guiding symptoms and Hahnemann's Materia Medica Pura are the seminal texts for materia medica. Allen's Encycl. incorporates, first symptoms from provings, second, effects from poisonings, accidental or deliberate and third (in his Handbook) symptoms observed in the sick individuals after the drug, and a very few symptoms repeatedly clinically observed, though not seen in proving. Hering's 'Guiding Symptoms' is composed mainly of cured symptoms.

The perusal of the subsequent work on materia medica displays a variety of new thinking, a wide panorama of concepts, geared towards the objective of simplification in fishing out the remedy on the basis of law of similars. This objective is necessary in view of the fascinating though exasperating study of materia medica. The cumbersome and similar data that appear in various remedies put the homoeopathic physician in an embarrassed situation who then starts revolving in an eddy of limited polychrests; a large hidden treasure of materia medica remaining unutilised.

Wheeler evolves the data from toxicological and pharmacological standpoint in his 'An Introduction To The Principles And Practice Of Homoeopathy.' Pierce in his 'Plain Talks On Materia Medica' renders general introduction of the remedies along with salient features and comparisons. 'Graphic Drug Pictures' of Pulford gives the essentials of each remedy along with clinical comments, that makes 'identification' of the remedy easier. As the name suggests Mathur presents the drug pictures systematically in his 'Systematic Materia Medica'. Historical and clinical information rendered by Clarke in 'Dictionary Of Materia Medica' (3 Vol.) is a good reference work, the exhaustive data offered here staggers the homoeopathic physician. T.F. Allen's work is a classic one, authentic and consummate. The first part of each remedy and the particulars esp. of pathological type in 'Homoeopathic Materia Medica' by Boericke is helpful to those who rely on pathologic-al prescribing. 'Allen's Key Notes' is highly selective and makes ready acquaintance with our remedies, but demands further plunging into our 'weapons'. Boger's 'Synoptic Key' may be called a digest of materia medica in view of its concise and precise diction.

The concept of looking into our drugs as if they are 'living persons' came on the scene with the picturesque presentations of Kent, M. Tyler, Coulter, Whitmont, Borland and others. Due appreciation must be given to the superb work of Gutman who presented our remedies in deeper implications of nature. Dhawale, Vithoukas, Sankaran, Kasad, Twentyman,

Julian, Gibson are the other giants whose contributions have enriched our materia medica.

Objective

This 'Select Materia Medica'¹ is embarked upon with the modest objective of imparting more and more confidence in our remedies and the only way to achieve this is through exploiting the remedies to their utmost limit, so as to be able to draw as much as possible of the incurables within the hold of curables and achieving the palliation in ideal incurables as per the standardization of application of the law of similars. It is undertaken to meet the (grave) challenges of today, to yoke our medicines to the more and more difficult cases (of which there is a flood) unfaced by our forebears of yesterday.

A materia medica has a past, present and a future too. 'Past' is represented in provings - the data-base, 'present' in the therapeutics and clinical verifications and 'future' in the suggestions for new directions in which the remedies can be turned to use. This aspect is necessary to keep our remedies abreast of the times and needs. An attempt has been made here in this direction with the hope that our successors will develop this aspect still further so that our system will not lag behind and fight shy of the then challenges.

The Current State

If we try to analyse the current thinking as applied to the study of the materia medica, we come across wider use of imaginations, abstractions and hypotheses in building up the 'image' of the remedy. This issue needs serious thinking. Accepting the merits in view of plethora of incoherent symptoms available in the materia medica, the risks involved are not to be overlooked.

Our medicines are very wayward and capricious; one could almost say bizarre, even absurd, but precisely herein lies their therapeutic strength. They refuse to move in grooves. Their behaviour cannot always be predicted with any certainty. They defy any consistent explanation. If not bizarre, their conduct is

at least not like a fixed character. Rather fixities anent remedies may make a physician 'prejudiced'; thus contrasting with what Hahnemann expected from homoeopathic physicians (vide Organon of Medicine, Aphorism 6). The reason why our remedies demonstrate an unpredictable behavioural pattern is not far to seek. A medicine's action cannot always be hoped to be uniform because it has to be 'modified' or 'shaped' in accordance with the reflections cast by the several individuals involved, each one of them, yearning its own uniqueness or being a 'law unto oneself.'

As of individuals in life, our remedies can also be studied like the character-study of, say, Shakespeare's character-complex. Abstractions, imaginations and assumptions, we fear, may distract a homoeopathic physician from original data-base. It is, therefore, essential to see whether an attempt to rationalize, generalize or systematize our materia medica mars the efficacy of our medicines, their very e'lan or raison d'etre.

Components

As is true of any clinical field, an approach to materia medica has two components. The first consists of actual facts (original data base), techniques (application of the remedies on the basis of simile principle) and advances (additions, refinements etc), that get altered in the course of time. Expanded knowledge thus accumulated over the years widens the horizon to the extent that even an experienced physician faces difficulty in keeping pace with the developments. The second and most enduring component concerns the conceptual frame-work that defines the overall approach to a remedy. Clarification of this approach is of great assistance in developing a tangible structure that is open to discussion, development and growth. Within that structure, conceptualizations of remedies can be had in a better way, thus minimising the dilemma of selection.

Structure

In view of the intricacies involved in studying the materia medica, we have, therefore, taken an open approach that will incorporate both the components. Part I of this materia medica offers a pageant of new and rare drugs and of some of the old favourites too but draped afresh. Small remedies are only small because we do not know them. These are relegated to the lower rung of the ladder on account of scanty data. However, some of these rare remedies may stand on par with some of our polychrests. Our effort is to bring to the fore less used and neglected remedies and urging the homoeopathic physicians to use them and publish their results. It is necessary that we should convert rare remedies into routine remedies.

While emphasising the original data-base, we have also plunged into the logical interpretations arrived at by the several pains-taking research workers. This revealed to us that every remedy has a potential that needs to be expounded, though it is very essential to stick up to original data-base. However, we have to sacrifice a certain amount of detail in order to provide a format that allows the reader to integrate a number of ideas. Here every care has been taken that 'essentials' should get incorporated and when necessary, the descriptive data has been consolidated which will convey the meaning in a precise way. We have also tried to stay away from technical terminology, jargon and abstract concepts in this materia medica. Discussions of physio-pathologica I or clinico-pathological co-relations, miasmatic cleavage, doctrine of analogy, doctrine of signatures, source information etc. have been avoided not only because they are outside the scope of the book, but also because this information is available from other sources and this type of work can also be taken up later on.

Conceptual frame-work

This 'A Select Materia Medica' starts with Boger pattern of Region Worse Better'. Under Region the chief organs, glands, bones, nerves, muscles, membranes, sides etc. are presented

on the basis of affinity of the drug. Worse and Better sections contain the maximum modalities-general as well as particular. In order that this pattern should facilitate understanding of the drug, the modalities are rendered under sub-headings of Weather, Periodicity, Depressing factors, Depleting factors, Toxins etc. This pattern could be called as an 'extended / expanded Boger' and could be utilised as a direct prescriber in clinical practice.

Then comes 'Monograms'. The boxed words each convey precisely and concisely what a drug fundamentally is ! It is like a genetic code of an individual that contains its unique information and will display its characteristic pattern in the form of behaviour!

The drugs are dealt with in a methodical way. Initially the 'generals' are given followed by the 'particulars'. The general characters are rendered under headings like Action, Make-up, Nerves, Tissues etc. So far as action is concerned, we have tried to present it in a chronological sequence. Taking the help of all the symptoms of a drug as known to us through prov-ing, clinical verification and toxicology, the action of a drug is explained. We hope that readers will learn more about the drug after pondering over the introductory part.

We have snatched as many typological, physiognomic, psychological and other types-the constitutional peculiarities as possible under 'Make-up'. Our drugs possess varied types than hitherto known! Dispositional characters are missing in our drugs in a major way. The readers will find them amply not only in polychrests but also in less used remedies.

Under 'Nerves' section we have cast Weakness, Universal commotion, Spasms, Convulsions, Epilepsy, Pains, Numbness, Paralysis etc. The scattered data which is available in the data-base has been coherently included under sub-headings. This will facilitate easy reference to a drug in clinical practice.

The same holds true to Tissues' Section. Tendencies, Diathesis are mentioned while giving the pathogenetic action

of the drug. Sub-headings here are Blood, Glands, Growths, Emaciation, Discharges etc. Under sub-headings relevant information has been incorporated.

After the 'generals' are over, we request our readers to take a ride into the area of 'Select Particulars'. Initially we have dealt with common mental symptoms (as dispositional characters are already mentioned under 'Make-up'). Here progressive state of the mind is presented.

Hahnemannian schema of 'Head -> foot' is the best to fathom the action of the drug on various organs. Here is given the information that is practical oriented and covers the characteristic symptoms as well as clinical conditions and tips.

Then follows the 'Thermic State' of the drug that covers chill, heat, sweat, types of fevers and concomitants with characteristics.

The section on 'Relations' is quite interesting. It provides useful and new information logically deduced from 'differential materia medica'. Readers will enjoy going through it. At a lot of new relations have been formulated to perceive the drugs.

Pragmatic Presentation

This collective and selective work on materia medica is offered to the fraternity, in a spirit of dedication. A thorough ransacking of our drugs is a must in view of present -day disease dragons that are afflicting the humanity and the 'detective work' of selection of a homoeopathic drug which a physician has to undertake.

This work is presented from the standpoint of pragmatic approach rather than contemplative . Every information rendered is well- authenticated and genuine. It is presented primarily in outline and form for clarity and conciseness, while maintaining a reasonable degree of comprehensiveness. 'Constructing the materia medica should not be mere reproduction of those precedingit should bring out the 'essence'. This approach has been kept throughout while submitting this work. However, we do not claim that this is a consummate work, rather a prolegomena.

Throughout we have sought to lift (if only slightly), the veil of mystery that enshrouds what a remedy is !

Requisites

Homoeopathy is a disciplined doctrine. Its philosophy is unique, its approach is holistic and its practice artistic. The study of human being in TOTALITY and that of sickness is inter-woven inseparably in homoeopathic philosophy. This integral philosophy of totalistic, individualistic, dynamic approach is implemented in clinical practice. Mere knowledge of materia medica, or its application will not suffice. It is to be understood that homoeopathic practice is nothing but applied homoeopathic philosophy. The remedies are not homoeopathic; it is the application of remedies to the case in hand on the basis of law of similars that makes it homoeopathic. Hence it is imperative on the part of physician to be adept in the formidable task of application. A good case-history elicited through proper interview-technique, the knowledge of analysis and evaluation of data, synthesis of data, understanding of miasms, repertorization techniques, posology etc.- are the basic requisites demanded of the homoeopathic physician.

Conclusion

We hope that this work on materia medica will be writ large in the annals of homoeopathy in view of its utility not only as a reference book but also as a prescriber. Even the interested and serious minded physicians may come across many new rubrics and related remedies from the standpoint of repertorial study. To enable them towards better use of this M.M., we advise the readers to repertorise it in their copy of the Repertory. The authors too have already done this.

We welcome comments, suggestions, criticisms if any in furthering the cause of homoeopathy.

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[A Select Homoeopathic Materia Medica](#)
(Volume 1)

420 Seiten, geb.
erschienen 1998



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