

Genetic Code of Homoeopathy

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1 Editorial

In the secret cave of the heart, two are seated by life's fountain.
The separate ego drinks of the sweet and bitter stuff,

Liking the sweet, disliking the bitter,
While the supreme Self drinks sweet and bitter
Neither liking this nor disliking that.
The ego gropes in darkness, while the Self lives in light.

Ego -Beautifully explained in an ancient poem.

“Esteem” is the theme of this issue.

As we know basic needs of the living being are air ,water and food. Similarly, for his existence he needs love ,esteem and support at the mental level. Dr. Vijayakar has correlated miasms and the basic needs of each remedy and the needs of the individual based on these basic needs. In the last issue we covered “Need of Love”. In this issue we have tried to explain “Need of esteem” from different facets.

The cover page sketched by Dr. Akshay Shetty, depicts a female admiring herself or her love for self, her haughtiness. The Best story character to explain the theme of esteem or haughtiness is the step mother of snow white who always looks in the mirror and asks the mirror, “Mirror, mirror on the wall, who is the prettiest of them all”. Her belief of being the best and her contemptuous behaviour with snowwhite can sum up the theme “Esteem”.

In the Organon section ,there is an explanation of Maslow’s pyramid of hierarchy of needs in detail.

In Materia Medica section, trimiasmatic picture of a remedy with the utmost esteem –Platina is given.

In Repertory section, Esteem and Need of esteem is explained in totality along with explanation and differentiation of rubrics that belong to or tell us about the esteem of a person. Also ,miasmatic explanation of all rubrics is given.

In Organs and System section ,we have dealt with study of Lower Gastrointestinal tract with respect to embryology, anatomy, pathophysiology and above all with respect to miasmatic classification of its diseases.

In Clinical section ,we have post operative case of Ca rectum treated by Dr. Vijayakar.

Dr. Dipali Gupte has shared her case of partial intestinal obstruction.

We have Dr. Sahdeo Wankhade's case of acute appendicitis.

With advanced technology, people are coming closer to each other. There are new means of communications. Social networking is an easy way to communicate with thousands of people at a time, all over the world. Yes, now we have Dr. Vijayakar on one of such social networking sites sharing his secrets of success in Homoeopathic practice with thousands of Homoeopaths across the globe. We are giving one such beautifully explained and discussed case of head injury with nose bleeding by Dr. Vijayakar from one such site, in our clinical section .

So dear Homoeopaths ,we present to you all our esteemed issue of Genetic code of Homoeopathy.

Genetic code of homoeopathy is a platform where we can share our cases with our homoeopathic colleagues. We welcome cases for our future issues.

We hope you gain immensely from reading these journals and it reflects in getting even better results in practice. We will be happy to have your feedback at info@geneticcodeofhomoeopathy.com

Towards unity in Homoeopathy.

Aude Sapare,
Team Genetic Code of Homoeopathy

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Organon

The emotional need and correlation with Maslow's Hierarchy of needs

In our previous issue of Genetic Code of Homoeopathy, we saw how Robert Sternberg's Triangular Theory of Love can be useful for us Homoeopaths in our practice.

Dr. Vijayakar mentions that we as Homoeopaths should always be updated with the modern sciences and should be at par with our Allopathic friends, if not superior to them in the modern day medicinal advances. He also guides us that we should be constantly reading the updates in the medicinal world, thereby increasing our knowledge. Application of this knowledge should be done in our clinics to get better and better results. According to Sir, it is our patients who teach us the maximum and each and every case in our clinic should be reviewed and introspected.

We, through our magazine-'The Genetic Code Of Homoeopathy' try not only to spread the right kind of Homoeopathy, but also try to bridge the gap between Homoeopathy and Modern Science like Dr. Vijayakar has initiated.

We therefore have sections of Modern Science, like the section on Systems and Organs, where we brush our knowledge on Anatomoy, Physiology and Embryology.

We also learn from certain theories put forth by certain pscychologists across the globe and see how we can use such theories in our practice.

In this section of Organon, we will try to understand 'Maslow's Hierarchy of Needs' and then further understand it from our Homoeopathic view, as explained by Dr. Vijayakar.

MASLOW'S HIERARCHY OF NEEDS:-

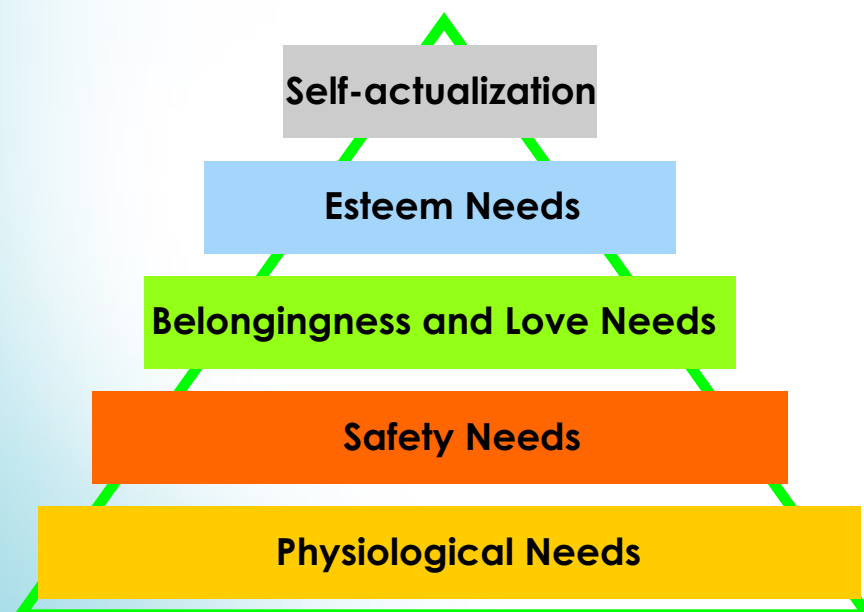
Abraham Maslow, an MD in psychology was born in New York in 1908. He did his PhD in psychology in 1934 at the University of Wisconsin which formed the basis of his motivational research, initially studying rhesus monkeys. Maslow later moved to New York's Brooklyn College.

He presented his 'Hierarchy of Needs' in his paper 'A Theory of Human Motivation' in 1943 and his theory was fully expressed in his 1954 book 'Motivation and Personality.'

Maslow's Hierarchy of Needs was originally a five-stage model proposed by him. The later versions of the theory with added motivational stages are not so clearly attributable to Maslow. These extended models have instead been inferred by others from Maslow's work. The Hierarchy of needs is represented as a pyramid. The initial by Maslow had 5 stages or levels. Then in 1970s, it was a 7 stage pyramid and in 1990s, 1 more stage was added which made it an 8 stage pyramid.

Let us now try and understand this theory as proposed by Maslow.

Initial Pyramid



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Materia Medica Section

Platina



Platinum is a dense, stable and rare metal that is often used in jewellery for its attractive, silver-like appearance, as well as in medical, electronic and chemical applications due to its unique chemical and physical properties. It is one of the costliest and rare metal.

Properties:

- Atomic Symbol: Pt
- Atomic Number: 78

Element Category: Transition metal

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Li	Be											B	C	N	O	F	Ne																												
Na	Mg	3	4	5	6	7	8	9	10	11	12	Al	Si	P	S	Cl	Ar																												
K	Ca	Sc	Ti	V	Cr	Mn	Fe	Co	Ni	Cu	Zn	Ga	Ge	As	Se	Br	Kr																												
Rb	Sr	Y	Zr	Nb	Mo	Tc	Ru	Rh	Pd	Ag	Cd	In	Sn	Sb	Te	I	Xe																												
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Characteristics

Platinum metal has a number of useful properties, which explains its application in a wide-range of industries. It is one of the densest metal elements - almost twice as dense as lead - and very stable, giving the metal excellent corrosion resistant properties. A good conductor of electricity, platinum is also malleable and ductile.

Platinum is considered a biologically compatible metal because it is non-toxic and stable, so it does not react with, or negatively affect, body tissues.

Maslow's hierarchy needs



As we have seen in Organon section, Maslow's hierarchy of needs is portrayed in the shape of a pyramid. At the bottom of the pyramid we have the largest, most fundamental or the basic needs and at the top we have the need for self-actualization, transcendence. Maslow called the most fundamental and basic four layers of the pyramid as "deficiency needs" those are esteem, friendship and love, security, and physical needs. If these basic deficiency needs are not fulfilled, then the individual will feel anxious and tense without any physical indication with the exception of the most fundamental (physiological) need, when these needs are not fulfilled, he starts showing physical symptoms. Maslow's theory suggests that once the most basic needs are met then individual will strongly desire the higher level needs.

Dr. Vijayakar correlated and applied Maslow's theory in Homoeopathic philosophy. He states that at the physical level individual has three basic needs i.e. Air, water and food. Similarly, at the mental level there are three basic needs i.e. Love, esteem and support. Every individual has either one or two strong needs. If this need is not fulfilled, there is an injury or the problem starts.

In the last issue we have discussed "**Need of Love**" in detail. Here, we shall discuss "**Need of Esteem**".

Esteem

We need to understand the exact meaning of Esteem.

Webster dictionary gives its meaning as

1. worth, value, 2. opinion, judgement, 3. the regard in which one is held; especially high regard
1. appraise, 2. a. to view as: consider, b. think, believe, 3. to set a high value on: regard highly and prize accordingly <an esteemed guest>

Self esteem: 1. a confidence and satisfaction in oneself: self respect 2. self conceit

Esteem

What exactly is esteem ?

What Maslow and other psychologists say about Esteem ?

Every human being has a need to feel valued or to be respected; this includes the need to have self-esteem and self-respect. Esteem is nothing else but the typical human desire to be accepted and valued by others.

5

Study of systems and organs

A detailed study of The lower GIT

In the last issue, we have studied upper GIT. It is interesting to know that though it is one system but the entire make up, functions, defenses of these upper and lower part of the system are very different.

The stomach secretes acid for the digestion of the ingested food but the same acid would be harmful to duodenum so it secretes base to neutralise the effect of acid. It shows that at every step body's defenses are changing. Therefore, it is interesting to study every organ and every system independently.

Here, we will be studying embryology, anatomy, patho-physiology and above all miasmatic expressions of the lower GIT.

The Gastrointestinal tract – Lower GIT

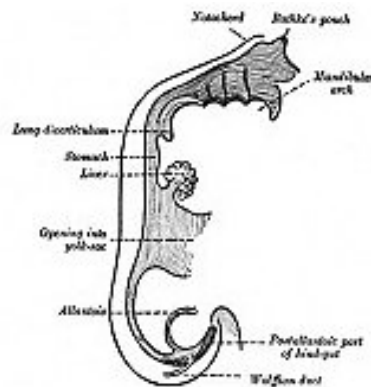
Embryology-

The gastrointestinal tract (GIT) extending from the buccopharyngeal membrane to the cloacal membrane arises initially from the endoderm of the trilaminar embryo (week 2, 3). It later has contributions from all the germ cell layers.

During the 4th week the 3 distinct portions (fore-, mid- and hind-gut) extend the length of the embryo and will eventually give rise to different components of the GIT. The large mid-gut is generated by lateral embryonic folding which pinches off a pocket of the yolk sac, the 2 compartments continue to communicate through the vitelline duct. The midgut is at first in wide communication with the yolk sac later it becomes tubular. Part of it forms a loop which is divisible into prearterial and postarterial segments.

The oral cavity (mouth) is formed following breakdown of the buccopharyngeal membrane (oropharyngeal or oral) and contributed to mainly by the pharynx lying within the pharyngeal arches. The opening of the GIT means that it contains amniotic fluid, which is also swallowed later in development.

From the oral cavity the next portion of the foregut is initially a single gastrointestinal (oesophagus) and respiratory (trachea) common tube, the pharynx which lies behind the heart. The respiratory tract is formed later from a ventral bud arising at this level.



The oesophagus and stomach develop from the foregut.

The superior part and the upper half of the descending part is derived from the foregut. The rest of the duodenum from the midgut.

The jejunum and ileum are derived from the prearterial segment of midgut loop.

Caecum, appendix, ascending colon develop from post arterial segment of the midgut loop.

Epithelial lining of G.I.T is of endodermal origin.

6 Clinical Section

Case 1. Post Operative case of Ca Rectum – Dr Prafull Vijayakar



Case given by assistant Doctor

Name: Mr. P. N.

Age: 61 yrs.

Occupation: Retd. Since 2001. Earlier he had a workshop of manufacture of spare parts. Married since 30 years.

Religion: Hindu

Diagnosis: Post Operative case of Ca Rectum

Chief Complaint: Raised CEA levels since Feb- March 2008

CEA Levels: (Normal Range: 0 – 5.00)

11 / 9 / 07: 3.69

13 / 3 / 08: 5.45

17 / 6 / 08: 6.41

16 / 12 / 08: 7.96.

PET scan done on 30 / 12 / 08.

Active Disease is seen in the Retroperitoneal and Para aortic nodes.

Findings:

Focal Abnormal increased traces uptake seen in the conglomerated nodal mass involving mesenteric ; Aortocaval ; Right Common iliac Nodes. Size : 6 X 3 cm. SUV Max 10.7.

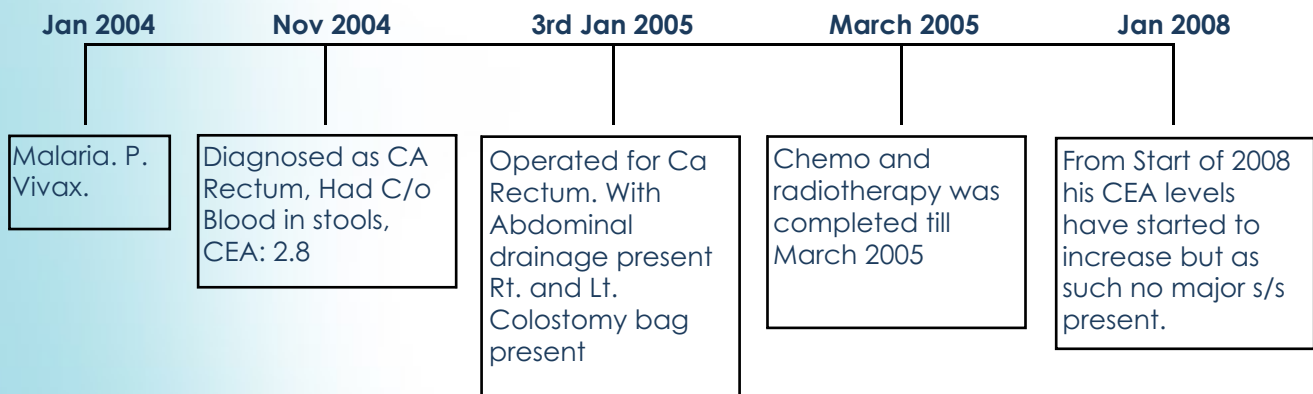
Focal Abnormal increased traces uptake is seen in the inferior mesenteric and 1.2 X 1.5 cm. SUV Max 5.2 and left Para aortic nodes extending from below the hilum upto bifurcation of Aorta.

(Size 6.2 X 2.7 cms; SUV max 10.08)

Complaints at Present:

- 1) Backache mostly associated with indigestion.
 - 2) Pain in right Gluteal region. Since 1 month < Walking.
 - 3) K/C/O Diabetes Mellitus since 4-5 years.
- F.B.S: 171, PPBS: 258 (Date: 16 / 12 / 08)

O.D.P:



A/ F:

Patient had to close down his workshop in June 2004. The reason being, there was a complete slag phase in business i.e. from 2001 to 2004 because in the business, all contracts with the customers were on Credit basis. He would trust them and they would not pay, so a time came where he had to ask money from his wife for travelling to his shop. He felt very Guilty. Said 'I could not do anything, I felt I was useless, I was a failure.'

Patient said that in his business, all his dealings were on credit. " I would trust the customers so I could not

Case 4: Case of head injury with nose bleed - Dr Prafull Vijayakar

This is a case in which Dr Prafull Vijayakar was consulted on phone. The case was narrated by Dr Prafull Vijayakar himself and was put on face- book. On Dr Vijayakar's suggestion, this case is put in the e-journal. Sir was extremely happy to see so many enthusiastic homoeopaths trying to solve the case and arrive at the simillimum. The case gives an excellent insight into Dr Prafull Vijayakar's thought process while prescribing.



A female child aged 6 months, went crawling to the edge of the staircase and toppled down. Seeing the child fall the mother who is also a Homoeopath was so shocked to see the child toppling, she shrieked loudly as she stood on the upper floor. The child was hit on the head multiple times before landing on the lower floor. As the child was picked up by the mother she saw bright red profuse blood flowing from right nostril. The child was rushed to a nearby hospital and despite doctors efforts the bleeding did not stop. Instinctively, the mother gave Arnica 200 every few minutes. The child who was otherwise active and playful became completely listless, dull and expressionless. After Arnica there was a temporary reduction in blood flow from the nose but no change whatsoever was observed in the general condition of the child. The mother after administering another remedy and finding no change in an hour after the fall telephoned me. Throughout the call she was weeping inconsolably as she knew the complications and bad effects of head injury. I asked her to re- live the whole incident and narrate what she saw. She said I saw her falling down and shrieked and listening to my shriek the child opened the eyes wildly as if she was shocked. Sir, when Arnica failed to stop the bleed in reasonable time I thought I should give her a remedy that should cover 'ailment from shock and fright'. The child had become dull and listless subsequently and hence I decided to give her Opium 200 dose. Even this did not help and hence I rang you up for advice. I just asked her whether the child had cried loudly after the fall and whether the face was red and congested. The answer was "no" to both. She asked me "should I wait for our medicine to work say another hour or so? She showed some improvement and smiled once but went back to the same dull state again. Sir should I repeat opium or wait?

My immediate answer was no. In such cases 'right' homoeopathic medicine or rather a "right simillimum" does not take any time to show result and that too permanently in few minutes. If your medicine has not worked fast and does not bring reversal to healthy state of mind and body it was not the right simillimum.

I asked her what was her state and condition at present. She said she is just quiet. It is very unlike her real nature she does not smile, does not react to toys, chocolates, biscuits. My next question was does she show some signs of irritation when the doctor is examining her? No she said. Does she want you to take her and caress her? She doesn't mind In fact she is only coming to me and not going to anyone in the family, the mother answered.

I advised her remedy "X" and that too through 'olfaction' (just taking the medicine bottle near the left nostril for few moments) and report back to me in five to seven minutes max. I told her the whole picture should change in a few minutes.

She rang me back in five minutes. The plaintive (complaining) weeping of mother had stopped. Her voice was full of happiness and excitement as if she had just given birth to another child. Wow she said "I had heard that homoeopathy medicines work fast but this fast I had never imagined! I took the bottle near her left nostril and within one minute she started pulling the stethoscope of the physician as if back to her naughty self. I saw this as a remarkable change from the state of last hour and half in which she was not interested in anything whether it was her favourite toy or chocolates. Her bleed has stopped completely in last five minutes. I'll report back to you in ten minutes. After ten minutes she rang up to say just thank you, thank you, thank you. But sir why this medicine 'X' was given I would never have thought about it?

The child is almost 2 years now grown up with normal milestones and has become the naughtiest and active child in town.

Now for the questions....

1. Why did Arnica not serve the purpose in spite of being a known injury remedy?
2. Why did Opium not work despite the disposition of the child and causative factor matching?
3. What was the right remedy and what was the thinking process to arrive at right prescription?
4. What points do we learn from this case?

7 Predictive News

Future Events

2days seminar at Amravati on 21 -22 Dec'13 by Dr. Prafull Borkar on the topic : Miasm & Materia through Repertory.

Module 1 at Calicut, Kerala on 10-12th Jan'14 by Dr. Kavita Sawant and Dr. Shrinal Jadhav

Module 1at Jaipur on 10-12Jan'14 by Dr. Ambrish Vijayakar

Module-I at Mumbai on 22 Jan - 24 Jan 2014

25 Jan - 26 Jan 2014 S.C.P.H Course

Launch of CCPH and SCPH courses:-

On 14th November, 2013, **ICHM(International Centre for Homoeopathic Medicine)**, launched The **CCPH ((Certificate Course in Predictive Homoeopathy))** and the **SCPH (Speciality Certificate in Predictive Homoeopathy)** courses at the hands of the chairman of the ICHM, **Dr. Prafull Vijayakar.**



Dr Prafull Vijayakar cutting the cake and launching the courses



Dr Ambrish Vijayakar introducing the courses

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