An Insight into Dr. Phatak's approach - by Dr. Munjal Thakar

Dr. Phatak was a master clinician of the recent past. He was, to the best of my knowledge, the most recent of the followers of Boger's approach. Unfortunately, Dr. Phatak has written little. Moreover he has practically never penned down his cases. In fact, he never kept written records of his patients!

In the article below an attempt is made to unearth Dr. Phatak's rationale in-absentia. How accurately it depicts the reality will always remain a matter of doubt. To minimize errors I have rechecked his writings, his language, his phraseology, and his practical application of these concepts in the cases, before making a conclusion about his thought process & its application. I have referred to the following literature:

a) Concise Materia Medica- Dr. S.R.Phatak
b) Concise Repertory- Dr. S.R.Phatak.
c) Clinical experiences - Dr. S.R.Phatak, Edited Dr.P. Sankaran
d) Elements of Homeopathy- Dr. P. Sankaran.

I will try and demonstrate how I could myself unearth the rationale, by putting together several bits and pieces from various literatures written by Dr.Phatak, Dr.P.Sankaran, and others.
For this, let us first of all take a close look at the Materia medica Dr.Phatak has written.

"Materia Medica of homeopathic Medicines"- Second edition

Origin:
Dr. Phatak says "It is my belief that Boger wished to compile a concise repertory arranged in alphabetical order rather than a regional one. In the same way a concise materia medica, in which all relevant symptoms pertaining to each remedy are given, was desirable. He has given clues in his Synoptic Key for compiling such books. With my poor intellect and limited knowledge of homeopathy I have tried to fulfill his wish. How far I am successful in my attempt, only time will show"


"In compiling this materia medica, I have included all the symptoms given by Boger."

From these lines one can see the rationale which influences the very structure, the content, and therefore the utility of this book.
Structure & Contents:

Some comments:

a) Exactly like Boger's Synoptic Key, Phatak has kept the conciseness of the remedy.
b) Each remedy is written in the same basic pattern, with minor alterations, as the "Synoptic Key" - viz,

a. **Generalities along with Regions** on which the drug acts (except that in the Synoptic Key it is placed separately at the beginning of every drug in a tabular form.)
b. **General modalities**
c. **Peculiarities of regional symptomatology.** (Compared to the "Synoptic Key" this book depicts them under separate headings and at times slightly more elaborately. Thus giving a greater clarity about the action of the drug on various regions.)
d. **Related remedies.**

Comments: This pattern of presenting each and every remedy reflects that Phatak, like Boger, Boeninghausen and even Kent, placed a greater importance to the Generalities of the remedy. He also emphasized the importance of the Sphere of Action of the remedies, which has been equally stressed upon by Boger.

Secondly, the pertinent question that needs to be asked here is *What constitutes Generalities or Generals of the remedy & therefore of the case/patient?* A correct answer would emerge when we read through this section of generalities of various remedies of Phatak's Materia medica. I will take up some illustrative examples to cover variety of possibilities:

a) **Belladonna:**
   (i) "Circulation in blood vessels and capillaries becomes active causing congestion throbbing and dilatation of arteries."
   (ii) "BURNING HEAT BRIGHT REDNESS AND DRYNESS are very marked."

b) **Aurum:**
   (i) "Sclerosis of arteries."
   (ii) "Cancerous ulcers."
   (iii) "Erratic ebullitions."

c) **Carbolic Acid:**
   (i) "Acuteness of smell is a guiding symptom."

d) **Cicuta Virosa:**
   (i) OPISTHOTONOS and frightful facial distortions; with bloody foam from the mouth then utter prostration; spasms are renewed by touch, by noise, loud talking.
   (ii) Troubles arising from shaving.

A close study of these symptoms under the various drugs that are taken up as illustrations, we can conclude that the meaning of Generalities/ Generals is more than what is usually understood and applied in our practice. Symptoms like "Sclerosis of the arteries" do not fit into our usually understood definition of Generals! In that case, why should it appear under the section of Generalities in Phatak's MM?

The answer to this question will be found only after one has diligently studied the proving of Aurum. The proving reveals that this *pathogenetic process of sclerosis or hardening* is present through every organ system of Aurum. Hence, it is raised to the status of Generals. I learnt that while applying the concept of "Generals" in practice. One has to look beyond
the usual cravings, aversions, thermic reactions, etc. If I have understood it correctly, it means any phenomenon that runs through several organ systems is a General of the remedy. Similarly, one has to look for the common phenomenon that runs through the history of the patient, i.e. the essential pattern of the expression of individuality. If I take the liberty to further conceptualize this, a General is the pattern of affection of the remedy & of the individual. It is the essential way in which it affects not only every organ system of the prover, but its complete being. Clinically speaking, this pattern of affection may consist of any one or many of the following aspects, viz mental or sensation or modality or pathogenetic process or a concomitant or a causative factor or even a strong organ affinity of the remedy etc. The Generalities section of Phatak's MM reveals to the readers this essential pattern of affection of every remedy. How Phatak has used this ability to grasp the essential pattern of affection of the patient will be taken up in the later part of this essay.

My colleague Dr. Michael Teut, sums up this discussion lucidly, he says….

"To my understanding Boger used 3 categories of characteristic symptoms
a) Signs (symptoms) which run through several organs/systems... = Generals/Boenninghausen's Genius = this is a spacious diffusion.
b) Signs (symptoms) which run through time (personal past history, family history) = Generals = this is a chronological diffusion.
c) Signs which are uncommon (mostly localized) = Peculiars = this is a qualitatively diffusion."

Further, Dr. Phatak has made some very important modifications in his materia medica compared to the Synoptic Key. These modifications have only enhanced the utility of the Synoptic Key.
To state the most important ones:

i) Dr. Phatak says "Boger has selected the most important symptoms from various materia medicas and has included them in his Synoptic Key. But while presenting these symptoms he has at times used such words that unless the student has the ability to read between the lines he will miss their hidden meaning."

Some examples:
A) Synoptic Key under Nux-m states "Narcotic effects and dryness."
Phatak's Materia Medica states "Dryness as a sensation or actual is another characteristic symptom, of mouth, tongue, eyes etc, but NO THIRST. Here we can see that Phatak has omitted the word "Narcotic Effects" from the description of this drug as it is rather un-individualized description of the phenomenon. It fails to depict the individualizing features of the narcosis that Nux-m produces. Though Phatak has omitted the word "Narcotic effects" he has very clearly stated the expressions of these narcotic effects, thus clearly telling us the individualizing features of the Nux-m narcosis. He brings out the essence of the remedy, without making any compromises. Phatak has elaborated about the DRYNESS of Nux-m, thereby making a mark in our mind while reading the remedy. This could have easily missed our attention while quickly reading the Synoptic Key.

B) Synoptic Key under Medorrhinum states "Stiff, puffy, achy, sore and rheumatic. Dwarfish. Many pains."
Phatak's Materia Medica states "Many different kinds of pain- stiffness, aching, soreness; edema of limbs; dropsy of serous sac." Arthritic, rheumatic pains"
This symptom appears in italics thereby showing gradation in the Medorrhinum symptom-complex.

C) Synoptic Key under Mercurius states "Uncertain, tremulous, weak and sweaty."
Phatak's Materia Medica states "Uncertain in his mental and physical behaviour, tremulous, weak and sweaty."

D) Synoptic Key under Natrum Mur states "Thin, thirsty, hopeless and poorly nourished."
Phatak's Materia Medica states "The patient is thin, thirsty, poorly nourished on account of digestive disturbances and his MENTAL BEHAVIOUR and physical symptoms are hopeless or awkward in nature."

All along the materia medica, Phatak has unearthed the hidden depth of Boger's thought process. It will not be wrong to say that Phatak's Materia Medica has effectively overcome the biggest handicap of Boger's Synoptic Key, without compromising its genius. Thereby, making Boger's genius more accessible to a common physician.

ii) Phatak's materia medica has preserved the symptoms which Boger's Synoptic have exclusively presented to Homeopathy. In addition to this Phatak has carefully made additions from various other authorities like Clarke, Kent, Boericke etc... Dr.Phatak says "Moreover, I have garnered many useful clinical and other symptoms from other Materia medicas (which are not given by Dr.Boger) and have included them here.

Further, an insight into his thought process can be had in a communication that Dr.Phatak makes to the students of homeopathy under "Hints for the beginners" which is placed after the Preface of the 2nd edition published by B.Jain publishers.

To quote some of the most essential ones:

a) The marks of identification of the drug are found in its Generalities, Modalities (i.e worse and better) and Mind.

b) "... When you read a drug, each rubric should be seen in the repertory. The relative importance of this drug under the same rubric. This appears to be tedious. But the drug picture slowly gets firmly and clearly set in your mind."

Comments: Here we clearly see Boeninghausen's influence which has percolated into his practice. I would like to draw the attention of the readers to -

a) "Concordance" chapter of Boger's-Boeninghausen's Repertory of Characteristic symptoms. & b) "Relationships of Remedies" of Boeninghausen's Therapeutic Pocket Book. To grasp the "relative importance" of the drug demands a precise knowledge of the drug effects & the ability to appreciate the finer shades and contrasts in the symptomatology.

c) Causation and modalities are more important. The peculiar symptom which the underlying pathology fails to explain does many a time point towards the suitable drug.

d) While reading the materia medica try to remember the peculiar things in the drug. These are the identification marks of the drug. (Here he is not directing us to merely grasp the keynotes of the drugs)

e) Three types, are used in the book to show gradation. Relative importance of different symptoms is given by this. But in a particular patient a low grade symptoms may prove to be the most important. So you need not be carried away by the gradations.

Comments: Statements b & e almost seem paradoxical. At the outset he urges the student to take on a tedious study of grasping the relative importance of the symptoms between two remedies (which also implies a clear comprehension of relative value of different symptoms within the same drug) and then in the very next one he cautions us against being carried away by the gradations!
It's this ability of Dr. Phatak & Dr. Boger, to integrate this paradoxical nature of reality that has baffled homeopathic physicians, even more so a novice.

We can see this in the following quote from "Collected Works of Boger" by Robert Bannan - "In the abstract the same symptom may have the highest standing in one case & lowest in the next, all depending upon the general outline of the case, as delimited by the associated symptoms. Viewed from this standpoint symptom grading, as found in the repertories, is unsatisfactory as well as of lesser importance, and yet has great importance, and yet has great value. The relative value of a given symptom depends almost wholly upon its setting, therefore changes from case to case and is finally determined as to its repertorial standing by numerous clinical trials."

f) Dr. Phatak says "When the cup is half full it is also half empty. While interpreting symptoms, try to look at the same thing from various angles.

Comments: "Flexibility" is the keystone for successful prescribing. This we will see further as we see some of the cases from Phatak's practice.
Dr. P. Sankaran says "I hope this section will show how the same cases could be looked at, approached and treated from different angles so that failures can be converted into successes." - Preface "Clinical experiences" By .S.R.Phatak.

g) Lastly, give respect to the authorities in homeopathy for what they say. But if your experience is contrary to what the authorities say, do not get swayed by their opinions. Ultimately your experience is the best authority as far as you are concerned.

Comments: A word of caution here… to have so much faith in one's own experience requires a mindset which is constantly open to examine one's own premises/basis, upon which one makes a conclusion out of any experience. Do most of us fulfill this priori…?

This faith in Phatak is seen in the alterations, additions that he has done in his Materia Medica and repertory albeit being completely in line with the thought process of authorities in homeopathy, especially Boger.
In the 2nd ed. of "A concise Repertory of Homeopathic Medicines" he says in the Preface "No drug is given unless the author has used it in his own or unless there is strong justification provided for it, by authorities like Dr. Boger, Dr. Kent, Dr. Clarke's Dictionary etc."

"A concise Repertory of Homeopathic Medicines" - 2nd edition

Structure & Contents:
The source of remedies of this repertory is as mentioned above.
Some unique structural aspects of this repertory are mentioned here, as they provide further insight into the rationale of the author.

1. "But the prescriber should not entirely depend on the particulars, for finding out the correct remedy. If he can find out the correct remedy, according to the totality of symptoms, under the particular organ or sub-part of it, so much the better, otherwise he has to find the remedy considering the general conditions and modalities."

2. For general modalities the words Agg and Amel. are printed as "AGG" and "AMEL." For the modalities under particular rubric only, these words are printed "Agg" and "Amel." (Homeopathic softwares with Phatak's Repertory have either overlooked this point OR for technical reasons not brought them to the users!).
Some examples: Breakfast AGG.; Breakfast AMEL; Blowing nose AGG, Bleeding nose, from AMEL
Comments: It is obvious that, Phatak like Boger's - Boeninghausen's Characteristic Repertory has made a clear differentiation between local modalities and general modalities.

Boger, has made this differentiation accepting the validity of Kent's criticism towards Boeninghausen's approach. This modification on the part of Boger & Phatak have resulted into overcoming the only limitation of Boeninghausen's approach.

In fact, in my study of solving Kent's cases, I released that though Kent has criticized Boeninghausen at one point, but he has very thoroughly followed him at almost every step. He has not rejected Boeninghausen's fundamental concepts/premises. It is we modern homeopaths who have completely rejected Boeninghausen from our practice.

3. I would like to draw the attention of the readers to the following rubrics from Phatak's repertory, viz:

" Remittancy: Gels;

" Quivering: Agar, Asaf, Bell etc...;

" Pining: Aur, Lyc, nat-m etc.. All these rubrics are Generals which can be understood to be true for the mental state as well as physical state of the patient.

Let us take the example of Pining which means "Yearning, longing" as well as "to lose vigor, health, or flesh." In Aurum Hering's Guiding symptoms mentions "Terrible melancholy after abuse of mercury; patient pining away on account of bodily and mental anxiety." The emaciation and sentimentality of Lyc, Nat-m are well known. Such rubrics depict that Phatak, like Boger, could understand the remedy as well as the patients to the level where mind and body unite. Such is the superior level of Generalization.

These rubrics are unique to Phatak's repertory and Boger's Repertory in the Synoptic Key. Phatak has added a few more to those already coined by Boger. To grasp the subtle meaning of these simple looking words we have to toil hard studying each and every remedy from the provings patiently & diligently. Only than can we use this repertory to its fullest potential.

4. Modalities and concomitants are the most important factors for finding the correct remedy.

5. In order to arrive at the suitable remedy, the remedies given under a particular symptom are graded according to their importance. The prescriber, however, should bear in mind that every remedy- high grade or low grade- becomes equally important when it is connected with the peculiar concomitants or with an unusual condition or circumstance. One peculiar concomitant, or an unusual condition may determine the totality of the case. Repertorization does not mean Mechanical Repertorization. Totality of the symptoms does not mean Numerical Totality, but Qualitative Totality.

6. The aversions, desires, mental attitudes, causation, have their own place in the selection of the remedy, when they are very marked.

Comments: Dr.P.Sankaran says "So even though in practice the totality of characteristic symptoms is to be considered, we do find that it is possible to have different valuation of different symptoms within this totality. I have found him ignoring symptoms like desires, aversions, thirst, reaction to heat and cold, left-sidedness, right-sidedness, etc" - "Elements of homeopathy"- The fourth scientific seminar- Dr.P.Sankaran.

It is amply clear from these writings that one has to be very discrete in choosing or evaluating symptoms while erecting a totality. The most characteristic (i.e the most individualizing) are the most important, irrespective of the class of symptom it belongs to.

Further, the mistake we make in our practices is that we have a fixed priori mindset of what type of symptom is important or higher in the evaluation order. What puts a symptom high up in the evaluation order is its relative importance with respect to other symptoms of the case. Hence, it is only the case which determines the evaluation order and not the
physician, more so not the name of the Authority!

7. The prescriber should be alert; he should look everywhere to arrive at the correct remedy.
Comments: This is the last most important statement, a hundred times underlining to this statement would not be wrong. Let this go deep into our being that………flexibility is the key.

CLINICAL CASES OF DR.S.R.PHATAK.

All the cases illustrated below are taken from the book "Clinical experiences" By .S. R. Phatak. The book is essentially a compilation of cases from Dr. Phatak's clinical practice. Interestingly, the second part of this book consist of failed cases of Dr.P.Sankaran, who then had consulted Dr.Phatak to make a head way.

Case 1: [Following case was first seen by Dr.P.Sankaran, as the patient did not do well, he was referred to Dr.Phatak] "I was called to see a young married lady suffering from retention of urine. Some five weeks ago she had developed fever which was treated with Chloromyecetin. The temperature dropped to normal, but on the same day she had developed retention of urine. Not being relieved by any medicine she was catheterized four times in a day. It was thought that the retention would disappear gradually, but it did not. So a neurologist was consulted who found nothing abnormal and thought it must be due to shock. She was discharged from the hospital without any specific treatment. She continued to catheterize herself till I saw her.
Since there was a possibility of fright causing the condition, I gave her Opium in potency with no good result. Thereon I consulted Dr.Phatak, who diagnosed it as Hysterical. On looking into Kent's Repertory under the rubric "Bladder, retention of urine, in hysteria", we found only one drug, that too in bold type- Zinc. So she was given Zinc 200. We the second dose she had copious flow of urine without resorting to the catheter. Since then she neither required catheter nor medicine.

"Elements of homeopathy"-The value of the Repertory- P.Sankaran.
same treatment again. It was at this stage that I was called to see her…

When I saw her, she was lying on the ground on a rather hard mattress with one leg stretched out and the other drawn up alternatively. Finally, I asked her why she was keeping one leg stretched and the other drawn up. She told me that she did not feel comfortable on a soft mattress and that keeping on leg stretched and the other drawn up gave relief to her pain.

For this peculiar position Dr. Kent, gives Lac-c and Stann. I had no choice left except to select stannum, which covered Tuberculosis of the bone, lying on hard surface >, lying with one leg stretched and the other drawn up. (Attitude Bizarre).

Within four months she completely recovered except for a slight deformity in the dorsal spine with Stan 30, 200, 1m

Case 4: Case of Rheumatoid arthritis with severe pains worse at night. The pains are better with very hot applications. I gave the patient Radium Bromide which relieved the pain and to some extent reduced the deformity.

Comments: Were the above-mentioned cases merely a keynote prescription?

Here we see how Dr. Phatak has exactly followed the guidelines emphasized by Boger.

I quote from Collected Works of Boger by Robert Banan "The final analysis of every case resolves itself into the assembling of the individualistic symptoms into one group and collecting the disease manifestations into another, then finding the remedy which runs through both, while placing greater emphasis on the former."

A closer look at all the above cases shows that though Dr. Phatak took the most individualizing symptom for the purpose of Repertorization, he kept the background portrait of the case quite clearly in his mind. The final choice of the remedy covered both- the individualizing aspect as well as the common symptoms of the disease.

Till date we have always focused only upon the individualizing characteristic symptoms and literally neglecting the pathological aspect of the case. The above mentioned cases tell us that it is imperative that we clearly grasp the pathological aspect of the remedy. The pathological aspect of the remedy constitutes- the pathogenetic process that the remedy is able to unfold in the individual, the target organ specificity of the remedy etc. Phatak's MM, as mentioned earlier in the article, gives this understanding under the Generalities section of every remedy.

Case 5: A case of Peripheral neuritis. The neuritis was relieved both by eructation and by passing flatus. The pains were also relieved by hard pressure and movement. The patient had already consulted eminent allopathic physician but found no relief. I combined the rubrics "Flatulence up and down passing Amel" (Boger's Synoptic key, Pg. 79) and "pressure Amel" (Pg.27) and found Argentum nitricum coming out. This drug completely relieved him.

Case 6: Case of a woman of 40 yrs who was suffering from acute cystitis for three days. She had burning in the urethra during and after micturation, the pain being relieved only by sitting cross-legged and bending forwards and applying continuous pressure over the genitalia. It was worse on lying or in any other position. She had already received Cantharis and Merc.cor from another physician (on the indication "Bending double amel") with no relief. I gave her Nitric Acid on the symptoms "Steady pressure amel" and she felt better in a day.

Case 7. Patient came with troublesome symptoms, viz. he had profuse salivation on coughing. On coughing, the saliva used to dribble from the mouth. He had no other symptom and I had to prescribe on this symptom alone. I looked into the Repertory, and I found three remedies given under the rubric "Salivation increased with cough" - Am.m; Lach; Verat.alb. I tried the remedies one by one, but found no result at all. Later on, I generalized the modality and took it as "Coughing agg (general) and combined it with "Salivation." Five remedies came out, out of which Nux-V came out to be more prominently. I gave the patient Nux-V which completely cured him.

Comments: Dr. Phatak says "I have always found it much safer to rely upon the Generalities than the particulars. Even if there are no generalities in a case, I often generalize a particular symptom and I have found this more successful. In a
way I follow Boeninghausen’s method.

Case 8: Patient with valvular heart disease complained of an uneasy sensation and pain extending from the occiput to the shoulders with palpitations agg. From exertion. The case improved under Onosmodium. Onosmodium has: "Pains going downwards from the occiput to the shoulders agg. Exertion"

Case 9: Some time back, there was a case of asthma in a girl of 22. The asthma subsided under some homeopathic medicines but she developed edema of the right foot for which she consulted me. Interpreting this as "Compensatory effects" (Boger's Synoptic Key, page 289), I gave her Prunus Spinosa which put her all right. Prunus Spinosa, has also respiratory symptoms and dropsy of feet.

Comments: The case illustrates the application of the concept of concomitant. Concomitant- a phenomenon which co-exists & varies with the chief complaint- in this case is of highest importance. As I understand, a concomitant symptom is an essential constituent of the "essential pattern of affection."

Case 10: Young boy with prolapse of rectum. He had great craving for eggs, but when he took eggs his prolapse would be worse. He was given Calc.carb which completely cured the condition.
Comments: [Refer above point 6. Structure & content of Phatak's repertory.]

The abovementioned cases clearly depict the flexibility with which Dr.Phatak evaluated symptoms in any case. This flexibility is completely unlike the modern ways. In the modern practice of homeopathy it is already predetermined what is to be looked for in the case and what is most important in the case. This has lead to rigidity in approach. It has lead to rigid schools of thoughts in homeopathy! The issue is not so much about having different viewpoints, but more of being rigid about what we think the truth is. Essentially correct scientific thinking should liberate us from rigid approaches; it should by its innate nature promote integration of differences. Are we going wrong somewhere?

Case 11: Long ago I was consulted by a young lady who had developed black pores on the face. She became so self-conscious that she avoided meeting people. Once however she had to go and attend a social function. There someone, an acquaintance, asked her how she developed the pores. This embarrassed the patient so much that next day, she got convulsions and thereafter the convulsions seemed to recur on and off. I gave her Opium and her seizures disappeared. I gave her Opium on the rubric "Embarrassment agg." For which my Repertory gives only four remedies viz. Ambr, Ign, Op, and Sulph. Homeopaths generally know well that Opium covers the effects of fright, but it also covers the effects of embarrassment.
Comments: In Phatak's case and also Boger's cases the mental symptoms are seldom given the importance the way we modern homeopaths give. The case above is one such illustration where emphasis was given on mental symptoms. Here also, Dr.Phatak and Boger seem to be following the same dictum, viz …. mental attitudes, causation, have their own place in the selection of the remedy, when they are very marked.

The question, that still remains unresolved in my mind, is this "Are we treating the mentals the way they should be?". As I think aloud, - the modern homeopathic approach has seen brilliant cures with fair amount of consistency with the way it treats mentals, yet an equally good number of cases are merely palliated (in spite of there being a possibility of a complete cure). This leaves us with space of improvisation. Secondly, I am sure Dr.Phatak and Dr.Boger, had their share of failures too. One could hypothesize that may be the modern approach might have better worked on those failed cases…In any case, the failure of these Masters will not be available to us to study the pattern of their failure. Had this literature been available, we would see their limitations. I think, knowing the limitation of their approach is imperative. It will complete the circle and bring to light a larger picture. Such a study will carve a niche for both- the modern approach which we follow today and the approach followed by these Masters.
Conclusively, I could safely draw the following inferences about Dr.Phatak's rationale:

a) Every principle/concept he has mentioned is largely true for most of the cases, yet these are NOT dogmas or inflexible rules.

b) There is always a possibility of doing something not confirming to what is stated as 'rules' which can be equally true in a particular case. It is, therefore demanded out of the homeopath to remain with a fluid-like state of awareness so as to pick out these instances. Thus treat them effectively.

c) The only factor that is UNCHANGEABLE is the responsibility on the physician to grasp the "Identifying marks/Individualizing features" of the case and the remedy. Where in the case these are available remains an open possibility. According to these Masters, most likely (not necessarily always), they are to be found in the Generalities, Modalities & the Mind.

d) The ability to grasp the essence of the case and the remedy - Generalization of the highest order. This ability has to be cultivated through practice. It is the practice of hard core logic- induction and deduction- while studying every remedy and every case, without any exception. Unfortunately, homeopathic education training, never trains the physicians into truly using logic. It has at best created set rules of evaluating cases and understanding the remedy. Thus paying emphasis to a certain aspect of the case/remedy at the cost of the other. These set rules are in tune with the limited viewpoint of one of the other schools of thinking that have mushroomed up in recent times.

I hope this article has at least thrown light on some vital principles which Dr.Phatak and Dr.Boger based their practices upon. I think, even with the best attempt, only some important issues can be brought out by writings like these. If anyone has to really imbibe their teachings, it has to be a personally exercise. For those who feel intrigued, inspired, or in someone touched by the teachings of these Masters, I would suggest that they form a small study group and take up each individual cases of these Masters and solve them as if it were a real case presented to you. Find the best possible remedy that you can, and then cross check what was given in the case. Try and find out the disparity between what you did in your thought process (not just the remedy) and what could have been the Master's thought process. This retro-analysis is the core essence of this exercise. When you solve several cases in this fashion, very gradually over weeks of persistent effort each piece of the jigsaw begins to fit and a superb pattern emerges. This insight is worth the toil. This idea may at first seem too laborious and far from practical applicability. Nevertheless, in my practice I have made a whole-hearted effort to integrate the approach of Phatak and Boger. This integration of their approach is not replacing what we do in our Modern approach, but a thorough conglomeration of the two viewpoints.

It has resulted into : a) A solid consistency in my ability to produce improvement (in both acute and chronic cases) - i.e. towards a cure. b) More than anything it has given me a cutting edge insight into clinical decision making, interpreting cases & follow ups etc. c) It has given me glimpse of the method to take a case towards cure when you know that you have managed to prescribe only a partially similar remedy; i.e. when is the next remedy required and what will be the totality that would point towards the second prescription.

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