Selected Facebook Updates And Tweets Of Chandran K C On Scientific Homeopathy

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When I say 'homeopathic drug', I mean ONLY potencies 12c or above, which contain only 'molecular imprints' that act by a 'homeopathic' mechanism of biological action by binding to the specific pathogenic molecules. I do not consider 'molecular forms' (crude and below 12c) of drugs as 'homeopathic' - whether they are single or mixed. They act by a biological mechanism exactly same as allopathic drugs. Mere label does not make a drug 'homeopathic'.

When TWO entirely different drug substance show during proving some symptom groups that are similar, that means both drug substances contain 'some' constituent molecules having 'similar' functional groups, so that those molecules could bind to similar biological molecules and produce similar molecular errors. This phenomenon explains why different physicians reach entirely different prescriptions in same case, and all such different prescriptions work.

One homeopath friend just asked me today: "Do you accept our master's aphorisms as the final word in homeopathy? If you do not, you are an enemy of homeopathy".

I consider aphorisms of organon as the 'initial word' of homeopathy- not "final word". Organon was the starting point of the great journey of homeopathy- not the destination point, which is still in the distant future. All of us are marching towards that destination of 'scientific homeopathy'.

Hope my view is clear by this statement. I am not bothered whether you consider me a 'friend' or 'enemy' of homeopathy. I am only what I am. I say what I am convinced right according to my level of knowledge

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Crude forms and potencies below 12c (molecular forms) of any drug can ANTIDOTE the therapeutic effects of 'molecular imprints' (12c and above) of same drug as well as similar drugs.

'Molecular imprints' or potencies above 12c of any drug can antidote the biological effects of 'molecular forms' or crude drugs and below 12c of same drug or similar drugs.

Any drug will 'follow' each other very well, if it is prescribed as per indications, and used in potencies above 12c. No need of any worry over the issue of 'drug relationship'.

Drugs potentized above 12c contain only molecular imprints. Molecular imprints can act ONLY upon pathogenic molecules having complementary conformation. One molecular imprint cannot act upon another molecular imprint, or produce changes in its therapeutic effects. Any number of different molecular imprints can co-exist without any interaction in between them. That means, we cannot ANTIDOTE the actions of a a potentized drug using anothe potentized drug. Idea of antidoting homeopathic drugs using another potentized drug has no any scientific basis. It is only a blind BELIEF.

Any new prescription will be 'complementary' to the earlier prescription, if the latter one can provide some additional 'molecular imprints' required to remove the remaining molecular inhibitions and complete the cure, which were missing in the earlier prescription. We can use ANY drug as complementary prescription, if symptoms indicate it.

To understand the scientific MIT interpretation of ‘similia similibus curentur’ in its real perspective, one should know the fundamentals of ‘target-ligand’ relationships and dynamics of ‘bio-molecular inhibitions’.

There are diverse types of molecular 'targets' such as receptors, enzymes and antibodies which interact with appropriate 'ligands', so that the biochemical pathways underlying vital processes are maintained unhindered. Knowledge of the real molecular dynamics involved in 'ligand-target', 'signals-receptors', 'substrates-enzymes' and 'antigen-antibody' interactions is essential for understanding the science behind 'similia similibus curentur'.

A receptor is a molecule found on the surface of a cell, which receives specific chemical signals from neighbouring cells or the wider environment within an organism. These signals tell a cell to do something—for example to divide or die, or to allow certain molecules to enter or exit the cell.

In biochemistry, a receptor is a protein molecule, embedded in either the plasma membrane or the cytoplasm of a cell, to which one or more specific kinds of signaling molecules may attach. A molecule which binds (attaches) to a receptor is called a ligand or 'signal', and may be a peptide (short protein) or other small molecule, such as a neurotransmitter, a hormone, a pharmaceutical drug, or a toxin. Each kind of receptor can bind only certain ligand shapes. Each cell typically has many receptors, of many different kinds. Simply put, a receptor functions as a keyhole that opens a neural path when the proper ligand is inserted.

A ligand may be a whole molecule, a functional group, a moiety or even a radical or free ion.

Ligand binding stabilizes a certain target conformation (the three-dimensional shape of the target protein, with no change in sequence). This is often associated with gain of or loss of protein activity, ordinarily leading to some sort of cellular response. However, some ligands (e.g. antagonists) merely block target molecules, without inducing any response. Ligand-induced changes in targets result in cellular changes which constitute the biological activity of the ligands. Many functions of the human body are regulated by

these diverse types of biological target molecules responding uniquely to specific ligand molecules like this.

Studies on the the shapes and actions of target molecules, especially receptors and enzymes have advanced the understanding of drug action at the binding sites of biological molecules.

Depending on their functions and ligands or signalling molecules, several types of receptors may be identified:

Some receptor proteins are peripheral membrane proteins.

Many hormone and neurotransmitter receptors are transmembrane proteins: transmembrane receptors are embedded in the phospholipid bilayer of cell membranes, that allow the activation of signal transduction pathways in response to the activation by the binding molecule, or ligand.

Metabotropic receptors are coupled to G proteins and affect the cell indirectly through enzymes which control ion channels.

Ionotropic receptors (also known as ligand-gated ion channels) contain a central pore which opens in response to the binding of signalling molecule.

Another major class of receptors are intracellular proteins such as those for steroid and intracrine peptide hormone receptors. These receptors often can enter the cell nucleus and modulate gene expression in response to the activation by the ligand.

One measure of how well a molecule fits a receptor is the binding affinity, which is inversely related to the dissociation constant. A good fit corresponds with high affinity and low dissociation constant. The final biological response (e.g. second messenger cascade, muscle contraction), is only achieved after a significant number of receptors are activated.

The receptor-ligand affinity is greater than enzyme-substrate affinity. Whilst both interactions are specific and reversible, there is no chemical modification of the ligand as seen with the substrate upon binding to its enzyme.

Many pathological molecular errors are caused by inhibitions of these target molecules such as receptors and enzymes by binding of exogenous or endogenous molecules or ions on them. Bacterial toxins, drugs and such pathological agents act this way.

Dynamcs of 'ligand-target' interactions can be understood only if we have a working knowledge of protein chemistry, especially enzyme chemistry.

There exist millions of protein molecules belonging to thousands of protein types in a living organism. Each protein molecule is formed by the polymerization of monomers called amino acids, in different proportions and sequences. Each protein type has its own specific role in the bio-chemic interactions in an organism. Most of the amino acids necessary for the synthesis of proteins are themselves synthesized from their molecular precursers inside the body. A few types of amino acids cannot be synthesized inside the body, and have to be made available through food. These are called essential aminoacids. There are specific protein molecules assigned for each bio-chemic process that take place in the body. Various proteins play different types of roles, like biological catalysts or enzymes, molecular receptors, transport molecules, hormones and antibodies. Some proteins function as specialized molecular switches, systematically switching on and off of specific bio-chemic pathways. Proteins are synthesized from amino acids, in conformity with the neucleotide sequences of concerned genes, with the help of enzymes, which are themselves proteins. ‘Protein synthesis’ and ‘genetic expression’ are very important part of vital process. It may be said that genes are molecular moulds for synthesizing proteins. There are specific genes, bearing appropriate molecular codes of information necessary for synthesizing each type of protein molecule. Even the synthesis of these genes happens with the help of various enzymes, which are protein molecules. There is no any single bio-molecular process in the living organism, which does not require an active participation of a protein molecule of any kind.

The most important factor we have to understand while discussing proteins is the role of their three-dimensional spacial organization evolving from peculiar di-sulphide bonds and hydrogen bonds. Water plays a vital role in maintaining the three dimensional organization of proteins intact, thereby keeping them efficient to participate in the diverse biochemical processes. Proteins exhibits different levels of molecular organization- primary, secondary, tertiary and quaternary. It is this peculiar three

dimensional structure that decides the specific bio-chemical role of a given protein molecule. More over, co-enzymes and co-factors such as metal ions and vitamins play an important role in keeping up this three-dimensional structure of protein molecules intact, thereby activating them for their specific functions.

Whenever any kind of error occurs in the particular three-dimensional structure of a given protein molecule, it obviously fails to interact with other bio-molecules to accomplish the specific functions it is intended to play in the concerned bio-chemical processes. Such a failure leads to harmful deviations in several bio-chemical processes in the organism that require the participation of this particular protein, ultimately resulting in a cascading of multitude of molecular errors. This is the fundamental molecular mechanism of pathology, which we perceive as disease of some or other category. These deviations in bio-chemical pathways are expressed as various groups of subjective and objective symptoms of disease. The organic system exhibits a certain degree of ability and flexibility to overcome or self repair such molecular deviations and preserve the state of homeostasis required to maintain life. Anyhow, if these deviations happen in any of the vitally decisive bio-chemical pathways, or, if these are beyond self repair, the bio-chemical processes ultimately stop and death happens.

Almost all conditions of pathology we normally confront, including those resulting from genetic origin, are involved with some or other errors or absence of some protein molecules that are essential for concerned bio-chemical processes. Moreover, most of such molecular errors other than genetic origin, arise due to binding of some exogenous or endogenous foreign molecules or ions on the active, binding or allosteric sites of protein molecules, effecting changes in the three-dimensional configurations of protein molecules. A host of diseases originating from viral-bacterial infections, allergies, miasms, poisoning, drugs, food etc, belong to this category.

The most important factor we have to bear in mind when talking about kinetics of proteins in general and enzymes in particular is their highly defined, peculiar specificity. Each type of protein molecules, or some times even some part of a single protein molecule, is designed in such a way that it can bind only with a specific class of molecules, and hence participate in a specific type of bio-chemical interaction only. This functional specificity is ensured through the peculiar three-dimensional configuration of the protein molecules, exhibited through their characteristic folding and spacial arrangement. Reactive chemical groups known as active sites, binding sites, and

regulatory sites are distributed at specific locations on this three dimensional formations of protein molecules. These chemical groups can interact only with molecules and ions having appropriate configurations that fit to their shape. This phenomenon can be compared with the relationship existing between a lock and its appropriate key. Just as a key with an exactly fitting three dimensional shape alone can enter the key hole of a lock and open it, molecules with exactly fitting three dimensional structures alone can establish contact and indulge in chemical activities with specific protein molecules. This key-lock relationship with substrates defines all biochemical interactions involving proteins, ensuring their optimum specificity. Obviously, any deviation in the three dimensional configuration of either lock or key makes their interaction impossible.

It has been already explained that the primary basis of any state of pathology is some deviations occurring in the biochemical processes at the molecular level. Endogenous or exogenous foreign molecules or ions having any functional moieties with configurational similarity to certain biochemical substrates can mimic as original substrates to attach themselves on the regulatory or the active sites of proteins, effecting changes in their native 3-D configuration, thereby making them unable to discharge their specific biochemical role. This situation is called a molecular inhibition, which leads to pathological molecular errors. It is comparable with the ability of objects having some similarity in shape with that of key, to enter the key hole of a lock and obstructing its function. As a result of this inhibition, the real substrates are prevented from interacting with the appropriate protein molecules, leading to a break in the normal biochemical channels. These types of molecular errors are called competitive inhibitions. It is in this way that many types of drugs, pesticides and poisons interfere in the biochemical processes, creating pathological situations. Such substances are known as anti-melabolities.

When we prove our drugs in healthy people, the constituent molecules contained in the drug substances may bind to diverse types of ‘receptors’ and enzymes’ due to the similarity of configurations between functional groups of original ligands and drug molecules. Molecules having functional moieties with ‘similar’ configuration can bind to similar target molecules, causing similar pathological molecular errors expressed through ‘similar’ subjective and objective symptoms. The concept of ‘similarity of symptoms’ can be scientifically understood if we know the dynamics of ‘ligand-receptor’ and ‘substrate-enzyme’ relationships. Without this fundamental understanding one cannot follow my concepts regarding ‘potentization’ and ‘similia similibus curentur’.

What actually happens when potentization is continued 'higher' even after crossing avogadro limit or 12C?

Actually, large-sized drug molecules disappear from the potentizing medium much before 12c. By crossing 12c, even the smallest molecules will be removed. 12c will contain only molecular imprints. In order to understand what exactly happens when potentization goes higher and higher, we should study the behavior of supra-molecular nano-aggregates. They can act as 'seeds' to induce other water-alcohol molecules to form similar nano-structures. This phenomenon is commonly studied and utilized in making of crystals using 'seeding'. Crystals are nothing but supra-molecular clusters. A few crystals are added to a solution as 'seeds' to induce further supra-molecular assembling and crystallization. When 1 drop of 12c is adding to 99 drops of water-ethyl alcohol, we are actually using molecular imprints as 'seeds' to induce the formation of similar molecular imprints.

It is obvious that there is no any special benefit by potentizing 'higher' above 12c. There is no any increase in power by going higher. Active principles of all potencies above 12c are molecular imprints, which act same way what ever the potency is. Actually, 12c will be ideal, as it contains molecular imprints formed by direct molecular imprinting, where as in higher potencies it is produced by 'induced' molecular assembly

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TWO IMPORTANT RESEARCH STUDIES THAT INDIRECTLY VINDICATE THE MIT CONCEPTS OF SCIENTIFIC HOMEOPATHY:

If the concept of MOLECULAR IMPRINTING is right, potentized drug should act not as MIMICS of original drugs, but as OPPOSITES of original drugs. Actually, the essence of Similia Similibus Curentur is all about this OPPOSITE relationship of crude drugs and their potentized forms- former 'produces' disease, and latter 'cures' the disease. Only MIT scientifically explains this OPPOSITE actions of crude drugs and their potentized forms.

Most of the current 'theories' homeopaths maintain that medicinal properties of crude drugs are just 'transferred' to the medium during potentization. What ever they call it, -

‘vibrations’, ‘electromagnetic signals’, ‘medicinal memory’, ‘dynamic power’, nano particles' or anything else, the basic idea is that they can MIMIC the properties of original drugs. Everybody- from Benveniste and Montaigner to IIT scientists were trying to explain homeopathy with this "mimic" theory. Only MIT says potentized drugs act not as 'mimics', but as 'antidotes' or 'artificial binding sites' for original drugs as well as pathogenic molecules SIMILAR to them.

If potentized medicines were really ‘mimicking’ the medicinal properties of parent drugs, they should be able to produce biological effects exactly similar to original drugs. On the other hand, if potentized drugs are experimentally proved to be ANTIDOTES to original drugs, it will strongly vindicate MIT concept of MOLECULAR IMPRINTING involved in homeopathic potentization.

It is obvious that the question whether potentized medicines can antidote the biological effects of parent drugs is of paramount importance in validating MOLECULAR IMPRINTS concept. According to the hypothesis put forward by MIT, potentized medicines contains ‘molecular imprints’ of constituent molecules of parent drugs. As such, these molecular imprints can act as artificial recognition sites for parent molecules, and bind to them, thereby preventing them from interacting with biological targets.

If this concept of ‘molecular imprint’ is correct, potentized medicines should be capable of antidoting or reversing of biological effects of their parent molecules. If we prove this point, it would be a big step in favor of ‘molecular imprinting’ concept put forward by MIT. I have two important research works here:

STUDY I:

Here I am reproducing research report regarding such a successful experiment published in 2001.

This historic experiment was conducted by a team consisting of Swapna S Datta, Palash P Mallick and Anisur AR Rahman Khuda-Bukhsh of Cytogenetics Laboratory, Department of Zoology, University of Kalyani, Kalyani-741 235, West Bengal, India and published online on 23 November 2001. Report may be read at this link:http://www.springerlink.com/content/b2t71744t426j5n4/

They proved through strictly controlled experiments that potentized homeopathic drug, Cadmium Sulphoricum, could reduce the genotoxic effects produced by cadmium chloride in mice. They used potentized Cadmium Sulph because they could not get homeopathic potencies of Cadmium Chloride. Since Cadium Sulph and Cadmium Chlor contains Cadmium, and Cadmium is the real genotoxic factor, such an experimental protocol is acceptable.

Through these experiments, the team could prove that both Cad Sulph-30 and 200 were able to combat cadmium induced genotoxic effects in mice. From the results of the reported investigation it is revealed that both Cad Sulph-30 and Cad Sulph-200 showed remarkable potential to reduce genotoxic effects produced by CdCl2. In the study the homeopathic drug apparently enhanced/activated the process of maintaining the structural integrity of chromosomes and sperm either protecting them from the destructive ability of CdCl2 in causing DNA damage or else, by enhancing the process of repair of DNA already damaged by activating specific enzyme systems to repair the damage. Even in the absence of a single original drug molecule both Cad Sulph-30 and 200 elicited spectacular ability of protection/repair to damaged chromosomes and sperm, a fact which would lead one to speculate that the drugs must have acted through the genetic regulatory mechanisms.

STUDY II:

We have another relevant study conducted by a team consisting of Philippe Belon, Pathikrit Banerjee, Sandipan Chaki Choudhury, Antara Banerjee,Surjyo Jyoti Biswas, Susanta Roy Karmakar, Surajit Pathak, Bibhas Guha, Sagar Chatterjee, Nandini Bhattacharjee, Jayanta Kumar Das, and Anisur Rahman Khuda-Bukhsh of Boiron Lab, 20 rue de la Libėration, Sainte-Foy-Lės-Lyon, France, and Department of Zoology, University of Kalyani, Kalyani-741235, West Bengal, India , published on December 26, 2005. Complete report is available at this
link: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1375236/

This team undertook a study to find out whether administration of potentized homeopathic remedy,Arsenicum Album, alter Antinuclear Antibody (ANA) Titer in people living in high-risk arsenic ontaminated areas.

To examine whether elevated antinuclear antibody (ANA) titers reported in random human population of arsenic contaminated villages can be reverted to the normal range by administration of a potentized homeopathic drug, Arsenicum album, randomly selected volunteers in two arsenic contaminated villages and one arsenic-free village in West Bengal (India) were periodically tested for their ANA titer as well as various blood parameters in two types of experiments: ‘placebo-controlled double blind’ experiment for shorter duration and ‘uncontrolled verum fed experiment’ for longer duration. Positive modulation of ANA titer was observed along with changes in certain relevant hematological parameters, namely total count of red blood cells and white blood cells, packed cell volume, hemoglobin content, erythrocyte sedimentation rate and blood sugar level, mostly within 2 months of drug administration.

Thus, potentized Arsenicum album was proved to have great potential for ameliorating arsenic induced elevated ANA titer and other hematological toxicities.

Both these controlled scientific studies have proved beyond doubt that potentized homeopathic medicines can antidote or reverse the biological effects of parent drugs.

In the absence of original drug molecules, how could the homeopathic potencies exhibit such an action? The theory that potentized medicines ‘mimic’ the parent drugs is obviously disproved through these experiments. Only logical explanation we can provide for this phenomenon is the ‘molecular imprints’ of parent drug molecules being the active principles of potentized medicines. ‘Molecular imprints’ can specifically bind to the parent molecules, and thereby antidote or reverse the biological properties of parent molecules.

INDIRECTLY, THESE STUDIES STRONGLY SUPPORT IN PROVING THE "MOLECULAR IMPRINTING" HYPOTHESIS PROPOSED BY MIT REGARDING MOLECULAR MECHANISM OF POTENTIZATION AND HOMEOPATHIC THERAPEUTICS.

We already know that most of the diseases are caused by endogenous or exogenous pathogenic molecules binding to various essential biological molecules and inhibiting their normal functioning.

When biological molecules are inhibited, they are prevented from interacting with their natural ligands, where as such interactions are essential for normal vital processes.

Pathogenic molecules block the biological molecules by binding to the binding sites or active sites. This happens when the functional groups of pathogenic molecules are similar in conformation to those of natural ligands.

From homeopathic point of view, it is obvious that natural ligands of biological molecules will be the most appropriate similimum for the pathogenic molecules that may inhibit those biological molecules. That means, molecular imprints of biological ligands will be capable of binding to the pathogenic molecules that may attack those biological molecules. As such, it is possible that potentized biological ligands could be used as powerful therapeutic agents in various kinds of diseases.

This understanding opens up possibilities of developing a whole new range of novel potentized homeopathic drugs from BIOLOGICAL LIGANDS, that could be used as SPECIFIC therapeutic agents on the basis of advanced knowledge of biochemistry and molecular pathology.

Here I am for the first time introducing an idea of revolutionary dimensions, not only for homeopathy, but for whole medical science and pharmaceutical industry. Potentized BIOLOGICAL LIGANDS will be a great leap in establishing homeopathy as a part of modern medical science. It will also make homeopathic prescriptions more SPECIFIC.

WHAT ARE BIOLOGICAL LIGANDS?

Understanding LIGANDS is very important in studying the BIOLOGICAL MECHANISM of homeopathic drug action as proposed by the scientific explanation of homeopathy proposedd by MIT.

In biochemistry and pharmacology, a LIGAND is a substance- a small molecule- that forms a complex by binding with a biomolecule to serve a biological purpose. In protein-ligand binding, ligand usually is a signal triggering molecule, binding to a site on a target protein. In DNA-ligand binding studies, ligand is usually any small molecule or ion, or even a protein that binds to the DNA double helix.

The binding occurs by intermolecular forces, such as ionic bonds, hydrogen bonds and van der Waals forces. The docking (association) is usually reversible (dissociation). Actual irreversible covalent bonding between a ligand and its target molecule is rare in biological systems. In contrast to the meaning in metalorganic and inorganic chemistry, it is irrelevant whether the ligand actually binds at a metal site, as is the case in hemoglobin.

Ligand binding to a receptor (receptor protein) alters its chemical conformation (three dimensional shape). The conformational state of a receptor protein determines its functional state. Ligands include substrates, inhibitors, activators, and neurotransmitters. The tendency or strength of binding is called affinity. Binding affinity is determined not only by direct interactions, but also by solvent effects that can play a dominant indirect role in driving non-covalent binding in solution.

Radioligands are radioisotope labeled compounds are used in vivo as tracers in PET studies and for in vitro binding studies.

The interaction of most ligands with their binding sites can be characterized in terms of a binding affinity. In general, high-affinity ligand binding results from greater intermolecular force between the ligand and its receptor while low-affinity ligand binding involves less intermolecular force between the ligand and its receptor. In general, high-affinity binding involves a longer residence time for the ligand at its receptor binding site than is the case for low-affinity binding. High-affinity binding of ligands to receptors is often physiologically important when some of the binding energy can be used to cause a conformational change in the receptor, resulting in altered behavior of an associated ion channel or enzyme.

A ligand that can bind to a receptor, alter the function of the receptor and trigger a physiological response is called an agonist for that receptor. Agonist binding to a receptor can be characterized both in terms of how much physiological response can be triggered and in terms of the concentration of the agonist that is required to produce the physiological response. High-affinity ligand binding implies that a relatively low concentration of a ligand is adequate to maximally occupy a ligand-binding site and trigger a physiological response.

Various pathogenic molecules and drug molecules work by binding and blocking upon the biological molecules, thereby preventing the normal interactions between biological molecules and their natural ligands. LIGANDS that facilitate biological actions are called AGONISTS, and those inhibiting biological actions are called ANTAGONISTS. LIGANDS are also called as 'inhibitors' and 'activators' according to the roles they play.

ANY endogenous or exogenous molecule may be considered a LIGAND, if it can bind to a BIOLOGICAL MOLECULE and modify its action.

By BIOLOGICAL LIGANDS, we refer to various endogenous molecules and ions that play essential roles in normal biological processes by acting upon biological molecules. Cytokines, signalling molecules, hormones, neuromediators, co-factors, vitamins, neurotransmitters, free radicals--- list of biological ligands will be very exhaustive.

TWO major 'limitations' of homeopathy are: 1. Homeopathy cannot cure diseases originating from 'primary' nutritional deficiencies, unless those deficiencies are provided for through proper nutrition or supplementation. 2. Homeopathy cannot cure diseases originating from defective genetic substance, unless those defects are not caused by errors in epigenetic factors of genetic expressions. All diseases other than those belonging to these two categories can be successfully treated using well-selected homeopathic drugs in potentized forms.

Drugs potentized above 12C will not contain any drug molecule. Active principles of such a preparation are 'molecular imprints'. If a drug substance in its crude form contained different chemical molecules, its potentized form also will contain different types of molecular imprints that represent all those different individual chemical molecules. These individual molecular imprints cannot interact each other even while co-existing.

Molecular imprints can interact only with its specific parent drug molecule, or any other molecule having conformations exactly similar to the parent molecules. When introduced into the body as therapeutic agent, these molecular imprints act in their individual capacities, by binding to specific pathogenic molecules having conformational

affinity.

Actually, molecular imprints act as 'artificial key holes' for the specific pathogenic molecules. In the absence of exactly 'fitting' pathogenic molecule, these molecular imprints remain inactive, since they are made up of only alcohol and water molecules.

Since molecular imprints can co-exist without interacting each other, and since they do not have action in the body if 'fitting' pathogenic molecules are not present, it is obvious that there will not be any harm if we combine two or more drugs in potencies above 12C. There is no need of any hesitation or confusion on this point.

Kindly do not try to 'teach' me by quoting from 'aphorisms' or 'words of masters'. I am not interpreting organon here. I am only saying what I think on the basis of 'my understanding' of homeopathy in the light of scientific knowledge available to me. Anybody is free to disagree. I am ready for rational discussions, but not available for 'blind' arguments.. please...

Once modern biochemistry advances to such a stage of perfection that the molecular pathology and biochemical mechanisms of all diseases are explored and revealed to the homeopaths, and pharmaceutical chemistry advances to such a stage that the molecular structure and biological actions of all drug substances are clearly known, homeopathic practice will gradually evolve from present 'symptom-based' and 'evidence-based' practice into 'science-based' and 'knowledge-based' practice. I know, such an evolution will be a gradual, very slow and long-term process. At that stage, homeopathy will be universally recognized as an advanced branch of modern molecular medicine, and rightfully designated as Molecular Imprints Therapeutics.

Research shows that a dysregulated hypothalamic-pituitary-adrenal axis (HPA axis) plays a role in the pathology of major depression. Recently, there has been additional research showing that the HPA axis also contributes to the pathology of bipolar disorder. One study found an increase in cortisol in major depression patients and in bipolar patients in both manic and depressed phases. An additional study found that there were increases in cortisol in both active bipolar patients and remissive bipolar

patients indicating an overall deficit in HPA axis functioning in people with bipolar disorder.

Based on this observation, I have been using a combination therapy of CORTISOL 30 and PITUTRIN 30 TDS for long periods in BIPOLAR patients, with excellent results. You can try it without any fear of harmful effects.

What one claims as his "experience" does not make him more wise, if he cannot understand, interpret and explain the experiences rationally and scientifically. Those FIVE poor blind men of our proverbial fable, who 'found the elephant' were also talking about their "experiences"! Do not try to create 'principles' and 'theories' about homeopathy on the basis of BLIND "experiences" of yourself or even any other 'master'. First of all, learn to interpret your experiences scientifically before making them 'principles'.

'Similia Similibus Curentur' means, if a drug substance can PRODUCE a peculiar combination of symptoms when applied in crude form in a healthy individual, that substance in potentized form can CURE diseases in any person if SIMILAR combinations of symptoms are present in him.

In order that the DRUG SYMPTOMS and DISEASE SYMPTOMS become similar, it is obvious that SAME biological molecules are affected and similar molecular errors could be produced by DISEASE-causing molecules and DRUG molecules. In order to affect similar biological molecules, drug substance should contain some molecules that carry some FUNCTIONAL GROUPS exactly similar to the functional groups of disease-causing molecules, so that both could bind to similar biological targets and produce similar molecular inhibitions.

POTENTIZATION is a process by which the individual constituent molecules are subjected to MOLECULAR IMPRINTING, through a process of 'guest-host' interactions, where drug molecules act as guests and water-ethyl alcohol molecules act as hosts. By the time potentization crosses avogadro limit or 12c dilution, all drug molecules will be removed and only MOLECULAR IMPRINTS will remain. Molecular imprints are

hydrogen-bonded supramolecular nanoclusters of water-ethyl alcohol molecules, into which three-dimensional conformations of individual drug molecules are engraved.

When applied as therapeutic agent by selecting as similimum, these molecular imprints can act as selective artificial binding sites for pathogentic molecules having complementary configuration. Thus, the molecular imprints deactivate the pathogenic molecules, thereby relieving the biological molecules from the molecular inhibitions. Removal of biological molecular inhibitions amount to CURE of the disease.

This is the simple, rational and scientific truth involved in similia similibus curentur. It is not difficult to understand, if you have an open mind and basic scientific knowledge. You cannot become a scientific physician without understanding these fundamental things about homeopathy

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You are totally mistaken, if you think finding similimum using 'totality of symptoms' means matching of 'ALL symptoms of a drug' with 'ALL symptoms of a patient'. Actually it means, taking maximum available 'total symptoms' from the patient, and finding a drug that has this 'totality of symptoms' in its drug pathogenesis. By 'total symptoms', we does not mean 'all symptoms', but any basic abnormal symptom from the patient taken in its totality, by combining it with all its 'accessories' such as causations, locations, sensations, presentations, modalities and concomitants.

A Research Study Disproving The Role Of ‘Vital Force’ In Homeopathic Drug Action

The MODEL proposed by MIT regarding biological mechanism of homeopathic drug action does not consider VITAL FORCE as a factor. This approach totally disagrees with the models most homeopaths propagate as 'true homeopathy'. MIT considers any process of cure as a MOLECULAR level process, and explains ‘similia similibuscurentur’ in terms of modernbiochemistry.

According to ‘classical homeopathy, disease and cure take place only at the level of ‘vital force’, which is an ‘immaterial’, ‘spirit like’ force animating the living organism. According to this theory, potentized drugs should act only up on the living organism as a

whole, animated by ‘vital force’ and having ‘mind’ and ‘nerve tissue’.

If this vitalistic model of homeopathy is right, potentized drug should ACT only on LIVING ORGANISMS, having mind and nervous tissue. Any evidence that proves potentized drug can act on CHEMICAL MOLECULES devoid of nerve cells, mind and vital force, will inevitablyprove this ‘vital force’ theory wrong.

Now we have a RESEARCH report before us that clearly PROVES that potentized drugs act on biological molecules through a 'material' mechanism similar to the action of modern drugs. That means, we have to explain the dynamics of homeopathic therapeutics in accordance with the principles of modern biochemistry and molecular medicine. This report ratifies the model proposed by MIT, which explains the biological mechanism of potentized drugs in terms of molecular level interactions.

This study also proved that potentized homeopathic drugs cannot produce any BAD EFFECTS upon healthy cells, which disproves the theory that homeopathic drugs used without indications may harm the organism. MIT always maintains that molecular imprints cannot PRODUCE molecular inhibitions, but only REMOVE molecular inhibitions.

I am referring to a recent study published in the February 2010 issue of the International Journal of Oncology has documented that homeopathic remedies applied to breast cancer cells caused significant cell death, while resulting in nearly indiscernible harm to normal breast cells. The study, done by the respected MD Anderson Cancer Center, was entitled, ‘Cytotoxic effects of ultra-diluted remedies on breast cancer cells’. (“Cytotoxic effects of ultra-diluted remedies on breast cancer cells”; Frenkel et al, International .Journal of Oncology, 36: 395-403, 2010)
Report says:
“This reported study was done same way as any new chemotherapeutic drugs are tested. The researchers proved that homeopathic remedies have similar effects to chemotherapy on breast cancer cells but without affecting normal cells. This is the first study that evaluated the effect of homeopathic remedies on breast cancer cells using same methodology used for chemotherapeutic drugs”.

“Modern automated equipment was used to test the effects of four homeopathic remedies on two adenocarcinoma cell lines. Controls of normal breast cells and cells

treated only with solvent were done". "Cell lines were cultured and treated with solvent or solvent with one of four remedies added: Carcinosin 30C, Conium maculatum 3C, Phytolacca decandra 200C, and Thuja occidentalis 30C".

"The results were remarkable. The viability of cells treated only with solvent were inhibited, on average, by 20-30% in the three cell lines, to a maximum of 35% at the longest exposures. All four remedies further inhibited viability in the two breast cancer cell lines, but did not show a significant reduction in the normal cell lines. The amount varied by cell line, remedy, concentration of remedy, and time. One of the cancer cell lines was less viable in the face of homeopathic remedies than theother."

"The two most effective remedies on these cell lines were Carcinosin and Phytolacca. At 5µl/ml, they reduced viability in one cancer cell line at 48 & 72 hours by 50-65%, and at 10µl/ml, viability was reduced by 65-70%. In the other cancer cell line at the same times, 5µl/ml concentrations reduced viability by 60-75% and at 10µl/mo, viability was reduced by 70-80%. The maximum viability reduction by solvent alone in the two cancer cell lines was 30-35%."

"The effects of all the remedies on the normal cell line were nearly indistinguishable from the solvent's effect, which showed potentized drugs has no action upon normal cells."

MY COMMENTS:

Let us examine the implications of this scientific study on homeopathic theory and practice from a different angle. In my opinion, this scientific study has following implications upon homeopathy:

First of all, this study proved the efficacy of potentized homeopathic drugs on cultured samples of cancer cells, thereby providing a fitting answer to the distracters of homeopathy who argue that potentized drugs have only placebo effect.

This study done by Frenkel and his team provides compelling evidence that homeopathic remedies have an impact on living cells, and may indicate an ability to distinguish between healthy and diseased tissues. It doesn't demonstrate how homeopathic remedies work,though it does provide some evidence for cellular changes

they produce in some cancerous cells.

At the very least, Frenkel's team has shown that homeopathy and its remedies work without any role of 'placebo effect' as some people wrongly allege. Nobody can say 'placebo' can work on biological molecules outside the organism.

Secondly, even though my inference may not be acceptable to 'classical homeopaths', this study scientifically disproves the homeopathic theory regarding mode of action of potentized drugs, and role of 'vital force' in the action of potentized drugs.

Most homeopaths maintain that the 'dynamic medicinal energy' of potentized drugs act upon the organism through 'nerve signals', which is proved incorrect through this study, since 'cancer cell cultures' used for here do not contain nerve cells.

According to 'classical homeopaths', 'dynamic drug energy' acts up on 'vital force', which cures the disease first at 'mental level'. It is believed that the 'mind' in turn cures the disease in the 'physical body'. There is no 'mind' or 'vital force' present in cell cultures, and as such, this study totally disproves the whole theory of 'vital force' in the homeopathic drug action.

According to 'classical homeopathy, disease and cure takes place only at the level of 'vital force', which is an 'immaterial', 'spirit like' force animating the living organism. According to this theory, potentized drugs should act only up on the living organism as a whole, animated by 'vital force' and having 'mind' and 'nerve tissue'.

The present study is not conducted on living individuals, but in vitro cell cultures, same way as modern chemotherapeutic drugs are tested. Cell cultures do not contain nerve cells, mind or vital force, which totally disproves the theory of vital force, nerves and mind as factors in homeopathic therapeutic process

Thirdly, this study has documented that homeopathic remedies applied to breast cancer cells caused significant cell death, while resulting in no harm to normal breast cells. That shows potentized homeopathic drugs have no action upon healthy cells, which disproves the theory that homeopathic drugs used without indications may harm the organism.

Lastly, since this in vitro study was conducted in the same way as modern chemotherapeutic drugs, it clearly proves that potentized drugs act on biological molecules through a mechanism similar to the action of modern drugs. That means, we have to explain the dynamics of homeopathic therapeutics in accordance with the principles of modern biochemistry and molecular medicine.

I think this study is a decisive step in PROVING the biological model of homeopathic drug actions proposed by MIT, and the over all the scientific understanding of homeopathy.

One of the basic questions listed to be proved as part of scientific verification of MIT concepts was, whether potentized drugs, devoid of any original drug molecules, differ from untreated diluent medium in its molecular level structure. If MIT is right, they should obviously differ, since ‘molecular imprinting’ is envisaged as formation of hydrogen-bonded supra-molecular nano-structures of water-ethyl alcohol molecules.

An elaborate study conducted by a research group, eventhough without any idea of molecular imprinting involved in potentization, rightly observes that the homeopathic potencies and their original diluent medium differ from each other with respect to the number of H-bonded water species and their H-bonding strengths. Interpretations and conclusions of authors were different from that of mine, but that does not lessen the historical relevance of this study in the scientific understanding and explaining of homeopathy.

I think this study contributes much in proving MIT concepts right. Even though the authors could not understand the real process of “MOLECULAR IMPRINTING” involved in the phenomenon, their observation amply proves that the supra-molecular structure of potentized medicines differs from ethyl alcohol/water mixture, even though their chemical composition remained the same. That means, through the process of potentization, supra-molecular structure of ethyl alcohol/water mixture has undergone fundamental changes.

Obviously, it is through these structural changes that the medicinal properties of drug molecules are transferred to the diluent medium. This proven difference in the structure

of potentized medicines from their original medium, the specificity of medicinal properties exhibited by potentized medicines, and the fact that potentized medicines exhibit medicinal properties exactly opposite and antidoting to that of parent drugs can be satisfactorily explained only on the basis of “molecular imprinting’ as proposed by MIT.

This remarkable study regarding the variation in Fourier Transform Infrared Spectra of some homeopathic potencies and their diluent media, conducted by N.C.SUKUL, Ph.D., SUDESHNA GHOSH, M.Sc., A. SUKUL, Ph.D., and S.P. SINHABABU, Ph.D. It is published in THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE, Volume 11, Number 5, 2005, pp. 807–812. The report is available at this link:http://www.homeopathy.org/research/basic/ acm-2005-11_11.pdf

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BIOLOGICAL molecular processes being inter-related and inter-dependent, a particular ‘molecular error’ happening in a particular biochemical pathway may inevitably lead to cascading of molecular errors in various related biochemical pathways. This 'cascading' effect is expressed as ‘trains’ of symptoms called ‘symptom complexes’.

By carefully observing the ‘symptom complexes’ existing in a patient, and comparing them with 'symptom complexes' known to be produced by various drug substances, we can infer the exact type and character of molecular errors underlying them, and select an appropriate remedial agent that in 'molecular imprints forms' can remove those molecular errors. 'Similia Similibus Curentur' actually embodies this scientific truth.

Since ‘life’ consist of highly complex and self-organized chains of inter-related biochemical processes involving interactions of diverse biological molecules, DISEASE also should be understood at molecular level.

Every state of DISEASE has an underlying 'deficiency' or ‘molecular error’ created by an endogenous or exogenous factor that inhibits the normal functioning of any of the biological molecule playing a role in the vital processes.

These 'molecular errors' lead to deviations in related biochemical pathways which

amount to a state of pathology. Such molecular errors are expressed in the living organism through subjective and objective manifestations we call ‘SYMPTOMS’.

If we could identify the exact molecular errors involved in a state of pathology and its homeopathic remedial agent by any advanced KNOWLEDGE other than observation and comparing of symptoms, I do not see anything wrong or 'unhomeopathic' in selecting a ‘similimum’ by using such knowledge.

What I mean is, ‘matching disease symptoms and drugs symptoms’ is not the ONLY way to decide a similimum. If we know the exact pathogenic molecules that caused a given pathological condition, we can select the molecular imprints of that pathogenic molecule as the homeopathic therapeutic agent without any matching of symptoms.

Actually, this is what happens when we prescribe various specifics, nosodes and sarcodes which are not selected by ‘matching of symptoms’. Autopathic and tautopathic prescriptions are also not based on similarity of symptoms. When we prescribe PEPSINUM 30 for gastritis, it is not based on ‘similarity of symptoms’, but the knowledge that PEPSIN can cause gastritis. Many wonderful homeopathic prescriptions could be made without any ‘matching of disease symptoms and drug symptoms’.

According to my view, 'similimum' does not necessarily mean a drug selected ONLY on the basis of 'similarity of symptoms'. ’Similimum’ should exactly mean ‘similarity between pathological molecular errors’ and 'drug-induced molecular errors', or 'conformational similarity between pathogenic molecules and drug molecules’. SIMILARITY OF SYMPTOMS is only one of the many ways of identifying the 'similimum'.

If I am asked to define 'similimum', I would say similimum is the drug that contains ALL the diverse molecules that could produce ALL the diverse molecular inhibitions and symptoms in healthy organism EXACTLY SIMILAR to the molecular inhibitions and symptoms existing in the patient before us, by binding to same biological target

molecules.

Potentized forms of the similimum would contain molecular imprints of constituent molecules of the drug substance, which can bind to the pathogenic molecules due to complementary conformational affinity and remove the pathological molecular inhibitions.

To be a PERFECT SIMILIMUM, our drug should contain ALL the diverse molecules that could produce ALL the diverse molecular inhibitions and symptoms, so that in potentized form it would contain ALL the diverse molecular imprints required to remove ALL the diverse molecular inhibitions in the patient.

If the selected drug does not contain ALL the diverse molecular imprints required for the patient, it will be PARTIAL SIMILIMUM. In such cases, we can make a PERFECT SIMILIMUM by combining two or more PARTIAL SIMILIMUMS indicated by the symptoms.

When a well selected drug fails to produce desired effects, or curative process come to standstill after initial improvement in spite of repetition of doses, most people tend to change potencies or altogether change the drug itself.

My suggestion is, instead of changing the drug or potency, use the same drug in same potency from another sample procured from another source. It will work.

For example, when nux is indicated drug, and given it in 30c with good response. After a few repititions, it becomes standstill. Then you try NUX 30 from another source. It works, same way as you get response from using higher potency. When you get results from changing potencies, it is actually the change in sample and source that work.

Every sample of nux may not contain all types of molecular imprints of constituent molecules of nux vomica. When we change sample, the patient gets those imprints which were absent in first sample.

It is not at all realistic to imagine that the same drug sample of Nux Vomica used for

proving is always used for preparing its potencies also. It may have been procured and prepared from another location, climate, environment, time and circumstances. All of these factor may necessarily influence their chemical constitution also.

Contaminants and pollutants also differ with time, place and persons who handled it. Yet, we are obliged to call all these different samples as Nux Vomica, and use it as same drug, believing that it is a ‘single drug’!

In reality, potentized Nux Vomica we get now from pharmacies are prepared from samples very much different from the samples used for proving it two hundred years back. It might not necessarily be the same contaminations and foreign molecules which happen to be mixed with the drug during procurement and potentization. Entirely new type of impurities and foreign molecules, different from proven samples, shall definitely get mixed with drugs while potentizing. Naturally, these contaminants and foreign molecules also get subjected to potentization along with original drug molecules.

It is evident that the homeopathic potencies of Nux Vomica we get from pharmacies contain the potentized forms of these new contaminant molecules also. In other words, they are mixed with potentized forms of these unknown substances, entirely different from those were subjected to proving. We cannot ignore the fact that we are not using potencies of same drug, that have been proved earlier and recorded in the materia medica, eventhough we call it with same name. It is composed of an entirely different mixture, much more different in molecular structure from the one subjected to original proving. We use the potentized form of this new combination, on the basis of symptoms produced by another combination earlier, using the therapeutic principle ‘Similia Similibus Curentur’. Is not this realization somewhat emberassing?

Unless we provide convincing solutions to the ethical, theoretical and practical problems raised by this situation, it would be unfair to continue claiming that we are using ‘single drugs’, only because our 'master' said so!

I think many excellent homeopathic prescriptions are spoiled only due to our ‘theoretical’ hesitation to repeat the doses in adequate intervals, and these failures are wrongly attributed to ‘wrong drug’ selection or ‘wrong potency’ selection. We could have avoided

such failures by repeating the doses frequently so as to maintain thedrug action at optimum levels to effect a complete cure.

My concepts regarding ‘repetitions’ come from the scientific understanding of potentization as ‘molecular imprinting’ and the active principles of potentized medicines as ‘molecular imprints’ of constituent drugmolecules used for potentization.

According to my view, Molecular Imprints are the active principles of potentized drugs. These ‘molecular imprints’ act by binding to the pathological molecules having ‘complementary’ configuration, thereby relieving biological molecules from pathological inhibitions and effect cure.

It is always possible that these ‘molecular imprints’ could themselves get antidoted or deactivated by by molecules or ions having complementary configurations. That means, 'molecular imprints’ we introduced into the body may get deactivated by pathological molecules or other molecules having congigurational affinity. Molecules and ions of metabolites, vegetable alkaloids, enzymes, food additives, environmental toxins, infectious agents, bacterial-viral toxins and a host of other agents may antidote these ‘molecular imprints’. Such antidoting may hinder or reduce the therapeutic effects of potentized drugs used as similimum. Hence, it is necessary to replenish the supply of ‘molecular imprints’ by repeating doses at frequent intervals to ensure a complete cure. That is my point.

Once you understand the scientific explanation of homeopathy as Molecular Imprints Therapeutics, instantly you start experiencing the self-confidence it provides, the great empowerment and transformation it brings to your over-all outlook and practice as as a homeopath.

Once you understand homeopathy as Molecular Imprints Therapeutics, and start practicing it in this light, you will realize that your whole erstwhile perceptions of homeopathy is undergoing a wonderful change- your methods, targets and approaches changing radically. You will realize that you are no more a ‘healer’ practicing a ‘belief healing system’, but a proud scientific medical professional, capable of understanding and scientifically explaining your tools and principles to anybody. Your language

becomes scientific, your thoughts become rational and your explanations becomes logical and convincing. You will no more have to talk about miracles, wonders, riddles and mysteries of homeopathy. Experience this change yourselves!

Once you understand and accept homeopathy as Molecular Imprints Therapeutics, you would realize that any individual patient coming to you will have diverse types of molecular errors in him, caused by diverse types of endogenous or exogenous pathogenic molecules, and as such, diverse types of molecular imprints will be required to remove all these multitudes of molecular inhibitions to effect a complete cure. In most cases, all these diverse molecular imprints required for the patient will not be available in a ‘single’ drug, and hence, we will have to select more than one drug according to similarity of symptom groups, and apply them simultaneously, alternatingly or serially as decided by the physician. In my opinion, there is no harm even if they are applied together.

Once you understand and accept homeopathy as Molecular Imprints Therapeutics, all your confusions over ‘miasms’ could be resolved by perceiving miasms as chronic disease dispositions caused by the off-target actions of antibodies generated against exogenous or endogenous proteins including infectious agents. It would help you in scientifically understanding and treating various types of chronic diseases including auto immune diseases

Once you understand and accept homeopathy as Molecular Imprints Therapeutics, you will realize that concepts such as ‘internal essence of drug substance’, ‘dynamic drug energy’, ‘drug personality’ etc are all scientifically baseless, and that the medicinal property of drug substance is decided by the structure and properties of constituent molecules, where as the medicinal properties of potentized drugs are decided by the 3-d configuration of molecular imprints they contain.

Once you understand and accept homeopathy as Molecular Imprints Therapeutics, you will realize that when applied as similimum, potentized drug does not act as a ‘whole’ unit, but it is the individual constituent ‘molecular imprints’ that independently bind to the pathogenic molecules having configurational affinity, remove pathological molecular inhibitions and cure the disease. You will realize that you need not worry over single/multiple drugs issue any more.

Once you understand and accept homeopathy as Molecular Imprints Therapeutics, you will realize that during ‘drug proving’, drug substance does not act as a ‘whole’ unit, but it is the individual constituent drug molecules that independently act up on the biological molecules, cause molecular inhibitions and produce symptoms.

Once you understand and accept homeopathy as Molecular Imprints Therapeutics, you will realize that since molecular imprints do not interact each other, and since they act as individual units when applied as therapeutic agents, there cannot by any harm even if we mix two or more potentized drugs together, or prescribe them simultaneously- they will work.

Once you understand and accept homeopathy as Molecular Imprints Therapeutics, you will realize that even so-called ‘single drugs’ are not really single, but combinations of diverse types of independent ‘molecular imprints’, representing diverse types of drug molecules, acting as independent units upon pathogenic molecules having configurational affinity and removing molecular inhibitions

Once you understand and accept homeopathy as Molecular Imprints Therapeutics, you will realize that ‘molecular imprints’ forms of drugs cannot interact each other, and as such, one cannot antidote another, or act inimical to each other.

Once you understand and accept homeopathy as Molecular Imprints Therapeutics, you will realize that there is no chance of so-called aggravations, suppressions, provings or any other harm even if ‘wrong’ drug, ‘wrong’ potency or ‘untimely repetitions are used, if you are using only ‘molecular imprints’ forms of drugs.

Once you understand and accept homeopathy as Molecular Imprints Therapeutics, you realize that selecting drug, potency, dose and follow up and getting cure are not a so much complex things as we are made to believe.

Once you understand and accept homeopathy as Molecular Imprints Therapeutics,you realize no more ‘riddles and mysteries’ remain in homeopathy that could not be explained.

Only Molecular Imprints Therapeutics provides a rational explanation of homeopathy,

fitting well to modern science and our every day experiences in application of homeopathy.

In many western countries, homeopathy is taught in 'alternative medicine schools', as part of their CAM learning programs. Homeopathy is considered by them not as a 'medical science', but as one among their 'holistic' or 'spiritual' healing practices known as 'energy medicine'. And these people appear in public forums as 'masters', 'representatives' and 'international spokes persons' of homeopathy!

HOMEOPATHS coming out of these 'colleges' practice not only homeopathy, but a 'mixture' or 'integration' of spiritual healing, Naturopathy, traditional chinese medicine, accupuncture, pranic healing, massage therapy, ayurveda, chiropractic, chromotherapy, phototherapy, magnetotherapy, gem therapy, astrology, biofield therapy, reiki, hypnotherapy, relaxation, yoga, meditation, herbalism, flower essence, osteopathy, breathing therapy, aromatherapy, reflexology, radionics, dowsing, music therapy, shamanic, and a host of other ALTERNATIVE THERAPIES- most of them pure OCCULT or QUACKERY.

Situations in certain countries like INDIA is entirely different, where homeopathy is considered an independent MEDICAL SYSTEM. In India, homeopathy is taught only in homeopathic colleges controlled by a central homeopathy council constituted on the basis of a parliamentary act. Homeopathy education and practice are under the strict control of state, exactly similar to modern medicine. Syllabus and curriculum for homeopathy courses are designed in a way fitting to a SCIENTIFIC MEDICAL SYSTEM. Homeopaths graduating from these colleges practice as SCIENTIFIC PHYSICIANS- not as HEALERS. They never promote any ALTERNATIVE therapies by 'mixing' up with homeopathy practice.

Homeopathic educational and practicing system in INDIA could be used as an ideal model for homeopathy in all countries. Such a re-modelling will help WORLD homeopathy to come out of CAM UMBRELLA, and establish as an independent and SCIENTIFIC medical system.

Homeopaths should realize that VITAL FORCE and DYNAMIC ENERGY concepts are the greatest stumbling blocks that prevent homeopathy from getting recognized as a MEDICAL SCIENCE.

We have to explain homeopathy in scientific terms, using scientific paradigms, in a way fitting to the modern BIOCHEMISTRY, PHARMACOLOGY and LIFE SCIENCES, and prove it using SCIENTIFIC METHODS.

WE HAVE NO OTHER OPTIONS, IF WE WE WANT HOMEOPATHY TO SURVIVE IN THIS ERA OF SCIENTIFIC AWARENESS AND ENLIGHTENMENT. BY RESISTING SUCH A TRANSFORMATION, YOU ARE DIGGING THE GRAVE FOR HOMEOPATHY!!

If you cannot say an emphatic 'NO' to 'ENERGY MEDICINE HOMEOPATHY' of all shades and colors, you cannot LEARN, PRACTICE and PROPAGATE homeopathy as a MEDICAL SCIENCE. You cannot effectively communicate with scientific community as EQUALS, and say HOMEOPATHY IS SCIENCE- NOT FAITH HEALING OR OCCULT.

Only MIT concepts can RATIONALLY answer the fundamental question "what is the active MATERIAL FACTOR of potentized drugs", and propose a viable BIOLOGICAL MECHANISM for its therapeutic actions, in a way that could be subjected to validation by SCIENTIFIC METHODS.

Earlier the homeopathy community realize the importance and implications of MIT for the survival and advancement of homeopathy, the better. If you fail or hesitate by prejudices to understand and accept this wonderful concept, homeopathy will be the ultimate loser, NOT ME.

You cannot dream about making homeopathy SCIENTIFIC, and getting recognized as a MEDICAL SCIENCE, unless you are ready to abandon the UNSCIENTIFIC concepts of VITAL FORCE and DYNAMIC DRUG ENERGY.

Homeopaths should be aware of a hard truth: Without providing a DIRECT and convincing answer to the fundamental question "what is the active MATERIAL FACTOR of potentized drugs", and without proposing a viable BIOLOGICAL MECHANISM for its therapeutic actions, in a way that could be subjected to validation by SCIENTIFIC METHODS, there is no hope for homeopathy to SURVIVE in an enlightened modern knowledge society.

Success in homeopathic practice depends up on physician's skills to collect 'complete symptoms' that would indicate most appropriate similimum.

First of all, we should be capable of differentiating between 'normal' and 'abnormal' symptoms.

'Normal' symptoms are those which represent 'normal' physiological processes in organism, which have no role in determining a similimum. Normal thirst, normalperspiration, normal bowel movements, normal appetite, normal sleep, normal emotions, normal body temperature, normal thermal responses etc etc.

Normal thirst represents normal physiology. But, if a person is thirstless in conditions where he should be thirsty, for example, when exposed in hot atmosphere for long time, it shows an abormality. To be extremely thirsty in very cold climate is also abnormal. Feeling extremely hot in chilly climates abnormal, and feeling chilly in very hot climate is also abnormal. Perspiring in hot climate is normal, but in cold climate is abnormal. Soft stool passed with difficulty is abnormal, but hard stool passed with difficulty is normal.

'Abnormal' symptoms are those symptoms that represent an 'abnormal' state of affairs in the organism- or, a molecular level pathology. It is these 'abnormal' symptoms that decide our selection of similimum. Abnormal thermal reactions, abnormal emotions, abnormal body temperature, abnormal appetite, abnormal thirst, abnormal sleep, abnormal perspiration, abnormal behaviors etc etc.

Identifying 'abnormal' symptoms is a tough task, if we are not aware of 'normal physiology' that are represented by 'normal symptoms'.

Next stage is, identifying 'basic symptoms' and 'accessory symptoms'.

A 'basic symptom', such as headache, joint pain, abdominal pain or any such 'complaints' for which a person seeks medical aid, becomes a valuable homeopathic symptom, only when it is made 'complete' by adding with their 'characteristic' 'accessory' symptoms.

'Accessory symptoms' are factors that make a 'basic' symptom a 'complete' one.

The word ‘accessory’ means something that ‘adds completeness’ to something else. In that sense an ‘accessory symptom’ might be a symptom that gives ‘completeness’ for another symptom. If a ‘headache’ is ‘amel by cold applications’, ‘amel by cold applications’ is the ‘accessory’ of the symptom ‘headache’, thereby making it a ‘complete symptom’.

Locations, presentations, sensations, modalities, concomittants, extensions etc constitute the broad class of ‘accessory symptoms’. Such factors make the symptoms ‘complete’. Accessory factors are also known as ‘symptom qualifications’. ‘ACCESSORY’ seems to be more meaningful and appropriate.

Accessory symptoms may be either 'essential/common' or characteristic/uncommon'. We are concerned with only 'characteristic/uncommon' accessories. A joint pain increasing by movement is common, but relieving by movement is uncommon. Sensation of heat relieving by cold application is common, but relieving by heat is uncommon. A joint pain increasing by movement is common, but relieving by movement is uncommon. Sensation of heat relieving by cold application is common, but relieving by heat is uncommon. Toothache relieved by chewing is uncommon, but increased by chewing is common.

Once the patient describes a 'basic symptom', homeopath should be always on the look out for as many related characteristic accessories that would make it a 'complete symptom'. Converting trivial 'basic symptoms' into valuable 'complete' symptoms need much observation and reasoning skills on the part of homeopath, which decides his success as homeopath.

We should ignore Normal Basic Symptoms, and collect only Abnormal Basic

Symptoms. We should ignore Essential/Common Accessory Symptoms, and collect only Characteristic/Uncommon Accessory Symptoms. This is the secret of successful case taking.

Here is the success formula for finding perfect similimum:

Abnormal Basic symptom+ Characteristic Accessory symptoms = Complete Homeopathic symptom >>> Perfect Similimum.

CAUSATION- LOCATION- PRESENTATIONS- SENSATION- MODALITIES- CONCOMITANTS(EXTENSIONS, ALTERNATIONS). THESE ARE THE SIX CATEGORIES OF ACCESSORY SYMPTOMS THAT QUALIFY EACH 'ABNORMAL BASIC SYMPTOM' TO MAKE IT A 'COMPLETE HOMEOPATHIC SYMPTOM'. COLLECTING AS MUCH 'COMPLETE HOMEOPATHIC SYMPTOMS' IN A CASE IS THE KEY TO SUCCESSFUL PRESCRIPTION.

First step in case taking is distinguishing between 'ABNORMAL' and 'NORMAL' from among the BASIC SYMPTOMS expressed by the patient. We need to consider only ABNORMAL ones, since they are the representatives of pathological molecular errors existing in the organism

Next step is, collecting the available ACCESSORY symptoms (CLOSMC) relating to each ABNORMAL BASIC SYMPTOM.

Next step is, making COMPLETE HOMEOPATHIC SYMPTOMS by combining each ABNORMAL BASIC SYMPTOM with their ACCESSORY SYMPTOMS.

Each COMPLETE HOMEOPATHIC SYMPTOM forms a separate SYMPTOM COMPLEX, that represent a particular MOLECULAR ERROR in the organism.

After collecting and preparing maximum number of SYMPTOM COMPLEXES, we can repertorize each SYMPTOM COMPLEX separately and find a SIMILIMUM for each.

If all SYMPTOM COMPLEXES of a patient indicates SAME drug, it is happy and welcome. If different SYMPTOM COMPLEXES indicates DIFFERENT DRUGS, we will have to consider a MULTIPLE DRUG prescription.

If you succeed in identifying at least ONE 'abnormal' symptom in your patient, and collect at least THREE of its associated accessory symptoms such as sensations, modalities and concomittants, you can confidently make a successful working homeopathic prescription.

Diseases, other than those originating from genuine nutritional deficiencies and genetic abnormalities, are caused by diverse types of exogenous or endogenous pathological molecules, which inhibit the normal actions of essential biological molecules by binding to them. Exactly, it is the ‘functional groups’ of pathological molecules that bind to biological molecules and produce pathological inhibitions, which are expressed through subjective and objective symptoms we call as ‘diseases’.

Constituent chemical molecules of a drug substance interact with our body by binding their diverse types of ‘functional groups’ or ‘moieties’ with specific biological target molecules in our organism and modifying their actions. This interaction is determined by configurational as well as charge affinities between those functional groups and biological target molecules. It is the number of types of biologically active ‘functional groups’ or ‘moieties’ available in a drug substance that decides whether it is a ‘single’ drug or ‘multiple’ drug.

Different types of ‘functional groups’ of individual molecules contained in a drug substance bind to different biological target molecules, and produce different types of modifications. It is this ‘modifying’ or ‘inhibitory’ actions that produce molecular states of pathologies during drug proving, which are expressed through diverse types of subjective and objective symptoms.

Similar functional groups being part of different drug molecules of even different drug substances can bind to same target molecules and produce similar bio-molecular modifications and similar symptoms.

When a drug molecule has functional groups or moieties similar to those of a pathological molecule, they can attack same biological targets, and symptoms they produce would be similar. In such a situation, the drug molecule is said to be ‘similimum’

to that pathological molecule. Obviously, according to scientific perspective, we should understand the concept of ‘similimum’ in terms of similarity of ‘functional groups’ or ‘moieties’ of pathological molecules and drug molecules.

Potentization is exactly a process of controlled ‘host-guest’ interactions, by which the three-dimensional configuration of ‘functional groups’ of individual constituent molecules of drug substances (host) are imprinted into a hydrogen-bonded supra-molecular matrix of water-ethyl alcohol molecules (guest) as ‘nanocavities’.

These nanocavities or ‘molecular imprints’ can bind to and deactivate any functional group having configuration similar to that of original ‘host’ molecule imprinted into it. As such, a potentized drug can act as biological antidote towards any pathological molecule, if the drug and disease were capable of producing ‘similar’ symptoms, which actually mean, they contain similar ‘functional groups’.

I hope, scientific meaning of ‘similia similibus curentur’ is well explained here, and scientifically viable answers provided for the THREE fundamental questions of homeopathy- what happens during potentization, what are the active principles of potentized drugs, and what is the exact molecular mechanism by which potentized drugs produce a therapeutic effect. Answers to all other secondary questions could be easily evolved once you comprehend these fundamental answers.

Whenever any of your professional counter part from modern medicine argues with you saying that homeopathy is unscientific, try to explain homeopathy to him in terms of MIT concepts.

Explain him the difference between modern medicine and homeopathy in terms of difference between 'molecular forms' of drugs and 'molecular imprints' forms of drugs. Explain the difference in the molecular level biological mechanisms of actions of both forms of drugs.

You will instantly feel a change in his attitude, approach and language, becoming more interested and responsive in the discussions. He can understand MIT concepts very easily, as it communicates in the same scientific language he talks about modern

medicine.

Only thing is, he will ask a lot of new questions, demand more explanation on different points. You should be intellectually and factually eqipped to answer them properly.

Scientific community will have to recognize Homeopathy as the most perfect and most advanced speciality of scientific modern molecular medicine, if it is explained, proved and applied scientifically by understanding it as Molecular Imprints Therapeutics.

Homeopathy so far appeared a nonsense and pseudo science only because it was explained in terms of most unscientific 'theories' of 'vital force' and 'dynamic drug energy', and practiced more or less like an 'ocult' healing art as if it is 'energy medicine', 'faith healing' or 'spiritual healing'.

A homeopath registered under CCH has to practice ONLY homeopathy as per the rules and regulations stipulated under CCH act. This is not an issue of 'democratic rights' of individuals. It is an issue of rule books of this land, as well as fundamental ethics of a professional. A state govt cannot amend CCH act by a cabinet decision.

If a homeopath is in a position to practice allopathy to 'earn his daily bread', or to justify homeopaths practicing allopathy, that only means, HE IS AN UTTER FAILURE AS A HOMEOPATH. It is a pathetic and shameful situation. If you need allopathy practice for 'daily bread', why should you use the title 'HOMEOPATH'? Are you not ashamed?

A DRUG is a substance of animal, plant, mineral or synthetic origin, that can act upon the biological molecules and produce some changes in them. These 'changes' caused by substances may be beneficial or harmful to the organism, according to which their biological roles are considered nutritional, medicinal, or pathogenic.

Nutritional, medicinal or pathogenic roles of 'substances' are determined by the CHEMICAL PROPERTIES of individual molecules contained in them, and the 'affinities'

of those individual molecules to specific biological molecules. Any SINGLE drug substance may be made up of single type of chemical molecules, or hundreds of types of different chemical molecules with their individual chemical properties and biological affinities.

Since PATHOGENIC or MEDICINAL properties of a drug substance are determined by the CHEMICAL PROPERTIES of the individual molecules they contain, homeopaths have to learn to percieve drugs in terms of their constituent molecules. They have to umderstand that there cannot be an 'inherent' or 'hidden' MEDICINAL POWER or DRUG PERSONALITY unrelated with the chemical properties and biological affinities of individual constituent molecules. When introduced into the bodies as DRUGS, these drug substance act up on the body not as a whole unit, but as different individual molecules acting upon different individual biological molecules and producing changes in them.

RANGE OF HOMEOPATHY is limited to the treatment of diseases arising from molecular errors caused by exogenous or endogenous pathogenic molecules binding to various biological molecules and producing their INHIBITIONS. Exogenous pathogenic molecules may be coming from environment through food, water, air, drugs, toxins, alien proteins, infectious agents and the like. Endogenous pathogenic molecules may be off-target actions of metabolic byproducts, free radicals, various biological substrates and ligands, endocrine secretions, neuro transmitters, deformed proteins, antibodies (miasms), immune bodies etc etc. MOLECULAR IMPRINTS contained in potentized drugs selected as SIMILIMUM can bind to these pathogenic molecules in capacity of their complementary conformational affinity and deactivate them, thereby removing the molecular inhibitions they produced.

Diseases originating from molecular errors caused by SECONDARY DEFICIENCIES cannot be treated by supplying the missing nutrients alone. In this case, there is no actual deficiency in the supply of nutrients, but the state of deficiency arises from the failure of the biochemic processes in the organism at any of the various stages of their digestion , absorption, assimilation, transportation, conversion or utilization.

In certain cases, such failures may be due to some abnormalities in genetic substance involved in the production of some essential enzymes required for these processes. Secondary nutritional deficiencies caused by such genetic abnormalities cannot be rectified by molecular imprints contained in potentized drugs.

Same time, secondary nutritional deficiencies arising from molecular inhibitions of biological molecules such as enzymes and transporters involved in digestion , absorption, assimilation, transportation, conversion or utilization of nutrients can be rectified by molecular imprints.

HOMEOPATHY is very effective in treating diseases belonging to this latter class of SECONDARY nutritional deficinencies.

MOLECULAR ERRORS arising from PRIMARY DEFICIENCIES of nutrients cannot be rectified by MOLECULAR IMPRINTS. As such, this class of diseases cannot be cured by applying potentized homeopathic drugs. They should be rectified by supplying the missing nutrient molecules in the form of food or food supplements. Homeopaths should be aware of this inevitable LIMITATION of HOMEOPATHY.

DISEASE is a state of derangement and disharmony in vital processes of the organism, due to a MOLECULAR LEVEL ERROR in the biochemical interactions. All such molecular errors, other than those arising from inherited genetic disorders and primary nutritional deficiencies, are caused by some endogenous or exogenous pathogenic molecules binding to the biological molecules and producing pathological INHIBITIONS in them, so that they are prevented from performing their normal biological functions. Without a scientific understanding of this biological mechanism of disease process, you cannot become a SCIENTIFIC PHYSICIAN, or practice SCIENTIFIC MEDICINE.

Apart from WATER molecules, different types of bio-polymers such as POLYSACHHARAIDES and NUCLEIC ACIDSs also may be experimented as medium for molecular imprinting.

Native proteins extracted from the patients could be subjected to molecular imprinting with appropriate ligands or other pathogenic molecules acting as ‘guest’ molecules and used as target oriented therapeutic agents. But the problem remains that such imprinted proteins can be used only in the individual whose proteins are used for imprinting. Otherwise it may result in grave anaphylactic reactions. Moreover these imprinted proteins may remain in the organism for very long periods, without undergoing degradation, and cause ever new pathological molecular blocks. Such issues have to be addressed properly.

Though in a slightly lesser level, ETHYL ALCOHOL, LACTOSE and various simple SUGARS are also capable of forming polymer-like supra-molecular formations through hydrogen bonding, and hence may be considered as candidates for molecular imprinting experiments. Possibilities of these substances in combination with water also have to be explored.

Young homeopaths and students want homeopathy made 'simple'. They should uderstand, homeopathy is actually very simple, if our practice is based on the scientific understanding of 'similia similibus curentur'. Only favor you should ask from your 'teachers' and 'gurus' is that they stop their 'seminar business' that makes homeopathy complex and confusing by their irrational absurd 'theories', 'methods'.

Homeopathy works. So far, nobody really knows exactly HOW HOMEOPATHY WORKS. We can evolve a flawless and sure-shot 'method' of applying homeopathy only if we know 'HOW homeopathy works'. Until that, homeopathic practice is only an art of trial and error- often with more failure than success. All those who boast about their innovative 'methods' and big success stories always hide a lot of their failures also.

I stand with homeopathy, only because I am convinced there is truth in homeopathy. I am fully convinced of this great truth through years of studying, thinking, experimenting

and experiencing. If it were otherwise, I would have left homeopathy without waiting for a moment.

If you fear nothing, and dare to face any consequence of staying with truth, you will never have to lie or hide anything. If you want peace in mind, always be truthful to your self

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Most of you will not like or agree with what I am saying today- but it is the bitter and painful truth. As per the existing state of affairs, 'teaching' homeopathy in our colleges is an art of 'confused' teachers lecturing to confused students about irrational and unscientific 'lessons' which everybody so far are in utter confusion, and producing doctors who are destined to live and 'practice' their whole life in total confusion.

If you have any doubt whether my statement is right, ask your teacher 'what are the active principles of potentized drugs, and what is the biological mechanism by which our remedies act as therapeutic agents'. And compare his answers with the lessons you learned at least in your high school level science classes.

If anybody claim he has no any confusion about homeopathy, it only means that his confusion is so severe that he has become blind and impersonalized to such an extend that he cannot even introspect or realize his own confused state.

All these questions will be rationally answered and confusions resolved once you learn MIT concepts of scientific homeopathy.

The proverbial saying 'goal justifies the path' is very much relevant in the selection of similimum. It is not the 'way' or 'method' that matter. It is the 'result'. If you could arrive at the right similimum, your 'method' was right- whatever it be. If you could not arrive at the right similimum, your 'method' was wrong- whatever it be.

Another point to be remembered is, you need not necessarily arrive at same

SIMILIMUM even in SAME case, when you are using different methods in your search. Different SIMILIMUM are possible in same case, and all of them will work if the selection is right.

See how simple it is to select a SIMILIMUM through ELIMINATION METHOD of Similimum Ultra Software using prominent mental symptoms and physical generals:

Let JEALOUSY is found to be the most important characteristic in the mental make up of the patient. My approach of individualization and deciding similimum in such case is as follows:

1. I would use the rubric 'jealousy' for this symptom for starting the ELIMINATION process, if it is very prominent

[Kent]Mind : JEALOUSY:- Anan., Apis., Calc-p., Calc-s., Camph., Cench., Coff., Gall-ac., Hyos., Ign., Lach., Nux-v., Op., Ph-ac., Puls., Raph., Staph., Stram.

2. Then I can 'eliminate' drugs from this group, using two or more prominent mentals, generals and particulars expressed by the patient. For example, if patient is GENERALLY aggravated after sleep, I would use the following rubric:

[Kent]Generalities : SLEEP : After : Agg.:- Acon., Aesc., Ambr., Am-m., Anac., Apis., Arn., Ars., Asaf., Bell., Bor., Bov., Bry., Cadm., Calc., Camph., Carb-s., Carb-v., Caust., Cham., Chel., Chin., Cina., Cocc., Coff., Con., Crot-c., Dig., Euphr., Ferr., Ferr-ar., Graph., Hep., Hyos., Ign., Kali-ar., Kali-c., Kali-p., Kreos., Lac-c., Lach., Lyc., Mag-c., Mur-ac., Naja., Nat-a., Nux-m., Nux-v., Olnd., Op., Paeon., Ph-ac., Phos., Phyt., Puls., Rheum., Rhus-t., Sabad., Samb., Sel., Sep., Spig., Spong., Stann., Staph., Stram., Sulph., Thuj., Verat.

3. If the patient is prominently hot generally, I would use this rubric:

[Kent]Generalities : HOT REMEDIES (Gibson Miller's):- Aesc., All-c., Aloe., Ambr., Apis., Arg-n., Asaf., Aur-i., Aur-m., Bar-i., Bry., Calad., Calc-i., Calc-s., Coc-c., Com., Croc., Dros., Ferr-i., Fl-ac., Grat., Ham., Iod., Kali-i., Kali-s., Lach., Led., Lil-t., Lyc., Nat-

m., Nat-s., Nicc., Op., Pic-ac., Plat., Ptel., Puls., Sabin., Sec., Spong., Sul-i., Sulph., Thuj., Tub., Ust., Vesp., Vib.

After eliminating with these three rubrics, only Lach.(8), Apis.(7), Puls.(7), Op.(4) remain.

4. If the patient is very talkative, I will use this rubric:

[Kent]Mind : LOQUACITY:- Abrot., Acon., Aeth., Agar., Agn., Aloe., Ambr., Anac., Ant-t., Apis., Arg-m., Arn., Ars., Ars-h., Ars-i., Aur., Bapt., Bar-c., Bell., Bor., Bov., Calad., Calc., Camph., Cann-i., Canth., Carb-s., Carl., Caust., Chel., Cimic., Coc-c., Cocc., Coff., Croc., Crot-c., Crot-h., Cupr., Dulc., Eug., Eup-pur., Ferr-m., Ferr-p., Gamb., Gels., Glon., Grat., Guare., Hydrc., Hyos., Iod., Ip., Kali-i., Lach., Lachn., Lil-t., Lyss., Mag-c., Meph., Merc-i-f., Mur-ac., Nat-a., Nat-c., Nat-m., Nicc., Nux-m., Nux-v., Oena., Onos., Op., Par., Petr., Phos., Plb., Podo., Psor., Pyrog., Rhus-t., Sec., Sel., Stann., Staph., Stict., Stram., Sulph., Tab., Tarax., Tarent., Teucr., Thea., Ther., Thuj., Trom., Verat., Viol-o., Zinc.

Now, the choice is between Apis.(8), Op.(6), Lach.(11)

5. If there is underlying grief as causative factor, I can use this rubric:

[Kent]Mind : GRIEF : Ailments, from:- Am-m., Anac., Ant-c., Apis., Ars., Aur., Calc-p., Caust., Clem., Cocc., Colch., Coloc., Con., Cycl., Gels., Graph., Hyos., Ign., Kali-p., Lach., Lob-c., Lyc., Naja., Nat-m., Nit-ac., Nux-v., Ph-ac., Plat., Puls., Staph., Tarent., Verat.

Now, only Lach.(14), Apis.(10) remain.

6. If the patient dislikes company, I can use this rubric:

[Kent]Mind : COMPANY : Aversion to:- Acon., Aloe., Alum., Ambr., Anac., Anan., Ant-c., Ant-t., Atro., Aur., Aur-s., Bar-c., Bar-m., Bell., Bry., Bufo., Bufo-s., Cact., Calc., Calc-p., Calc-s., Cann-i., Carb-an., Carb-s., Carb-v., Cedr., Cham., Chin., Cic., Cimic., Cinnb., Clem., Coca., Coloc., Con., Cop., Cupr., Cur., Cycl., Dig., Dios., Elaps., Eug., Ferr., Ferr-i., Ferr-p., Fl-ac., Gels., Graph., Grat., Ham., Hell., Helon., Hep., Hipp., Hydr.,

Hyos., Ign., Iod., Jug-c., Kali-bi., Kali-br., Kali-c., Kali-p., Kali-s., Lac-d., Lach., Led., Lyc., Mag-m., Mang., Meny., Nat-c., Nat-m., Nat-p., Nicc., Nux-v., Oxyt., Petr., Phos., Pic-ac., Plat., Psor., Ptel., Puls., Rhus-t., Sec., Sel., Sep., Stann., Sul-ac., Sulph., Tarent., Tep., Thuj., Til., Ust., Verat.

Now, Only LACHESIS (16) remains.

I will then go through the materia medica of LACHESIS and verify whether it agrees with all other important symptoms given by the patient.

This is the most ideal, simple, homeopathic way of differentiating between drugs to reach a similimum by ELIMINATION METHOD.

By making homeopathy appear very complex and 'dangerous' to handle, our modern 'gurus' and 'seminar people' have been doing very bad service to emerging homeopaths. Those complex 'suppression' theories , 'miasmatic analysis' and 'methods' they propagate are actually confusing these new homeopaths, and making them scary to prescribe freely, since they are 'taught' that wrong prescriptions or potencies will 'drive' diseases to the 'interior' and may even 'kill' the patients. This fear leads to hesitation to prescribe, fail in practice, worry about 'bread and butter' and think about short cuts such as allopathy practice.

Young homeopaths should be told that there is nothing to be scary about in homeopathic practice. Making homeopathy prescriptions is very simple. No need of any complex 'methods'. Simply collect COMPLETE ABNORMAL symptoms, find similimum using REPERTORY- that is all. Even if you happen to make wrong selection of drugs, or use 'wrong' potencies, it cannot cause any harm to your patient. Potentized homeopathic drugs are very safe, even if used with out indications, repeated frequently, or even used in combination. Do not be scary or confused by these 'seminar people' or their 'theories.

What happened in maharashtra is already happened. Our homeopathic colleges there has produced a big community of bhms holders who are not capable of earning their

daily bread by practicing homeopathy. That is why they cry for permission to practice allopathy.

Now we have to work up on damage control measures. We should address fundamental issues that led to this situation. We cannot ignore the fact that a prominent section of young homeopaths and students are disillusioned and worried about their future.

Professional organizations such as IHMA and HMAI should immediately wake up and intervene.

Firstly, somebody in charge should come forward with long term action plans to raise the professional skills, confidence and motivation of young homeopaths who seem to be disillusioned with homeopathy. Homeopaths should be given free and compulsory cme programs to train how to take case, prescribe and manage cases in a simple way, and to instill in them a spirit of scientific approach to homeopathy.

Secondly, some schemes such as chains of free medical camps should be chalked out and implemented in a big scale for effective popularisation of homeopathy.

Government should make a plan through any agency or bank for some kind of easily available financial support to young homeopaths to set up a clinic, if they cannot provide jobs under government.

State medical council should have an urgent plan to provide a subsistence allowence to newcomers for minimum three years. Instead, they could be asked to provide free treatment to bpl patients at their clinics during this period. Amount of allowence could be linked to the number of free treatments given during a month- I mean giving incentives to homeopaths based on the number of free cases handled at their clinics. That will ensure universal free medical aid to poor people with minimum burden on the government, same time providing young homeopaths a support to survive and build up practice

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Anti-homeopathic skeptics all over the world are celebrating the news regarding the maharashtra govt decision permitting homeopaths to practice allopathy. They say, indian homeopaths turn to allopathy practice for survival. Is it not a shame and set back to homeopathy?

Dear homeopaths, are you aware of the severe damage and negative impact this decision satisfying the narrow self-interests of a small section of short-sighted homeopaths has done to homeopathy as a whole?

If a 'BHMS HOLDER' wants permission to practice allopathy in whatever disguise, it only means he has failed to be a HOMEOPATH. It is obvious.

Even without any 'degree' in homeopathy, motivated and empowered only by the unshakable determination and confidence in the POTENTIALS OF HOMEOPATHY as well as the 'unrecognized' knowledge and practical experience in homeopathy, I decided to quit my 'safe and profitable' government job and dedicated my remaining life for homeopathy years ago. I opted myself to be a 'quack'.

My family, friends and relatives suspected I have gone crazy by reading homeopathy. But time proved my decision was not wrong. Homeopathy gave me a new mission in life, worth living for.

I could successfully treat and give life to thousands of patients during the last 40+ years using 'pure' 'high potency' homeopathy, avoiding even mother tinctures and triturations. I never thought about using allopathy drugs. Whenever I felt homeopathy is not producing expected results for any patient, I boldly and confidently asked them to consult a modern physician. I knew my patient will come back to me once the crisis is over.

By my 'quack' homeopathic practice, I could earn not only 'bread and butter', but everything I cherished in life. Later I also developed a complete clinical utility software for homeopaths, which is well-accepted by the profession and presently fetching me reasonable regular income since I stopped practicing. My unrelenting learning and

inquiries into the depths of mysteries and riddles of homeopathy have finally led me into evolving a scientifically viable working hypothesis regarding the biological mechanism of homeopathic cure, which I prefer to call MIT or Molecular Imprints Therapeutics.

I am narrating my 'bad' story here to tell my dear young homeopaths one point: If a lay man like me without any degree in homeopathy could make life a success by dedicating for homeopathy, why should you worry about 'bread butter' or your future? You have a valuable BHMS degree in your hand. It is a special privilege life has offered to you, which I am always sorry to have missed in my life. To be a homeopath is much much higher than to be an allopath. You are ready to leave homeopathy and fighting for right to practice allopathy, where as I left my safe job in government in my prime of life to dedicate for homeopathy. Have faith and confidence in the potentials of homeopathy. Learn homeopathy well. Sharpen your skills. Dedicate your life for homeopathy. Show results by working hard and prove your worth to the world around you. Never think about using allopathy drugs. Face reality bravely and confidently. People will come to you in hundreds every day. Success will be yours.

If a homeopath with a BHMS degree can attract at least 10 patients a day from among the thousands of people suffering from chronic diseases and thronging into the allopathy clinics around his place and getting no relief, he can earn minimum Rs 30000 per month by practicing pure homeopathy. He will not have to cry for permission to practice allopathy to earn his 'bread and butter'.

If you do not know how to treat patients by applying homeopathy, you cannot attract patients for long. Only way to attract patients regularly is to treat them well and cure them well.

Excuse me. What are our homeopathic colleges in maharashtra teaching these students for 5 years? It is the failure of our colleges there that the students they teach are not equipped to earn their bread and butter by practicing what they have studied. Either the teachers are very poor homeopaths, or they are not doing their job. It is really shameful and pathetic. It is time for a serious rethinking

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Integration of modern medicine and homeopathy is a nice idea. If it happens universally, it will be a great revolutionary advance of immense dimensions in preservation and enhancement of human health and longevity.

But, integration does not mean allopaths prescribing homeopathic medicines, or homeopaths prescribing allopathic medicines. Integration means healthy co-existence and mutually respectful interactions between experts of both systems as equals, providing options for patients to avail the benefits of both systems under same roof. Such an integration will lead to the effective utilization of full potentials of homeopathy for the welfare of humanity.

For such an integration to work, it is essential that modern physicians should accept homeopathy as a scientific medical system, capable of doing some good to their patients and worthy of such an integration. There is no scope for a one-sided marriage.

Modern physicians will agree for such an integration only if homeopaths succeed in convincing them that homeopathy really works and is useful, by conducting strictly-controlled scientific studies under the effective supervision of medical experts of proven credibility and impartiality. Homeopaths should also succeed in explaining 'how homeopathy works', in a way fitting to modern scientific knowledge system, so that it will be understandable and acceptable to modern physicians as well as scientific community. Homeopaths should be capable of answering the fundamental questions such as what are the active principles of potentized homeopathic 'drugs', and what is the proposed biological mechanism by which homeopathic medicines work. Homeopaths should stop talking nonsense theories such as 'energy medicine', 'vital force' and 'dynamic drug energy', and learn to talk the language of science and behave as scientific physicians.

Homeopaths Cannot And Should Not Practice Allopathy- Legally, Ethically And Philosophically

Parents dream and groom their children to make 'doctors', which is seen as a good 'money-making' profession with high social status. But the child fails to get appropriate

ranking in entrance exams, and do not get admission to MBBS course. Parents could not invest lakhs to 'buy' an MBBS seat for their child. Finally, cursing his parents and his fate, he is enrolled for BHMS course to get at least a 'doctor' label. He 'studies' homeopathy with indignation, reluctance and inferiority complex. He never loves his homeopathy lessons. For him homeopathy is like a hard dry coconut, and do not know how to dehull it and relish its sweet inner kernel. He comes out of college after completing the course with a BHMS degree. He is never a HOMEOPATH in his hearts. He wants to make some money any how, by practicing allopathy. Such 'misplaced' homeopaths are making all these noises in the name of "permitting homeopaths to practice allopathy"! Poor guys!

If a homeopath feels 'allopathy is better than homeopathy', and he desires to practice allopathy, let him get an admission in a medical college and get an MBBS degree, and then register himself under MCI. 'ONLY THEN' he can practice allopathy. He should not practice allopathy on the strength of BHMS degree. That amounts to quackery, beyond any doubt.

An MBBS and pamphlets supplied by medical reps are enough to practice allopathy, it is simple. To be a homeopath, BHMS is only a first step. He has to learn a lot by himself, through reading, meditation, experience and constant introspection. It is really a hard job for a lazy man.

A homeopath can and should say which is 'his' system. There should not be confusion on that. Question here is not 'which is better' for 'emergency', but 'which system a homeopath should practice'. He should practice 'only' homeopathy. Let allopaths practice allopathy.

'Emergency handling' cannot be used as a justification for homeopaths practicing allopathy. Even an MBBS doctor cannot deal an 'emergency' case. He will have refer 'emergency' cases to well equipped hospitals having special emergency management units. In such a situation no homeopath can handle 'emergency' cases even if he is permitted to use a few allopathic drugs. This talk of 'emergency dealing' is only a cover to mask their ignorance and laziness to learn and apply genuine homeopathy. IF YOU GET A CASE THAT YOU FEEL IS BEYOND THE RANGE OF HOMEOPATHY, REFER IT TO COMPETENT HANDS.

MONEY IS THE REAL ISSUE. NOTHING ELSE!

Though holding BHMS degree, some people always compares homeopathy and allopathy, and strives to establish that homeopathy is good for nothing. They are totally ignorant of homeopathy, and argue to 'modernise' homeopathy by permitting homeopaths to practice allopathy. They never learns anything from discussions, but think they know 'everything'. They will not allow genuine discussions on homeopathy. Fed up with such arguments for 'allopathizing' homeopathy, I was finally compelled to remove such people from my groups. They doing same thing on all groups.

People who fail in their practice due to ignorance or laziness desperately want to practice allopathy to exist as 'doctors'. They are looking for loopholes in laws. Allopathic practice is controlled by MCI as per their laws. CCH is managing homeopathic practice as per Homeopathy Central Council Act. CCH has no right to 'permit' homeopaths to use allopathy drugs without the permission of MCI. As per Central Council Act, a homeopath registered under central council of homeopathy cannot use any drugs not included in homeopathic pharmacopea. All these factors are well known to everybody. Homeopaths using allopathic drugs is pure quackery. A genuine homeopath never think about it. Those 'doctors' who have a BHMS degree in their hands but no homeopathy in their heads only need 'permission' to use allopathic drugs. Why should people come to a homeopath for allopathic treatment? Why should a homeopath use allopathic drugs if he knows homeopathy? And you call it 'modern approach'?

I do not think modern medicine is irrelevant. It plays main role in the health care system all over the world. ALLOPATHY Hahnemann talks about is no more. It is not fair to call ‘modern medicine’ as allopathy. Modern medicine is ‘molecular medicine’, based on scientific understanding of vital processes. Remember this point when quoting ‘ant-allopathy’ statements of our masters. Fundamental difference between homeopathy and modern medicine is that ‘modern medicine’ uses ‘drug molecules’ as therapeutic agents, where as homeopathy uses ‘molecular imprints’ of drug molecules. This is a very important difference, indeed.

MODERN MEDICINE has recently advanced into MOLECULAR MEDICINE, where drugs are selected on the basis of scientific understanding of pathological molecular errors in vital processes. Homeopathy selects drugs on the basis of ‘totality of symptoms’, which are the real indicators of those pathological molecular errors. As

such, homeopathy can be defined as a specialized higher branch of ‘modern molecular medicine’.

Since ‘modern medicine’ uses highly reactive ‘drug molecules’ as therapeutic agents, they can create dangerous ‘off-target’ molecular errors in the organism. That is the main draw back of ‘modern medicine’. Since homeopathy uses only ‘molecular imprints’, they cannot cause any ‘off-target’ molecular errors. Hence homeopathy is very safe when compared to modern medicine.

Since ‘modern medicine’ requires a clear understanding of pathological molecular processes to decide an appropriate therapeutic agent, they cannot treat many diseases which are not well understood. For homeopathy, knowing the exact molecular error behind the pathology is not necessary, since homeopathy identifies the molecular errors and their remedial agents by observing subjective and objective ‘symptoms’ that express the molecular errors. As such, homeopathy can cure any disease even without knowing the underlying molecular errors, merely on the basis of ‘symptoms’. This is a great advantage for homeopathy. Whereas modern medicine can hope for an effective treatment only for well understood diseases, that to with possibility of unwanted side effects, homeopathy can treat any disease effectively and safely.

Let those qualified in modern medicine do it. Homeopaths are legally, ethically and philosophically not permitted to practice modern medicine. As a medical system Homeopathy is qualitatively much above and different from modern medicine, if homeopaths approaches it scientifically.

As for any other medical system, homeopathy has limitations. It is true that we cannot deal with all situations. When modern life supporting facilities are required, homeopath should refer the case to a modern hospital, instead of himself trying to use allopathic drugs. I had had many occasions when I had to consult allopaths for myself as well as my family members, when homeopathy did not help. Same way, in many chronic cases where allopathy has nothing to do, homeopathy will solve the problem like a magic wand. We should be well aware of the strengths and limitations of homeopathy.

Homeopathy is not a 'panacea'. Homeopath is not an 'all-healer'. Homeopathy is a

specialized branch of therapeutics with its specialized area of application. Homeopathy is a 'method of treating diseases using molecular imprints forms of drugs'. Nothing more, nothing less. Surgery is another specialization, which should be done by surgeons- not homeopaths. Even in modern medicine, a medical specialist will not do surgery. He will send his patients to surgeons, when surgery is required. A cardiologist will not do surgery, but send his patient to a cardiac surgeon. An interventional cardiologist will not do a bye-pass surgery. Every specialization has its special field, and its limitations. RECOGNIZE THE LIMITATIONS OF HOMEOPATHY. IT WILL ONLY STRENGTHEN YOU.

Did you ever notice two entirely different symptoms often appearing as 'pairs', with specific type of relationship between them that the patient expresses using phrases such as 'during', 'after', 'along with', 'while', 'concomitant with', 'alternating with', 'extending to' etc?. I have found that such 'pairing symptoms' can be used as a reliable 'entry point' into the further exploration of the case as well as in selecting the similimum. I always try to dig out as many 'symptom pairs' as possible from a patient during case taking. Actually, these 'pairing' indicates the peculiar direction in which the pathological molecular errors cascade in the particular case, which in turn indicates the exact biochemical pathways that are affected, which will be peculiar to the specific biological molecules affected and the specific pathogenic agent that caused the error. When two or three such peculiar 'symptom pairs' are present in a patient that match to the 'symptom pairs' in the symptomatology of a particular drug, we can confidently select that drug as the similimum of the patient.

Commenting on my post regarding the importance of 'concomitants', one homeopath said:

"A patient can be treated based on his behavior and temperament & personality rather than all this things"

Can anybody decide the "behavior, temperament & personality" of a patient without observing and studying his SUBJECTIVE and OBJECTIVE symptoms? 'Concomitants' need not be always 'physical' or particular'. It may be 'behavioral', 'temperamental' or

abnormalities in 'personality'. If patient shows some 'change of mood such as violent outbursts, weeping or anger during headache', the mood changes are CONCOMITANTS of headache. If a patient 'desires to sit in solitude' during headache, 'desire solitude' is a CONCOMITANT of headache. If it is 'weeping' during 'dysmenorrhoea', 'weeping' is a CONCOMITANT of 'dysmenorrhoea'. There is no scope for any confusion in this regard.

Any ABNORMAL objective and subjective symptom, that reflects any ABNORMAL molecular processes happening in the body that have to be corrected by using a medicinal agent, are to be considered by the homeopath in deciding an appropriate remedy for that patient. If anything ABNORMAL is there in his 'behavior, temperament or personality', it will of course provide a strong indication to an appropriate remedy. But remember, it should be an ABNORMAL one, or DEVIATION from normal, to be of worth consideration. NORMAL 'behavior, temperament or personality' indicates NORMAL physiological processes, where as we are looking for what is going ABNORMAL in him.

When I use the terms SUBJECTIVE and OBJECTIVE symptoms, that no way disregards 'behavior, temperament or personality'. Every general, particular, mental, or physical symptom, including those of 'behavior, temperament or personality' come under the purview of 'subjective and objective' symptoms.

Some people accuse BOENNINGHAUSSEN has ignored mentals, generals as well as 'behavior, temperament or personality' aspects while defining TOTALITY in terms of 'causations, locations, sensations, modalities and concomitants'. This accusation arises from incorrect understanding of boenninghaussen's approach. CAUSATION may be physical or mental. LOCATION includes generals and particulars. SENSATIONS comprises of all SUBJECTIVE symptoms, including general or particular sensations as well as mentals. MODALITIES also include mental and general aspects of aggravations and ameliorations. CONCOMITANTS may be general, mental, physical, or particular. Boenninghaussen's method no way disregards or ignores 'behavior, temperament or personality', but explains and classifies them with a different approach, more systematic, specific and scientific.

I have felt that boenninghaussen ignored or did not give due consideration to the PRESENTATION or APPEARANCE aspects of symptoms, such as general and particular physical appearance, type of discharges, type of eruptions, lesions, skin

changes, hair, gestures, gaits, facial expressions etc etc. That is why I include a new category PRESENTATIONS along with CAUSATION, SENSATION, LOCATION, MODALITIES and CONCOMITANTS schema of boenninghaussen. I also want to stress the importance of ALTERNATING SYMPTOMS and EXTENSIONS under the category of CONCOMITANTS. By this way, I think I have updated boenninghaussen's schema into more perfection.

Standard 'recommended' measurements of 'nutritional' requirements for vitamins and minerals are much higher than the exact 'biological' requirements. Since individual molecules are free from inter-molecular bonds in triturated forms, they will be biologically more reactive than crude forms, and hence minute quantities of triturated minerals may be enough to satisfy the biological requirements of the organism. As such, it is possible that triturated minerals or so-called bio-cheimc salts may play a role in mineral supplementation.

Same time, triturated minerals may act harmfully by causing unexpected molecular errors, when used without actual primary deficiency, which is very difficult to ascertain in clinical conditions. It is obvious that the wide spread practice of uncontrolled feeding 'biochemics' to the patients in the presumption that they have 'deficiency' may do more harm in the long run than good.

Another problem is, most of the 'biochemics' sold in market are not genuine tritrations, but lactose tablets sprayed with a dilute solution of the 'drug'.

It is ideal to treat suspected deficiencies of minerals and vitamins with similimum selected by totality of symptoms, which will correct the errors in digestion, absorption, assimilation and utilization of nutrients in the food. Ensure simultaneously a balanced diet also, which will resolve most deficiency issue.

Our body requires vitamins, minerals and other nutrients in molecular form, to enable the normal biochemical interactions involved in vital processes.

They should be given in molecular form. This is applicable to all nutrients and essential chemical molecules. Body absorbs those chemical molecules from the 'food' we consume. If there is actual 'primary' deficiency of any nutrient due to inappropriate nutrition, they should be supplemented.

Molecular imprints or 'homeopathic' forms of vitamins and minerals can be used to combat the adverse effects of their over dosages or 'off-target' effects, but they cannot substitute their normal nutritional requirements.

If it is a 'secondary' deficiency, which happens due to errors in absorption, assimilation or conversion of any nutrient, even if it is present in adequate amounts in food, such cases of 'molecular errors' should be treated using 'similimum' in molecular imprints forms.

CONCOMITANT symptoms are very important in deciding a similimum, since they will be always very peculiar to the PATIENT. Never ignore concomitants if they are peculiar. In most cases, concomitants will lead us to a right remedy or group of probable remedies. During case taking, we should be very careful for not to miss these valuable indicators of SIMILIMUM.

CONCOMITANTS mean potentially independant symptoms that appear as ADDITIONAL symptoms, along with or accompanying with a BASIC symptom. ALTERNATING SYMPTOMS as well as EXTENSIONS also may be considered as concomitants, as they also are ADDITIONAL symptoms appearing DURING, ALONG WITH or RELATED WITH the main BASIC symptoms. Concomitants are most helpful indicators for individualizing the patient by identifying the exact molecular errors working behind a particular symptom group, and for identifying the exact molecular imprints required to remove those molecular errors.

Concomitants are always explained by the patients as well as in repertories using terms such as 'accompanied with' 'along with', 'during', 'alternating', 'extending to', or 'concomitant with' itself.

For example, VOMITING during HEADACHE- here vomiting is a concomitant of headache. If it is HEADACHE during VOMITING, headache is the concomitant of

vomiting. NAUSEA during headache, YAWNING during headache, BACKACHE along with piles, DIARRHOEA with COLIC, ABDOMINAL pain extending to back, ASTHMA with URTICARIA, ASTHMA alternating with URTICARIA, CORYZA during EATING, CHEST PAIN extending to FINGERS, HEADACHE with SLEEPINESS- we can cite thousands of examples for CONCOMITANTS from our repertories. Study them with special care, to be a successful prescriber.

MODALITIES are different from CONCOMITANTS. Modalities are not additional symptoms like concomitants. They are only factors such as CONDITIONS or TIME that ameliorate or aggravate certain symptoms. In some cases, CONCOMITANT symptoms may also MODIFY the basic symptoms by aggravating or ameliorating it. Such MODIFYING CONCOMITANTS are far more helpful in selecting a similimum even more than pure concomitants or modalities.

See how simple and spontaneous a case of headache was narrated in its COMPLETE form by Dr Bhavana Raghuwanshi, a homeopathy student. She says:

"Can i ask about my headache? I have a headache when i expose to heat or in summer weather.. No concomitant . No any modalities. I have to sleep then, and then I feel better in next morning.. Plz tel me what is the remedy? I am thirsty"

MY ANSWER:

You have given good symptoms, enough for a reasonable prescription. Your explanation contains CAUSATION, AGGRAVATION, CONCOMITANT and AMELIORATION. That is enough. See how simple was it to work out this case using QUICK PICK tool of Similimum Ultra- Homeopathic Software

Your headache is CAUSED and AGGRAVATED by exposure to SUN HEAT and in SUMMER. You have SLEEPINESS as concomitant. Headache is AMELIORATED by SLEEP. Your medicine is GLONOINE. Take it in 30C repeatedly as required.

[Kent]Head : PAIN, headache in general : Sun, from exposure to:- Acon., Act-sp., Agar., Aloe., Ant-c., Arum-t., Bar-c., Bell., Brom., Bruc., Bry., Cadm., Calc., Calc-s., Camph., Cann-i., Carb-v., Cast-v., Chin., Chin-s., Cocc., Euphr., Gels., Genist., Glon., Hipp.,

Hyos., Ign., Lach., Manc., Nat-a., Nat-c., Nat-m., Nux-v., Puls., Sel., Stram., Sulph., Syph., Ther., Valer., Zinc.

[Kent]Head : PAIN, headache in general : Summer:- Ant-c., Bar-c., Bell., Bry., Carb-v., Glon., Graph., Lyc., Nat-c., Nat-m., Nat-s., Puls., Sulph., Thuj.

[Kent]Sleep : SLEEPINESS : Headache, during:- Acon., Aesc., Agar., Ail., Aml-n., Ars., Asar., Bruc., Camph., Cham., Chin-s., Con., Corn., Equis., Gels., Gins., Glon., Grat., Hipp., Hydr., Ign., Ind., Ip., Jug-r., Kali-n., Kreos., Lach., Laur., Lob., Merc-i-r., Mur-ac., Myric., Nat-s., Nux-m., Op., Phos., Plb., Puls., Ran-b., Stann., Stront., Sul-ac., Tanac., Vip., Zinc.

3. [Kent]Head : PAIN, headache in general : Sleep : Amel.:- Acon., Bad., Glon., Hell., Ign., Pall., Sep., Sil.

I am posting this case here to demonstrate how simple it is to prescribe for headache, using 3 or 4 ACCESSORY SYMPTOMS combined with a BASIC SYMPTOM.

Dr Revti Raman Kapoor asked:

"Sir if Natrum Mur or Silicea is given in 6 x or 6C potent but on complete case taking and symptoms similarity, and if they cures, isn't it that they acts homeopathically? Is crossing avogadro number more important than similia similibus curantur?"

MY ANSWER: I had answered this question many times earlier. It is very rare homeopaths prescribe 'rightly selected' similimum in such very low potencies. They mostly use low potencies and tinctures on considerations other than 'symptomatic' similarity.

Any how, it is true that similimum will work curatively in certain situations even if in 'molecular' forms or below 12c. But such actions happen by a biological mechanism entirely different from 'molecular imprints' forms.

Drug 'molecules' of similimum 'compete' with pathogenic molecules and thereby remove the pathological molecular inhibitionss, where as 'molecular imprints' of similimum bind to pathogenic molecules by 'complementary' affinity and deactivate them.

Molecular forms of similimum can produce new molecular inhibitions in unexpected biological targets and thereby result in harmful bad effects. That is the draw back of using similimum in low potencies below 12c.

But 'molecular imprints' cannot interfere in the normal biochemical interactions between biological targets and their natural ligands, and as such, cannot produce any harmful effects. If you really expect a 'homeopathic cure' without any harmful after effects, you should use 'similimum' in 'molecular imprints' forms only- 12C or above. Hope my point is clear.

I have no right to advise anybody. Hope young homeopaths and students may take my words as an earnest suggestion or humble request:

If you really desire to become a good homeopath, never think or ask questions such as "what is the medicine for headache" or "what is the medicine for rheumatism". Asking such questions will ruin your career as a homeopath. Always think and ask "how to find a similimum for a CASE of headache", "how to find a similimum for a CASE of rheumatism" and the like.

You may think about short-cuts such as SPECIFICS only after you have mastered the art of homeopathic case taking and various techniques of finding the similimum. Short-cuts are for experts- not for novices.

If it is a case of headache, inquire about the type of pain, location of pain, how and when relieved, how and when aggravated, any peculiar extensions or alternations, any concomitants such as vomiting, yawning, nausea, sleepiness, irritability etc. Collect maximum SUBJECTIVE and OBJECTIVE symptoms from the patient. Then find a similimum. You can do it by five minutes, if you are using QUICK PICK tool of similimum ultra software

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Some homeopaths seem to consider avogadro as their number one enemy, since his theory is often used to disprove their 'infinite' 'dynamic' nonsense!

They will be the happiest people if anybody proves avohadro is wrong! Actually, the WANT it to be wrong, so that they could make new 'ultra-scientific' theories about 'dynamic' homeopathy. They should understand, even if avogadro number is wrong, there should be another number. There should be a limit to the number of molecules contained in a given quantity of any substance. It cannot be infinite in number.

A drug substance cannot be called 'homeopathic drug', if it contains drug 'molecules' as its active factors. All 'drugs' in molecular forms, what ever labels are assigned, act by a biological mechanism similar to allopathic drugs.

A medicinal substance could be called 'homeopathic' only if it is 'homeopathized' by potentizing above avogadro limit, so that it contains only 'molecular imprints' asactive principles, which act in the living body by a 'homeopathic' biological mechanism.

Different from drug molecules which act by their chemical properties, molecular imprints act by their conformational properties, by binding to either pathogenic molecules or biological target molecules having conformational affinity.

Molecular imprints can remove the molecular inhibitions caused by pathogenic molecules, or selectively shield the biological molecules from the attack of pathogenic molecules, without interefering in the normal physiological interactions between biological molecules and their natural ligands.

This selective action of molecular imprints is entirely different from the action of molecular drugs, which by their chemical properties interfere in the normal biochemical processes and produce unwanted and unexpected bad effects in the organism.

That means, a drug substance becomes 'homeopathic' only when it is 'homeopathized' by a process of molecular imprinting or potentizing 'above avogadro limit'.

Do you know, many 'new generation drugs' marketed as 'homeopathic potencies' especially in western countries are prepared using computerized 'potentizing machines'? Many practitioners also prepare 'potencies' as per requirement in their clinics using these 'machines'. This machine is claimed to consist of a source of 'energy' that could be generated and transmitted in specific 'frequencies' as required. Machine works on the principle that each 'drug' and each 'potency' could be represented by a specific beam of 'vibrations' in a specific 'frequency'. There is a computer program loaded in the machine, which provides specific 'codes' for each drug and each potency. 'Making medicines' is very simple. Place a bottle of globules, water or alcohol in the machine, select the appropriate 'codes' for the drug and potency you want to 'make', and press the switch! With in seconds, the samples you placed in the machine will be converted into a 'potentized drug' you wanted to make. You can dispense it right away! Homeopathic drugs are 'made' from nothingness, without worrying about original drugs or back potencies, or the laborious triturating, diluting or succussing! Is it not nice and easy? Those 'medicine making machines' are available in market, if you are ready to spend a few thousand dollars!

I came to know about this machine a few months back, when a nigerian homeopath discussed a case with me. I suggested to prescribe PITUTRINUM for that patient. Then the homeopath asked me what is the "code" for piturtrinum. He said he never purchases any medicine, but 'makes' drugs in his 'machine' using 'codes'! I was shocked to know that. Then I got into more inquiries about this machine, which led me to the knowledge that most of the 'new generation drugs' flooding the market such as ozone, saturn, rainbow, berlin wall etc are 'made' using these 'machines'.

HOMEOPATHY IS BECOMING 'ULTRA-SCIENTIFIC'- IS IT NOT A MATTER OF PRIDE? ONLY PROBLEM IS, MODERN SCIENCE IS 'LAGGING BEHIND' THIS 'DYNAMIC SCIENCE'!!!

ACCORDING TO THESE PEOPLE, MODERN SCIENCE IS 'UNSCIENTIFIC', AND WOODOOS AND OCCULTS ARE 'SCIENTIFIC'! I FEEL ASHAMED!

During trituration of crude drugs, and during early stages of dilution and succussion, individual molecules contained in the drug substance are liberated by breakage of inter-molecular bonds that held them together. By this process,drug molecules get ionized

and more reactive, and even insoluble substances thereby become soluble in the water-alcohol medium. Triturations and lower dilutions are biologically more reactive than crude drugs and mother tinctures, due to these free molecules and and ions they contain.

Drug molecules are subjected to a process of ‘hydration’ when they are dissolved in water-alcohol mixture. Hydration takes place by the water-alcohol molecules arranging themselves around independent drug molecules, and forming a supra-molecular network around them through hydrogen bonding. These supra-molecular networks are called ‘hydration shells’. Hydrogen bonds of water molecules are normally weak, but presence of comparatively heavy ethyl alcohol molecules attached to them make the hydration shells more stable. A clathrate-like supra-molecular ‘host-guest’ complexes are formed, where drug molecules act as ‘guests’ and water-ethyl alcohol molecules as ‘hosts’. This is what happen during early stages of potentization.

During serial process of diluting and violent shaking, ‘guest’ molecules happen to escape from ‘guest-host’ complexes, and empty ‘hydration shells’ remains. Formation of new ‘guest-host’ complexes and generation of empty ‘hydration shells’ continues. Due to serial dilutions, the concentration of drug molecules is reduced by each stage, same time increasing the concentration of empty ‘hydration shells’. By the time potentization crosses 12c or Avogadro’s limit, the medium become totally devoid of all drug molecules, and will be concentrated by only empty ‘hydration shells’ representing diverse types of constituent drug molecules.

It has been reported to have observed that supra-molecular formations of water, being part of ‘clathrate’ complexes can maintain their network structures even after the ‘guest’ molecules are removed from them. More over, ‘clathrates’ are found to have behaving some what like crystals, and existing ‘clathrates’ can induce the formation of similar networks even in the absence of ‘guest’ molecules’. All these complex factors have to be taken into account when studying the molecular processes involved in potentization.

As such, homeopathic potencies above 12c contains only empty ‘hydration’ shells remaining after the removal of drug molecules from the ‘guest-host’ complexes formed during earlier stages of dilutions. These empty ‘hydration shells’ are actually supra-molecular clusters of water-ethyl alcohol molecules, carrying 3-dimensional nanocavities remaining after removal of ‘guest’ drug molecules. Actually, these nanocavities are ‘molecular imprints’ of drug molecules, which can act as artificial

binding sites for pathogenic molecules similar to the drug molecules in their molecular configurations. This ‘configurational affinity of ‘molecular imprints’ towards specific pathogenic molecules make them powerful therapeutic agents. Similia Similibus Curentur is logically explained in terms of these molecular imprints.

Since I consider molecular imprints as the active principles of potentized drugs, I do not subscribe to the idea that ‘higher’ potencies are more ‘powerful’, and I see no special benefit by using ‘higher’ potencies.
I think 12c is enough for completing molecular imprinting and removal of all drug molecules from the medium. What happens at molecular level during further potentization is still an open question for me. In supra-molecular chemistry, there is research going on regarding a phenomenon known as ‘induced molecular assembly’. That means, supra-molecular clusters acting as templates and inducing other molecules to form similar clusters. We know, ‘induced molecular assembly’ is involved in crystallization, clathrate formation etc. Even ‘prions’, which are misfolded proteins, multiply by ‘induced misfolding’. Antibodies, which are ‘molecular imprinted proteins’, also multiply by ‘inducing’ other globulin proteins to change configuration. Molecular imprints, which are supra-molecular clusters of water, may also multiply by the process of ‘induced molecular assembly’, where existing ‘molecular imprints’ may act as templates and induce formation of similar molecular imprints. It is only a possibility, which need in-depth study, which may provide us a rational way of resolving the riddle of high potencies. For the time being, I leave it as an open question.

Even though ‘molecular imprints’ may be formed in higher potencies through the process of ‘induced molecular assembling’, by no way that makes higher potencies more ‘powerful’ or ‘potent’. By 12c, all drug molecules will be removed from the medium, and medium gets saturated with ‘molecular imprints’. 12c will be ideal homeopathic. therapeutic agent. I see no special benefits by going ‘higher’. But, diluting medicines while administering by mixing with water may be beneficial, by increase the number of molecular imprints.

Triturations and low potencies containing original drug molecules act as ‘competitive’ factors towards pathogenic molecules in binding to biological molecules. But, ‘molecular imprints’ contained in potencies above 12c act as ‘complementary’ factors, binding directly to specific pathogenic molecules due to their configurational affinity. Obviously, low potencies and high potencies act therapeutically by different molecular mechanisms.

According to my view, crude drugs, mother tinctures and potencies below avogadro limit (below 12C) contain DRUG MOLECULES as their active contents which work by their CHEMICAL PROPERTIES, by a biological mechanism exactly same as any other therapeutic method that utilize 'molecular' drugs such as modern medicine, ayurveda, herbal therapy etc.

Triturations below 12C are 'molecular', but they will be biologically more reactive due to the breakage of intermolecular bonds and probable ionization happening during trituration. But their biological mechanism of action will not be any way different from that of mother tinctures and crude drugs.

ALL potencies above avogadro limit or 12C will contain only MOLECULAR IMPRINTS of constituent molecules, which can act as artificial binding sites for pathogenic molecules having conformational affinity. Any potency above 12C will be similar regarding their CONTENTS as well as the molecular mechanism of their biological action. If you have selected the right drug, it will not make much difference in therapeutic actions whether you use 12C, 30C, 200 C, 1 M or LM potencies.

Some homeopaths claim potentized homeopathic drugs are NANOMEDICINES, hoping to give a scientific flavor to their arguments. But remember, NANO PARTICLES are not 'immaterial' or 'dynamic' as you think. They are 'material particles'. Actually they are multi-atomic or multi-molecular congregations of particles. If avogadro number is right, there cannot be a MOLECULE present in a preparation diluted above 12c. If you say potentized drugs are NANOPARTICLES, it means you are saying homeopathic drugs are not DYNAMIC, but MATERIAL. You cannot same time say they are "dynamic" and they are "nanoparticles".

Would you kindly explain your ideas about the difference between MOTHER TINCTURES, 3X, 30C, 200 C and 1M of a medicine, regarding their CONTENTS? I am asking about the CONTENTS or ACTIVE PRINCIPLES, please! I am asking this

question since any talk about 'theories' regarding selection or USING of potencies is meaningless if we have no satisfactory answer to this fundamental question.

MOLECULAR SHIELDING by using 'molecular imprints' of vitally important biological molecules such as major PROTEINS and DNA to protect themselves from the damages that may be produced by the attacks of endogenous and exogenous pathogenic molecules is a new extended area of application of MOLECULAR IMPRINTS THERAPEUTICS involved in homeopathy, even though it is not homeopathy in its limited classical meaning as defined by 'similia similibus curentur'. I consider this idea as a new revolutionary stage in the scientific advancement of homeopathy, since it has evolved from the amalgamation of understanding of homeopathic potentization as molecular imprinting, and the knowledge of modern biochemistry. This idea of MOLECULAR SHIELDING of biological molecules using their own molecular imprints may open up new avenues of opportunities in our fight against many chronic and incurable diseases such as cancers, aging and age related diseases. I sincerely hope somebody would take up this idea forward for the benefit of humanity.

Molecular Imprints contained in potentized drugs cannot produce any pathological molecular inhibitions of biological molecules, not because they cannot bind to biological molecules having conformational affinity, but because they cannot successfully compete with biological ligands in binding to their natural biological targets having much higher affinity in betweeen them. That is the reason why molecular imprints can protect biological molecules from the attacks of pathogenic molecules, but cannot damage biological molecules. In order to understand this phenomenon, we should have a working knowledge in the subject of dynamics of 'molecular affinity' involved in biochemical interactions.

If I am right in my assumptions that molecular imprints can selectively bind to the biological molecules having configurational affinity and safeguard them against the attacks of pathogenic molecules, same time without hindering the normal biochemical interactions between the biological molecules and their natural ligands, it will open up

new avenues for potentized drugs as prophylactic, health-enhancing and age-retarding agents. Molecular imprints prepared by potentizing biological molecules such as enzymes, receptors, genes etc could be used for this purpose. Damages and mutations caused to genetic substance by pathogenic agents of endogenous and exogenous origin could be prevented by shielding genes using their own molecular imprints. If my thinking is right, MOLECULAR IMPRINTS will herald a new revolution of GENETIC SHIELDING in modern health science.

I will cite just an example. There is class of GENES in our chromosomes which play a key role in the natural defense system of our cells against CANCERS. These are known as TUMOR SUPPRESSOR GENES. A tumor suppressor gene, or anti-oncogene, is a gene that protects a cell from one step on the path to cancer by synthesizing tumor fighting proteins. When this gene is mutated to cause a loss or reduction in its function, the cell can progress to cancer, usually in combination with other genetic changes. The loss of these genes may be even more important than proto-oncogene/oncogene activation for the formation of many kinds of human cancer cells. Cancerous changes in cells happen when these PROTECTIVE GENES are damaged by the action of radiations, drugs or any other environmental factors up on it. If we can find a way to prevent damages happening to these tumor suppressor genes, it may be a big step in the fight against CANCER.

Tumor-suppressor genes, or more precisely, the proteins for which they code, either have a dampening or repressive effect on the regulation of the cell cycle or promote apoptosis, and sometimes do both.

Damages in tumor suppressor genes increase the risk of cancer, for example mutations in HNPCC, MEN1 and BRCA. Furthermore, increased mutation rate from decreased DNA repair leads to increased inactivation of other tumor suppressors and activation of oncogenes.

An important tumor suppressor gene identified is the p53 tumor-suppressor protein TP53 gene which encodes p53 tumor-suppressor protein Homozygous loss of p53 is found in 65% of colon cancers, 30–50% of breast cancers, and 50% of lung cancers. Mutated p53 is also involved in the pathophysiology of leukemias, lymphomas, sarcomas, and neurogenic tumors. Abnormalities of the p53 gene can be inherited in Li-Fraumeni syndrome (LFS), which increases the risk of developing various types of cancers.

As the costs of DNA sequencing have diminished, many cancers have now been sequenced for the first time revealing novel tumor suppressors.

One of the most frequently damaged TUMOR SUPPRESSOR genes are components of the SWI/SNF chromatin remodeling complex, which are lost in about 20% of tumors. Other examples of tumor suppressors include pVHL, APC, CD95, ST5, YPEL3, ST7, and ST14.

Molecular Imprints prepared using specific tumor suppressor genes can act as PROTECTIVE agents for these GENES by safeguarding them from the attacks of endogenous or exogenous pathogenic molecules. Actually, molecular imprints work as protective layers around the vulnerable active groups of these genes

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'Molecular imprints' can bind to any molecule -even with biological molecules- if there is configurational affinity between them. But the point to be noted is, molecular imprints cannot compete with biological ligands in binding to their natural target molecules. As such, molecular imprints cannot hinder normal biological interactions, and hence, cannot produce any pathological molecular errors. That means, molecular imprints can act as protective agents in safeguarding biological molecules from the attacks of pathogenic molecules, but cannot any produce pathological molecular errors by their own action. That is why we say homeopathic drugs cannot produce any harmful effects in our body. This is a very important point regarding the 'safety' of homeopathy when compared to any other therapeutic system that uses molecular forms of drugs.

Due to reasons only known to them, teachers and seniors make young homeopaths believe that administration of homeopathic remedies without perfect indications especially in high potencies would do grave harm to the patients, and may cause even death. It is warned that our drugs should be used with great care, and many young homeopaths are scared to prescribe, lest it may be a wrong prescription.

If potentized drugs were dangerous things as you believe, homeopaths would have been the greatest criminals in human history, since each of us would have so far killed thousands by our prescriptions! We would have already harmed a big section of human

race by this time! Even you and me make many many wrong prescriptions everyday, believing that we are making correct prescriptions. Can anybody deny this fact with a sincere heart?

Living roofs of safety of homeopathic medicines are the thousands of people we so far treated with wrong prescriptions and stay undamaged!

Defining ‘sarcodes’ is a very complex task, on which a consensus among homeopaths seems to be almost impossible.

I would go with the definition evolved from discussions on our group: “Sarcodes are homeopathic drugs prepared from healthy animal tissues and secretions that in crude form contain biological molecules having specific physiological functions in the human organism”

According to this definition, an animal product will not be considered a sarcode, if it does not contain some biological molecules that are integral part of vital metabolic processes of human organism. That is the dividing line between ‘animal drugs’ and ‘sarcodes’.

Sarcodes have a very notable peculiarty. They always exist in molecular form in the organism, and participate in various molecular interactions being part of different biochemical pathways. They become homeopathic drugs only when they are not administered in ‘molecular forms’, but as potentized forms above 12c. In molecular forms below Avogadro limit, they can be considered only as physiological products, not as homeopathic drugs.

Two questions have to be answered here:

1. If sarcodes are natural biological molecules having specific functional roles in human organism, how they become pathogenic agents, requiring the intervention of their own potentized forms or ‘molecular imprints’?

2. If the sarcodes are biological molecules being essential parts of living system, will not their physiological functions get negatively affected by the use of their potentized forms, since it is true that potentized form of a drug substance can antidote the biological effects of same drug in crude form?

Let us consider pituitary hormones. They play a decisive role in the whole metabolism of the organism, and hence called ‘master gland’. Pitutary hormones control many enzyme systems in our body. Then how can they act as pathogenic agents, requiring the use of potentized pituitary extract?

Next question is, when we use potentized pitutrin as a sarcode, will it not act as an antidote towards molecular forms of pituitary hormones and create dangerous consequences, by disrupting the whole endocrine activities mediated by pituitary hormones?

Pepsinum is very important in digestion of proteins. If pepsinum 30 is given to a person, will it create problems in protein digestion by deactivating pepsin molecules? If they cannot antidote pepsin molecules, how can they act as therapeutic agents?

Thyroid hormones play very important roles in metabolic activities in the living organism. Then how it can be pathogenic agents, requiring the intervention of potentized thyroidinum? Will not potentized thyroidinum hinder the biological processes mediated by thyroid hormones?

These are very pertinent questions we have to answer while trying to explain the science behind using of potentized sarcodes.

We can answer these questions only if we know the dynamics of molecular processes involved in biochemical interactions.

Every biological molecules, especially those belonging to hormones, signaling molecules(cytokines), neuro-chemicals, antibodies and enzymes being circulated in the organism enter into two types of chemical interactions:

1. ‘On-target interactions’

2. ‘Off-target interactions’.

‘On-target’ interactions are those happening between natural ligands and their genuine targets. Such interactions are essential part of vital processes through which biochemical pathways are carried unhindered.

Natural ligands and their genuine targets interact through two stages:

a). molecular identification and binding, which is effected by complementary configurational affinity between targets and ligands,

b). actual chemical interaction, which is effected through perfect charge affinity between ligands and their genuine targets.

Off-target interactions are those accidentally happening between ligands and wrong targets having configurational affinity only. In the absence of exact charge affinity, no chemical changes occur. Such interactions are always ‘inhibitory’, temporarily or permanantly deactivating the

involved biological molecules. Such ‘inhibitory’ off-target interactions inevitably lead to derangement in associated biochemical pathways resulting in pathological states.

‘Off-target’ inhibitions caused by biological molecules such as hormones, enzymes, antibodies, signaling molecules(cytokines) and neurochemicals are causative factors of a wide range of pathological conditions in human beings. Sarcodes, or potentized preparations of these biological molecules, which contain their ‘molecular imprints’ , can effectively remove these molecular inhibitions and thereby act as therapeutic agents. Here lies the importance of sarcodes in homeopathic therapeutics.

Then comes the issue of selective action of the potentized sarcodes. As any other molecular imprints, molecular imprints in potentized sarcodes also cannot interfere in in the interactions between natural ligands and their genuine targets which involves configurational affinity as well as charge affinity. Since molecular imprints act through configurational affinity only, they can interfere in only inhibitory ‘off-target’ interactions.

It is now obvious that thyroidinum 30 cannot interfere in the essential biochemical processes mediated by thyroid hormones, Piturin 30 cannot interfere in the natural actions of pituitary hormones. This principle is applicable to all potentized sarcodes. We can use potentized sarcodes above 12c without any fear of adverse effects.

Sarcodes can play a very important role in the treatment of diverse types of diseases belonging to metabolic, emotional, psychosomatic, and ontological factors. They can also be part of constitutional prescriptions.

How Potentized Silicea Works as ‘Homeopathic Scalpel’- Exploring the Biochemistry Involved:

Materia Medica of Silicea says: “Silica can stimulate the organism to re-absorb fibrotic conditions and scar-tissue. Ripens abscess since it promotes suppuration. Promotes expulsion of foreign bodies from tissues. In phthisis, it must be used with care, for here it may cause the absorption of scar-tissue, liberate the disease, walled in, to new activities.”

“Re-absorbing of fibrotic scar tissues, ripening, opening up and healing of abscesses by promoting suppuration, expulsion of foreign bodies from tissues”- these clinically well established homeopathic properties of SILICEA have assigned it a honorable title- “homeopathic scalpel”. Exactly, in homeopathic doses silicea causes absorption of scar tissue being part of abscess walls, and ‘liberates the contents, walled in’.

Some homeopaths prefer to use silicea as ‘homeopathic scalpel’ in ‘high potencies’- in 30c or above, where as there are others who use it as triturations- 3x, 6x etc. All of them vouch excellent results, but molecular mechanism of ‘scalpel’ actions of silicea in ‘molecular forms’ and ‘molecular imprints’ forms are entirely different, as explained later in this article.

How and why silicea acts as ‘homeopathic scalpel’? To provide a scientific explanation to this phenomenon, we have to inquire deeply into the exact role of silicea in biological systems.

Silicea is known as a polycrest remedy in homeopathy. Silica, which is also known as silicea in homeopathic pharmacy, is the chemical compound silicon dioxide. It is an oxide of chemical element silicon, with the chemical formula SiO_2.

Silica is most commonly found in nature as sand or quartz. Measured by mass, silicon makes up 27.7% of the earth's crust and is the second most abundant element in the crust, with only oxygen having a greater abundance.Silicon is usually found in the form of complex silicate minerals, and less often as silicon dioxide or silica, a major component of common sand. Pure silicon crystals are very rarely found in nature. The silicate minerals—various minerals containing silicon, oxygen and reactive metals—account for 90% of the mass of the earth's crust.

Ocean bed is covered by diatoms, cells of which contain large quantities of silica. Silica is the primary compound in rice husk and coconut shells. Stems of various plants, such as rice, bamboo etc also contain silica in large amounts.

Silicon is an essential element in biology, although only tiny traces of it appear to be required by animals,however various sea sponges need silicon in order to have structure. It is much more important to the metabolism of plants, particularly many grasses, and silica in the form of silicic acid act as the basis of the striking array of protective shells of the microscopic diatoms.

Diatoms, radiolaria and siliceous sponges use biogenic silica as a structural material to construct skeletons. In more advanced plants, the silica phytoliths (opal phytoliths) are rigid microscopic bodies occurring in the cell; some plants, for example rice, need silicon for their growth.Although silicon was proposed to be an ultra trace nutrient, its exact function in the biology of animals is still under discussion. Higher organisms are only known to use it in very limited amounts in the form of silicic acid and soluble silicates.

Silicon is currently considered as a "plant beneficial substance by the Association of American Plant Food Control Officials (AAPFCO). Silicon has been shown in university and field studies to improve plant cell wall strength and structural integrity,improve drought and frost resistance, decrease lodging potential and boost the plant's natural pest and disease fighting systems.Silicon has also been shown to improve plant vigor and physiology by improving root mass and density, and increasing above ground plant biomass and crop yields.

It has been proved that Silica can bind to DNA and RNA in certain situations. Silicification in and by cells has been common in the biological world for well over a billion years. In the modern world it occurs in bacteria, single-celled organisms, plants, and animals (invertebrates and vertebrates). Examples include: ‘frustules’ of ‘diatoms’, Silica ‘phytoliths’ in the cells of many plants, practically all grasses. The spicules which form the skeleton of many primitive creatures are also rich in silica.

Crystalline silica formed in the physiological environment often show exceptional physical properties- e.g. strength, hardness, fracture toughness. Formation of the mineral may occur either within the cell wall of an organism (such as with phytoliths), or outside the cell wall, as typically happens with ‘tests’ and ‘diatoms’. Specific biochemical

reactions exist for mineral deposition. Such reactions include those that involve lipids, proteins, and carbohydrates.

It is yet unclear in what ways silica is important in the nutrition of developed animal species.This remains a challenging field of research, due to its ubiquitous presence in the environment and in most circumstances it dissolves in trace quantities into the animal bodies. It certainly does occur in the living body, leaving us with the problem that it is hard to create proper silica-free controls for purposes of research. This makes it difficult for researchers to be sure when the silica present has had operative beneficial effects, and when its presence is coincidental, or even harmful.

As per latest studies, silica is recognized to play many important roles in the growth, strength, and management of many connective tissues. This is true not only for hard connective tissues such as bone and tooth.

Inhaling finely divided crystalline silica dust in very small quantities over time can lead to silicosis, bronchitis, or cancer, as the dust becomes lodged in the lungs and continuously irritates them, reducing lung capacities by inducing synthesis and accumulation of Type 1 collagen fibrils around the silica deposits. In the body, crystalline silica particles do not dissolve over clinically relevant periods of time. This effect can create an occupational hazard for people working with sandblasting equipment, products that contain powdered crystalline silica and so on. Children, asthmatics of any age, allergy sufferers, and the elderly can be affected in much less time. Even though amorphous silica, such as fumed silica is not associated with development of silicosis,but it may cause irreversible lung damage in some cases.

Continuing research of the correlation of aluminium and Alzheimer's disease has in the last few years included the use of silicic acid in beverages, due to its abilities to both reduce aluminium uptake in the digestive system as well as cause renal excretion of aluminium.

A study which followed subjects for 15 years found that higher levels of silica in water appeared to decrease the risk of dementia. The study found that with an increase of 10 milligram-per-day of the intake of silica in drinking water, the risk of dementia dropped by 11%.

Choline stabilized silica in the form of orthosilicic acid is now used as bioavailable nutritional supplement. It has been shown to prevent the loss of hair tensile strength,have positive effect on skin surface and skin mechanical properties, and on brittleness of hair and nails, abate brittle nail syndrome,partially prevent femoral bone loss, increase collagen concentration in calves, and have potential beneficial effect on bone collagen formation in osteopenic females.

Study has shown that physiological concentration of Silica in the form of orthosilicic acid stimulates Type 1 Collagen synthesis and osteoblastic differentiation in human osteoblast-like cells in vitro. Collagen is a group of naturally occurring proteins found in animals, especially in the flesh and connective tissues of mammals. It is the main component of connective tissue, and is the most abundant protein in mammals,making up about 25% to 35% of the whole-body protein content. Collagen, in the form of elongated fibrils, is mostly found in fibrous tissues such as tendon, ligament and skin, and is also abundant in cornea, cartilage, bone, blood vessels, the gut, and intervertebral disc. The fibroblast is the most common cell which creates collagen. In muscle tissue, it serves as a major component of the endomysium. Collagen constitutes one to two percent of muscle tissue, and accounts for 6% of the weight of strong, tendinous muscles.

Collagen, a key component of the animal extracellular matrix, is made through cleavage of pro-collagen by the enzyme collagenase once it has been secreted from the cell. This stops large structures from forming inside the cell itself. Collagenase production can be induced during an immune response, by cytokines that stimulate cells such as fibroblasts and osteoblast, and cause indirect tissue damage. Silica is considered to play a key role in the activation of collagenase enzyme, when induced by the action of immune related signaling molecules known as cytokines.

Formation of abscesses involves a complex chain of biochemic processes induced by cytokines produced in response to immune reactions against foreign substance entering the tissues, such as foreign bodies and infectious agents. Cytokines induces chemotaxis of various immune bodies and white blood cells into the site of foreign body to fight against the intruder. A membrane is formed around the intruder by producing type 1 collagens fibrils embedded with in a layer formed of lipids, proteins and carbohydrates, which encapsulates the foreign body. This capsule ripens into an abscess by accumulation of dead white cells. Finally, once the fight is over and infection

is controlled, the collagen disintegrates and the capsule breaks open to discharge the contents.

It is well understood that silica plays a role in the process of membrane formation and encapsulation by promoting the production of type 1 collagen fibrils. Exact molecular mechanism of this role is not well understood yet. May be by acting as co-factors in activating collagenase enzyme to cleavage pro-collagen into collagen, which is the basic building material of capsular membrane of abscesses and cysts. Silicon is also considered to act as a hardening and stabilizing agent of collagen fibrils. During stage of ripening of abscesses, as concentration of inflammatory cytokines decrease, silicea also gradually decreases in collagen fibrils, thereby helping the disintegration of capsular membrane and opening up of abscesses.

Bilologically available crude silica particles help the process of formation of cysts and indurations around foreign bodies, presumably by supplying silicon ions to activate collagenase enzyme in the build up of type 1 collagen and capsular membranes. Silicon also infiltrates into cyst walls, and act as a structural ingredient. That is why silicosis develops in lungs due to accumulation of silica particles.

Triturated forms of silica below 12c contain ionized silica particles, which are highly activated by breaking of intermolecular bonds during process of trituration. These activated particles can compete with biological silica molecules in binding to collagen fibrils, there by resulting in removal of silica and inducing ripening of abscesses. But we should remember, using of these molecular forms of activated silica may pose dangerous to the organism, as they will create off-target molecular inhibitions and unexpected pathologies in various biochemical pathways in the organism.

Silica potentized above Avogadro limit contains only ‘molecular imprints’ of silica, without any silica molecules present. Due to complementary configuration, these molecular imprints can bind only to off target excess biological silica molecules , there by removing them from the collagen matrix, and helping in their disintegration, leading to easy maturation and opening up of abscess walls.

Potententized silica contains only ‘molecular imprints’, which cannot bind to any biological targets except off target silica. As such, they are safe to be used as ‘homeopathic scalpels’ without any fear of unwanted side effects.

It is the biological role of silicea as a cofactor in the synthesis of type 1 collagen, and its property of getting embedded in collagen fibrils that makes it an effective homeopathic therapeutic agent in potentized forms in many pathological conditions such as abscesses, indurations, cysts, skin problems, nail problems, joint problems, keloids etc etc.

This is only a humble introductory study on silica biochemistry in relation with its role in abscess formations. There remains a lot to be researched, explored and explained on this topic. A lot of questions yet remain to be answered.

Molecular Imprinting is not my original idea or invention. My contribution in this concept is actually very limited, by way of trying to explain homeopathic potentization as a bio-friendly version of already existing Molecular Imprinting In Polymers

The technique of molecular imprinting in polymers allows for the preparation of synthetic polymers with specific binding sites for a target molecule. This can be achieved if the target is present during the polymerization process, thus acting as a molecular template. Monomers carrying certain functional groups are arranged around the template through either non-covalent or covalent interactions. Following polymerization with a high degree of cross-linking, the functional groups become fixed in defined positions by the polymer network. Subsequent removal of the template by solvent extraction or chemical cleavage leaves cavities that are complementary to the template in terms of size, shape and arrangement of the functional groups. These highly specific receptor sites are capable of rebinding the target molecule with high specificity, sometimes comparable to that of antibodies. Molecularly imprinted polymers have therefore been named "antibody mimics". It has been shown that they can be substituted for biological receptors in certain formats of immunoassays and biosensors. They are characterized by high stability.

Target molecules for which we want to prepare 'artificial binding sites' or 'molecular imprints', which are normally large complex protein molecules, are identified and selected as 'template molecules. These template molecules are added to a mixture of 'monomers' and 'activators' and thoroughly mixed. This mixture is allowed to undergo a process of 'self assembling' and 'polymerization', which is actually a 'guest-host' molecular complex, in which the template molecules are trapped in a hardened polymer

matrix which act as 'host'. This 'host-guest' complex is pulverized, and subjected to a process of 'solvent extraction', by which soluble template molecules are remove from insoluble polymer matrix. The resultant preparation consists of polymer matrix carrying empty spaces or 'cavities' where the template molecules were originally trapped. These cavities are called 'molecular imprints', which actually mimic the spacial configuration of template molecules. Due to this complementary configuration, these 'molecular imprints' exhibit a special affinity towards original template molecules, and act as 'artificial binding sites' for them. Due to this special affinity, they could be used as substitutes for biological receptors in certain formats of immunoassays and bio-sensors.

Since 'molecular imprinted polymers' prepared by this process are synthetic polymers, they cannot be used as drugs. Homeopathy uses water-ethyl alcohol mixture as 'host' in place of polymers, and drug molecules as 'templates' or 'guests' for preparing molecular imprints that could be used as drugs. Since molecular imprints prepared by this process consist of only water and ethyl alcohol molecules, they could be safely used as therapeutic agents.

Wishing a happy new year to all my dear friends here. 2013 was a wonderful year for me in your nice company. Many memorable milestones have been crossed and targets achieved. I have been enjoying every moment here in your company day in and day out, all round this year talking with you about homeopathy.

I could prove how facebook could be converted into my living room, my office, my work place and above all a great place for unending learning. I could convert facebook as an INTERNATIONAL VIRTUAL SEMINAR HALL OF HOMEOPATHY. With more than 25000 homeopaths in my friends list and discussion groups, somebody from some part of the globe were always here discussing with me about homeopathy. My knowledge and ideas have been evolving into more and more perfection everyday through the interactions with you here. THANKS, EVERYBODY.

Looking forward to 2014 with more expectations of ever greater achievements. Planning to publish a few peer-reviewed articles on MIT on the basis of my almost completed research works. Planning to publish a complete BOOK on MIT as requested by my friends. Looking forward to convert our discussion group 'HOMEOPATHY FOR TOTAL CURE' into an International Institution of Scientific Homeopathy with all our group members as its part.

HAPPY NEW YEAR, EVERYBODY!

I make hundreds of posts and comments daily on my facebook timeline, discussion groups, pages as well as on twitter, as part of my endeavor to evolve and promote MIT concepts of scientific homeopathy. My friends, who come on face book only occasionally, and those who are able to spend very limited time here, may miss most of my updates. There are also many late comers in my growing friends list. There may be also some people willing to read some of my posts again and again. In order to ensure my works are secured for future use, and to make them easily available for everybody any time, I regularly compile my face book posts and updates into large volumes. So far, NINE volumes have been compiled.

LATE COMERS TO MY FRIENDS LIST AND DISCUSSION FORUMS ARE REQUESTED TO READ MY FOLLOWING COMPILATIONS OF FACEBOOK UPDATES TO GET A PRELIMINARY IDEA OF WHAT IS GOING ON HERE:

VOLUME IX:

http://dialecticalhomeopathy.com/2013/12/16/volume-ix-selected-facebook-updates-and-tweets-of-chandran-k-c-on-scientific-homeopathy/

VOLUME VIII:

http://dialecticalhomeopathy.com/2013/12/16/volume-viii-selected-facebook-updates-and-tweets-of-chandran-k-c-on-scientific-homeopathy/

VOLUME VII:

http://dialecticalhomeopathy.com/2013/10/24/volume-vii-selected-facebook-updates-and-tweets-of-chandran-k-c-on-scientific-homeopathy/

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http://dialecticalohmeopathy.wordpress.com/2012/08/04/volume-ii-compilation-of-my-selected-facebook-updates/

VOLUME- I:

http://dialecticalohmeopathy.wordpress.com/2012/03/10/selected-facebook-updates/