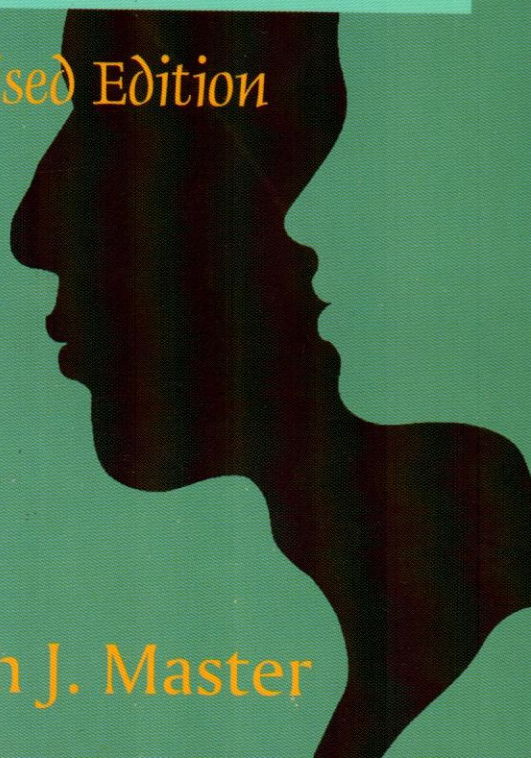


Perceiving  
**RUBRICS**  
OF THE  
**MIND**

*2nd Revised Edition*

*Dr Farokh J. Master*



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**RUBRICS**  
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**MIND**

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**2nd Revised Edition**



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## PREFACE TO THE SECOND EDITION

I am pleased to inform you that the first edition which came out in 1989 saw four reprints in 1991, 1993, 1994 and 1998. During these 10 years, I corrected, edited and included about 1182 rubrics. Also in the last decade, two new repertoires came into existence, viz., Synthesis by Frederik Schroyens and The Complete Repertory by Roger van Zandvoort. I have thoroughly scrutinized the above repertoires and have included the missing rubrics which did not exist in the previous edition. In this Himalayan work, I was sincerely assisted by my colleagues:

Dr. Pratik Maniyar	Dr. Binal Shah
Dr. Priya Panchal	Dr. Rohit Sharma
Dr. Piroja Bharucha	Dr. Renuka Jain
Dr. Ameet Panchal	

Last but not the least, Dr. Firuzi Dabu, overall looked after the project.

I thank the Jain family of M/s B. Jain Publishers for doing an excellent job to expediate this publication.

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I would not have undertaken this heavy task of writing this book unless, I was really persuaded by Dr. Premnath Jain and his able and dynamic son Mr. Kuldeep Jain, who did an excellent job to expedite its publication.

I thank Miss Roda Bandrawalla, Mrs. Mahrukh Daruwalla and Mrs. Mridula Bedi for their unstinted co-operation in maintaining records and typing.

Even with all available worldly advantages, fulfilment of this task is due to the grace of Almighty, the first physician and to Him I offer my prayers.

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## PROLOGUE

"The use of the Repertory in Homoeopathic practice is a necessity if one is to do careful work. Our materia medica is so cumbersome without a repertory, that the best prescriber must meet with only indifferent results." --These memorable words of Dr. J.T. Kent have left a permanent imprint on my mind.

Ever since I started learning Homoeopathy, my teacher Dr. Sarabhai Kapadia used to tell me that one should make a habit to read the repertory, not only superficially, but page by page, rubric by rubric, so that one is well-versed with the contents of the repertory.

I religiously followed the same advice and put it into practice, by reading at least ten pages of Kent's Repertory daily. To my surprise, within a span of six months I had finished reading the repertory, not once but thrice. Gradually as time passed by, I picked up many more repertories like Boericke, Boger, Boenninghausen, Knerr, etc. This habit of mine, paid very rich dividends, as a result of which, not only the knowledge of the repertory helped me in repertorising the case, but it also helped me in case-taking, for understanding the drug picture, and for comparison between two similar remedies. Within a span of five years, I was able to practically grasp the majority of rubrics, that were mentioned in the Kent's Repertory. I also started remembering rubrics, with their positions and page numbers. It is nothing exceptional on my part, for I feel any

person with a sound mind and sincere efforts can achieve the above task.

In 1982, I had an occasion to see the Synthetic Repertory on the desk of my teacher Dr. Sarabhai Kapadia, who had recently procured those copies from Germany. If I am not wrong, he was the first who used the Synthetic Repertory in his practice with an excellent authority on the subject.

I was extremely thrilled to read the selection on the mind which covered practically four hundred rubrics.

Within a span of 6 months, I managed to procure a copy for myself and started reading the same.

One thing which confused me right from the start, was the interpretation of the rubrics mentioned in the section of the mind. The only way left for me, was to refer voluminous dictionaries to find the meaning. At that time, I had decided that in the future it would be superb if a ready reference book is available for the profession wherein rubrics are mentioned from A to Z with their meanings and explanations. Gradually, I had an idea of incorporating all the rubrics from all the major repertories, including Vithoukcas' additions to the Kent's Repertory.

My dream would not have come true if I would not have got the encouragement and the moral support of my students, especially the doctors, who have and who are working with me in my Clinic. It is purely because of them that I am able to complete this book which was my long awaited dream.

The guidelines mentioned below should be followed while reading this book:

- (1) Rubrics are mentioned alphabetically from A to Z.
- (2) Adjacent to the main rubric the source of the rubric is mentioned: e.g.

- K** — *Kent's Repertory*;  
**BB** — *Boenninghausen's Repertory*;  
**S** — *Synthetic Repertory*;  
**V** — *Vithoulkas Repertory*.

- (3) The Cross References are mentioned wherever applicable. It should be seen from that repertory whose code letter is indicated adjacent to the rubric.
- (4) Wherever necessary, meaning as well as the explanation of the rubric is mentioned. If the rubric is self-explanatory, I have not given the meaning.
- (5) Whenever the patient presents with certain mental symptoms, it should be co-related with various psychological conditions. I have made an attempt by writing the names of the important psychiatric diseases, which frequently have the given rubric as one of their symptoms, e.g. Antagonism - is present in disease conditions like personality disorders and Schizophrenia.
- (6) Lastly, I have mentioned the name of the important remedies given for the particular rubric.

No efforts have been spared to make the book upto date and it is hoped that it will be useful to those practitioners who may wish to make themselves familiar with the rubrics of the mind. I hope my attempt will be of some help to all the busy practitioners in serving the ailing humanity. I do not know how far I have succeeded in my work, but if this is met with the satisfaction of at least one homoeopath, I will feel that I have been rewarded for my labour.

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## THE MIND AND SOMATIC ILLNESS

When psychological blockages occur, for whatever reasons, emotional energy is not only repressed and pushed under, but it also attacks itself to certain key organs, for example colon, heart, and these are used as new pathways for the expression of feelings. When under emotional pressure, certain patients react with an attack of asthma, colitis, angina, depending upon which particular organ is sensitized and used as an outlet. Such psychosomatic alternatives are not without their danger, however, and it is always more healthy for an individual to express feeling directly, however strong, frightening and threatening they may be, rather than vicariously through an organ that is not basically designed to convey such intense feelings.

Homoeopathy aims at a reintegration of the total self, with a reduction of unhealthy psychological regressions, blockages and isolation. The homoeopathic prescription and general approach towards the person helps to lessen the denial of painful hurts and memories, which can then be easily brought to the surface, recalled, understood and discussed. This quite naturally leads to a strong personality, confidence and to greater insights. Being able to tolerate mixed feelings and painful memories, previously thought impossible, leads to lessening of the related physical or psychosomatic symptoms, with a considerable release of energy, well being and drive. In the correct remedy there is a slow emergence of the bruised aspect of the personality into the light of more adult maturity and understanding so that a softening of earlier resentments and scar can occur.

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It sometimes happens that after an initial improvement through homoeopathic treatment, an apparent setback occurs when nothing seems to be happening. This is quite a usual reflex of period of consolidation of response, while the body defence healing energy are being mobilized. Such a delay requires a degree of patience from the patient and the family, and it may cause a problem when tension and impatience are marked or when there is a long standing problem, with all the inevitable uncertainties and fears, as to diagnosis, response to treatment and outcome. When there is a chronic problem, responses are inevitably slower, since the body takes time to recover from the underlined condition, depleted energy reserves and offence from the effects of conventional treatment or homoeopathic drugs prescribed indiscriminable.

**1. ABANDONED**<sup>K, Ss, Z</sup>

**Meaning:** Having been given up and deserted

**Cross Reference:** Delusion, affections of friends, has lost

- Delusions, alone, that she is always
- Delusions, alone, feels
- Delusions, belong, to her own family, does not
- Delusions, confidence, in him, his friends have lost all
- Delusions, deserted, forsaken
- Delusions, disgraced that she is
- Delusions, enemy, everyone is an
- Delusions, family does not belong to her own
- Delusions, friendless that he is
- Delusions, help, calling for
- Delusions, husband, thinks he is not her
- Delusions, neglected, he is
- Delusions, repudiated, by relatives, thinks
- Delusions, wife, will run away from him
- Deserted
- Estranged
- Forsaken feeling
- Forsaken, isolation sensation of
- Helplessness feeling of

**Explanation:** In other words to cease trying to accomplish or continue

**Disease Condition:** Associated with Depressive disorder and Maniac depressive

Psycosis, & Schizophrenia - Adjustment disorder &

behaviour, emotional, eating, development disorder of the child, drug abuse

**Important drugs:** Aur., Meny., Psor., Puls., Arg-n., Cycl., Lach., Mag-c., Merc., Nat-c., Nat. m., Stram.

## 2. ABASHED <sup>Z.Ss</sup>

**Meaning:** To lose one's composure

**Cross Reference:** Despair

- Discouraged

- Helplessness, feeling of

**Disease Condition:** Panic disorder, schizophrenia & related disorder, affective disorder, manic disorder, personal disorder, substance use disorder, drug addiction.

**Important Drugs:** Acon., Anac., Apis, Ars., Carb v., Chin, Chin-s., Cocc., Insulin., Lach., Petr., Rhus-tox., Sec., Sep., Sil., Stann.

## 3. ABHORRENCE <sup>Z</sup>

**Meaning:** To reject vehemently, shun

**Cross Reference:** Aversion, disgust, hatred.

Loathing general.

**Disease Condition:** OCD, schizophrenia, depression, sexual disorder, personal disorder.

**Drugs:** Asar., Hell., Phos., Puls., Sepia.

## 4. ABILITY increased<sup>Z</sup>

**Meaning:** Physical, mental power to perform enhanced.

**Cross Reference:** Concentration, active

Memory, active

Strength increase, mental

**Disease Condition:** Substance uses - cocaine, Manic disorder.

**Important Drugs:** Anh.

**5. ABRUPT**<sup>K, P, Ss, Syn, Z</sup>

**Meaning:** Unexpectedly sudden; rudely, curt or brusque

**Cross Reference:** Answers, abruptly, curtly, shortly

- Answers hastily
- Harshness, Impolite, Talk - indisposed to
- Irritability, questioned, when
- Talk, talking, talks, abrupt
- Talk, talking, talks terse

**Explanation:** Here one may interpret the above rubric either as when a patient has developed a habit of doing things unexpectedly or changing the decision suddenly howsoever important it may be. When the patient talks in a harsh tone especially when he is questioned or it may be his routine way of talking with other people.

**Disease Condition:** Schizophrenia

Neurosis, conductive developmental personality & adjustment disorder

**Important Drugs:** Calc., Nat-m., Plat., Puls., Tarent.

**6. ABSENT MINDED**<sup>BB, K, P, Ss, Syn, Z</sup>

**Meaning:** Heedless of one's surrounding preoccupied  
Chronically forgetful

**Cross Reference:**

- Absorbed, buried in thought
- Abstraction of mind
- Concentration, difficult
- Dream, as if in a
- Dullness
- Fancies, absorbed in
- Forgetful
- Forgotten something, feels constantly as if he has
- Memory weakness of

- Mistakes, says plums when he means pears
- Mistakes, names, calls things by wrong
- Mistakes, time in
- Preoccupied
- Staring thoughtless
- Thoughts, loss of
- Unobserving

**Explanation :** Here habitually the patient forgets his routine. The above symptoms has nothing to do with the Intelligent of an individual or his scholastic background because many times even highly educated people suffer from this. occasionally this could be a presenting symptom of certain CNS diseases - Alzheimers disease, Brain tumour.

**Disease Condition :** Anxiety neurosis

- Schizophrenia
- Dementias
- Depressive illness
- Epilepsy, organic psychosis, chronic alcoholic Pseudodementia

**Important Drugs :** Apis, Cann-i., Carbn-s., Caust., Cham., Hell., Lach., Mez., Nat-m., Nux-mos., Plat., Puls., Sep., Verat.

## 7. **ABSORBED** K. Ss, Syn, Z

**Meaning :** Engrossed

**Cross Reference :** Absent-mindedness

- Abstraction of mind
- Brooding
- Day - dreaming
- Dreams - as if in a
- Fancies, absorbed in
- Frown - disposed to