



THE HOMOEOPATHIC QUILL

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NEW BEGINNING: THE JOURNEY OF A DISSERTATION FOR BHMS INTERNS AND MD STUDENTS

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Editorial

I remember the day I sat down to write my dissertation. It was heavy, with months of work distilled into a document — that would define the next term of my academic life. Now for other BHMS interns or MD students who are in the same boat as you and looking at their books from 8-10 hours a day feeling lost, I want to tell you something very important. You are not alone feeling overwhelming and yes, you definitely can do this.

A dissertation on homeopathy is not merely an academic requirement. It's your chance to do something impactful in an area that sorely needs methodologically sound analysis. I've helped many students through this process over the years, and I've observed that those who succeed may not necessarily be the brightest — rather, they are the ones who go about their work systematically, maintain their curiosity and do not quit when things get tough.

It is a journey I wish someone had taken me on, so let me take you through it.

Understanding What You're Actually Writing

Before we explore the how, let's talk about what a dissertation actually is. For BHMS interns, dissertation is your first exposure towards systematic clinical research. Now you are learning about patterns of disease, and how to treat them, writing cases and critically appraising their therapeutic efficacy. The stakes are higher for MD students—you will do original knowledge work and address gaps in homeopathic science, either through clinical trials, drug provings or analytical studies[1].



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Here's what a lot of students underappreciate: your dissertation is not meant to transform homeopathy. It's an unreasonable weight to carry for yourself. What it is supposed to do is show that you can articulate a research question, study it in an organized way and make sound conclusions from your findings. Think of it as evidence that you have acquired the mindset to be a thinking practitioner, rather than a memorizers-of-repertoires.

It is usually organized in IMRAD style— Introduction, Methods, Results, Discussion. But within that framework, there is great scope for your individual approach and insights. Your dissertation should not only reflect what you discover; it must also reflect on how you think about homeopathy.

Choosing Your Topic: The Basis of All

This is where so many students fall out of the gate. They pick either something so “big” that they can't write adequately about it (“The role of homeopathy in chronic diseases”) or too small to get enough cases (“Homeopathic management of a rare genetic disorder affecting three people worldwide”). Let me share what works.

Start with your genuine interests. What were the subjects in your BHMS course which made you sit up and take notice? Which patients who were in your clinical postings lingered with you long after you left at the end of a shift? This natural curiosity will carry you through the inevitable frustrations of research[2].

Next, consider practical feasibility. Is it even possible for you to get enough cases or subjects in your timeline? When conducting a clinical study, is the target condition prevalent enough in your practice? I've watched brilliant research proposals go to waste because students were unable to recruit enough subjects.

Communicate with your guide early and often. They have supervised several dissertations and understand what is possible. They can assist you in honing in on a wide interest into a narrow research question. When searching for this keyword query “Homeopathy in diabetes” you will see keywords/query like “Comparative effectiveness of individualized homeopathic treatment as an adjunct to conventional therapy in patients with Type 2 diabetes mellitus: A prospective observational study.”

Notice how that's specific? It conveys pretty much everything you need to know about the study up to and including the methodology: population (Type 2 diabetes), intervention (individualized



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homeopathy as adjunct), design (prospective observational), and a timeline is understood. Your specificity will inform every other decision you make.

The Literature Review: Building Your Knowledge Foundation

A lot of students view the literature review as a necessary evil — something to be endured before the “real” research gets started. That's backwards. Your literature review: You become an expert in your own niche. It's where you learn what is already known, what questions have yet to be answered and where your work fits in with the bigger picture.

Begin with a systematic search. Try looking up homeopathic data through databases such as PubMed and Google scholar, or through specific homeopathic resources like the HomBRex database or search archives for homeopathy journals. The most important thing is do not restrict yourself only to homeopathic literature. If you are studying homeopathy in eczema, consider reading what dermatology writes about the pathophysiology of eczema. Read up on the psychiatric and psychological aspects — if you're studying anxiety disorders. [3]

As you read, write down details in your notes. I would suggest you set up a reference management system from the get go — (Zotero or Mendeley) will save you tons of time down the chain.

Things to note for every paper you review:

The primary research question and hypothesis

The methodology used and sample size

Main results and their level of significance

Limitations acknowledged by the authors

How this connects to your research proposal

When you read, you will begin seeing trends. Sure, there are a handful of studies that are showing some encouraging outcomes for constitutional prescription in chronic disease but they're all small. Perhaps there are conflicting signals concerning the efficacy of a certain remedy. Places that inconsistency exist are gold —that's where your research can fill a gap.

Your literature review should be organized by theme while writing it instead of chronology. Organize studies by methodology; by the aspect of the condition they address; or by type of treatment intervention used. This shows you are thinking analytically instead of just closely with everything you have read.

The Design of Your Methodology: The Backbone to Credibility



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The methodology section of your paper addresses one key aspect: what process did you follow to examine the research question? This section determines whether your conclusions will be trusted or dismissed.

For BHMS interns, you are usually doing case studies or case series. It involves thorough documentation of patient presentations, reasons for remedy selection, follow-up evaluations and results. Your methodology needs to specify:

Your inclusion and exclusion criteria (who were the patients eligible for your study?)

Your assessment tools (what scales or measures did you use to assess outcomes?)

Your follow-up protocol (how many times did you reevaluate patients?)

Your case-taking style (did you use a structured format?)

The method you used to select the remedy (Kent's method, Boenninghausen's approach, Boger's synoptic key?)

For MD students, your methodology becomes interesting. If you are doing a clinical trial, drug proving, or comparative research they can be confounding variables and issues of statistical validity[4].

If you're doing a clinical trial, are you randomizing patients? Are you blinding the assessment? What is the control group — placebo, no treatment or standard therapy? These are not just technical details; they're what give your findings significance.

A very common mistake (which I see all the time) is that students blindly copy-paste methodology from published papers without understanding what every single component achieves. Don't emulate anyone else. Understand it. The questions are: Why did they select this particular scale to measure outcomes? Why this sample size? Why this statistical test? Knowing the reason why you can use it and based on that decide how to design your own study.

Acknowledge limitations in your approach. No study is perfect. Actually acknowledging the constraints up front strengthens your work because it demonstrates that you understand concepts in research design. Perhaps you weren't able to blind your study due to limited resources. Your sample size might be smaller than optimal. Be upfront about it, and talk about how this may influence your results.

Ethics Approval for Things to Know When Founding an A Read More



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You need ethical clearance from your institutional ethics committee before you recruit your first participant or do your first proving. This is not bureaucratic red tape—it is a basic safeguard for the individuals who will take part in your research.

Your ethics application needs to show how you’re giving the ethical implications of your work consideration. Are participants at any risk? How are you getting informed consent? How are you going to ensure patients’ confidentiality? What are you going to be doing if, say, a patient has an adverse effect?

When you write your informed consent forms for clinical studies, do it in the language that patients will actually understand. Avoid medical jargon. Describe what participation entails, what the possible benefits and risks are, and reassure that they can at any time withdraw without consequences for their care.

I’ve read many ethics applications, in which the students very clearly saw this as some sort of box to tick rather than a genuine ethical reflection. Don’t be that student. The principles of beneficence, non-maleficence, autonomy, and justice are not abstract concepts; they are your responsibilities to real people who place their health in your hands[5].

Data Collection: When Theory Becomes Practice

This is where your meticulously designed methodology clashes with the reality of clinical practice. Patients don’t always attend follow-ups. Symptoms do not always map closely enough to the scales you’re using. You must take longer to take a case than you expected. Welcome to research in the real world.”

The trick to building your data set is being consistent. Utilize identical assessment instruments for all patients. As you visit each one, follow the same protocol. Write it all down right away — don’t rely on memory to remember specifics later. And I cannot repeat this enough: if you didn’t document it, then in the world of your dissertation, it didn’t happen.

Design forms ahead for gathering data. If you are doing an anxiety assessment with the Hamilton Anxiety Scale, have printed copies available. If you’re monitoring skin lesions in eczema, create a standardized method for measuring and photographing them. These tools help you stay organized and remind you not to forget important details.



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Expect setbacks. Some patients will drop out. Some won't respond to treatment. Some will present annoyances you did not foresee. Document all of this. Negative results and unexpected outcomes are still results — they're part of the honest reality of clinical practice.

If you are pursuing MD studies of drug provings in a clinical sense, then your data gathering needs to be special even more rigorous. Provers should have clear instructions on dose, frequency and what symptoms to record. You require systems to tell you the difference between proving symptoms and incidental symptoms. This involves careful training of your provers and consistent communication over the proving period[6].

The Stage Where You Explore: Understanding Your Discovery

After you've gathered your data, the true intellectual labor starts. You have to make sense of observations that you gather from the field.

Analysis, for case studies, is therefore finding patterns. Did certain patients respond more than others? Were there certain clusters of symptoms that mapped to specific remedies? Was the improvement immediate, gradual, or delayed? Shifting the lens from "patient improved" to a more nuanced look at how and why improvement happened

With quantitative studies, you will carry out statistical analysis. If statistics wasn't your best subject, don't worry. Start simple. Calculate means and standard deviations. Use correct tests — t-test for two-group comparisons, ANOVA for more than 2 groups; chi square for categorical data. Above all, know what these tests are actually saying[7].

If statistics really don't liberate you, go get it fixed. Many institutions have biostatistics departments or consultants available. If you hire an expert statistician to run the analysis, there is no shame in that — the important thing is that you can correctly interpret results with your level of understanding.

Look for unexpected findings. Results that are unexpected can be some of the most interesting, when your hypothesis wasn't aligned with what happened. Perhaps you were researching one cure and found patient constitution more critical than it should have been. Perhaps the timeline of cure differed from what repertories indicated. Those surprises are typically where real learning occurs.

How to Write Your Results Section: No Fluff



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In the results section, you simply state what you found without interpretation. En masse, students confuse this distinction—they begin justifying the results they already got. Save that for the discussion. In results, you say what you discovered.

Organize and make your data clear. You give descriptive stats — how many patients, their demography, baseline severity scores. Then, on to your outcome measures. Answering rules — Make data digestible using tables and graphs[8]

Parameter	Baseline Mean (SD)	Follow-up Mean (SD)
HAM-A Score	24.3 (4.2)	12.1 (3.8)
Sleep Quality	3.2 (1.1)	7.4 (1.3)

Table 1: Changes of anxiety and sleep parameters after 12-week treatment

Include all relevant results, positive or negative. If some patients did not respond, say so. If you had dropouts, note how many and why. Scientific integrity demands honesty about results.

For case presentations, give a detailed but systematic description of each case. Make each the same structure: what they came in for, full symptoms at presentation, reasons behind remedy selection, potency and repetition used, follow up- timeline and outcome. This consistency helps make your cases easier to evaluate and compare.

The Discussion: Where You Are Finally Allowed to Think on the Air

After pages of careful methodology and a clear presentation of results, the discussion section is your space to interpret, analyze, theorize. That is precisely when your voice as a thinking homeopath comes out.

Begin with a plain-language restatement of your main findings. Then relate these findings back to the literature review you did earlier. Are the results consistent with prior studies? Do they contradict them? If so, why might that be? You might have had a different population, methodology[9], or assessment tools.

Use homeopathic principles to discuss what you found. If constitutional remedies showed greater efficacy than acute prescriptions, speculate as to why that might be. Note if certain miasmatic backgrounds were associated with better outcomes. This is where homeopathic philosophy comes in to play.



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Don't oversell your findings. If you studied thirty patients who suffer from anxiety, that doesn't mean you have shown homeopathy is effective for all anxiety disorders. Be clear about what your data actually shows. Expressions such as "this preliminary study suggests..." or "these findings underscore the need for larger controlled trials..." show appropriate scientific humility.

Address limitations honestly. Every study has them. Perhaps you had a small sample size. Maybe you were unable to control for placebo effects. You may have had too short of a follow-up period to assess long-term outcomes. By acknowledging limitations, you're not diminishing your work; rather, it demonstrates that you have a good handle on research methodology to understand limitations.]

Discuss clinical implications. What do you want to take away from your dissertation if a busy practitioner read it? Are there practical insights regarding remedy selection, potency choice or follow-up timing? These real-world applications make your work meaningful beyond class assignments.

Finally, suggest future research directions. What questions does your work inspire? What aspects deserve deeper investigation? This forward-looking perspective demonstrates you're not simply thinking about getting your degree.

Case Presentations, Heart of Homeopathic Research

In most BHMS and MD dissertations, comprehensive case presentations are the primary evidence. These aren't just accounts about what happened with patients — they're illustrations of homeopathic thought and practice.

A strong case presentation has a lot of detail. Don't simply list symptoms: Evoke them vividly. Do not say "patient had anxiety" but rather "the patient described a constant churning feeling in her stomach, or worse before social situations, combined with shaky hands and racing thoughts that kept her up until 3 in the morning." That kind of detail clues readers into why you chose the remedy.

Document your reasoning process transparently. What symptoms did you see as keynotes? How did you tell the more similar remedies apart? Did you use repertories, materia medicas, or both? Guide readers through your thinking so that they can assess if your logic was good[10].

Your follow-up documentation should be just as detailed. Use standardized scales wherever possible, but also capture qualitative changes. Did the patient's energy improve? Their emotional



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state? Their capacity to function in everyday life? Homeopathy tends to work in subtle ways that scales sometimes do not take into account—document these narrative shifts the same way you would with quantitative measures.

If you have reason to believe certain cases did not work, add those as well. A patient failure, or a case in which your initial prescription is incorrect, can be more instructive than straight successes. What did you learn? What did you change in your approach? Such honesty makes your work more credible, not (as some would have you believe) less.

The Introduction: Setting the Stage

Even though you write this section very early in planning your dissertation, it will likely be completely rewritten after completing your research. Pushing back to the second phase of writing, your introduction needs to do a lot with just a few pages.

The first step is establishing the significance of your topic. What is the clinical significance of your disease study? How common is it? And what's the burden to patients and health care systems? It provides the reader a frame of reference for your work.

Second, recap what is currently known. You're not restating your entire literature review here—just summarizing the highlights to demonstrate that there's already knowledge out there, but more importantly, gaps or questions[11].

Third, be explicit about your research question. What in particular were you hoping to explore? So make sure your goals are SMART: specific, measurable and aligned with your method. Vague goals such as “to study homeopathy in diabetes” will not suffice. To assess the effectiveness of individualized constitutional homeopathic treatment as an adjunct to conventional therapy with respect to glycemic control and quality of life in patients with Type 2 diabetes mellitus at six months.

Lastly, if you had any hypothesis, put it on record. With observational studies, you may not have a formal hypothesis and that is okay. But if you did predict specific outcomes, say so emphatically.

The Abstract: A mini version of your dissertation

Treat this as a last stop, despite coming first. Your abstract is simply that: a self-contained summary of your entire dissertation — background, objectives, methods, main findings and conclusions — compressed into 250-300 words.



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Each sentence must justify its existence. You have no space for elaborate context or intricate methodology. What you focused on are the four things we really care about: what did you investigate, how did you do it, what did you find and what does that mean.

Avoid citations in your abstract. Don't include tables or figures. Make it something someone outside of your specialty could read—your external examiner won't necessarily be an expert in your area.

(There are exceptions) but most will read your abstract only. Make it count. If it's boring, vague or badly written, no one will want to read your entire dissertation. If that is clear, and interesting and well written, you've made a good first impression.

Citation and Citation: Give Credit Where Credit is Due

Your citations perform two functions: they recognize intellectual debt to the work of others, and they enable readers to check your sources. These two functions underpin academic integrity.

Almost all homeopathic universities follow APA or Vancouver. Consult your institutional policies and adhere to them exactly. Consistency matters—don't mix styles.

Attribute every factual assertion that isn't common knowledge. If you say, "Type 2 diabetes impacts around 77 million people in India," that's a specific statistic that needs to be cited. When you say "fits in liver disorders, the prescription of lycopodium" that is well known to homeopaths but if you are coming by a particular materia medica write it down [12].

Day 1: Use reference management software. The method of formatting references is a painful and error-prone process. Reference management tools such as Mendeley, Zotero or EndNote will save you huge amounts of time and frustration.

Be careful with online sources. At least involves reading peer-reviewed journals, authoritative homeopathic texts, and established guidelines. Wikipedia is okay to use for initial exploration, but it should not be cited in your final dissertation. Likewise, random blog posts or commercial websites have no authority.

Document all sources as you go along. There's nothing worse than trying to track down a citation you know that you read but can't find when writing up your dissertation.

Common Pitfalls that Derail Dissertations



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I have supervised and reviewed many of the dissertations (for PhD, Mphil etc) and I must say that recurrence errors among students are common. Much better to learn from others' mistakes, than make it yourself.

Procrastination is the biggest threat. Students frequently shortchange how much time each phase requires. It always takes longer to collect data than expected. It always takes longer to write than one anticipates. Don't panic last minute, start early, and keep working.

Poor time management compounds problems. Design an achievable timeline, and include key delivery dates. When will you read the literature? Through what date are you collecting data? 4. How to draft each chapter? Account for inevitable delays by building in buffer time.

There is no regular communication with guides leading to confusion. Don't go away for six months and come back with a draft like "prettify this" (and want me to approve). Regularly meet, share work in progress and get feedback. The experience of your guide can save you from dead ends.

Perfectionism paralyzes progress. Your dissertation doesn't have to be perfect — it just has to be done. Many students spend too much time on their introduction and nothing on the other chapters. When in doubt, aim for good enough and get on with it. You can always refine later[13].

Collection of data without proper documentation creates issues later. If you don't take notes thoroughly at the time, you won't get them accurately weeks later. Document everything immediately and systematically.

Wait until the end to pick out formatting gets everyone stressed out for no reason. Find out early what formatting (margins, fonts, headings' styles, tables formats and citations style) are required at your institution. Use these from the start instead of scrambling to reformat hundreds of pages at the last minute.

Unclear writing obscures good research. Academic writing must be clear and unambiguous, not willfully obscure. Use straightforward language. Define technical terms. Turn difficult concepts into bite-sized chunks. If your examiner doesn't understand what you did, there's a good chance they won't give your research the credit it deserves.

You Don't Have to Compromise Your Voice to Be an Academics

There are rules to academic writing, but within those rules, there's space for your voice. You will be creating a dissertation and you want it to sound professional, not robotic.



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Put it in a more active voice when possible: "I selected remedies based on constitutional types" instead of "Remedies were selected based on constitutional types." Confusing passive voice sentences can be written more directly and engagingly in active voice.

Vary your sentence structure. As has been said before, a dissertation made up of nothing but long complex sentences is extenuating to read. Use short sentences for emphasis and clarity. Combine them for a better flow.

Be specific rather than vague. Rather than "many patients improved," say, "23 of 30 patients had reductions in symptom scores of at least 50 percent." Precision builds credibility.

Don't add jargon just for the sake of it -- but use technical terms where appropriate. You are speaking to a literate audience, and they know words like homeopathic and medicine. You need not explain terms such as 'repertorization' or 'miasm', but you might need to clarify specialized scales, or innovative methodologies[14].

Read your work aloud. It's easier to spot awkward phrasing and unclear logic when you hear it. When you trip while reading, your reader will trip as well. Keep revising until the flow of your prose is smooth.

The Review and Revision Process

Your first draft is only that: a draft. Revision is where the real writing happens. This is where sufficient turns into good, and good into great.

After you've finished your first draft, step away for a bit. Set it aside for a week at minimum. This distance allows you to evaluate your work more critically when returning to it.

Normalize revisions in layers, not everything at once. First pass: scan for big picture in structure and argument. Do your chapters flow logically? Is there gaps in your thinking? Do you really talk about your research questions in discussion?

Re-read and investigate paragraphs and sections. Does each paragraph contain a single main idea? Are transitions smooth? Is evidence properly cited?

Read for the third time: for sentences and words. Cut unnecessary words. Use precise words instead of vague ones. Correct grammatical mistakes and awkward constructions.

I'm not talking about your boss here. Someone unfamiliar with the material can identify murky descriptions. Your guide will point out conceptual weaknesses. Anyone who is not even a homeopath would be able to tell you if your writing is at least understandable[15].



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Technical Components: Tables, Figures and Appendices

Visuals add accessibility and clarity to your dissertation. Use them strategically.

The data presented in the tables should be cumbersome if expressed textually. Instead: “Patient 1 had a baseline score of 24 and final score of 12, Patient 2 had baseline score of 28 and final score of 15...” Use a table to show the scores for each patient.

Figures — graphs, charts, flowcharts — help readers quickly understand patterns and relationships. A graph of improvement trends over time says it better than paragraphs of prose.

Each table and figure must have a caption that indicates what it is showing. A caption that communicates the essence of the visual without needing to refer back to the main narrative.

Appendices are for supplemental material—your informed consent form, detailed assessment scales, raw data tables. Include necessary information, but do not fill appendices with everything you’ve ever gathered.

The Last Mile — Formatting and Submission

You’re nearly there. You’ve done your research, written everything, and now comes the eye rolling but important part of formatting your dissertation according to institutional guidelines.

Test every requirement: title page format; dedication and acknowledgment pages; table of contents, list of tables and figures; abstract placement, chapter numbers, margins, line spacing, font-size, page-ownerships; references format & spacing.

Your table of contents is last, after all the page numbers are set. If you used heading styles consistently, most word processors can generate this automatically.

Proofread meticulously. Read every page. Check every table. Verify every citation. Minor mistakes — inconsistent fonts, mislabelled pages, broken references — give the impression your work is sloppy.

Get help with final proofreading. You’ll overlook mistakes after reading your dissertation dozens of times. Others see what you’ve gone blind to.

Output as printing or binding as per needs. Some institutions require particular paper quality, binding style or number of copies. Follow these specifications exactly.

Preparing for Your Viva Voce

The next step is the oral defence: your viva voce examination. This is your chance to talk about your work face-to-face with evaluators.



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Know your dissertation thoroughly. You had it on your writing desk, but that doesn't mean you remember every last detail of it. Read it several times throughout your viva. Be ready to discuss anything about your methodology, findings or interpretation.

Anticipate challenging questions. Why did you pick this method? What would you do differently? How do these findings relate to clinical practice? What are the limitations of your study? Asks about difficult questions; [16] practice articulating answers.

Be honest about limitations. If an examiner notices something wrong you hadn't even considered, don't be defensive. Acknowledge it thoughtfully. Describe how you would respond to it in subsequent research. Intellectual honesty and maturity will win the favour of examiners.

Get ready to give a short overview of your work. Most vivas begin with 10-15 min presentation of your dissertation. Practice this presentation until you can give it smoothly and confidently.

Examiners want you to succeed. They're not trying to trick or trap you. They're judging if you know your research, and how to think critically about it." If you've done the work openly and honestly, there's nothing to fear.

Beyond the Dissertation: What You Really Learned

But when you finally turn in your dissertation and pass your viva, there will be tremendous relief. But take a minute to appreciate what you've really done outside of an academic obligation.

You have developed research skills that will serve you throughout your career. You have learned to ask questions, research them in a methodical way and come to evidence-based conclusions. These skills help you become a better clinician and recognize valid treatments versus claims that SOUND great but might not be true — because how many amazing studies have been done lately? You know the qualities of deep thinking about homeopathic practice. And through in-depth case analysis, treatment review and outcome evaluation, you've developed subtleties of understanding that no lecture can teach.

You've contributed to homeopathic literature. Whether or not your dissertation collects dust in a library and remains unread by most, it contributes to the body of homeopathic knowledge. Your work may even help future students in their own research.

You demonstrated to yourself that you could finish a meaty, difficult piece of work. That confidence translates throughout all areas of your career.

A Take-Away for the Road Ahead



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Writing a dissertation is hard. There will be times you doubt whether you can finish, whether your work matters, whether you've picked the wrong fucking topic or made mistakes beyond repair. These doubts are normal. Every researcher experiences them.

But what distinguishes those who finish from those who don't is not brilliance or innate talents — it's perseverance. Keep showing up. Keep working. Keep refining. It doesn't need to be grand; tiny steps, taken consistently, add up to done.

Be patient with yourself. Learning how to conduct and write research is a skill that you develop through practice. Your dissertation will not be perfect, and that's okay. And it's a learning process, not a final verdict on your abilities.

Ask for help when you need it. Whether it's a guide, peers or family you have, speak to them. Research is isolating, but you need never do it alone. You are not the first to walk this path, and others know what you're going through.

Remember why you're doing this. You believe homeopathy knows well how to heal. Your dissertation, no matter the specifics of your topic, is ultimately part of that greater goal to aid homeopathic medicine and promote patient well-being.

The day will come in which you are holding your finished, bound dissertation. It makes every maddening hour worth it, the satisfaction of that moment — you realize that, having toiled for months and months in a sustained way to create something that is substantial. You'll go through that document and say to yourself, "I accomplished this." And you will be correct to feel proud. Your dissertation starts with that initial choice of a study area and culminates in your viva voce. But all the skills, knowledge and confidence you feel as you go? And those continue long past graduation, helping to make the practitioner and researcher you are becoming.

So take a deep breath, pick your topic and get started. The road ahead will not be easy, but it is passable. There have been thousands of students before you who have done this, and you will do it. Your guide, trust in the process and trust you. You are going to contribute homeopathic medicine

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