

The Rorschach Inkblot Test: A Comprehensive Review with Integrative Psychodynamic and Homoeopathic Miasmatic Correlations

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Abstract

The Rorschach Inkblot Test, introduced by Hermann Rorschach in 1921, remains one of the most widely researched performance-based projective assessment tools in clinical psychology and psychiatry. Standardized systems such as Exner's Comprehensive System (CS) and the Rorschach Performance Assessment System (R-PAS) have significantly improved reliability, validity and cross-cultural applicability, supporting its use in the evaluation of personality structure, affect regulation, cognitive organization and psychopathology (1–3). This article reviews the test's structure, administration, psychometric foundations, interpretive domains and clinical applications, and proposes a novel integration of key Rorschach variables with homoeopathic miasms (Psora, Sycosis, Syphilis) and constitutional remedies, building on previous work on miasmatic concepts and integrative therapeutics by the author and others (4–10). Tables and algorithmic flowcharts illustrate how performance-based indices can inform miasmatic formulation and remedy grouping in integrative psychiatry and homoeopathy. The model is presented as a supplementary, hypothesis-generating framework that must operate alongside evidence-based scoring and standard diagnostic criteria, while opening directions for future interdisciplinary research.

Keywords

Rorschach; Inkblot Test; Projective Techniques; Personality Assessment; Psychopathology; Exner Comprehensive System; R-PAS; Homoeopathy; Miasms; Psora; Sycosis; Syphilis.

Introduction

Projective techniques elicit responses to ambiguous stimuli, allowing preconscious and unconscious processes to be expressed symbolically through perception and language (1). The Rorschach Inkblot Test, developed by Hermann Rorschach in 1921, employs ten bilaterally symmetrical inkblots to assess how individuals organize perceptual input, regulate affect, think and relate to others. Early use was grounded in psychodynamic formulations, but subsequent decades saw criticism over subjective interpretation and variable reliability, prompting the development of formal scoring systems. (1–2)

Exner's Comprehensive System consolidated earlier methods into a standardized framework, integrating location, determinants, content, form quality and special scores with extensive normative data. R-PAS further refined variable selection and norms, emphasizing variables with the strongest empirical support and addressing concerns about over-pathologizing in non-clinical populations (4–5). Parallel to these psychometric advances, homoeopathic literature—especially Hahnemann's description of chronic miasms and later constitutional and oncological texts—has emphasized enduring patterns of vulnerability and adaptation in physical and mental illness (6–10). The present article extends this tradition by proposing a structured mapping between Rorschach variables and miasmatic patterns, aligning with the author's previous work on miasmatic analysis in systemic disease and oncology.

Structure of the Rorschach Test



The test consists of ten standardized inkblot cards presented in a fixed sequence, forming an approximate gradient from simpler, mainly achromatic images to more complex, colored and shaded stimuli.

The test comprises **10 inkblots** arranged in a standardized sequence:

- **Cards I–V:** primarily achromatic, assessing basic perceptual tendencies
- **Cards VI–X:** increasing complexity, color, and shading → provoke deeper emotional and associative responses

This structural progression allows the examiner to observe how the examinee manages increasing stimulus complexity and affective activation, offering indirect information about stress tolerance, flexibility and defensive styles (1–2).

10 inkblot cards for Rorschach's analysis

				
Card 1	Card 2	Card 3	Card 4	Card 5
				
Card 6	Card 7	Card 8	Card 9	Card 10

Administration and Scoring

- Response Phase: *"What might this be?"*
- Inquiry Phase: Clarifies determinants and locations
- Average time: 45–90 minutes

Administration is individual and conducted in a quiet, non-distracting environment, using standardized instructions such as “What might this be?” for each card. The procedure includes a Response Phase, during which all answers are recorded verbatim, followed by an Inquiry Phase that clarifies which blot areas were used and which perceptual features (form, color, movement, shading, texture) contributed to each response. Typical administration time ranges from 45 to 90 minutes, depending on response productivity **(1–3)**

Major Scoring Systems

Table 1. Major Rorschach Scoring Systems (1)

System	Key Features	Typical Use
Exner Comprehensive System (CS)	Standardized coding of location, determinants, content, form quality, special scores; extensive norms	Clinical, forensic, research settings
R-PAS	International norms; empirically selected, leaner variable set; reduced over-pathologizing	Current global standard in many centres
Klopfer / Beck, etc.	Historical psychodynamic systems	Limited; mainly qualitative or historical interest

Both CS and R-PAS code responses according to:

- **Location:** whole blot (W), common detail (D), unusual detail (Dd)
- **Determinants:** form, human movement (M), color (C, CF, FC), shading (T, V, Y), texture and others
- **Content:** human, animal, anatomical, aggressive, sexual, etc.
- **Form Quality (FQ):** conventional (FQo), unusual (FQu), poor (FQ–)
- **Special scores:** Deviant Verbalizations (DV), Deviant Responses (DR), Incongruous Combinations (INCOM), and related indices of thought disorder **(3)**

Interpretation Framework

Perceptual and Cognitive Organization

- **Form Quality (FQ–):** Poor reality testing → psychosis spectrum.
- **Incongruous Combinations (INCOM):** Loose associations → schizophrenia spectrum.
- **F+% (Good Form):** High scores → conventionality, control.
- **W Responses:** Conceptual integration & intellectual capacity.

Table 2. Cognitive–Perceptual Variables (1–3)

Variable	Interpretation
FQ–	Poor form quality; distorted perception; psychosis-proneness
INCOM	Incongruous combinations; loose associations; schizophrenia spectrum
DV, DR	Deviant verbalizations/responses; disorganized or idiosyncratic thinking
W responses	Conceptual integration; abstract, “big-picture” thinking
D, Dd	Detail-focused processing; vigilance; possible obsessionality or hypervigilance

Meta-analytic evidence indicates that elevated FQ–, DV, DR and INCOM scores are associated with schizophrenia spectrum disorders and marked thought disorder, whereas a healthy mix of W and conventional form responses suggests adequate reality testing and integrative capacity **(1–3)**.

Affective Regulation

Color and shading determinants provide insight into emotional style and modulation **(1–3)**.

Table 3. Affective Determinants

- **Color Responses (C, CF, FC):**
 - FC = controlled emotion
 - CF = spontaneous emotion
 - C = impulsive emotional outburst
- **Shading** → anxiety, sensitivities, depression
- **Achromatic Color** → dysphoric tone

Determinant	Interpretation
FC > CF, C	Controlled or modulated affect; possible suppression if extreme
CF > FC	Spontaneous, reactive emotion; mood lability
Pure C	Impulsive, unmodulated affective discharges
Shading (T, V, Y)	Anxiety, guilt, vulnerability, nonspecific tension
Achromatic color	Dysphoric, depressive emotional tone

These associations are consistently supported in empirical studies **(1–3)**.

Self-Perception and Interpersonal Perception

Self-perception

Self-perception variables include Human Movement (M), Reflection responses and Vista (V). **(1)**.

- **M** suggests imagination, reflective capacity and richness of inner life.
- **Reflection** responses may indicate narcissistic traits or heightened self-focus.
- **V** often reflects guilt, self-criticism or depressive introspection.^[1]

Interpersonal Perception

Interpersonal perception is reflected in human content (H), Cooperative Movement (COP), and Aggressive responses/content (AG, AGC) **(1–2)**.

- High H and COP indicate empathy and expectations of cooperation.
- Prominent AG/AGC and hostile themes suggest conflict, anger or aggressive drives. **(2)**.

Thought Disorder Indicators

- **Deviant Verbalizations (DV)**

- **Deviant Responses (DR)**
- **Incongruous Combination (INC)**
Presence suggests **formal thought disorder**, predictive of schizophrenia.

Clinical Applications

When interpreted with validated systems, the Rorschach contributes to diagnosis, case formulation and risk assessment in a wide range of conditions. Empirically supported variables assist in: **(1–3, 11)**.

- Differentiating psychosis from mood disorders (FQ–, DV, DR, INCOM).
- Assessing trauma and dissociation (shading overload, certain perceptual–affective patterns).
- Evaluating depression and anxiety (Vista, shading, achromatic color).
- Characterizing personality disorders and affective instability (patterns across affective and interpersonal determinants).
- Forensic risk assessment and suicidality (impulsivity markers, aggressive imagery, thought disorder indices). **(1–2)**.
- Pre-surgical psychological evaluations and
- Individualized therapeutic planning. **(1–2)**.

Rorschach variables such as **M, CF, Form Quality**, and **Special Scores** show moderate to high validity in detecting **affective instability, impulsivity, suicidality, and thought disorder**. In clinical practice, Rorschach findings are most effective when integrated with history, mental status examination, structured interviews and other tests rather than used as a stand-alone diagnostic tool. **(1–3, 11)**.

Miasmatic Interpretation: Integrating Psychiatry and Homoeopathy

In classical homoeopathy, chronic disease is conceptualized through three foundational miasms—Psora, Sycosis and Syphilis—which represent enduring constitutional tendencies in perception, emotion and adaptation. Psora is associated with functional disturbance, insecurity and hypersensitivity; Sycosis with compulsiveness, defensiveness and overgrowth; and Syphilis with disintegration, destructiveness and breakdown **(4)**. The author’s works on practice of medicine, advanced materia medica and sarcoidosis have applied miasmatic concepts systematically in clinical settings, emphasizing structured analysis and integration with modern medical knowledge. The present model extends that approach by mapping Rorschach variables onto miasmatic patterns and remedy families **(5–10)**.

Psora and Rorschach Correlates

Psora reflects insecurity, anxiety, functional disturbance and heightened sensitivity with preserved structural integrity **(1–5)**.

Key Rorschach indicators

- High shading responses (ShD, T, Y) and Vista (V).
- Elevated CF relative to FC (emotions that feel overwhelming).
- Increased M (rich internal fantasy life).
- Animal content (A) reflecting dependency and conventionality.

Table 4. Psora: Rorschach–Remedy Correlations

Rorschach Finding	Psychological Meaning	Miasmatic Trait	Homoeopathic Remedies
↑ Shading (T, V)	Anxiety, fear	Psoric insecurity	<i>Arsenicum, Phosphorus, Aconite</i>
FC > CF	Emotional suppression	Inner conflict	<i>Ignatia, Staphysagria</i>
High M	Excess rumination	Hypersensitivity	<i>Natrum mur, Silicea</i>
↑ Animal Content	Dependency	Psoric immaturity	<i>Calcarea carb.</i>

These patterns echo psoric themes described in classical texts and in the author’s integrative discussions of chronic functional pathology (4–7).

Sycosis and Rorschach Correlates

Sycosis is characterized by compulsiveness, defensiveness, exaggeration and “overgrowth” in psychological and somatic domains. (4–8).

Key Rorschach indicators

- Increased D and Dd (meticulous detail-focus, obsessionality).
- Texture responses (T) indicating craving for closeness with ambivalence.
- Controlled but present aggressive content (AgC).
- Reflection responses suggesting narcissistic defenses.
- Distorted COP (superficial or strategic sociability).

Table 5. Sycosis: Rorschach–Remedy Correlations

Rorschach Finding	Psychological Meaning	Miasm	Remedies
↑ D & Dd	Obsessive patterns	Compulsive sycosis	<i>Thuja, Medorrhinum</i>
Reflection responses	Ego defense	Narcissistic sycosis	<i>Lycopodium, Sulphur</i>
COP distortions	Dependency conflict	Sycotic duplicity	<i>Natrum sulph., Nux vomica</i>
Texture (T)	Need for closeness	Ambivalent attachment	<i>Pulsatilla, Graphites</i>

This profile mirrors sycotic tendencies discussed in homoeopathic therapeutics and in the author’s integrative work on chronic disorders (4–8).

Syphilis and Rorschach Correlates

Syphilis denotes destructiveness, disintegration, impulsivity and severe psychopathology. (4–10).

Key Rorschach indicators

- Elevated FQ– and INCOM (poor reality testing, associative breakdown).
- DV and DR indicating disorganized or bizarre thinking.
- Severe anatomical or blood content (preoccupation with damage).
- Pure C responses (impulsive affective discharges).
- Aggressive movement and violent imagery.
- Low M with high S/shading indicating constricted affective functioning.

Table 6. Syphilis: Rorschach–Remedy Correlations

Rorschach Finding	Psychological Meaning	Miasm	Remedies
FQ-	Reality distortion	Syphilitic disintegration	<i>Mercurius, Syphilinum</i>
INC/DR/DV	Thought disorder	Cognitive breakdown	<i>Stramonium, Belladonna</i>
Pure C	Impulsive affect	Violent emotionality	<i>Hyoscyamus, Veratrum album</i>
Anatomical content	Preoccupation with harm	Destructive syphilis	<i>Aurum, Anacardium</i>

Such profiles resemble syphilitic themes outlined in chronic disease monographs, including the author’s work on sarcoidosis with miasmatic concepts (1–3).

Table 7: Psychiatric Diagnosis, Rorschach Pattern, and Miasmatic Correlation

Psychiatric Condition	Characteristic Rorschach Pattern	Dominant Miasm	Miasmatic Rationale
Schizophrenia / Psychotic disorders	↑ FQ–, DV, DR, INCOM; bizarre responses; poor form quality	Syphilis	Disintegration of perception, thought, and reality testing
Bipolar disorder – Mania	↑ CF, Pure C; expansive, rapid responses	Syphilis	Impulsivity, loss of emotional control, destructive excess
Bipolar disorder – Depression	↑ Vista, shading; achromatic color; ↓ M	Psora → Syphilis	Guilt, despair progressing to breakdown
Major depressive disorder	High V, shading; achromatic color; ↓ M	Psora	Anxiety, guilt, functional inhibition
Generalized anxiety disorder	↑ Y (diffuse shading); T; hypervigilant Dd	Psora	Free-floating anxiety, hypersensitivity
Panic disorder / Phobias	CF > FC; abrupt emotional responses	Psora	Acute fear, functional emotional instability
Borderline personality disorder	CF & Pure C; distorted COP; aggression	Syphilis + Sycosis	Emotional chaos with defensive maladaptation
Obsessive–compulsive personality disorder	Excessive D/Dd; rigid form dominance	Sycosis	Compulsion, rigidity, over-control
Narcissistic personality disorder	Reflection responses; grandiosity	Sycosis	Ego overgrowth, defensive self-enhancement
Post-traumatic stress disorder (PTSD)	Shading overload; blood/aggressive content	Syphilis	Trauma-induced fragmentation and fear
Somatic symptom disorders	↑ Anatomical content; shading	Psora + Sycosis	Anxiety with fixation on bodily function
Suicidal risk / Impulsivity	Pure C; violent/self-destructive imagery	Syphilis	Self-destructive impulse and breakdown

Table 8: Master remedy table (Rorschach Indicators → Miasm → Remedies)

Rorschach Variable	Abbreviation	Psychological Interpretation	Miasm	Remedy Group	Representative Remedies
Whole response	W	Integrative thinking, conceptual strength; if absent → fragmentation	Psora / Sycosis	Anxiety / rigidity group	Calcarea carb, Natrum mur, Lycopodium
Detail response	D	Vigilant, careful, structured perception	Sycosis	Obsessive–compulsive traits	Thuja, Medorrhinum, Nux vomica
Unusual detail	Dd	Hypervigilance, suspicion, obsessive focus	Sycosis	Fixation–compulsion group	Lycopodium, Natrum sulph, Thuja
Form Quality Minus	FQ-	Distorted perception; psychosis marker	Syphilis	Disintegration group	Mercurius, Syphilinum, Stramonium, Aurum
Human Movement	M	Imagination, empathy, inner life	Psora	Sensitive–introspective type	Phosphorus, Pulsatilla, Silicea
Pure Color	C	Impulsive, raw emotional discharge	Syphilis	Violent affect group	Belladonna, Hyoscyamus, Veratrum album
Color–Form	CF	Emotion-driven perception; mood reactivity	Psora	Reactive affective group	Phosphorus, Pulsatilla, Aconite
Form–Color	FC	Controlled emotion; emotional restraint	Sycosis	Suppressed emotion group	Ignatia, Staphysagria, Natrum mur
Texture	T	Need for closeness, nurturance, intimacy	Sycosis	Attachment–dependency group	Pulsatilla, Graphites, Natrum sulph
Vista	V	Self-criticism, guilt, depressive thought	Psora	Guilt–depression group	Pulsatilla, Staphysagria, Silicea
Diffuse Shading	Y	Free-floating anxiety, tension	Psora	Anxiety group	Aconite, Arsenicum album
Deviant Verbalization	DV	Illogical language; thought disorder	Syphilis	Cognitive disintegration	Stramonium, Belladonna, Cann-i
Deviant Response	DR	Bizarre associations; thought derailment	Syphilis	Psychotic process	Hyoscyamus, Stramonium, Mercurius
Incongruous Combination	INCOM	Associative looseness	Syphilis	Schizophrenic spectrum	Stramonium, Syphilinum, Cann-i

Cooperative Movement	COP	Prosocial expectation	Psora	Empathy–sensitivity	Phosphorus, Pulsatilla
Distorted COP	—	Mistrust, guarded interpersonal style	Sycosis	Defensive–avoidant	Lycopodium, Thuja, Nux vomica
Aggressive Response	AG	Hostility, conflict, dominance	Syphilis	Aggression–destruction group	Aurum, Tarentula, Anacardium
Aggressive Content	AGC	Aggressive themes (weapons, attack)	Syphilis	Internalized rage	Veratrum album, Mercurius
Anatomical content ↑	—	Damage, decay, somatic preoccupation	Syphilis	Fear–destruction group	Aurum, Nitric acid, Mercurius
Low M + High Shading	—	Emotional constriction + tension	Syphilis	Collapse–breakdown group	Nux vomica, Stramonium

Algorithmic Remedy Selection: Flowchart Framework

Building on the author’s previously described algorithmic approaches to clinical decision-making in practice of medicine and materia medica, Rorschach variables can be used to structure miasm and remedy selection as a series of decision nodes (6–10).

Flowchart 1. Miasm Identification from Rorschach Profile

- START
 - If Shading/Vista/Texture prominent → Anxiety, guilt, insecurity → **Psora** → Arsenicum, Phosphorus, Pulsatilla, Natrum muriaticum, Silicea, Ignatia, Staphysagria.
 - Else if D/Dd, Reflection, distorted COP prominent → Compulsion, defensiveness, narcissistic defenses → **Sycosis** → Thuja, Medorrhinum, Lycopodium, Sulphur, Natrum sulphuricum, Nux vomica.
 - Else if FQ–, INCOM, DV/DR, aggressive/blood content, pure C prominent → Impulsivity, disintegration, psychosis markers → **Syphilis** → Mercurius, Syphilinum, Stramonium, Belladonna, Aurum metallicum.

Flowchart 2. Affect Regulation Remedy Group

- FC > CF → Controlled or suppressed affect → “suppressed-emotion” remedies (Ignatia, Staphysagria, Natrum muriaticum, Silicea, Lycopodium).
- CF > FC → Reactive emotionality, mood lability → “reactive-affective” remedies (Phosphorus, Pulsatilla, Aconite, Belladonna).
- Pure C predominant → Impulsive, explosive affect → “impulsive–violent affective” remedies (Stramonium, Hyoscyamus, Veratrum album, Tarentula).

Flowchart 3. Thought Disorder Remedies

- DV/DR/INCOM high → Loose associations, disorganized thought → Stramonium, Belladonna, Anacardium, Hyoscyamus, Cannabis indica.

- FQ– high with fewer special scores → Perceptual distortion, psychosis → Mercurius, Syphilinum, Aurum, Veratrum.

These algorithms are intended as adjunctive tools guiding miasm and remedy grouping, after which full-case homoeopathic individualization (keynotes, modalities, PQRS symptoms, physical generals) must decide the final prescription. **(7–8)**.

Abbreviations and Interdisciplinary Communication

Because many practitioners in general medicine, paediatrics and homoeopathy may be unfamiliar with Rorschach scoring codes, an explicit abbreviation table facilitates interdisciplinary use **(1–3)**.

Table 9: Selected Rorschach Abbreviations

Abbreviation	Full Form	Interpretive Importance
CS	Comprehensive System	Standardized Rorschach scoring with strong global validation.
R-PAS	Rorschach Performance Assessment System	Modern scoring system with international norms; improved reliability.
W	Whole Response	Indicates integrative thinking, conceptual organization, big-picture processing.
D / Dd	Detail / Unusual Detail	D = vigilance & focus; Dd = hypervigilance, suspicion, obsessionality.
FQ–	Form Quality Minus	Distorted perception; weak reality testing; psychosis indicator.
M	Human Movement	Imagination, empathy, internal mental life, symbolic thinking.
C	Pure Color	Impulsive, unmodulated emotional expression.
CF	Color–Form	Emotional reactivity with partial control.
FC	Form–Color	Controlled or disciplined emotion; may indicate emotional suppression if high.
T	Texture	Need for closeness, nurturance, emotional intimacy.
V	Vista	Self-criticism, guilt, depressive introspection.
Y	Diffuse Shading	Free-floating anxiety, tension, nonspecific stress.
DV / DR	Deviant Verbalization / Deviant Response	Thought disorder markers; illogical, odd responses.
INCOM	Incongruous Combination	Associative looseness; schizophrenia spectrum indicator.
COP	Cooperative Movement	Perception of cooperation; prosocial expectations in relationships.
AG / AGC	Aggressive Response / Aggressive Content	Aggression, hostility, conflict themes; internal or externalized anger.

This decoding supports collaboration between psychiatrists, psychologists, homoeopaths and other clinicians dealing with complex psychosomatic and chronic cases **(1–4)**.

Discussion

This article proposes that many Rorschach variables can be meaningfully mapped onto homoeopathic miasmatic structures, yielding a hybrid psychodynamic–constitutional framework. Rorschach indices highlight functional and structural psychological pathology, whereas miasmatic analysis, as used in the author’s practice of medicine, advanced materia medica and sarcoidosis work, emphasizes deep constitutional predispositions and patterns of evolution in disease. When combined, these perspectives may enhance holistic treatment planning in integrative psychiatry and homoeopathy, especially in chronic, multi-system and psychosomatic conditions (8–11).

However, miasmatic correlations remain theoretical and are derived from clinical pattern recognition rather than prospective validation; they therefore require cautious, expert use and must not replace standardized scoring, DSM/ICD diagnoses or evidence-based treatment guidelines. Over-interpretation or premature “constitutional labeling” is a risk if miasms are inferred from limited Rorschach data; careful triangulation with comprehensive case-taking, objective findings and longitudinal outcomes is essential. From a research perspective, the model generates testable hypotheses—such as whether Rorschach profiles that appear psoric, sycotic or syphilitic correlate with specific symptom clusters, treatment responses or prognostic patterns in chronic disease. Prospective studies integrating R-PAS variables, miasmatic formulations and clinical endpoints in oncology, sarcoidosis and other chronic conditions would help clarify which aspects of the model are robust and which remain speculative (8–11).

Clinical Implications

- Rorschach → identifies **functional and structural psychological pathology**
- Miasmatic analysis → identifies **constitutional predispositions**
- Combined → enhances **holistic psychiatric–homoeopathic treatment planning**

Limitations

- Miasmatic correlations remain theoretical
- Requires dual expertise in psychiatry and homoeopathy
- Not a substitute for standardized scoring and DSM-5 diagnostic criteria

Conclusion

The Rorschach Inkblot Test continues to offer a uniquely rich, performance-based assessment of cognitive, affective and interpersonal functioning when administered and interpreted within evidence-based frameworks such as CS and R-PAS. Integrating Rorschach findings with homoeopathic miasmatic theory, as outlined here and in related homoeopathic works by the author, provides a multidimensional, interdisciplinary model that may enrich individualized formulations and treatment planning in integrative mental health care. This miasmatic mapping should be regarded as a supplementary, hypothesis-generating tool that operates alongside, and never instead of, standardized psychometric assessment and modern medical diagnostics; future research focusing on operationalizing miasmatic constructs and evaluating their relationship to Rorschach variables and clinical outcomes is warranted.

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