



Research Article

# Similarities and Differences in Condensed Materia Medica: A Comparative Review of Boericke, Phatak, and Boger

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## Abstract

Condensed Materia Medica texts play a foundational role in clinical homoeopathic decision-making by offering rapid access to therapeutic essentials derived from extensive classical provings and confirmations. Among the most influential condensed works are those authored by William Boericke, Cyrus Maxwell Boger, and Dr. S. R. Phatak. Although all three aim at clinical utility through condensation, they differ significantly in philosophical orientation, methodological structure, symptom hierarchy, and therapeutic emphasis. This narrative comparative review critically analyses the textual convergence and divergence among Boericke's *Pocket Manual of Homoeopathic Materia Medica*, Boger's *Synoptic Key of Materia Medica*, and Phatak's *Concise Materia Medica of Homoeopathic Medicines*. Through qualitative textual analysis, this study explores their sources, epistemological foundations, symptom construction, remedy portraits, and clinical adaptability. The review demonstrates that while these three works converge in their reliance on Hahnemannian provings and classical authorities, they diverge notably in their conceptual depth, grading of symptoms, and practical orientation toward keynote, constitutional, or pathological prescribing. Understanding these differences is essential for modern homoeopathic education, research, and evidence-informed practice.

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## I. INTRODUCTION

Materia Medica forms the epistemic backbone of homoeopathic therapeutics. Since the time of Hahnemann, the expansion of drug provings and clinical confirmations has resulted in vast compilations of symptomatology, necessitating various methods of condensation for practical use. Condensed Materia Medica emerged as a pedagogical and clinical response to the increasing complexity of encyclopedic works such as Hering's *Guiding Symptoms* and Allen's *Encyclopedia*. Among the most enduring condensed texts are those by William Boericke, Cyrus Maxwell Boger, and S. R. Phatak. Each reflects a distinct philosophical approach to therapeutic knowledge while drawing upon the same classical foundations. Despite their widespread use, few academic studies have systematically examined their comparative structure and methodological orientation. This paper undertakes a scholarly comparison of these three seminal works to clarify their points of convergence and divergence and to elucidate their relevance for contemporary clinical practice and homoeopathic research.

## II. MATERIALS AND METHODS

This study employed a qualitative comparative textual analysis of three primary sources: Boericke's *Pocket Manual of Homoeopathic Materia Medica*, Boger's *Synoptic Key of Materia Medica*, and Phatak's *Concise Materia Medica of Homoeopathic Medicines*. Secondary references included classical provings, repertorial sources, and philosophical writings of Kent, Hahnemann, and Close. Texts were examined with respect to authorship background, philosophical orientation, structural organisation, symptom presentation, grading patterns, clinical emphasis, and therapeutic contextualization. Convergence was defined as similarity in conceptual structure and remedy representation, while divergence referred to differences in epistemological framing, symptom hierarchy, and prescribing orientation.

## III. Historical and Philosophical Foundations

Boericke, Boger, and Phatak were all deeply rooted in classical Hahnemannian thought but were influenced by different schools within homoeopathy. Boericke represents a bridge between the German-American school and Kentian philosophy, emphasising constitutional prescribing supported by pathological correlations. Boger's work is deeply influenced by Boenninghausen's doctrine, emphasising modalities, concomitants, and generalisation of symptoms. Phatak, trained in the Indian homoeopathic tradition with strong analytical rigour, developed his work primarily as a rapid clinical reference for busy practitioners, prioritising therapeutic efficiency over philosophical exposition. Thus, while all three accept the law of similars and dynamic disease theory, their interpretation and application differ substantively.

## IV. Structural Organisation and Symptom Architecture

Boericke organises remedies in a traditional head-to-foot schema, integrating constitutional traits, mental symptoms, physical generals, and particular pathology within unified

remedy portraits. His descriptions are narrative and didactic, allowing students to conceptualise the remedy as a living personality. Boger, in contrast, structures remedies around generalised symptoms, modalities, time relationships, and pathological affinities. His synoptic style reduces narrative content and replaces it with schematic therapeutic mapping. Phatak condenses even further by presenting highly selective keynotes, pathological affinities, and leading characteristics with minimal elaboration. This structural divergence reflects three separate cognitive models of prescribing: constitutional personalisation in Boericke, generalisation and modality-centred analysis in Boger, and keynote-oriented rapid prescribing in Phatak.

## V. Symptom Grading and Therapeutic Emphasis

Boericke employs symbolic typography to grade symptoms, preserving relative intensity while maintaining narrative coherence. Boger emphasises the hierarchy of generals over particulars and gives priority to modalities, time, and pathological relationships. Phatak does not consistently use grading symbols but selects symptoms based on therapeutic reliability and frequency of clinical verification. Consequently, Boericke supports constitutional deep prescribing, Boger facilitates analytical repertorial thinking rooted in Boenninghausen logic, and Phatak serves as a pragmatic clinical handbook for quick bedside prescription.

## VI. Convergence in Sources and Epistemology

Despite their structural differences, significant convergence exists among the three texts. All draw from Hahnemann's provings, Hering's confirmations, and Allen's compilations. All preserve the integrity of the dynamic disease concept and reject purely materialistic pathology as the sole basis of prescribing. Each recognises the primacy of individualisation, though operationalised differently. All three maintain fidelity to the philosophical foundation that symptoms are expressions of the disturbed vital force and not merely expressions of localised pathology.

## VII. Divergence in Clinical Orientation

The most profound divergence lies in their clinical orientation. Boericke is particularly suited for students and practitioners engaged in constitutional and chronic case management, where full remedy personalities are needed. Boger is optimised for complex analytical cases requiring careful evaluation of generals, modalities, and pathological generals. Phatak excels in acute and pathological prescribing where rapid remedy differentiation is essential. These differences do not reflect contradiction but rather complementary methodologies suited to different clinical contexts.

## VIII. Pedagogical and Research Implications

From an educational standpoint, Boericke fosters conceptual understanding of remedies, Boger develops analytical reasoning, and Phatak cultivates clinical efficiency. For research, Boericke's narrative descriptions facilitate qualitative

remedy verification studies, Boger supports repertorial and algorithmic modelling of remedy relationships, and Phatak allows rapid extraction of high-probability therapeutic indicators. The coexistence of these texts thus enriches homoeopathic epistemology rather than fragmenting it.

## IX. DISCUSSION

The comparative analysis demonstrates that condensed *Materia Medica* is not merely an abridgement of symptom lists but a philosophical interpretation of therapeutic knowledge. Boericke, Boger, and Phatak condense not only content but also epistemic orientation. Their differences represent distinct methodological pathways within the same scientific tradition. In the era of evidence-based and integrative medicine, understanding these internal methodological differences is essential for designing meaningful clinical trials, repertorial software, and educational curricula. This study also highlights that inappropriate mixing of these methodologies without epistemological awareness may lead to inconsistent prescribing and research bias.

## X. Limitations

This review is limited to three classical condensed texts and does not include modern synthetic *Materia Medica* compilations or digital platforms. Quantitative symptom frequency analysis was not performed and may be explored in future studies using computational text mining.

## XI. CONCLUSION

Boericke, Boger, and Phatak represent three distinct yet complementary traditions of condensed *Materia Medica* within homoeopathy. Their convergence lies in shared philosophical roots and classical sources, while their divergence reflects differences in structural organisation, clinical emphasis, and prescribing methodology. A nuanced understanding of these differences enhances clinical precision, academic scholarship, and research design in homoeopathic medicine. Rather than competing texts, these works should be viewed as synergistic intellectual tools serving different dimensions of homoeopathic practice.

## RESULTS AND DISCUSSION

The comparative analysis of miasmatic interpretation across the condensed *Materia Medica* texts of Boericke, Phatak, and Boger demonstrates both significant convergence in foundational miasmatic concepts and marked divergence in clinical emphasis and methodological application. Boericke's text predominantly reflects a descriptive constitutional orientation, wherein miasmatic tendencies are implicitly embedded within remedy portraits rather than explicitly categorised. Psoric traits such as hypersensitivity, functional disturbances, and reactive states dominate Boericke's profiles, while syphilitic features are primarily evident through references to tissue destruction, ulceration, and degenerative pathology. Sycotic expressions, though present, remain comparatively under-articulated, often inferred through clinical

modalities rather than directly stated. This reinforces Boericke's utility as a broad constitutional reference rather than a targeted miasmatic diagnostic tool.

In contrast, Phatak's work exhibits a distinctly explicit and clinically directive miasmatic framework. Remedies are frequently annotated with clear psoric, sycotic, or syphilitic classifications, allowing rapid alignment between disease expression and underlying miasmatic dominance. The results show that Phatak consistently emphasises sycosis in proliferative, metabolic, and infiltrative pathologies such as warts, asthma, and obesity-linked disorders, while psora dominates functional gastrointestinal, neurotic, and allergic conditions. Syphilitic labelling is strongly correlated with destructive bone, vascular, and ulcerative processes. This structured clarity enhances Phatak's reliability for quick bedside miasmatic prescribing, particularly in chronic disease management.

Boger's Synoptic Key demonstrates the most pathology-centred and prognostically oriented miasmatic interpretation among the three. The results indicate that Boger does not simply classify remedies by traditional miasmatic labels but rather maps disease evolution, organ affinity, periodicity, and depth of pathology to miasmatic progression. Psora is associated with early functional imbalance and hypersensitivity stages, sycosis with infiltrative and hyperplastic tissue changes, and syphilis with irreversible structural breakdown and destructive organ pathology. Unlike Boericke and Phatak, Boger integrates miasmatic depth with clinical staging and disease trajectory, making his work particularly valuable for advanced chronic case analysis, prognosis, and long-term therapeutic strategy.

From a comparative standpoint, convergence is clearly evident in the universal acknowledgement of psora as the foundational miasm, associated with functional disturbances and early disease manifestations across all three texts. Divergence becomes pronounced in the handling of sycosis and syphilis, where Phatak applies categorical clarity, Boger applies pathological depth and prognostic relevance, and Boericke embeds these dimensions more subtly within remedy descriptions. These differences reflect not conceptual disagreement but distinct methodological intentions: Boericke prioritises constitutional breadth, Phatak prioritises clinical immediacy, and Boger prioritises disease depth and progression.

Clinically, these findings suggest that integrated use of all three texts offers superior miasmatic precision. Boericke supports broad constitutional matching, Phatak aids in rapid miasmatic identification at the bedside, and Boger refines depth prescription based on pathological evolution. The results validate that miasmatic interpretation is not static across condensed texts but dynamically shaped by each author's epistemological orientation and clinical objective. This layered divergence, rather than weakening miasmatic theory, strengthens its multidimensional applicability in contemporary chronic disease management, where functional, proliferative, and destructive stages often coexist within the same patient.

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**XIV. Conflict of Interest**

The authors declare no conflict of interest of any kind.

**XV. Ethical Approval**

As this study involved only textual analysis of published literature and no human or animal subjects, ethical committee approval was not required.

**XVI. Data Availability Statement**

All data analysed in this study are derived from publicly available classical homoeopathic texts.

**Table 1.** Comparative Structural and Philosophical Analysis of Boericke, Phatak, and Boger in Condensed Materia Medica

Parameter of Comparison	Boericke	Phatak	Boger
<b>Primary Objective</b>	Practical bedside prescribing with clinical clarity	Rapid recreation of the remedy picture with keynotes	Deep constitutional and pathological correlation
<b>Philosophical Base</b>	Clinical pragmatism with classical roots	Strict Hahnemannian and Kentian influence	Hahnemannian philosophy with pathological synthesis
<b>Extent of Condensation</b>	Moderately condensed	Highly condensed	Selectively condensed with depth
<b>Symptom Emphasis</b>	General symptoms, modalities, and clinical conditions	Striking, peculiar, and differentiating symptoms	Time modalities, tissue affinity, and pathology
<b>Mental Symptoms</b>	Concise but clinically oriented	Highly characteristic and sharply defined	Interpreted in relation to constitutional pathology
<b>Generalities</b>	Clearly structured and clinically useful	Very brief, highly selective	Given profound importance
<b>Pathological Correlation</b>	Limited but present	Minimal pathological explanation	Strong pathological integration
<b>Modalities</b>	Well-structured and prominently listed	Selective, highly characteristic	Emphasised with pathological timing
<b>Clinical Conditions</b>	Extensively cited	Rarely included	Secondary to constitutional expression
<b>Organ Affinity</b>	Clearly described	Minimally mentioned	Deeply correlated with disease evolution
<b>Time Modalities</b>	Occasionally mentioned	Rarely stressed	Strongly emphasized
<b>Thermal Reaction</b>	Well noted	Brief and selective	Pathologically correlated
<b>Utility in Acute Conditions</b>	High	High	Moderate
<b>Utility in Chronic Diseases</b>	Moderate	Moderate	High
<b>Scope for Repertorization</b>	High	Moderate	High at the constitutional level
<b>Language Style</b>	Descriptive and user-friendly	Extremely terse and technical	Interpretative and analytical
<b>Target Audience</b>	General practitioners and students	Advanced clinicians and exam-oriented users	Academicians and chronic prescribers
<b>Speed of Reference</b>	Moderate	Very rapid	Moderate to slow
<b>Compatibility with Modern Pathology</b>	Partial	Minimal	Strong
<b>Focus on the Constitution</b>	Moderate	Limited	Central
<b>Remedy Differentiation</b>	Based on clinical conditions	Based on keynotes	Based on time, tissue, and pathology
<b>Risk of Mechanical Prescribing</b>	Moderate	High if misused	Low

**Table 2:** Comparative Case-Selection Utility of Boericke, Phatak, and Boger Materia Medica

Parameter	Boericke	Phatak	Boger
<b>Primary Clinical Focus</b>	Broad clinical applicability with therapeutic emphasis	Sharp diagnostic precision through mental and physical generals	Prognostic and constitutional depth with pathological correlations
<b>Utility in Acute Prescribing</b>	High usefulness due to clear keynote symptoms and pathological correlations	Moderate; more helpful when clear characteristic generals are present	Low to moderate; more suited to constitutional rather than purely acute cases
<b>Utility in Chronic Case Analysis</b>	Moderate; lacks deep miasmatic and constitutional layering	High; excels in identifying constitutional remedies through generals	Very high; strongest for chronic, complex, and relapsing cases
<b>Mental Symptom Representation</b>	Present but not dominant	Strong emphasis on mental generals	Balanced but subordinated to pathological evolution
<b>General Symptoms (Thermal, Appetite, Desires)</b>	Well represented but not always sharply differentiated	Very sharply defined and highly individualising	Represented in relation to disease progression
<b>Pathological Correlation</b>	Strong correlation with organ pathology	Limited pathological detailing	Extensive pathological evolution and disease staging
<b>Miasmatic Interpretation Support</b>	Implicit and limited	Functional but not explicitly layered	Strong explicit and implicit miasmatic interpretation
<b>Usefulness in Repertory Cross-Verification</b>	High compatibility with Kentian repertoires	Excellent for confirming constitutional remedies	Useful for confirming miasmatic and pathological stages
<b>Speed of Remedy Selection</b>	Fast due to concise therapeutic pointers	Moderate; requires careful analysis of generals	Slower; requires deep constitutional synthesis
<b>Risk of Over-Prescribing Based on Keynotes</b>	Higher due to strong keynote emphasis	Lower due to general-based prescribing	Lowest; strong safeguard through pathological totality
<b>Best Suited for Practitioner Level</b>	Undergraduate and early clinical practice	Intermediate to advanced clinical practitioners	Advanced clinicians and chronic disease specialists
<b>Role in Follow-Up and Remedy Evaluation</b>	Moderate utility	High utility for evaluating symptom shift	Very high utility for long-term remedy response
<b>Strength in Differential Remedy Diagnosis</b>	Moderate	High	Very high
<b>Integration with Modern Clinical Diagnosis</b>	Strong	Moderate	Very strong
<b>Overall Case-Selection Utility</b>	Rapid clinical prescribing	Precise constitutional selection	Deep chronic and miasmatic selection

**Table 3.** Risk–Benefit Matrix in Clinical Prescribing Based on Condensed Materia Medica (Boericke, Phatak, and Boger)

Clinical Dimension	Potential Benefits	Potential Risks	Relevance to Boericke	Relevance to Phatak	Relevance to Boger
<b>Speed of Prescription</b>	Rapid remedy selection in acute conditions	Superficial analysis is over-simplified	Moderate risk due to summaries	Higher risk due to extreme condensation	Lower risk due to confirmatory cross-analysis
<b>Symptom Precision</b>	Clear identification of keynotes	Missing rare or subtle symptoms	Moderate precision	High precision with few symptoms	High precision with cross-verification
<b>Clinical Reliability</b>	Consistent results in routine cases	Failure in complex chronic cases	High reliability in general practice	High in acute cases only	Very high due to comparative confirmation
<b>Depth of Constitutional Insight</b>	Faster case handling	Reduced individualization	Moderate depth	Limited depth	High depth through concordance
<b>Risk of Overgeneralization</b>	Simplifies learning for students	Remedy misapplication	Moderate	High	Low
<b>Suitability for Emergency Prescribing</b>	Immediate therapeutic intervention	Risk of misprescription if totality is ignored	Good	Very good	Moderate
<b>Chronic Case Management</b>	Structured long-term planning	Incomplete miasmatic depth	Moderate utility	Limited utility	Excellent utility
<b>Educational Utility</b>	Rapid revision and memorisation	Conceptual oversimplification	Very high	Extremely high	High but more advanced
<b>Polypharmacy Avoidance</b>	Encourages single-remedy prescription	The wrong remedy may delay the cure	Good safeguard	Moderate	Excellent safeguard
<b>Reproducibility of Results</b>	Scientific consistency	Practitioner-dependent interpretation	High	Moderate	Very high



**Table 4.** Miasmatic Interpretation Across Condensed Materia Medica Texts (Boericke, Phatak, and Boger)

Remedy	Boericke – Miasmatic Orientation	Phatak – Miasmatic Emphasis	Boger – Miasmatic Framework	Convergence	Key Divergence
<b>Sulphur</b>	Predominantly Psoric with anti-chronic action	Strongly Psoric, foundation remedy	Psoric with thermic and metabolic disturbances	All agree on Psora dominance	Boger integrates constitutional terrain more deeply
<b>Thuja occidentalis</b>	Marked Sycotic remedy	Purely Sycotic with overgrowth tendencies	Sycotic with destructive potential	Strong agreement on Sycotic nature	Boger links to syphilitic degeneration also
<b>Mercurius solubilis</b>	Syphilitic–Sycotic overlap	Mixed Sycotic–Syphilitic	Deep Syphilitic destruction	All recognise mixed miasm	Degree of syphilitic depth emphasised by Boger
<b>Calcarea carbonica</b>	Psoro-Sycotic constitution	Psora with metabolic sluggishness	Psoric base with compensatory sycosis	General agreement on Psoric base	Phatak minimises sycotic overlay
<b>Natrum muriaticum</b>	Chronic Psoric–Syphilitic	Strongly Syphilitic suppression	Psoric with emotional pathology	All accept chronic miasmatic involvement	Emotional pathology emphasised only by Boger
<b>Medorrhinum</b>	Classic Sycotic nosode	Deep constitutional Sycosis	Sycotic with hereditary degenerative traits	Complete convergence	Boger expands to hereditary pathology
<b>Lachesis mutus</b>	Predominantly Syphilitic	Syphilitic with circulatory pathology	Syphilitic with neurotoxicity	All assign Syphilitic miasm	Boger adds neuroendocrine dimension
<b>Tuberculinum</b>	Tubercular diathesis (Psora + Sycosis)	Mixed miasmatic instability	Tubercular dyscrasia with immune weakness	Agreement on mixed miasm	Boger gives an immunological interpretation
<b>Arsenicum album</b>	Psoric anxiety with Syphilitic decay	Psoric with exhaustion	Deep Syphilitic degeneration	Chronic destructive nature agreed	The degree of syphilitic emphasis varies
<b>Silicea</b>	Psoric with chronic suppurative tendency	Psora with slow reaction	Psoric with deep psoro-syphilitic overlay	Psoric base accepted	Boger emphasises deep chronicity

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