Lead me from Untruth to Truth
Lead me from Darkness to Light
Lead me from Death to Immortality

Adyaya I Brahmana 3 Mantra 28
Brhadāranyaka Upaniṣad

(This service is only for private circulation. Part I of the journal lists the Current literature in Homoeopathy drawn from the well-known homœopathic journals published world-over - India, England, Germany, France, Belgium, Brazil, USA, etc., discipline-wise, with brief abstracts/extracts. Readers may refer to the original articles for detailed study. The full names and addresses of the journals covered by this compilation are given at the end.

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Dear Doctor,

The DIGEST has entered into the V year. I have been receiving many requests for 'back-issues'. I would like to reiterate that the DIGEST is only a SERVICE; only the actual number of copies according to the number of members are made; it is not a journalistic venture; as such spare copies or extra copies are not made awaiting their sale'.

Come April, all homoeopaths celebrate Hahnemann memorial day - even the mixture prescribers, patent drug prescribers, etc!

In our own way, we pay our homage to Hahnemann by recalling the right way to practice homoeopathy. Three 'current', masters have been chosen each of whom have their own 'school' but not too divergent. Unfortunately two of them - Dr.Pierre Schmidt and Dr. Thomas Pablo Paschero - are no more - they passed away into eternity recently. Dr.Schmidt represents the Kentian of Generals to particulars including the pathology; While Paschero taught that the dynamic diathesis which prevent the psycho-biological maturation and thus accomplish spiritual liberty, should be treated ignoring the lesion; to treat the internal essence of the disease. While Sanchez Ortega teaches that neither the mind nor the pathology but the miasmatic condition of the patient alone needs to be treated.

The fourth is a lengthy case analysis by Dr.J Imberechts, an excellent lesson.

The articles have been rather ‘weighty’. Dudgeon himself has confessed to the difficulty in translating German into English; it is more so when much of deep ‘philosophy’ is involved. This has to be borne in mind while reading these.

The usual columns of FEED-BACK and BOOK-SHELF have been included.


Yours sincerely,
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1.1 ON POTENCY CHOICE AND HOMEOPATHIC POTENTISATION -
(by P. Schmidt)

First, a brief review regarding diagnosis which in homoeopathy is twofold:

I. The diagnosis of the disease according to the pathognomonic symptoms, with the help of general clinical status, through a specialist where necessary, through laboratory findings, x-rays, to clinch (a) what belongs to the exact disease (b) what are conditioned by dietetic and basic errors of hygiene, how defective are the home, clothing, care of the body, social life, regulation of life style, nutritional in-take etc.; also what could be set right without aid of medicament. Further to be considered are intoxications through alcohol, tobacco, narcotics, tranquilisers, sleeping drugs, drugs to calm down or excite etc. Such objective disease factors must be eliminated just as the physician of the old school does.

II. The diagnosis of the sick person to ascertain the non-pathognomonic symptoms, symptoms which do not belong to the disease in question, the rare, strange, seldom, singular and which seem bizarre. There are symptoms which are contrary to common sense, make us reflect, and which are characteristic for a particular patient. Allopathy does not take into consideration such symptoms and considers the patient only as a hysterical or at the most handles such cases with suppressive remedies symptomatically which further add to the patient's sickness.

When the remedy to be given is chosen: which potency is to be prescribed?

This question can be settled only from practical experience.

We must know that the Hahnemann-oriented physician employ basically every potency, from mother tincture to the highest potencies, M, 10M, CM, MM!

Hahnemann has, during his life time, fairly frequently varied the potency scale, just as the number of succussion strokes to be given in preparation of the potencies. He experimented, twice, ten times, and more frequently to finally settle for ten strokes. He invented the centesimal potencies of C1 to C30 which he wrote as: that is C globule and Vi = Sextillionth potency (=C18).

Regarding the preparation of this small dose Hahnemann has in Organon, paragraph 269, clarified the basic and essential difference between dilution = attenuation and potentisation. He wrote:

“It is heard every day that homoeopathic medicine potency is considered as mere attenuation, while it is the opposite of it, real development of the natural substance and bringing out the power lying concealed internally through friction and shaking, wherein a non-medicinal diluents medium used is merely of secondary importance. Diluting alone, for example, dissolving a grain of salt it becomes mere water; the grain of salt disappears in the attenuation with plenty of water and will never by that become ‘salt medicine’ like our well prepared dynamisations raised to astonishingly high strength”.
And as early as in 1886 the Geneva physician Grenier wrote: “Production of a curative remedy from a substance is not reducing its powers but to develop the latent powers in it, potentising it, that is, to strip it of its material condition”.

As I have already said, the potency choice is a question of practical experience. Indeed all homoeopaths have once begun with low potencies and have only tarried and without much conviction gone from the mother tincture up to C12. Other went up to C30 which for long remained as the limit for Hahnemann for long time and which he did not pass over.

What then is contained in a C 30 which by the method of using of individual glass vials in which drops of the remedy in question Are put and 99 drops of 90 percent alcohol is added and 10 strokes given repeatedly has acquired? And what are the high and highest potencies, the So-called Korsakoff potencies? The later are prepared up to thousandth potency by the one glass method from the manually prepared C 30, with 10 strokes by machine for every potency. Beyond the thousandth potency the fluxion method is used.

Everything regarding preparation of a homoeopathic medicine can be found in detail in the Organon. I recommend to you paragraph 123 as also paragraphs 264 to 272. With remarkable precision and conscientiousness Hahnemann has described there how the homoeopathic medicines must be prepared. Please study that thoroughly and attentively again.

Contrary to the general opinion Kent and his pupils were not in any way exclusive high potentists but they required all potencies from the mother tincture to the highest potencies. But their extensive experience and particularly their results made them give superior values to the high potencies because of their innumerable advantages.

Please bear in mind that the basis of the homoeopathic prescription is not the dose but it is the simile principle. This principle is of such a wonderful value that in fact there is no limitation to the diminution of the concentration of the homoeopathic remedy if the actual symptoms of the patient harmonizes with the symptoms produced in. the provings to the healthy.

Indeed the low potentists repeat the same objections as the allopaths do against the homoeopaths: how is it supposed to work when in the everyday diet and drinking water so much substances in weak doses are consumed?

I answer: It is not a question of academic dispute but it is a matter of practical experience. What should one say about a case a follow? A splendid german shepherd-dog has been under the medical treatment of an eminent french veterinary physician for more than two months. The entire range of the most modern anti-infections arsenals, Sulfonmide, the most effective antibiotics, for a Sepsis with suppurative Metritis and Peritonitis have been used. On pressing the Gesauge of the poor animal pus aquired out up to a litre in a day and that since weeks. This rotten pus stank disgustingly like rotten cheese. The dog was well looked after, cleaned every two hours and lied only in its owner's room. The mouth was completely dry, the weak animal could not move at all, refused food and was lying in a miserable state in the bed room. After 30 days of intensive treatment the veterinarian advised to give it an injection to put the animal to end since he had used the maximal doses of sulfonamides etc., and felt that all that could be done had been done but failed and it was cruel to allow the animal to suffer further.
The owner of this dog who was my patient visited me one day for her monthly consultation and was in tears that she had to put an end to the life of the dog by agreeing to the injection.

I asked her: “but then why don't you allow it to be treated homoeopathically?” “But doctor, this is not the time for you to be witty. It is alright for me, since I have faith in it. But what would you do with your tiny pills to an animal which as the veterinarian says, is suffering from a Septicopyaemia”?

“Now madam, give the dog the medicine I will give you now and we will see later”. I gave first Staphylococcinum 10M thrice a day. After two days Pyrogenium 10M. Two days later, because of the pus which was stinking like rotten cheese, Hepar 10M. Lastly after two more days because of the abundance of pus I gave Medorrhinum 10M. Now, from the very first dose the quantity of pus came down by 80%, the stink began to fade away slowly and after 8 day the dog was cured; it ran about, ate and slept just as when it was healthy.

In this course all the potencies were prescribed in the ten thousandth! One can make fun of ten thousandth potencies and laugh. But how could a fatally ill condition like a serious Septicemia be got over and become normal and health restored? The materialistic homoeopaths will be easily confused in this. Behind this is nothing other than the grand law of similars discovered by Hahnemann. In paragraph 160 he says:

“As the homoeopathic medicine can never be made so small as to not be able to overcome its analogous, non-longstanding, yet unspoiled natural disease, could even thoroughly eradicate and cure, it can understood as to why a dose which is not very smallest possible suitable homoeopathic medicine aroused always during the first hours after taking it, a perceptible homoeopathic aggravation”.

And in paragraph 249a:

"Since according to all experiences, almost no dose of a highly potentised specifically suitable homoeopathic medicine can be prepared which would be so small as not to bring about clear improvement in the disease for which it is suitable, so will it be injudicious and harmful to treat, if one were to repeat of increase the dose in the mistaken belief its small aggravation or non-improvement, was because of its negligible quantity (it's far too small dose) and it cannot therefore be of use".

And In paragraph 279:

"These pure experiences point that … the dose of the homoeopathically chosen highly potentised curative medicine for commencing treatment of a serious disease (particularly chronic) can never as a rule be prepared so small as not be stronger than the natural disease, that it cannot, at least overcome a portion, eradicate at least a part of the sensations of the vital principle and thus cause commencement of the cure.”

Ladies and Gentlemen, read these again and again and meditate on these observations of Hahnemann, which have been so strikingly corroborated here.
It is six months since that the dog became cured of a sepsis, a sepi which materialistic allopathy with its "heroic" medicines could not treat, but on the contrary the condition became worsen day by day and the veterinarian had given up all hopes.

How could it be argued against the allopathy, the veterinarian and the low potentists.

I doubt much whether the C/3 or C/6 would have succeeded in a situation as this. Such a healing reveals four unquestionable facts:

1. Homoeopathy brings about cures when allopathy despite its modern toxic arsenals is powerless.

2. Homoeopathy, on the basis of the law of similars discovered by Hahnemann is able to make microbes and viruses, harmless.

3. The homoeopathic medicine in infinitesimal doses works qualitatively and not through its quantity.

4. Also that in an extremely serious, evidently fatal disease, the cure can be effected totally-cito, tuto et jucuande' as Hahnemann has impressed in the note to the first paragraph of his Organon.

I had a similar case of septicaemia from perforation of appendix and generalised peritonitis in a 10 year old child who had become parched and was lying in the Geneva Medical College hospital awaiting his end after surgery. Neither the child nor the parents nor the Professor knew who had cured him. Only a single, really a single dose of Arnica 10M and then Pyrogenium 10M; I repeat 10M.

To exclude every influence of direct or indirect suggestion, I have purposely chosen the Case of an animal, so that the skeptics are convinced.

I will point out to you that high potencies are of invaluable worth, that these small doses do not ever lose their therapeutic powers if they are protected from odors and had been prepared with due care. I own high potencies from Hahnemann's time, Jenichan's for example. I have further such from the previous century as from Fincke, Swan, Allen, Kent which are still effective and dependable.

Innumerable physicians like Nash, Kent, Carleton Erastuse Case, Gladwin, Sherwood, Cunningham, Fincke, Majumdar, Gibson Miller, Mrs. Tyler, Sir Johnweir and others have published cure by high potencies.

Hahnemann, the founder of homoeopathic principles has begun naturally from the mother tinctures, substantial medicines, materially and chemically analysable. Later he began to make the concentrations lesser by attenuation or trituration and observed that despite progressive division these substances remained more effective.

During his long life, ultimately he was 88 years old – Hahnemann was, in the opinion of his speech, an exception, a revolutionary and in opposition to all practice and traditions. He went up to C/30 wherein he used 30 separate 10 gram glass vials with 100 drops of alcohol in each. In the first vial he put one drop of the plant tincture or 5 grains of a chemical substance or the 3rd centesimal potency of an insoluble substance which with every passage was further attenuated in ratio of 1 to 100.
At the last stages of his life differences of opinion arose amongst his pupils. Some thought that under no circumstances should one go above the C/30. Others among them his best pupil Hering and Gross and others experimented with potencies up to 1000, 1500, 2000 and higher, saw with happy astonishment further successes. To avoid misunderstandings and hostilities from his pupils Hahnemann remained in the range of C/30 although he had appreciated the efficacy of such high potencies.

Nevertheless, as researcher and experimenter he had recognized two interesting facts:

1. Some medicines possess, in specific potencies, an optimum efficiency in each case, whereof in pure Materia Medica Hahnemann indicated the third, sixth, twelfth and 30th as the most efficacious.

2. At the same time he observed that in general, the second, fourth and seventh potencies, so to say, have a "shallow", decreased, reduced, curtailed efficacy – in short: a not excessively strong action is displayed, and that positive intervals between the individual potencies must be given. For this reason his family medicine chest contained only the following potencies: 1 - 3 - 6 - 9 - 12 - 24 and 30.

After Hahnemann's death different researcher have made further experiments and have gone to fantastic heights. Thus I posses a thirteen millionth potency of Psorinum of Kent.

There was a time when Fincke, Allen, Swan and others were successful by employing highest potencies.

At a particular time there were high potentists, as they were called, who after the choice of the medicine according to symptom picture gave it in the highest available potency immediately at the beginning of the treatment.

Dr. A. Nebel practiced for quite long here who prescribed, for example, a CM or DM right at the first go, frequently with the best results, since the medicine chosen had been accurately specific.

Kent, a systematically experimenting mind endeavored to find by innumerable experiments a rule or at least a scale method. After many trials over many years he set his scale which I call the Kent scale. As Kent's pupils have since then corroborated. adherence to the following spacing gave the best results: 30, 200 1M, 10M, 50M, CM, DM, MM.

Kent held, on the basis of his experience, the C/30 as an excellent preparation to begin the treatment of case since it brought no, or hardly any, initial aggravation and with the 200th potency he considered them as low potencies with which, as already stated, treatment can best commenced. He kept them particularly for the acute cases or chronic cases with objective and progressive organ changes. Otherwise he recommended in chronic cases the 1000 potency from which with appropriate time intervals which he could define after many years of experience, to go up to higher potencies.

After many years Kent could define the average duration of action of his high potencies. We have to respect these before repeating the dose. These are:

<table>
<thead>
<tr>
<th>Potency Level</th>
<th>Duration</th>
</tr>
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<tbody>
<tr>
<td>For 200</td>
<td>3 to 4 weeks</td>
</tr>
<tr>
<td>M</td>
<td>at least 4 weeks</td>
</tr>
<tr>
<td>Potency</td>
<td>Duration</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>10M</td>
<td>5 weeks</td>
</tr>
<tr>
<td>50M</td>
<td>50 days</td>
</tr>
<tr>
<td>100M</td>
<td>3 Months</td>
</tr>
<tr>
<td>500M</td>
<td>6 Months</td>
</tr>
<tr>
<td>1000M</td>
<td>1 year</td>
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</tbody>
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Naturally these figures are to be considered as approximation, but all pupils of Kent have found these to be of superiorly practical value. Not in every case will it be suitable to repeat doses before expiry of this interval but only in combination with the other golden rule, that no repetition before progressive amelioration ends.

The question of repetition of the dose, pharmacopollaxy as I would call it, was again modified by Hahnemann at the end of his life in that he recommended continuous repetition of the dose daily despite favourable reaction. This method also I and many others have practised for long time-in the hope that it will render better and particularly speedier cures in chronic diseases. But soon because of the difficulties encountered by the patients regarding the taking too much or insufficiently, they attenuate it poorly and at will, repeat in irregular intervals, etc. – this method which is remarkable is possible only in exceptional special cases which as I can vouch for, in natural practice is rarely seen. This reservation is so much more valid as through the Kent method also thoroughly remarkable successes can be obtained. Had Hahnemann known Kent who represented Hahnemann's continuance, he would have, without doubt, agreed with Kent's view, because it conforms absolutely to the essential principle of his teaching, “watch and wait”, the careful observer's.

Today the knowledge that low potencies work better in acute, high in chronic cases, is more or less accepted by most of the homoeopaths. It all depends upon what one understands by low and high potencies.

The advantages of low potencies, including the C30 and 200 according to Kent is that it can be repeated without risk of severe aggravation. Why? Because a whooping cough, a diarrhoea with frequent evacuation, tooth-aches, acute pains in general, the acute states so to say exhaust, consumes, weakens the remedy so that in all cases where there is no reaction or where recurrence occur such repetition is justified; for example is repeated vomiting repetition of the remedy once every two hours. It should be given after every vomiting. It can then be seen that the attacks become rarer until it passes off completely.

In chronic cases, the intervals suggested by Kent, which has been verified, is to be followed.

The relapse of earlier symptoms, amelioration coming to stand-still, status quo or the disease progressing further, are all indications for repetition of the dose.

Indeed it can be said that a master homoeopath is capable of results which the beginner is not able to. For example in some acute cases in which symptoms are painfully aggravated, like Sciatica, Otitis, Gastroenteritis, acute joint rheumatism, a 10M produces a result which impresses by its rapid cure. It is like what William Tell who with a single arrow directly pierced the apple on the need of his son. I recommend to you to first try C/30 and later go to the C/200. Now and again you can venture with 10M if the indications for the medicine was clear and precise.
In coryza and minor colds Aconitum napellus 200 has at least 90% success. In certain chronic obstipations immediate and sustained success from a single dose of Nux vomica 10/M or Bryonia 10/M is perceived.

I have cured the owner of a big restaurant who had been suffering for 14 years with a chronic obstipation and who had been thoroughly stuffed with innumerable laxatives. There was nothing more which he had not tried. He had, however, further symptoms of Nux vomica, in his character, in his desires and aversions. A single dose of Nux vomica 10/M has definitely cured him. Since then he has daily stool, “soft and gentle” as Moliere says, and he can have stools regularly with satisfaction.

A lady complained of headaches which localised in the occipital protuberance accompanied by obstipation and eye pains which compelled her every 3-4 months to lie in a dark room since she could bear least light, and could not at all bear the sun. Every jolt, ever walking aggravated. She also couldn't bend forward without the pain radiating to the neck. A single dose of Bryonia alba 10/M at the close of an episode has put an end once for all her migrains which had been troubling her since 5 years for which she had taken a good quantity of various medicaments.

These Cases are not rare which you do not experience almost every day. When it happens: what happiness to the patients in the first place and also to the physician when he sees such conspicuous undeniable efficacy of the small doses which prove the value of the similie rule, the true basis of homoeopathy.

Those who merely disparage and shake their heads have no idea about it and cannot gain the experience and observation. Of course, naturally the indications for the remedy prescribed must be exactly specific and symptomatology as defined by Hahnemann, Kent, and their pupils, and not based otherwise on someone or the other. Because if the foundation is not based upon these propositions only failures will occur. If therefore homoeopathy and high potencies are condemned it is not these but the prescriber himself who is at fault. Why is it that while others obtain successes it should be otherwise with him?

Study the materia medica thoroughly and diligently study the Organon again and again and the philosophy of Kent. One of these days you will be compensated richly for that. Because homoeopathy makes great demand of course out it compensates with high rewards. It is certain: Homoeopathy, practiced by earnest. Persevering physicians with measure in their work, procures full satisfaction of material, intellectual and spiritual respects.

[From the KLASSISCHE HOMOOPATHIE., Band 29/1 985; translated by Dr.K.S.Srinivasan Madras, For PRIVATE CIRCULATION ONLY]
1.2 KNOWLEDGE OF REAL HUMAN NATURE – THE FOUNDATION OF HOMOEOPATHY - By T.P. Paschero

Based on a thorough understanding of human nature homoeopathy is a clinical science essentially different from the purely physiological, organ-related or mechanically welded medicine. Many homoeopaths who have not accepted the dynamic concept of a disease processes have not been able to appreciate this. The physician must understand that he must treat the patient in his complete unity of his body, soul and mind and not the organic or local disease; that his real duty and basic obligation is to cure those which are as 'subject' in every sick patient and not those which are as 'object', - taking into consideration his diathesis, his miasmas or those which, strictly speaking, signify these ideas, namely the inner dynamic disposition which brings about the pathology and psychopathologic destiny of the patient. Only then has he truly understood what homoeopathy is and what his duty with regard to the science and art in medicine is.

The duty of the physician is to cure. To know Hahnemann properly, what is curable in every patient, it is necessary to have a clear idea of the nature and meaning of disease.

The clinical experience reveals: a patient is not cured who has no will to be cured, the desire to be cured, to find out his self, to be in harmony with himself; who does not require further development of his capabilities, his energy potentials, intelligence and sentimentality or capacity to love - in conformity with the requirements for the unfolding of his state of consciousness. This Will to-be impresses the body and soul in a unique sense, in a unique direction; towards self-realization in accord with the All, with the Universal Spirit.

Health is the unconfined expression of the vital energy through the body in a harmonious interaction with the natural and human environment which process represents the psychobiological adaptation, ultimately the inspired opening of own nature which experienced wrongly as isolated and autonomous oneness, in the true richness of life.

Disease is every kind of alteration, blockage or hindrance of the free and harmonious flow of life energy which strikes the body and the mind. This damages its unconfined relationship with the external world, with the external life which arises from the very same impulse as the inner life.

This infantile autism which the human soul holds captive from development of the inner capability hinders the development of full and true freedom from the directions .from the concealed subconscious urges, and a aggressions and guilty conscience. These lie as negative powers in the individual and as a result allows the disease as expressions of these suppressions and blockings hindering free-play and field of action of the vital energy.

If we have anxiety of life, if we live in a state of alarm, in a state of perpetual tension, embitterment over the past, envy, hatred, frustration, defensive or competitive states With sense of guilt, phobias, fixed ideas, fears, anxiety, restlessness and in a state of perpetual internal protective wall- then arises from itself blocking in the vital energy through the body and then disease. The individual does not then live harmoniously with the external world conforming to the law of cure and growth (from within outwards), but is locked up in self. The diagnosis of the sick person as a totality in his innermost person - the intrinsic duty of the homoeopath - demands
of him to give the highest order of precedence of decisive clinical value to the mental symptoms: the mental symptoms in the sense of internal resistance, concealed in the Unconscious like suppressed feelings and moral Commandments which hinders the free deployment of the vital energy for realising the true fulfillment of life.

The answers to the questions with regard to the physical and mental disease must result in the restoration of free flow of life in our mental, emotional and physical levels, opening out to the Universal or Absolute Spirit.

Man must be conscious of this "unity of the Vital Energy" which pervades in him as well as in the universe. Thereby he dwells in his own reality, the identity of his true self as man and therefore as expression of the Supreme Being, the Absolute of the universe. It leads to a creative and fulfilled life in this genuine "condition humans". This understanding of the nature of self which man achieves indicates the comprehension of the true fulfillment of the life or the Absolute which lives in his centre and makes up the innermost self of his existence. This comprehension is realized, however, only in his profound solidarity with other men and the whole world and only there is found the expression appropriate to him.

The mental symptoms of purely emotional kind – and not the intellectual - are the unique which disclose the core of the internal disturbance. The man unfolds his personal maturing process, that is, his conduct or the mental attitude, the emotional factors of his total life, the historic mould of his child-like conflicts, his life within his family and the social surroundings, his disappointments in love-life and consequently in his self-estimation – in one word, all the emotions which are indispensable clinical symptoms for the fundamental comprehension of the disease which the physician must treat.

The Psora or the main miasm with the internal restlessness, the constriction, the anxieties and phobias are the essential negative factors, those which hinder the free flow of the vital energy – and therefore exposes the pot potential of energy, intelligence and sentimentality, it constricts the growth of the level of consciousness and there with the identity of his true self. As defense of the psoric anxiety are the syphilitic and syctic life or way of life which the homoeopath with much skill must uncover, by the biopathographic anamnesis. For that he must always keep in view these aspects of level of consciousness with which the patient executes the processes of growth and maturity and self-realization.

If the patient under treatment does not change his life situation, if he does not develop or does not bloom and develop as a fully responsible person, then he is not on the path to cure. This is only when he lays aside his child-like behaviour patterns which make him egoistic, dependant, passive and needing protection. Also if he shows an aggressive craving for power, for dominance over all others and that in a militant attitude for defence and aggression, or if he does not overcome his anxieties, phobias, hatred and guilty feelings, he is not on the road to cure. He who does not conquer his conditioned approaches which hold him captive in his autism and who does not open up in some grade the richness of his life, such a man is not on the road to cure even if the symptoms for which he seeks the help of the physician were to disappear. That is only a suppression of the symptoms and not cure of the patient. On the other hand the fact is that if his life attitude opens and his level of consciousness is raised and his intelligence and sentimentality potentials in the sense of' expansion to the centre and charity for fellow-beings is
realised and in the sense of creative attitude and service to the fellow-beings and the joy of others is experienced as if his own; when he indicates in larger or smaller measure that he has been freed from blocking of his negative mental symptoms so as to live his true life with a positive attitude and outlet to the external world: ten, only then, is he on the road to cure even if the physical symptoms were not removed, yes even if the preceding symptoms were to recur. Because in this opening out to the fellow-men is fulfilled the “law of cure”, whereby he again experiences the only possible health, in that it unites his vital energy with the true richness of life and identifies himself in it and with it.

The homoeopath leads the patient to the realization of this richness of life. With the use of Simillimum he heightens the Will to cure which activates the spirit-like energy in the deep interior, energy which is inherent in all humans, so unrefined or intellectual, to their capabilities. Only so can he trigger the cure which as stated above endures in stable equilibrium. It is sufficient to pursue from now without break the maturing of the process of developing, a conscious and responsible life.

The homoeopathic medicament performs its work in those vital planes which depicts the real and exact relationship between the different strata of the total. Being and makes up the core or the focal point of the Will for cure. Psora that fundamental disease becomes the godfather of the evolution of man. Its nature of working is bringing out the anxiety of the life from mind to the organs, from centre to periphery from above downward or let the suppressed symptoms to come out. The homoeopathic medicament effects that the Psora fulfills the highest purpose of true and the singularly genuine cure: the development from out of the autism and egotism of man for integration with fellow-creatures from out of the encapsulated individualism to the blossoming into fulfillment of life, with a true fellow-feeling where man will find his just and true identity as human, namely in his mental deployment.

[From the ZEITSCHRIFT FUR KLASISCHHE HOMOOPATHIE, band, Mar/Apr.19: For PRIVATE CIRCULATION ONLY]
1.3 **PERSONALITY AND INDIVIDUALITY** - P.S. Ortega

Time and again we take recourse to the knowledge and fundamentals of other disciplines in order to integrate them with our science. We do this not just because we want to widen their horizons but more because of their great scope.

We wish to define the personality, somewhat rashly perhaps for our purpose, as a type of disguise with which the substantial human nature covers itself in order to meet appropriately and adequately the diverse pressures of its environment in which the self-image develops in different stages of life. In this we are inspired by Carl Jung who defines the Person as a mask with which man represents his kind.

As against this, Individuality personifies the profound Ego, the tomositic spirit, the substantial or innermost core of Being, simply Being. In other words we can also say that Individuality is the unadulterated unpretentiousness of the THING ON ITS OWN Which constitutes man.

We now wish to avoid any further metaphysical dialectics and point out to ourselves the one indisputable fact that we can all experience with our patients. When we examine a case patiently and carefully we can, in most cases, recognise in the same subject, two often very conflicting tendencies: the one that corresponds to what he actually is and the other that corresponds to what he wants to be, the Person and the mask with which the subject has disguised himself for his self-image in the world. It is a series of elements he learnt to use one after another in order to present himself to his fellowmen - somewhat similar to an actor who either himself chooses a role or was assigned, perhaps even against his will, a role in a comedy or other play.

The perfunctory physician will be content to recognise or to try to recognise the so masked patient as he generally presents himself before the physician. It will perhaps then be enough for the physician to assess the damages wrought by this mask or costume which impede or even totally wreck the self-image of the patient at various stages of his life.

The bolder physician will even be able to observe the possible conformity of this mask with the patient who wears it, or what is more common, to find the disagreement between the mask or disguise with the deep desires and urges of the innermost ego that characterises the man as a Being. He can perceive the innermost of the person sitting before him, which in most cases does not agree with the symptoms which are an expression of his disturbed self-realisation; in other words: the mask or disguise is not in tune with the real manner of expression of the innermost of the patient we have before us, the mask being subjected by the limitations which impose on him the characteristics of his role or display of his self-representation and which he has himself either somewhat erroneously chosen or had been thrust upon him by the circumstances which from his birth until now have surrounded him. In other words: either the environment is unsuitable for him or – the opposite - he is unable - in the current stage of his life to react adequately to his environment, from which finally also springs up the illness, which represents the motive of his actual complaints.
The physician has now the possibility of assessing the damages caused by the mask or Personality that has caused the illness, of which the patient has now become conscious. But he can or must recognise the innermost illness of the Ego or the mild, severe or even complete incongruence of his Personality with his Individuality. We explain this to our students with the following example: It is as though we dress up a fat old man as Romeo or we place the cloak of Francis of Assisi on an ungodly and lecherous drunkard. In every respect that would be inappropriate. But it would be even more inappropriate if the actors were to refuse to play those roles which seem just cut out for them - that is, in our case, for example, if the fat old man were to refuse to play the role of Sancho Panza or the lecherous drunkard that of Pear Griem.

The acute illnesses represent only the disharmony of the Personality or the fictitious self-image of the person, who feels that his disguise has been broken - a disguise that he had built up with effort, not only to present himself to his environment in a very appropriate or less adequate manner, but also to protect himself against all the environmental factors that surround him. For the same reason the mask serves in need - or when he thinks it is needed - to attack.

For these reasons he feels himself also helpless and his first wish, his first request to the physician is to set right for him his mask ... At the same time there appears from behind his profound Ego, his true being his existential Being, in order to show the lasting, or perhaps only temporary, incongruence with his mask.

With wise foresight therefore the founder of Homoeopathy demands a search for the Miasms or for what originally required of every man the putting on of a mask or Personality, which deviates from his innermost aspiration.

We admit that so far man has been presented only as a spiritual or dynamic entity. He can of course be handled and touched and he is subject to physical and chemical changes. These fall entirely in the realm of Soma as he visibly shows himself. Hence we should slightly change, in this sense, the ideas in our statements and say that from life itself, which is quite clearly recognisable but not understandable by the materialistically oriented scientific beliefs the organic or the Soma originates with its constitutional pathology or "creative defects" imprinted by the three miasms of Hahnemann - Psora, Sycosis and Syphilis.

Miasm ought not to be understood from this as a dynamism external to the individual but really as an implicit deformation of the first form of expression of man's Being generally. As materialists we would say: the genes already carry the defect in themselves. If we return to dialectics, we can say that, if already the nature of man himself or the innermost core of our being because of its purity and simplicity does not itself allow a deformation, the existential Being on the other hand points to the conformity of the former to the biosphere of Teilhard de Chardin but the "inadequacy" of the environment must necessarily have a part in it. Somewhat like an architect who, even if he is so brilliant, has at his disposal only material of inferior quality for the realisation of his design.

Finally we wish to say to all those who have followed our thoughts so far that the acute illness has to be understood as the readjustment of man to his role which was assigned to him in the comedy of our existence or to which he was forced by the environmental factors of his social surrounding.

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The healing of chronic or miasmatic illness, on the other hand, means for the individual the unique possibility to be able to express himself genuinely and in harmony with his innermost aspiration which is a basic condition for his full self-realisation, that is, to be what he has to be.

CONCLUSIONS:

1. The homoeopathic physician, because of his knowledge and the elements of his method, is able to recognise, understand and deal with the Personality of man; over and above it, however, he ought to try to recognise the Individual behind this mask.

2. If a lasting healing of the individual is yet possible, it is achieved by getting rid of his miasmatic condition, as far as it is possible, in order to lead in this way to his full and genuine self-realisation.

3. Only through the recognition of the constitutional and miasmatic pathology can the good physician achieve a true and lasting cure which not only serves the individual suffering patient but the entire humanity and in harmony with the Whole.

(Translated from "Zeitschrift für KLASSISLHE HOMOOPATHE and Arzneipotenzierung, Band 30, Heft 2/86, for private circulation only).
1.4 MODIFICATION OF THE ‘CHRONIC CONDITION’ BY AN ‘ACUTE’ PRESCRIPTION - JACQUES IMBERECHTS, MD, MFHOM, SRBH

Introduction: I would like to refer the audience to previous communications that I have given in other assemblies of the homoeopathic community, especially to the considerations presented to the Homoeopathic Europea First Congress in Lyon, France in May 1987. There, I broadly reviewed all the strategies that are now in use and fashionable in the homoeopathic marketplace.

Firstly I would like to draw the attention of colleagues to the multiplicity of the possibilities of the homoeopathic therapeutic system in order to keep in our mind that the unique quality of this therapeutic system is its flexibility, its capacity to tailor for each patient a therapeutic procedure that fits his individual and personal needs and his unique reactivity.

On the other hand, I would like to stress the ideal homoeopathic prescription, the one that restores the patient's full self-defence capacity. This means that we would try to prescribe on a set of symptoms corresponding to the minimal syndrome of maximal value in order to give a remedy so basic to this patient's constitution and functioning that the patient will never be sick again, except under extraordinary circumstances.

We know quite well that we seldom reach that ideal, but that is no reason not to aim for it. Because when you reach it, it is marvellously rewarding.

Palliating acute illness: The purpose of this paper is to show a case where several attempts were made to get to the root of the patient's problem, while in emergencies, we were humbly just palliating the acute illness.

It shows that our efforts did not succeed until, after an apparently poorly indicated remedy, an acute condition occurred that brought us a limited symptom picture which suggested an unexpected remedy that eventually solved the case.

Enough time has now elapsed for the prescriber to assess that the basic vulnerability has been reached and that the 'chronic disease' has been cured.

The case: (This gentleman, in charge of an important job in a financial company, leads quite a sedentary life. He has recently been promoted in the company and says that it did not modify his personal life. He is 48 years old, small, with a pale complexion and early baldness.

Family history: Mother had gallstones and died from leukaemia. Father died from acute pulmonary oedema due to cardiac failure.

Personal history: No surgery and 'never been sick'

Childhood diseases were trivial and the usual childhood vaccinations did not provoke any noticeable reaction. At 12 years he had scarlatina followed by bronchial complications.

One year before our first consultation, he developed an eczema of the lower limbs that he cured by himself by altering his diet.
He also presented recently rheumatic pain in the lumbar spine that he cured by wearing woolly underwear.

**FIRST CONSULTATION:** The previous year had been a turmoil.

His wife has had surgery. He found his father dead on the toilet one year ago. That event turned him upside down. A kind of prostration followed and he took **Ignatia 200** that helped him greatly. But he feels very nervous since.

One day, in the city, he could not figure out where he was, and this lasted some time.

In the company, there was a higher position vacant. This job could have been the logical end and success of his Career. This also made him more nervous. But the job went to somebody else giving him a sense of mortification.

A few months earlier, driving in a snow storm, he had a fit of panic, started to cry and had to stop the car and let his wife drive. ‘He had the feeling that the mountains were going to fall on him.’ And he felt flaccidity in the legs as if they were paralyzed and made him unable to drive.

It all started two months earlier, when the patient accepted another higher and very difficult senior position in his company, but not the one he felt he deserved or expected. This episodes of panic recurred after he accepted new responsibility in the company. Since then, he feels nervous and unable to react correctly.

He has a tendency to keep everything inside and to feel lost in front of an obstacle, with fits of panic and the feeling that he does not understand what he says any more.

His wife reports that he is more aggressive at home. He seems alright during the weekends, apart from a little disappointment when the children and grandchildren do not come to visit him.

Three months ago, a medical check-up was performed with a normal report on his cardiovascular condition, a blood test showing a slightly elevated cholesterol level, and increased bodyweight.

**Previous treatments:** The patient says that he never took any kind of medicine beside what he calls ‘minor homoeopathic remedies’ for trivial ailments such as the common cold and digestive upsets. Actually, he occasionally medicates himself with **Nux vomica** for digestive indispositions and **Gelsemium** when he gets stage fright. This gives him some temporary amelioration.

**TABLE 1. First consultation. All the symptoms**

<table>
<thead>
<tr>
<th></th>
<th>AILMENTS FROM;</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>S1 15 MIND -</td>
<td>- disappointment (7)</td>
<td></td>
</tr>
<tr>
<td>S1 16 MIND -</td>
<td>excitement, emotional</td>
<td></td>
</tr>
<tr>
<td>S1 17 MIND -</td>
<td>- fright</td>
<td></td>
</tr>
<tr>
<td>S1 18 MIND -</td>
<td>- honor, wounded</td>
<td></td>
</tr>
<tr>
<td>S1 18 MIND -</td>
<td>AILIMENTS FROM; - indignation</td>
<td></td>
</tr>
<tr>
<td>S1 19 MIND -</td>
<td>AILIMENTS FROM; - mortification</td>
<td></td>
</tr>
<tr>
<td>S1 66 MIND -</td>
<td>ANXIETY - conscience, as if guilty of a crime</td>
<td></td>
</tr>
<tr>
<td>S1 75 MIND -</td>
<td>ANXIETY - future, about</td>
<td></td>
</tr>
<tr>
<td>S1 92 MIND -</td>
<td>ANXIETY - time is set, if a</td>
<td></td>
</tr>
<tr>
<td>S1 151 MIND -</td>
<td>CONFIDENCE, want of self</td>
<td></td>
</tr>
<tr>
<td>S1 153 MIND -</td>
<td>CONFUSION of mind</td>
<td></td>
</tr>
<tr>
<td>S1 171 MIND -</td>
<td>CONSCIENTIOUS about trifles</td>
<td></td>
</tr>
<tr>
<td>S1 367 MIND -</td>
<td>DELUSIONS, imaginations, hallucinations, illusions – walls – falling (7)</td>
<td></td>
</tr>
<tr>
<td>S1 415 MIND -</td>
<td>DULINESS, sluggishness, difficulty of thinking and comprehending, torpor - mortification, after</td>
<td></td>
</tr>
<tr>
<td>S1 486 MIND -</td>
<td>FEAR, apprehension, dread - fall upon him, high walls and building</td>
<td></td>
</tr>
<tr>
<td>S1 552 MIND -</td>
<td>GRIEF - silent, undemonstrative</td>
<td></td>
</tr>
<tr>
<td>S1 553 MIND -</td>
<td>GRIEF - silent, undemonstrative - indignation, with (2)</td>
<td></td>
</tr>
<tr>
<td>S1 604 MIND -</td>
<td>INDIGNATION</td>
<td></td>
</tr>
<tr>
<td>S1 723 MIND -</td>
<td>MISTAKES; - localities, in</td>
<td></td>
</tr>
<tr>
<td>S1 767 MIND -</td>
<td>OCCUPATION, diversion a.m.</td>
<td></td>
</tr>
<tr>
<td>S1 783 MIND -</td>
<td>QUARRELSOME</td>
<td></td>
</tr>
<tr>
<td>S1 801 MIND -</td>
<td>RECOGNIZE anyone, does not (2) - streets, does not recognize well known</td>
<td></td>
</tr>
<tr>
<td>S1 808 MIND -</td>
<td>REPROACHES – himself</td>
<td></td>
</tr>
<tr>
<td>S1 809 MIND -</td>
<td>RESERVED</td>
<td></td>
</tr>
<tr>
<td>S1 862 MIND -</td>
<td>SADNESS, despondency, dejection, mental depression gloom, melancholy - quiet</td>
<td></td>
</tr>
<tr>
<td>S1 973 MIND -</td>
<td>THINKING - complaints, - of egg.</td>
<td></td>
</tr>
<tr>
<td>S1 1037 MIND -</td>
<td>WEEPING, tearful mood</td>
<td></td>
</tr>
<tr>
<td>S1 1052 MIND -</td>
<td>WEEPING, tearful mood - mortification, after</td>
<td></td>
</tr>
<tr>
<td>S2 214 GENERAL -</td>
<td>FOOD and DRINKS - cabbage - agg.</td>
<td></td>
</tr>
<tr>
<td>S2 246 GENERAL -</td>
<td>FOOD and DRINKS - onions - agg.</td>
<td></td>
</tr>
<tr>
<td>S2 261 GENERAL -</td>
<td>FOOD and DRINKS - sweets - de</td>
<td></td>
</tr>
</tbody>
</table>
SYSTEMATIC REVISION
Digestive System: The appetite is good with a marked desire for sweets. No aversions. He gets trouble when eating onions and cabbage. Bowel motion is poor. He does not feel the need to go to the toilet. Thirst is normal.

Since many years, sporadic heartburn when nervous. He takes coffee four times a day. He does not smoke but drinks one beer a day and one liter of wine at the week-end.

Sleep: Sleep is good and quiet, on the right side. He does not dream but snores when lying on his back. However if some problem is in his mind the day before, he wakes up at 3 a.m. brooding on it. If there is an important event the next day his sleep is disturbed by the longing for a good sleep in order to be fit for the event.

Generals and mentals: Air and seashore do not modify, but wind makes him nervous.

Feels insecure because he is a beginner in his new job and lacks experience and skill on the new matters he has to handle. Feels guilty about it and reproaches himself for not being able to cope with the new responsibilities.

He cannot stand being given orders.

He considers himself an organized and methodical person without being fastidious.

He is better when manually active.

Feels like weeping when thinking about the episodes of panic. He tries to keep his grief silent in order to keep control and act efficiently.

Appointments are very important in his behaviour. They make him very preoccupied days in advance.

He is afraid to meet circumstances that would repeat the panicky disposition.

The whole situation is mortifying.

TOTALITY OF SYMPTOMS
We could try to consider the totality of the symptoms and see different drug pictures in this patient.

One could be Nux vomica.

This remedy is covering 25 of the 36 symptoms that we may consider in this case (Table 1)

But actually several remedies are very close, as we can see in the following list: (Table 2)

<table>
<thead>
<tr>
<th>Remedies</th>
<th>Symptoms</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUX VOMICA</td>
<td>25</td>
<td>46</td>
</tr>
</tbody>
</table>

© Centre For Excellence In Homœopathy
PULSATILLA  23  48
LYCOPODIUM  21  45
NAT-MUR  21  43
ARS-ALB  20  34
LACHESIS  20  33
IGNATIA  19  39
STAPIYSAGRIA  18  44
SEPIA  18  31
CALCERA  18  30

Only:
the dullness of the mind after mortification
the silent grief
the reproaches to himself
the weeping after mortification
the agg . from cabbage
the heartburn going up to the throat are not in the repertory for Nux vomica.
But the poly-medication with 'minor remedies', including Nux vomica, for any little
indisposition, along with the consumption of coffee and alcohol could suggest that this
remedy has been proved by the patient.
From the great number of remedies appearing in the repertorization, we could consider
that no clear cut result was to be drawn from that approach.
MORTIFICATION SYNDROME:
Another approach could consider the aetiological factor and the atmosphere of his situation by
analysing the Mortification syndrome (Table3)

<table>
<thead>
<tr>
<th>TABLE 3. The mortification syndrome</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1 19 MIND - AILMENTS FROM; - mortification</td>
</tr>
<tr>
<td>S1 15 MIND - AILMENTS FROM; disappointment</td>
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<td>S1 18 MIND - AILMENTS F OM – indignation</td>
</tr>
<tr>
<td>S1 1052 MIND - WEEPING, tearful mood - mortification, after</td>
</tr>
</tbody>
</table>

This gave Staphysagria as the main remedy with, again Nux vomica as the second choice,
followed by Colocynthis and Ignatia.
The approach that has been chosen was to set on the fright and the emotional aspect of
this history, with some remarkable symptoms of the acute phase:
..The feeling that the mountains were going to fall on him.
..The feeling that he does not know where he is in as well known street.
That is the reason why Argentum nitricum was given in the 10M (Table 4)
One month later: Worries, depression, apprehensions are all gone since the remedy has been
taken.

One month later: A letter from his wife says that apprehensions came back and that he took
another Argentum nitricum 200.

One month later: He comes for a consultation saying that he is tired by heavy work he did in his
house, but mentally fit since the dose of Argentum nitricum 200 that he took. Sleep is good and
refreshing.
Six months later: He is tense again since a week ago, following provocative interventions by the
trade unions. Also his dog just died with much suffering. Both events made him indignant. He
weeps without reason, at work or during the night. He forgets what he has just done, searches for
the watch he had just taken to the jeweller two days ago. He is so disturbed that he fears a car
accident when driving. The heartburn relapsed.
He was given Staphysagria 10M (Table 3)
One month later: Heartburn was gone. He was better mentally and slept well. But he felt weak,
with difficulty in concentration, and indifference to things he usually liked. He could not tolerate
cold weather, had icy cold feet and chills.
He received Sepia 200.
Three months later: Strikes were menacing the company and he was responsible for negotiations
with the unions.
Feet and hands were icy cold along with flushes of heat of the face, without sweat nor
alteration of the colour of his face.
He always felt as if in a hurry and the heartburn relapsed when he was nervous.
Still very fussy over trifles, he was sleeping badly again when nervous, he felt pain in the
calves, and with painful contractions at the neck as if he had played football.
Without having altered his eating habits, he lost 3 Kg from anxiety.
He was given Ignatia 50M.
He felt fine for four months. Simply taking sac.lac. regularly.

### Table 4 Justification of Argentum Nitricum

| S1 16 MIND | AILMENTS FROM: - excitement, emotional |
| S1 17 MIND | AILMENTS FORM; - fright |
| S1 19 MIND | AILMENTS FROM; - mortification |
| S1 75 MIND | ANXIETY - future, about |
| S1 92 MIND | ANXIETY - time is set, if a |
| S1 151 MIND | CONFIDENCE, want of self |
| S1 153 MIND | CONFUSION of mind |
| S1 367 MIND | DELUSIONS, imaginations, hallucinations, illusions - walls - falling |
| S1 486 MIND | FEAR, apprehension, dread-fall upon him, high walls and building |
| S1 723 MIND | MISTAKES - localities, in |
Four months later: He reports that he feels great.
He was even off sac.lac. for over a month.
The only remaining symptoms were peripheral:
- Extremities felt icy cold and some numbness appeared when flexing the legs.
- There was some trembling from taking coffee.
- Alcohol (mostly Scotch Whisky) was giving some trouble:
pain and redness of the left ear with trembling in the body.
The trembling from alcohol and the icy cold extremities suggested Lachesis but nothing was given, since the patient felt well in spite of losing two more kilos (weight was 75 kg now.).

Few weeks later: A colleague of ours, who acts as locum, saw him for a sore throat worse on the left side, ameliorated by warm drinks.
He gave Lachesis 6, without knowing the consideration above. That one dose kept him well for six months. And one might have thought that the fundamental remedy had been found.

Six months later: The throat hurt sporadically. The ear was painful after alimentary excesses and alcohol, with tender liver and migraines that were better after stool. He took Nux vomica for those ailments.
Sleep was good, Blood pressure usually low, was normal and stable.
Weight was stable also: 75kg.
Hands and feet were cold and numb during sleep.
Everything was dramatically better during the holidays.

Only one thing has happened: The patient reported a tendency to faintness in a warm room when there was something that made him nervous.
One day, he was eating a simple meal in a warm place and his neighbour was telling about his misfortunes.
He suddenly felt perspiration the forehead, a sensation of heat in the body; he became very pale and suddenly fell unconscious for a short while. The physician called in emergency noted hypotension.
He was again given Lachesis 6.

One year and a half later: Everything was about perfect.
He only took Kali bichromicum and Nux vomica once. He did not take anything else at all for more than one year.
Eating too much, or exciting events did not affect him anymore.
A short sleep proved good and refreshing.
No numbness occurred.
Blood pressure was stable at 140/90
He gained weight (2kg) and was now 77kg.
Once in a while, ear and eye were painful after alcohol.
He was a little afraid to stay without remedies but felt free now to be able to cope without it. He received Lachesis 0/6 (LM) not to take now but only if he seriously felt that his self-defence capacity was really going down.

**One month later:** Death of his father-in-law.

Pain appeared in the whole body, mainly on the left side. He felt pain in the heart region. He would wake at 5 a.m. with an empty feeling in the head.

He took the dose of Lachesis that he had at home. No effect.

He received several doses of sac.lac. later on. No effect.

It took two weeks for the main ailments to slow down.

**Three months later:** He told more about the death of his father-in-law; his left chest pain radiating to the left arm, and his fear of dying in his father-in-laws bed where he was sleeping.

Serious troubles resumed with the unions and the board of directors did not support him.

He had some anticipatory worries about a higher job that he might apply for.

Brooding again on his cares and worries, he felt the apprehension and panic come back with sweat on the forehead, hot head, cold extremities. He would wake early at night and his sleep was unrefreshing.

Lachesis 0/6 dramatically alleviated the ailments, but the amelioration did not last.

Now he felt as if his head would burst when a time was set for an appointment or any other settlement data.

Then he feels like a child with panic and afraid to do things that he should not do.

He received one dose of Argentum nitricum 0/6.

**Some days later:** Some amelioration

He slept better but still with unrest as three years ago. His panics became an obsession.

The perspiration of the head was profuse and he was exhausted at the end of the day..

Discussing with his wife comforts him. He took one dose of Calcarea ostrearum.

He felt more calm now.

**Two days later:** His vision was blurred, the extremities icy cold.

His new job was a tragedy. He did not know what to do. 'Doctor, it is unbearable: I feel as if my will is contradictory or as if I have many different wills.'

On this last information; he received; Anacardium orientale 30.

Since then everything has been alright.

The patient has no aggressivity at home any more, nor in any circumstances.

His sleep is regular. Calm, and refreshing.

He is in perfect control of himself, at work as well as in the family.

No recurrence for seven years.

How did this Anacardium orientale come to attention so late, and to give such a good and long lasting improvement in the end?

Several studies have been done on this case, with different psychologists, in order to gain better understanding. But none gave us the clue.

The divided will, the two wills, the contradictory wills, were not verbalized until the last consultation. They only appeared in the acute phase, after several previous interviews and prescriptions.

Most of the comments agree on bipolarity between two different stages of consciousness.
On the one hand, an oversensitiveness and aggressivity in the family, his natural milieu where he is allowed to express it without any danger. And on the other hand society, where he may not project that behaviour, and gets faintness when silencing his emotions and feelings at work.

This is a schizoid element that could have suggested Anacardium orientale.

Some knowledge that the patient has about homoeopathic palliation and the self-medication that he has made with it, may have blurred the symptomatic picture. The patient only came to the physician when he could not cope any more with his palliative remedies.

Also, the patient was assuming that the investigation of all the system was pointless since he could face, with his homoeopathic knowledge, what was not pertaining to his neurotic crisis.

One could have thought of a divided structure when the somatization became unilateral (one ear, one foot, one eye, one side.)

We did investigate the symptoms of Anacardium orientale that were already present in the very first consultation but did not see how we could prescribe it right away (Table 5).

Another hypothesis, provisionally the last one, is that Calcarrea ostrearum did act as an unmasker, making his divided will verbalized, allowing the prescription of Anacardium orientale.

This recalls the teaching that an unverbalized symptom should not be taken into account until the sequence of the prescriptions makes the patient aware enough to verbalize it.

In conclusion, no strategy is perfect, and we should know all of them and be able to join our rigorously recorded clinical experiences in order to find out criteria that could save time for the patients and for us.

### TABLE 5. First consultation Anac-orientals already present

| S1 16  | 1234 1 | MIND – AILMENTS FROM; - excitement, emotional |
| S1 17  | 1234 1 | MIND - AILMENTS FROM; - fright |
| S1 19  | 1234 1 | MIND - AILMENTS FROM; - mortification |
| S1 66  | 1234 1 | MIND – ANXIETY – conscience, as if guilty of a crime. |
| S1 151 | 1234 1 | MIND - CONFIDENCE, want of self |
| S1 153 | 1234 1 | MIND – CONFUSION of mind |
| S1 783 | 1234 1 | MIND – QUARRELSONE |
| S1 808 | 1234 1 | MIND – REPROACHES himself |
| S2 700 | 1234 1 | MIND – GENERAL – WEATHER – wind – ailments |
| K 499  | 1234 1 | STOMACH – HEARTBURN |
| K 517  | 1234 1 | STOMACH – PAIN – burning – extending – throat |
| K 621  | 1234 1 | RECTUM - INACTIVITY of rectum |
[From the BRITISH HOMOEOPATHIC JOURNAL, volume 76, Number 4, October 1987; for Private Circulation only]
1.5 FEED-BACK:

"I thought the proving of Scorpion especially valuable. I was moved to duplicate the Glonoin experiment, using the 30x I have, and experienced a short term surface warmth of the forearms at an hour, and at an hour twenty a feeling somewhat between "energized" and "clarified" of a quite moderate degree. So right in line with the proving. Wouldn't it be a great plus for homoeopathy if more provings would be organized, and especially so if they could adhere to the stringent criteria laid out by Vithoulkas in THE SCIENCE OF HOMOEOPATHY" -- Mr. Daniel Papish, Eugene, Oregon, U.S.A.

"In Feed- back (Decbr.1987 Qrly.Digest) Dr.Lakshminarayanan has given very useful tips both for treatment and prophylaxis of Measles. This, together with the original article in No.2/1987 deserve to be carefully memorised, as measles is a very common children's ailment in India – Mr. S M. Gunavante, Bombay.

NEWS: The Secretary (Administration), ASIAN HOMOEOPATHIC MEDICAL LEAGUE, New Delhi writes to say that the "first Asian Congress of AHML scheduled to be held at Kathmandu from 10 to 12 April 1988 has been postponed under the instructions of the Social Services, National Coordination Council of Nepal. It has been proposed now to hold the Congress in the month of September 1988. Dates and details will be conveyed sometime in the next month."

1.6 BOOK SHELF

SYMPTOMENSAMMLUNGEN HOMOOPATHISCHER ARZNEIMITTEL, HEFT 14: KALIUM CARBONICUM by Dr. Georg von KELLER, Karl F. Haug Verlag, Heidelberg, 1987, 523 pages, DM 78/- (in German)

Materia Medica and Repertory are the two main instruments for every homoeopath. Are the materia medica texts and the repertories currently in use complete and up-to date? Do they contain the proving symptoms in the exact words of the prover/s which would enable the physician to compare and individualize? Moreover, the results of re-provings, clinical symptoms etc. obtained over the years, after the older texts (now in use) were published have not been collected and compiled And up-dated materia medica and repertory have not been brought out. The clinical experience of the past few decades have not been added to the materia medica and they are lying scattered in various journals. Only an updated materia medica will help compile a concurrent repertory. This will be possible only with the active cooperation of all homoeopaths through their case reports.

Towards this end Dr. G.von Keller began over 15 years ago to collect and compile monograph of individual homoeopathic remedies. So far thirteen monographs: KREOSOTE, MENYANTHES, LILIUM, CIMICIFUGA, and SABINA. GUAIACUM, STAPHISAGRIA, COCCULUS, DIOSCOREA, BERBERIS, CONIUM, PSORINUM, IGNATIA have been published. KALIUM CARBONICUM is the fourteenth and largest so far in the series.
For each and every symptom the source and original text with symptom number, page number etc. have been given. This list alone covers 54 pages in very small, close prints. The text then follows: Mind and disposition; Sleep, sleep position, dreams; Vertigo; Weakness, Convulsion; Skin, eruption, swellings, facial color, expression etc.; Temperature; Headaches; Backaches; Pains of extremities; Chest pains; Abdominal pains; Eyes; Ears; Nose; Teeth; Pharynx; Lips; Tongue; taste; Mouth; Throat; Cough, expectoration, etc.; Respiration; Heart; Appetite; Nausea; Eructations; Flatulence; Stool: Anus; Urinary organs; Genitalia Sexuality; Menses, pregnancy -- each part with location; modalities and concomitants ; Generalities, alphabetical index of unusual sensations, choice of characteristic symptoms, complete the book.

Dr. von Keller has drawn attention to Hering's statement: "alphabetical order is of no good except as Hahnemann has used it, to arrange in one volume the effects of the medicines ... a register so arranged .... helps little since more often the words, the terms, because of the ambiguity of language, are not at all the essential issues ... related words must be together ..."

Attempt has been made in these monographs to bring about such an order. For example under "lacking drive, listless, despondent" are given the symptoms "does not know what he should do. Irresolute" and this condition is explained (with source) "Irresoluteness.20. unpleasant mood; he is capricious and often does not himself know what he wants,32; unpleasant mood; he demands with impetuousness, not satisfied with anything, becomes besides himself and becomes furiously angry if everything does not go as he wished and often does not himself know what he would really like to have.33. Cannot express anything, knows not how he should begin it, to say something or do what he would like to.3302. Aversion to husband and child but would not like to be separated from them. 4109".

The numbers at end of the symptom indicate the source.

Every symptom/nomenclature has been analytically studied with reference to the proving/clinical symptom thus providing cross references and synonyms.

To the best of our knowledge no work of this type has been done so far by any one and we must be thankful to Dr. von Keller.

The monographs are of great value and must be made available in English for world-wide homoeopaths.

Dr. K.S. SRINIVASAN, MADRAS.
Dear Doctor,

The theme is REPERTORY.

We have two excellent articles: (i) understanding the rubrics in the light of cultural and aesthetic background of the patient, (ii) semantic study of the words Vexation, Mortification and Indignation and the psychiatric implications of these terms in the official nosology. Here too the cultural approach to Vexation, Mortification and Indignation are explored. Particular attention is drawn to paragraph 98 of the ORGANON.

There are printing errors in the Repertories. KENT being the most extensively used, it has been examined and some printing errors brought to light. It is suggested that these errors may be corrected in the copies used by the profession. It is also suggested that the publishers of KENT REPERTORY carry out all the corrections so far found out, in the next edition. Mere reprints without any improvements even after pointing out is actually misleading. I have also found that some of the errors (Bov./Bar., Ambr./Am-br., Sarr./Sars.) have been corrected in the new KUNZLI/KENT, but not all the errors pointed in the article in this number of our DIGEST. Same with the SR too. Corrections is a continuous process and every member of the profession must contribute.

BOOK-SHELF: Dr.Schmeer’s book reviewed also gives some addition to the Rep. besides giving an insight into the rubrics relating to different Neurosis. FEED-BACK and NEWS etc. complete this number.

Yours sincerely,
K.S. SRINIVASAN
1253, 66th Street,
Korattur,
Madras 600 080

2.1 **EMOTIONS AND EXPRESSIONS** - FERNANDO RISQUEZ, MD

Abstract

The author presents a semantic study of the words Vexation, Mortification and Indignation and the psychiatric implications of these terms in the official nosology. The psychological significance of emotions is analyzed and the current psychosomatic significance of the concept considered. The clinical difficulties of emotional investigation are touched on, and the historical differences in the cultural approach to vexation, mortification and indignation between the nineteenth and twentieth centuries are explored, as are peculiarities of northern and southern style. Finally the expression of those emotions is considered and the thwarted manner of Staphisagria patients that accounts for so much in the shaping of the clinical picture.

The most important task of clinical medicine is the interpretation of clinical observations made on the patient. The expressions of the disease form the conceptual base of diagnostics. Since Francis Bacon (1561-1626) published his *Instauratio Magna: Novum Organon Scientiarum* in England in 1620.¹ Western thought aspires to an ideal observation with the following characteristics:

- Reference to concrete facts
- Measurement
- Reproducibility

Two hundred years later, Auguste Comte (1798-1857) created positivism and furthered the scientific tendency even more, i.e. the belief that the data gained from observation of natural facts allow conclusions to be drawn leading to laws and theories that rule and explain them.²

We now know that science is not made up of facts but recreates them, observers being part of what is observed.³ Clinical homoeopathy bases itself on the principle of similarity and consequently on the search for unquestionable and conclusive profiles. On the one hand one must observe signs and symptoms produced in experiments where the medicine is given to healthy human subjects; their reactions define a wall identified syndrome. On the other hand one must observe signs and symptoms (facts) that indicate an identifiable syndrome in the patient so that the appropriate medicine may be found.⁴ This process leads from correct appreciation of what the experimenters express to the correct interpretation of what is expressed by the patient. The way, here, really is that of oral communication. From Bacon to the present time scientific effort has been applied to the exact use of language, thus giving the illusion of a scientific language that has its best form of expression in the language of mathematics, where numbers summarize the quality of measurements in the repetition of facts. In other words; the scientific formulation of experiments must be objective.

To summarize, the clinician is trained to decipher correctly both the physical signs given to his sense during direct observation of the patient and the symptoms given by the patient with reference to his complaint and in his special language. All this is part of the analysis of the expression of the patient’s sufferings. The key to this training can be found in the study of the doctor-patient relationship.
Since the advent of rationalism, with Rene Descartes (1596-1650), the scientific world and, of course, medical thought tend to separate reality (what is real) from man’s experience of the world (what is subjective), giving more importance to physical signs (real) than to mental symptoms (subjective). In his Treatise on the World, which he finished writing in 1663 but did not publish because of Galileo’s sentence, Descartes gives us nevertheless a very interesting paradigm: ‘Words have nothing in common with the things they name and, notwithstanding this, we do not generally distinguish between the one and the other’.⁵

For the clinician, however, there is only one way of knowing his patient’s symptoms, and that is through what the patient himself expresses, the symptoms he complains of, the gestures he makes, and above all the words he uses.

To change the patient's words (verbatim) into scientific words (medical language) calls for serious interpretation (the doctor's theory), and that, precisely, is diagnosis.

Many symptoms are easily dealt with, but difficulties arise with sentiments, affects, passions and emotional reactions. In a word, it is a difficult task to deal with emotions. The concept of emotion leads us, of course, to think of mental symptoms as an important part of human suffering, an aspect that is of concern to the clinician in general and also the bridge between psychiatry, medicine and surgery.⁶ The problem of emotions, even reduced to being the first step on the very complicated staircase of sensitivity to affection, inevitably leads us to the psychosomatic medicine of the twentieth century.⁷

Semantically, emotion is truly a neurochemical complex that leads animals to express their sensitivity, their motility and their glandular secretions; in a word, to react in the face of what is another’s and what is one's own.⁸ Even within the strictest rules of a rationalistic and mechanistic approach we can observe the way in which emotions act on both mind and body. To summarize, let us devise a psychological reductionist schema of affect, beginning with what appears to be most simple: the basic four emotions, love, gaiety, pain, fear, and discontent or anger.

Sensory perception

Emotion

Temperament, humour or character

Affection

Passion

Affect

Add to these in intellect, will, memory, intuition and imagination, and we will be able to draw a diagram of the basis of ethics, morals, and the adaptation of human beings to society, or, better, to culture.

Only in this way can we come to understand a little of the concepts of indignation, mortification and vexation. In conventional twentieth century practice the three concepts are much diluted, in the extreme case to 'stress' in the General Theory of Adaptation set forth by Hans Selye,⁹ or included in the magnificent clinical histories of Viktor von Weizsaecker and

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Arthur Jores of the German anthropological school. Yet they seem too complicated within the tendencies of reflexology. In homoeopathic practice, on the other hand, these concepts are studied as an integral part of Kent's Repertory and an important aid in the identification of medicines that facilitates the return of health. One of these is Delphinium Staphisagria. James Tyler Kent was born in Woodhull, New York, on 31 March 1849 and died in Stevensville, Montana, on 6 June 1916, when he was 67 years old. At the age of 51, on 1 July 1900, he published his most important work, Lectures, Homoeopathic Philosophy in Evenston, Illinois. He was professor of Materia Medica at the Homoeopathic Medical College of St. Louis (from age 32 to 37), Post-Graduate School of Homoeopathy, Philadelphia in 1890-1899 (from age 41 to 50), Hahnemann Medical College and Hospital, Chicago, 1903-1909 (from age 54 to 60), and at the Hering Medical College from 1909 until his death in 1916. In the preface to his Final General Repertory, Kent suggested the reading of paragraphs 83 to 140 or Hahnemann’s Organon and specified:

Write out all the mental symptoms and all symptoms and conditions predicated of the patient’s himself and search the Repertory for symptoms that correspond to these.

Paragraph 98 of the Organon merits careful attention:

It is true that one should above all listen to what the patient himself has to say about his symptoms and sensations and attach particular importance to the way he expresses his sufferings in his own words. If we take them from the lips of relatives or nurses they tend to be distorted and even untrue. Yet on the other hand a high degree of prudence, mature deliberation, knowledge of human nature and delicacy of approach will be required to ascertain the whole true picture, in all its detail, particularly when dealing with a chronic condition.

Finally let us say, definitively, that the Repertory leans more on observations put together by eminent clinicians than on the result of provings done on healthy subjects. It owes its usefulness to the system of cross references to other rubrics. The rubrics carry different semantic weight, however, especially in the ‘Mind’ section; that is, they range from one extreme - the observation of the facts related by the patient or to the patient – to the other - the clinical interpretation of the words chosen to express his sensibility.

Taking just Staphisagria, an example of the one extreme is ‘Throws things at persons who offend’ (page 88), and of the other: ‘Dullness after mortification’ (page 38). Or, if we take Colocynthis one extreme is 'Dullness after beer' (page 38), the other 'Delusions transferred to another room' (page 33).

Taking all is into account, let us examine more closely the rubric 'Indignation, bad effects following' (page 55). Here we find Staphisagria in bold type, Colocynthis in italics, and Ipecacuanha, Nux vomica and Platinum in ordinary type. If we look under 'Mortification' on page 68, we find Colocynthis and Staphisagria in bold type. Under 'Vexation' (page 91) we are referred to 'Irritability and Anger,' 'The first of these, on page 57, has Colocynthis in italics and Staphisagria in bold type, with Staphisagria but not Colocynthis listed under 'daytime', 'morning' (page 58) 'after coition', 'after emission', 'during heat', and 'when spoken to' (page 59). Under 'Anger' (page 2) we find Colocynthis in italics and Staphisagria in bold type, with Colocynthis eliminated under 'ailments after anger, vexation etc.', 'with indignation', 'over his mistakes', 'from suppressed', 'throws things away' and 'violent' (page 3).
It is evident that the two clinical descriptions have become mentally differentiated; this is important not only because of its obvious practical usefulness but also because of its relevance to what I have in previous studies called 'identification of the homoeopathic personoid'. Personality is the ensemble of physical and mental traits of the individual; this ensemble allows the observer to predict the subject's conduct. The 'homoeopathic personoid' would be the ensemble of physical and mental traits seen in provings or observed clinically that allows us to distinguish one medicine from another and apply it correctly in therapy.

In lectures given to doctors and psychologists at the university I have repeatedly stated that there is a dynamic reality in the order of human ideas. To be able to think, one must know how to speak, and to be able to speak, one must know the significance of the words used in everyday as much as in academic language. It is logical to say that everybody expresses himself better in the mother tongue, but it is also true that all languages change with time and the use of words grows or diminishes with the development of new habits, new trends, new technological achievements and particularly with new philosophical, political and religious points of view. In my programme of lectures on 'Criticism of Psychological Systems' at the university I have been using a method called 'doxography' for more than 25 years.

Doxography is a method of historical investigation. To use it, one takes an idea and analyzes it to determine who spoke of it first, in which epoch and under what circumstances, geopolitical or other; in what way the idea is connected with the past. That is to say, who expressed it first, in what language, and what were its later effects on other human beings.

Applying the method to the subject under discussion, imagine James Tyler Kent in his time and his cultural background: a North American physician of the second half of the nineteenth century - white, Anglosaxon and protestant. I thought the appropriate dictionary for this would be the 1876 Webster. As I usually write in Spanish, I compared it with the Etymological Dictionary of Barcia of 1883 and found almost identical similitudes. I also compared it with the 1984 Webster, finding the entry reduced but no major semantic changes. I think Kent took note of the synonyms for Indignation in Webster's Dictionary, that is to say 'Anger' (page 2), 'Ire', 'Wrath', 'Resentment' (page 71), 'Fury' (page 50), 'Rage' (page 70), because some of these words are to be found in the Repertory on those pages. Under 'Resentment' (page 71) Kent refers the reader to 'Malicious' (page 63), 'Irascibility' (page 57) to 'Anger' (page 2). Rage (page 70) appears to be connected with 'Fury' (page 50), 'Insanity' (page 56) 'Mania' (page 63) and 'Delirium' (page 18). In the latter rubric Colocynthis appears in ordinary type and Staphisagria not at all. 'Wrath' is not to be found to the Repertory.

We know, on the other hand, that in Kent's day the medical profession had no intimate connection with the alienists of the time. Emil Kraepelin's classification (1855-1926) did not become generally known until the fourth edition of his textbook of psychiatry came out. In other words, Kent's semantics as to the words Indignation, Vexation and Mortification belong to common sense and not psychiatric language. Add to this the fact that Sigmund Freud (1856-1939) - did not begin his psychological revolution with the discovery of the dynamic unconscious until 1900, in his book The Interpretation of Dreams, and it will be obvious that clinical interpretations and Kent's use of language aim for a common-sense ground, ignoring the complex unconscious phenomena that are part of the usual language today. Twentieth-century clinicians are familiar with words like complex, impulse, regression, dissociation, trauma, and
many others, their meaning relating to the complex world of our repressed desires, childhood traumas and many other variations of psychological ideas. The homoeopath of today must be aware of these things to be able to understand the emotional world of his patients more fully; at the same time he can go on using the items in Kent's Repertory, though in a more precise fashion than before, without disturbing the vast understanding and elaborate subtlety of his penetrating clinical observations.

On this basis we can make some pertinent comments on Indignation, extending them to Mortification and Vexation, within the cultural background of Kent's Repertory and its concepts from the point of view of doxography.

Indignation would be a passion whose real path is the expression of a protest and not its repression. Kent makes us aware of this, for his 'Indignation' rubric (page 55) has the subrubrics 'morning', 'bad effects, following', 'discomfort, from general', 'dreams, at unpleasant' and 'pregnant, while'.

Yet it is around the word 'anger' that the three words we are considering turn. Vexation would be an affect provoked by our desires being crossed, as well as our ideas. Mortification could arise from wounded personal pride or importance, causing, a more permanent change of temper. The expression given to these emotional complexes will however vary with each personality and with different social habits. In North America indignation relates more to paternal disturbances in the family or in society. In South America it relates more to maternal affliction and to a social image of matriarchy.

These very tempting reflections lead to a polemical range of thought that, though most interesting, would pull us away from the clinical intention of this essay.

I therefore want to end with some clinical examples taken from my case records, I am limiting myself to cases where Staphisagria was prescribed, with the only real proof one can have in medical practice, that is, prescription of the medicine followed by the re-establishment of health as it was before the clinical picture developed, identified as a 'personoid' called Delphinium staphisagria. Among two hundred case histories selected at random I found three where Staphisagria had been indicated.

Case No. 1573
A married woman aged 50 was referred by her internist because she was very depressed. She had a daughter aged 26 and a husband who had been ignoring her mentally and physically for the last twenty years. She worked hard and was proud of her Origins. She accused her husband of being irresponsible, ignorant and a drunkard. After unsuccessfully trying to get a divorce when she was 49 she tried to kill herself with an overdose of benzodiazepine which she usually took at night to help her sleep (she had been taking it for the last ten years).

First prescription: Sepia 10M.

She returned a month later with her first relapse, having quarreled with her husband, their daughter, a university student, coming actively between them.

Aurum 10M.
The patient came for psychotherapy once a week and we became aware of her medical aid psychological antecedents. Violent headaches on the right side since youth; repeatedly mortified; did no cry frequently; proud; introvert and always fighting with her mother who she said was like her husband – like two drops of water. The daughter physically and mentally resembled the patient’s father – cultured, intellectual and rich (he had died when the patient was 23 and that was why she had been unable to go to university). The symptoms led us to prescribe Natrum muriaticum with good results for several weeks, during which time the patient did not come to see me because her husband was unwilling to pay my professional fees.

She returned one day, trembling and complaining of urethral burning of micturition. She felt mortified for the following reasons, which she told me, succinctly depicting the drama; her husband had been trying to win their daughter’s love by using the money my patient had saved with great effort and by working for many years, to buy a car (for the daughter) and thus win her admiration without saying where the money came from. My patient had to swallow her enormous fury, not wishing to make matters worse by telling her daughter the truth: ‘Your father is dishonest and a thief’. These circumstance gave rise to the symptoms that led me to give her Staphisagria 10M.

The daughter reported enormous changes at home, ending in her parents separating. I saw the patient again three months later. She was now divorced and I gave her Sepia 10M.

Not wishing to make the story too long, let me end by stressing something I think will be useful to homoeopaths who may read this, I think the principal medicine in this case was Natrum muriaticum, a ‘personoid’ full of grudges and unsociable, with the maternal figure (or image), insomnia, with headaches and a tendency to drug addiction. In short, and to use a metaphorical image, the look is of a tied-up Lachesis.

Against this background confusion crisis showed up, also depression, loss of memory, resentments and cystitis; all of these define an emotional complex that made her feel vexed and mortified and end up very annoyed at her marital situation, feeling herself to be the victim of an attack against her own image as a mother. Her wounded pride and her upbringing did not allow her to show justifiable indignation. The ‘personoid’ was Delphinium staphisagria.

Many years have passed and this woman remembers me with affection and gratitude. She now lives alone with her daughter, who has a university degree. I think the patient will have another outbreak of Staphisagria when her daughter’s fiance decides to marry her.

Case No. 1594

A married woman aged 53 came to see me on the advice of her son, a doctor saying: ‘I have wished for a long time to see a psychiatrist. Ever since I have been able to reason I have been a tormented person. I have suffered a lot, without making it known to others or making them suffer.

‘At the age of 40 I underwent a cancer operation on my right breast; this made me feel sexually inhibited; I tried to appear as if I had overcome this, but the problem got worse after the second operation, a hysterectomy that I had 13 months ago. It was terrible and unbelievably I
resented it much more, especially when I was told I would be given anti-oestrogens. I do not have much faith in psychiatrists, but there are things one cannot talk about with one's son. I want a catharsis.

‘As I am very close to my son, it is difficult for me to hide anything from him. He suffers a lot when he sees me depressed. At the bottom, I am a very weak person. When it starts to get dark I feel sick, I am afraid of the night because then all the problems of my past life come out.

I have a leaning towards killing myself since the day I learned that I had cancer and the reason for the second operation. The surgeon did not tell me anything, only not to be a coward. I said to him: "You have Experience …", and he replied: "You have overcome the other; why not this one"? Then I knew, If I were courageous I would kill myself … I am afraid of death and I have lost my faith a little’.

Afterwards, in a joint meeting with Dr. Esteban Suarez, we took into account the following symptoms; Fear of death, page 44; 'Fear of the dark', page 43; 'Anxiety on walking', page 8; 'Anticipation" page 4; 'Consolation aggravates', page 16; ‘Company, aversion', page 12; 'Desire salt', page 486; 'Thirst at night', page 528; 'Sleep, unrefreshing', page 1255; 'Coition, aversion', page 715, 'Coition, enjoyment absent', page 715. All of these point to Natrum muriaticum and to Phosphorus. We chose Phosphorous and gave it to the patient for a month, going up from 0/6 LM, 0/12, 0/18 to 0/30 LM.

After two months of psychotherapy and improvement, the patient showed an acute picture of Staphisagria, for she had come to understand the problem of her life: her husband was the very likeness of her mother, who had thwarted her ambitions to study medicine and to develop her personality in literature. She felt she was not able to show her indignation over her husband's repeated and hypocritical slights. She thought that the continuous talk between her husband and her doctor son was really an insult to her mental ability and self-esteem. At the same time she resented what she suspected; that they wanted to decide without asking her consent on such intimate issues as changing her mammary prosthesis etc. She was well aware that if she exploded, protesting, she would lose 'what remained of her marriage' and she could not do that to her affectionate and devoted son. She ended up by confessing that she had been throwing things about all mornings and that she had burned a mammary prosthesis.

I gave her Staphisagria 0/3 LM in drops, with direction to take a dropper of them every hour until the bottle was finished. The next day she called me, surprised and happy, to tell me that the urethral burning before micturition had gone, that she had dreamed of her father and that she would be travelling to Europe with her husband to meet her son.

Two years later she sent a friend- who had also had surgery for breast cancer - with a small note saying; ‘Help her the same way you helped me …’.

Case No. 1532

An. artist aged 47 working in advertising came to see me on the recommendation of a ‘Pulsatilla’ I had taken care of. A tall man, delicate, intelligent, talkative and very agitated, with the following history.

Tonsillitis at age 12, cyst of frontal antrum at age 17. Virus hepatitis with relapse after two months at 20. Inguinal hernia on the right side at 45. Married at 24 to his first girl friend who
was 17: 'She was very beautiful and my mother loved her as if she had been her own daughter, but she set her up against my father and me; it was not by chance that they were both neurotics'. They got divorced when he was 35, having had three children and changed both profession and country; the only thing he had kept was his fondness for the musical instrument his father had adored.

He started another relationship with a divorcee who had no children, and brought her to this country a year after. They had been living together for ten years and had a child of eight. She had admitted her sexual frigidity to him and for the past year also her conjugal infidelity, showing indifference in her affections and a great avidity for money. We made the diagnosis Natrum muriaticum on the basis of the most important symptoms: ‘Loquaciousness’, page 63; ‘Love, disappointed’, page 63; ‘weeping, telling her symptoms’, page 94; ‘Forsaken’, page 49; ‘Dandruff’, page 114; ‘Pain head, from spirituous liquors’, page 148; ‘Waking five a.m., page 1255.

He continued his weekly psychotherapy with me and after several months of trying to forget his lover, he found himself in a highly dramatic and definitive situation. To make it short, the woman had left him their little son; one morning she had said to him in front of the child that she despised him as a man and as an artist; she had kept their flat and had let in a new lover who satisfied her amply. My patient reacted with unusual violence and broke useful and also artistic objects during a very intense scene. He threw her out of his studio flat and was still trembling with indignation as he told me, over and again, of different plans and strategies of subtle mental tortures and legal vengeance. ‘On top of it all’, he said, ‘the bitch has left me some venereal disease; I have a burning sensation in the urethra that gets better only when I urinate’. ‘My thoughts are confused, I have loses of memory and, all the more, constantly and overwhelmingly, remembrances of the time when I had sex with that strumpet’.

The prescription of Staphisagria 10M, dissolved in water, was followed by an immediate improvement.

Three months later he said good-bye to me, to go and live in the country; now a young and sporting father, living with his youngest son, having his other children come to stay during the holidays; and exchanging affectionate letter with his first wife.

To finish and reach a kind of conclusion, it may be realized that the ’prudence, mature deliberation, knowledge of human nature and delicacy of approach’ a doctor must have in the highest degree, as Hahnemann says in paragraph 98 of his Organon, becomes all the more necessary in the difficult task of understanding the emotional life of our patients, through the expression, through their expressions. It is a task without which it is not possible to benefit from the Law of Similars.

The Knowledge of human nature’ of the end of the eighteenth and beginning of the nineteenth century (Hahnemann was born in Meissen on 11 April 1755 And died in Paris on 2 July 1843) has since Freud’s discovery of the dynamic unconscious become a more subtle approach for twentieth-century physicians, including also a profound consideration of the hidden mechanisms that direct our actions toward the world that surrounds us, and an interpretation of the multicoloured world symbolism that is the fundamental weft of verbal and nonverbal communication among human beings, in their relation with their own and other people's
suffering, Indignation, for instance, is an affective phenomenon only explainable on the basis of pride, and pride is something that belongs exclusively to the human species.

References

2. Ibid.
10. von Weizsaecker V. El Hombre Enfmo, Barcelona; Luis Miracle Editor 1956.

[From the BRITISH HOMOEOPATHIC JOURNAL, VOLUME 76, NUMBER 3, July 1987; For PRIVATE CIRCULATION ONLY]
2.2 CULTURAL AND AESTHETIC MODALITIES: CRAVINGS AND AVERTION – THEIR CLINICAL VALUE (Some reflections and considerations) - D.R.LIVINGSTON, ME, BS, MFHOM

Mr. chairman, ladies and gentlemen,

I intend to present some of my thoughts about homoeopathy, such a beautiful example of inductive reasoning, the application of which constitutes the most precious of all the arts practised by man. It is interesting to note that it has many analogies with painting.

Nothing ever stands still in life and we should never be complacent. We must strive ever more strenuously in our study of life to enhance our technique. Is there not room for improvement in our use of homoeopathy? Do not our pharmacopoeia and repertory need updating in content and terminology, and amendment to include cultural and aesthetic dimensions which seem to be missing in this timeless but ever changing therapy?

We live in the Aquarian age of transition and confusion, of technical information but lack of true communication, a world in which all our values seem to be in the melting pot while we attempt to sort ourselves out. Against this gloomy picture must be set the enhanced and increased awareness among our young people of the distress, deprivation and unhappiness experienced by so many of our brothers and sisters throughout the world, and their compassionate desire to create a world less pathetically unworthy of the epithet human which they feel that we, their forebears, have helped to produce.

Where do we homoeopathic physicians stand within this scenario? What are our ambitions, our responsibilities and rules of conduct in our efforts to improve the therapy which we seek to provide for our patients? Should we not place ourselves in the homoeopath's mental and intellectual hot seat?

Culture in its widest sense is generally taken to mean the overall manners, customs and morality of people and civilizations, the latter being groups of people conforming to a particular set of rules of living. Individually I consider that culture is to cultivation what knowledge is to information, wisdom to knowledge, scholarship to learning, maturity to experience and patina to an Old Master. In both instances the name of the game is imitation and emulation. In short, adherence to the great law of similarity which also governs our homoeopathic practice. Indeed, our whole lives, spiritual and physical, are guided and controlled by this law.

Ironically, our microchip and carbon-fibre computerized, synthetic age with its ever smaller gadgets runs parallel with the infinitely small doses which homoeopaths have for so long used to such beneficial effect in treating our patients to the bewilderment and disbelief of our colleagues. It is thus extraordinary that the majority of the population does not yet accept our therapeutic methods without question.

The sensitivity of writers, poets, philosophers, painters, sculptors, dramatists, musicians and actors is quite different from that of hewers of wood, drawers of water, agricultural workers and sportsmen. Our social hierarchy, ethics and tastes are closely related to these distinctive categories within our civilization. I firmly believe that, subliminally, we – as homoeopathic
investigators – are deeply influenced by such variations and distinctions in our lives and background extreme hard though they way so often be to identity or even suspect, hardly noticeable perhaps in their subtlety.

Nevertheless, to my mind these influences are exceedingly important due, as they are, to our own individual national, racial, religious, social, family or professional prejudices -- often imperceptibly inbuilt from our earliest days. We must do our best to recognize this and balance it in our dealings with our patients. ‘Physician heal thyself’ and ‘Know thyself’ are ancient, wise injunctions which we neglect at our peril and that of our patients.

Though intuitive, indirect and implicit, the value of subjective modalities is in no way diminished. It is even perhaps enhanced, providing flesh for the skeleton upon which we habitually depend for prescribing when using normally accepted modalities. Perhaps the analogy here would be the throwing away of the baby with the bath water. It is essential that we take into account the subjective and sensitizing effects all around us. In this respect our establishment colleagues make a great mistake in not recognizing how important our methods are – or even being aware of them regarding them as valueless if they cannot be quantified, weighed, measured, calibrated and repeated as 'evidence of proof.

In practice, it is these very same vague impressions which provide the extreme reliability of homoeopathic medicine. We alone among physicians recognize that it is the modification of clinical symptoms by environmental factors which give the vital clues to what are otherwise insoluble problems and provide us with the power to exploit them therapeutically.

At present there is an imbalance in our cultured respect for physical and vegetative modalities as opposed to those related to our emotional, subjective, fantasy and dream lives which, by their very nature, are more difficult of clear definition and thus more difficult to 'rubricate' (to coin a phrase). This is not a good reason, however, for not trying and experimenting clinically. Life is full of surprises and contrasts which cannot all be known to the homoeopathic investigator, but, like Hahnemann, my contention is that the more we know the better, in all fields of human feeling, thinking and endeavour.

I should like to think that the repertory might with great advantage be extended, and improved, not only by updating its terminology to conform with modern ideas and activities but by the addition of rubrics for cravings and aversions such as inclinations or disinclinations towards music, opera ballet, classical lieder and jazz; literature either as prose or poetry; visual arts under the headings of printing, sculpture, architecture; philosophy; sports and entertainment. In these fields there exists the opportunity for a vast field of clinical research which might lead to much improved prescribing.

To these rubrics might be added another indicating the predominant manner in which our patients respond through their eyes or ears in interpreting the written word. For instance, I am aware that, when I read a sentence, I have to transmit it through my sense of hearing rather than directly visually before it makes sense to me.

Self diagnosis, let alone self treatment, is notoriously difficult. Let me present myself as a model, deeply influenced in my emotional and educational upbringing, as I was, by my mother; a model for whom the best therapy is love of family and friends, laughter and music and whose
cultural and aesthetic affinities are with literature, philosophy and the criminal mind. My favourite authors are Balzac, Somerset Maugham and Robert Louis Stevenson; my favourite composers Beethoven, Mozart, Offenbach and W.S. Gilbert. Put on a record of Beethoven, Mozart, Haydn, Johann Strauss, Scott Joplin or Louis Armstrong and I am immediately in tune with these great personalities who carry me away into present joyous fairyland. My favourite painters are Rembrandt, Sir John Millais and Corot. I am different or hostile to Chaucer, Bunyan, James Joyce, Shostakovitz and Wagner. My favourite colours are purple and green. I leave it to you to speculate whether myself selected constitutional remedy is Sepia. All I know is that that wonderful medicine coupled occasionally with poorninum and alternated with occasionally helped me through most of my minor afflictions so far.

I suggest that it is important to ask our patients about their tastes and interests in the cultural fields. Some people, for instance, may be good at cooking but dislike this activity. This curious anomaly might usefully serve as an indication for bizarre Ignatia and added to a 'strange, rare and peculiar rubric'.

If it be true, as I contend, that there is no smallest part of our being which cannot provide vital clues to the whole of our personality, providing we are looking for it, then the face and its expression with its infinite modulations constitutes an important contribution to the portrait of our patients, just as do the sciences of reflexology and iridagnosis. How many useful clues about the cultural heritage and development of our patients can we not observe in this way? Hahnemann's head with its huge domed forehead gives us a shrewd perception of his immense intellectual capacity; and his facial expression shows the great sensitivity and nobility of his character. By contrast, consider also our present drug and wayward sex sub-culture which has killed such poor unfortunate AIDS afflicted people as Rock Hudson and Liberace with their characteristic terminal withered, haggard, cachetic tormented expressions.

Once upon a time, before the days of modern research of laboratories and synthetic medicine, physicians depended far more on their God-given senses for achieving their clinical decisions. They felt the patient's skin, tasted and smelled his urine, judged his or her complexion and demeanour by methods not given to clear classification, yet exceedingly clinically valuable and reliable.

Can what we know of the lives of great men and women from their writings and work, their portraits, their medical and surgical history, provide us with any useful information about their likely constitutional remedies and, more important, can they reach us to improve our technique by seeking whatever correlations and correspondences we may find as a result of such a study to confirm, deny or endorse our earlier conclusions derived from more usually applied criteria and modalities?

Let us not forget that we already have a number of fairly clearly defined conceptual images dependent on such intellectual or cultural modalities. Some of these are outlined by Leon Vannier who has a lot to tell us in Homoeopathy, Human Medicine in the way of personality classification. Bacillinum, with its love of music, its obstinacy and its cosmopolitanism is an example. Another is Lycopodium with its drawn expression and its intellectual bent and tendency for young people needing this remedy to appear to be in a higher
social bracket than their parents. Phosphorus, elegant and emotionally sensitive and delicate, parodying Oscar Wilde and his coterie, Gilbert's 'Greenery gallery, Grosvenor gallery, foot in the grave young man' is a further illustration.

Other medicines sensitive to music are Tarantula hispanica and Natrum sulph, each in its respective way Natrum sulph, so readily affected by sad music, Tarantula with its urge for wild frenetic dancing.

Blindness, deafness, cancer, tuberculosis and syphilis have been the lot of many millions of people down the ages. One might say that no one can avoid running the risk of becoming infected by one illness or another; Nevertheless, a case could be made out for the proposition that certain types of people are more susceptible than others, both physically and mentally, to one, or combinations of such afflictions.

Modern typology has confirmed much of the ancient wisdom in determining such categorization which can often be reliably detected on sight. Dr. Leon Vannier's classification of patients into carbonic, phosphoric and luetic is familiar and immensely useful to all of us. Sheldon's meso, endo, and ectomorphic analogies and those of Freud and Jung are also familiar to all doctors whether conventional or homoeopathic. All such categories tend to dovetail and interpenetrate harmoniously with each other and in a rational manner. The more of them we use in daily practice the better our diagnostic and therapeutic conclusions will be.

Illness itself can, in this context, represent a cultural modality, as we heard yesterday from Dr. Twentyman in his scholarly, historical review of the syphilitic, tuberculous and cancerous stages through which our civilization has passed since the fifteenth century: emerging now into our present global and frightening AIDS-oriented stage.

In my opinion, our most pressing and immediate practical difficulties today lie in obtaining reliable source material in which to make an AIDS nosode for widespread prophylactic availability. What about another pilot study from Dr. English or an enterprising Liverpudlian? I also think that it should be publicly recognized that we are trying to do something constructive in this matter.

Finally, can visual portrayal of personality be of benefit in fitting a medicine to a patient? I definitely think it can, particularly when we consider points made by Desmond Norris in his book Man Watching in which he observes and interprets a wealth of body language which we tend to ignore or discard as valueless and unscientific. I do not think that we can afford to do this.

It is my hope that these reflections may stimulate further thought and clinical research in an effort to improve Kent's invaluable Repertory.
2.3 SYNONYMOUS RUBRICS IN KENT'S REPERTORY; INCONSISTENCIES - K.H. Gypser

Kent's repertory is used internationally and mostly. It has not, however, undergone a thorough revision which is very essential. Of course ever since the publication of the second edition in 1908 it has been revised with every new edition but careful corrections have not been done. The corrections of Gladwin and Pugh have not improved much as also the new editions of Sandhu and Schmidt/Chand.

To highlight some of the many inconsistencies and errors, following synonymous rubrics have been examined and it has been found that the remedies and their gradations in one rubric do not agree with the other synonymous rubric. Some rubrics only have been chosen and given hereunder to highlight these.


MIND, Unconsciousness, alternating with convulsions, p.89: Agar.


FACE, Heat, cold feet, with, p.377: Acon., Gels., Ign., Samb., Sep., STRAM.

EXTREMITIES, Coldness, foot, hot face, with, p.966: Acon., Asaf., Cocc., Gels., Ign., Ruta, Sep., STRAM.

ABDOMEN, Pain, alternating with pain in chest, p.557: Aesc., Ran-b.

CHEST, Pain, alternating with pain in abdomen, p.845: Aesc., Ran-b.

RECTUM, Diarrhoea, alternating with eruptions, p.612: Calc-p., Crot-t.


EXTREMITIES, Pain, rheumatic, alternating with diarrhoea, p.1048: Cimic., Dulc., Kali-bi.


CHEST, Pain, heart, alternating with rheumatism, p.852: Benz-ac., Kalm.
EXTREMITIES, Pain, rheumatic, alternating with pain in heart, p.1049: Benz-ac.

This brief examination clearly shows that where rubrics whose titles are identical do not contain the same remedies and where they do, their grades are not identified. It is therefore to be considered whether different value is to be given to the grades other than what Kent’s pupils have so far propagated.

[From the “zeitschipt fur KLASSISCHE HOMOOOPATHIE, BAND 31/1987]
2.4  **CORRECTIONS TO THE REPERTORY - A.Wegener**

**BORAX and BOVISTA**

* Borax (wrongly given instead as Bovista)

**HEAD, Pain am while walking in open air, p.151: Bov.**

- Bovista: verification of source: negative.
- Borax: "A pressing pain above the eyes, quickly passing while walking in open air" (HT, p.309, No. 10)

**EYES, pain, burning, afternoon; p.253: Bov.**

- Bovista: verification of source: negative.
- Borax: "Pressive pain, burning in the right eye, in the afternoon (EN, p.197, No. 68)

**STOMACH, aversion, tobacco, p.482: Bov.**

- Bovista: verification of source: negative.
- Borax: The enjoyment and desire to smoke passed away. (HT, p.311, No. 43)

**ABDOMEN, pain, bending double, am; p.557: Bov.**

- Bovista: verification of source: negative.
- Borax: "Pinching constrictive pain in the abdomen above the hand, so that she is obliged to bend "double, then it ceases; daily in the morning for five minutes". (EN, p.202, No. 249)

The above two errors are found in Knerr's Repertory also.

**CHEST, eruptions, white pimples with red areola; p.830: Bov.**

- Bovista: verification of source: negative.
- Borax: "Whitish pimples, as large as flaxseed, with areola, on the chest and throat, as far as the nape of the neck". (EN, p.207, No. 425)

**CHEST, eruptions, white pimples with red areola; p.830: Bov.**

- Bovista: verification of source: negative.
- Borax: "Whitish pimples, as large as flaxseed, with areola, on the chest and throat, as far as the nape of the neck". (EN, p.207, No. 425)

**EXTREMITIES, heat, leg; p.1012: Bov.**

- Bovista: verification of source: negative.
- Borax: "Numb sensation with heat in the left lower legs". (EN, p.206, No. 402)

**EXTREMITIES, inflammation, leg, after dancing; p.1019: Bov.**

**EXTREMITIES, swelling, feet, after dancing; p.1201: Bov.**

- Bovista: verification of source: negative.
- Borax: "erysipelatous inflammation and swelling of the left leg and foot after violent dancing...". (EN, p.206, No. 401)

**EXTREMITIES, pain, toes, when stepping; p.1081: Bov.**

- Bovista: verification of source: negative.
- Borax: "Pain in the joints of toes of the left foot on stepping, as if something pressed-them" (EN, p.206, No. 410)

**SKIN., ulcers, suppurating, p.1336: Nov.**

- Bovista: verification of source: negative.
- Borax: Old wounds and ulcer. are inclined to suppurate". (EN, p.207. No. 433)
"The crusts of the existing ulcer falls off with the linen where it was adhering to and dry and now it is secreting pus". (HT. p.318, No. 84)

Bovista (wrongly given instead as Borax)
HEAD, pain, from light, in general: p.141: Bor.
Borax: verification of source: negative.
Bovista: "Confusion and heaviness in the occiput, with inclinations of the lids to fall down, and feeling as if the eyes would be drawn backwards, especially in a bright light, in the evening …"
Conditions - Aggravation - "Evening, stitches in the side of vertex; especially in bright light". (EN, p.228)
FACE, heat, during chilliness; p.376: Bor.
Borax: verification of source: negative.
Bovista: "Chilliness with glowing heat of the face. (EN, p.227, No. 649)
CHEST, heat; .834: Bor.
Borax: verification of source: negative.
Bovista: "Oppression and heat in the chest, which rises into the head". EN, p.222, No. 433)
"Frequent heat and oppression of the chest, so that he was obliged to b uncovered, whereupon he felt better". (EN, p.227, No. 656)
CHEST, coldness, must wrap up the chest; p.825: Bor.
Borax: verification of source: negative.
Bovista: "She was constantly chilly on the uncovered parts, on the neck and chest, and obliged to bind clothes about them. even at night". (EN, p.227, ho. 637)
CHEST, pain, stitching, middle; p.867: Bor.
Borax: verification of source: negative.

Bovista: Stitches first in the middle of the chest, then in the right hypochondrium, and afterwards in the left. (EN, p.222, No. 438)
EXTREMITIES, itching, forearm, anterior part, p.1022: Bor.
Borax: verification of source: negative.
Bovista: "Burning itching on both the forearms in the region of the pulse, not relieved by scratching in the evening". (EN, p.226, No. 610)
EXTREMITIES, lameness, fingers; p.1032: Bor.
Borax: verification of source: negative.
Bovista: "Very sensitive boring sticking pain beneath the elbows, on the margin of the radius; it extends to the fingers which become lame on account of it, for two minutes". (EN, p.223, No. 492)

AMBRA AND AMMONIUM BROMATUM
Ambra (wrongly given as Ammonium bromatum)
MIND, company, aversion to presence of strangers; p.12: AM-BR.
Ammonium bromatum: verification of source: negative.
Ambra: "Frequent urging, no stool; this gives her a good deal of anxiety; during this time the neighborhood of other people was intolerable to her". (EN, p.243, No. 219)
Ammonium bromatum (wrongly given as Ambra)

EYE, redness, morning; p.264: Ambra.
  Ambr: verification of source: negative.
  Ammonium bromatum: "In morning, eyes red and sore with white mucous, in corners, left eye worse. (EN, p.257, No. 16)

NOSE, discharge, watery; p.333: Ambr.
  Ambr: verification of source: negative.

Ammonium bromatum: "Occasional discharge of watery fluid from left nostril". (EN, p.257, No. 28).

THROAT, mucus, white; p.457: Ambr.
  Ambr: verification of source: negative.
  Ammonium bromatum: "White, thick mucus in throat". (EN, p.257, No. 44)

STOMACH, coldness; p.482: Ambr.
  Ambr: verification of source: negative.
  Ammonium bromatum: "Sensation of hot air passing up throat, on right side, though stomach feels cold". (EN, p.257, No. 55)

SOMACH, emptiness, evening; p.488, Ambr.
  Ambr: verification of source: negative.
  Ammonium bromatum: "During afternoon and evening, sensation of tainting or suffocation, beginning at the epigastrium and rising on both sides of sternum to throat, causing him to sigh and walk around the room; feared he might die". (EN, p.258, No. 80).

HAEMORRHOIDS, p.619" Ambr.
  Ambr: verification of source: negative.

HAEMORRHOIDS, hard, p.620; Ambr.
  Ambr: verification of source: negative.

RECTUM, pain, soreness, p.628= Ambr.
  Ambr: verification of source: negative.
  Ammonium bromatum: "An old haemorrhoidal tumour, which had not appeared for some time returned, and was quite hard, sore and very small, but soon disappeared". (EN, p.258, No. 85)

SARRACENIA PURPUREA AND SARSAPARILLA

Sarracenia purpurea (wrongly given instead as Sarsaparilla)

MIND, Forgetful, p.48; Sars.
  Sarsaparilla: verification of source: negative.
  Sarracenia purpurea: "Find it difficult to concentrate the attention; forgetful. (EN, p.514, No. 6)

MIND, Idiocy, p.53: Sars.
  Sarsaparilla: verification of source: negative.
  Sarracenia purpurea: "Idiotism". (EN, p.518, No. 4)

MIND, Memory, weakness of, p.64: Bars.
  Sarsaparilla: verification of source: negative.
  Sarracenia purpurea: "Brain very dull and memory poor, at 9 P.M. (EN, p.514, No. 5)

NOSE, Discharge, yellow-green; p.333: Sars.
  Sarsaparilla: verification of source: negative.
Sarracenia purpurea: Smell and Nose: Foul-smelling, green-yellowish or bloody discharge". (GS, p.223)

GENITALIA--Female, Pain Ovaries, p.731. Sars.

Sarsaparilla: verification of source: negative.

Sarracenia purpurea: "Violent spasmodic pains in the ovarian regions, especially on the right side (EN, p.522, No. 209)

Sarsaparilla (wrongly given as Sarracenia purpurea)


Sarracenia purpurea: verification of source: negative.

Sarsaparilla: “When swallowing, a pain in the throat; a feeling of rawness on the larynx, a pressing sensation moving about in the larynx with a cough at night and in the morning, …” (EN, p.531, .No. 235)

BLADDER, urination, frequent, before menses, p.658: Sarr.

Sarracenia purpurea: verification of source: negative.

Sarsaparilla: "At the onset of menses, soreness in the bend of the right hip and urging for urination. (EN, p.1334, No. 341)

EXTREMITES pain stitching. joints, on motion, p.1138: Sarr.

Sarracenia purpurea: verification of source: negative.

Sarsaparilla: “Stitches .in joints of arms, hands and fingers, on motion. (GS, p.239)

EXTREMITIES, Weakness elbow, p.1221: Sarr.

Sarracenia purpurea: verification of source: negative.

Sarsaparilla: "Paralytic weakness in the joints of elbow". (CD, p.1337, No. 416)

SLEEP, Yawning, p.1256~ Sarr.

Sarracenia purpurea: verification of source: negative.

Sarsaparilla: "Frequent yawning with lachrymation of the eyes, or in the forenoon with shuddering”. (CO, p.1340, No. 508)

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EN: The Encyclopaedia Of Pure Materia Medi.ca by T.F.Allen.
HT: Annalen der homoopathischen Klinik by Hartlaub C.G.C. & Trinks, C.F.
CD: The Chronic Diseases by Dr.s.Hahnemann.

(From the Zeitschrift fur KLASSEISCHE HOMOOPATHIE" Band 31/1987 and 32/1968; for PRIVATE CIRCULATION ONLY)
2.5 BOOK-SHELF

(A review of some books recently published)

HOMOOPATHIE – PSYCHOSOMATIC – PARAMEDIZIN,

An extremely interesting book by an internist who has concerned himself with studies of other alternative medicines and medicine history since decades. The work lays open new horizons.

The author discusses homoeopathy in the light of Paracelsus-Hahnemann mythic origin. When examined so it touches what today are called as “occult” or "esoteric". Paramedicines: Astrology, Anthroposophy, physiognomy, Semiology, Eye diagnosis, Signatures, Radiesthesia, Psychotherapy all are discussed besides homeopathy. The therapeutic range of these are also discussed.

The author is not, however, attempting to blend homoeopathy with any of these ‘para-medicines’. He clearly shows the individuality of homoeopathy. The relationship of Anthroposophy to homoeopathy is clearly stated: “Rightly Rudolf Steiner says that one would like to practice Anthroposophy must develop a meditative method which will not require the modern “gurus” with their ‘initiation’ but which requires a logical-disciplined thinking”. Dr. Schmeer further says “as a product of his time Hahnemann rejected almost everything which are now called “occult” and also the Signature theory and Macro-Micro-cosmos-idea of Paracelsus.”

In the first chapters Dr. Schmeer gives the differential diagnosis of Neurosis: Hysterical neurosis, Compulsive neurosis, Depressive neurosis and schizoid neurosis. Some of the relevant rubrics from KENT in respect of each of these type of neurosis are also mentioned:

e.g.: Hysteric neurosis: 'torments everyone with his complaints' (hysterical craving for appreciation by others) (p.89); 'want of moral feeling,' (p. 68); 'Nymphomania' (p.68); 'building castles in the air' (p. 69, 87); 'complaints from disappointed love (does not realise own mistakes) (p.63) etc. etc.

2. Compulsive neurosis: 'constant feeling as if he has forgotten something' (p .49); 'washing hands constantly' (p. 92); 'counting constantly' (p.17); 'conscientious about trifles' (p.16 ); 'fear about future' (p.45); 'fear about financial ruin' (p .46); 'fear about his status in Society'(p .47); 'fear that he would be devoured by animals' (p.44); 'fear that he would be murdered' (p .46) etc. etc.

3. Depressive neurosis: 'Helplessness' (p.51); 'Cares, grief' (p.40, 50); 'weary of life' (p .92); etc., etc.

4. Schizoid neurosis: 'aversion to those around’ (p.9); 'Abrupt' (p.1); 'Fear of being touched' (p.47); 'Aversion to company' (p.12); 'Sensitive to noise ' (p.79); etc., etc.

Dr. Schmeer says that "homoeopathy is, in a wider sense, also psychotherapy". "It is not well-known that Hahne mann has treated Neurotics and has said about the limitations of homoeopathy therapy in respect of these diseases in paragraphs 225, 226 and 227 of the Organon. Hahnemann’s advice in rearing children (vide "Handbuch furMutter oder Grundsätze der ersten Erziehung del Kinder" - Hand book for mother or basic principles for educating children) - is quoted.
Examination of neurotic patients, how to choose the homoeopathic remedy etc. are then discussed, briefly and clearly: Completing the homoeopathic anamnesis by interrogation, e.g. "aversion to those around": by anyone special? What are you afraid of? Have you suffered previously in this? When was your first disappointing experience? etc. etc. “castles in the air”. How do you view about what are you thinking? Do you dream of it? What is peculiar about it? Etc.

Regarding remedy diagnosis: If the neurotic symptom is pathognomic it should not be used for remedy choice. In purely psychoneurosis we have to analogous to Jahr’s advice, book for the ‘peculiar physical symptoms and in organ neurosis the peculiar mental symptoms. Dr. Schmeer narrates his cases.

Next follows the chapter Astrology at the end chapter we find the Horoscope of Hahnemann, cast by the swis astrologer Heinrichskandigvand the various aspects of it are discussed briefly.

Next chapter is on ‘paramedicines’-signature, Semiology, Eye diagnosis, Radiesthesia, Psysiognomy, Psychotherapy etc.

In the following 56 pages Dr. Schmeer has dealt with the signatures(homoeopathic) of five remedies. Vis., Sulphur, Calcium carbonicum, Phosphous, Arsenicum, Magnesium and Ferrum. These are of very great values.

The following additions to Kent KENT are also given by Dr. Schmeer: LIE (P.62)

KLEPTOMANIA: Manganum(p.61)

A highly interesting and fascinating book with completely new views from different angles. Of course of very practical value.

INDIAN HOMOEOPATHIC DIARY, edited and compiled by Dr. Anil Kumar Katiyar, published by H.K.Publications, 211, H-1, Kidwai Nagar, Kanpur-208 011, 228 pages, Rs. 50/-

This ‘Diary’ seems to by a new venture. It has been attempted to furnish state wise details of homoeopathic educational institutions, history of homoeopathy, the ‘Drugs And Cosmetics Act and Rules (Homoeopathic)’, CCRH Centres in India; List of homoeopathic Councils and their addresses; list of homoeopathic associations; homoeopathic pharmacy rules, manufacturers; homoeopathic journals published in India with the addresses of the publishers; the different book publishing houses and their addresses; etc. etc. The dates from which homoeopathic act came into the different states in India and the last date after which registrations (under Class B) were closed have also been given. Attempt has been made to make the information as complete as possible.

The state-wise information of the origin of homoeopathy and status etc. have been sketched by the eminent homoeopaths of the respective states, e.g. Dr. S.R. Wadia for Maharashtra, Dr S.P. Koppikar of T.Nadu, Dr, P.S. Krishnamurthy for A.P. and so on.

A brief essay on the origin of homoeopathy in India has been given by Dr. O.P. Jaggi.

Some of the data appear few years old, some up-to-date.
A very useful publication, perhaps the first of its kind where almost everything concerning homoeopathy is made available. It would be more useful if it updated and printing errors are minimized in the next edition, and the general get-up improved.

(Dr. K.S. Srinivasan, Madras.)
2.6 FEED BACK

The more one reads Pierre Schmidt, the more one’s confidence in homoeopathy (not faith) grows. Here was a man who rejected anti-tetanus injections after one tragic result after A.T. S. His treatment of the-about-to-be-destroyed dog with a few homoeopathic drugs in the high potency - no matter 10 M, even - 30 C or 200 C is only Placebo according to the 'scientific' fraternity. Molecules and Avagadro's number are the ultimate scientific principles for them.

(Linn Boyd, Otto Leaser, Hughes, and Renner)

So when a three year old 'Mongol' female child who does, not react to noise, light, with no speech, cannot even chew or grasp a toy cannot sit or stand, made a journey by air from Agra to Hyderabad in the middle of May 1988, she landed with severe and incessant crying as if in great pain. The mother observed that the child was putting her finger in the ear and thought it had ear-ache. With nothing else to go by and no specific tenderness elicited around the ear, she was put on capsicum-M,3 doses at 15 minutes intervals. The crying of nearly 24 hours had ceased completely in less than one hour. Analysis: Pain in the ear drum caused by varying cabin pressured on a long air journey. Earlier, older patients who had experienced pain in the ear by air travel were free of pain under capsicum-200 travelling from Bombay to New York and Bombay to Hong Kong. One patient who forgot to take the medicine bottle on a flight suffered pain, but was free from pain on latter flights after taking capsicum.

A recent totally unconscious serious head injury patient made a full recovery after Arnica, Opium and Nat. Sulph in 200 C and M potencies were pushed between his lips in his unconscious state. Some Placebo these:

Re. Imbrecht's repertorial exercises, one was left wondering if 36 or more rubrics lead to any result other than Nux. (in this case 36 rubrics were used). It was surprising that Argentum Nitricum did not figure at all in the first anamnesis, though some of the most striking, singular and peculiar symptoms unique to Arg. N. alone were manifested. Why Dysco (Bach) was not thought of or given is another wonder. It is true that even updated Kent’s repertories have fallen to highlight ‘Dysco’ in any degree, ‘Dysco’ has the following symptoms of the case very well marked “Tense, nervous; full of fears; lacks confidence; apprehensive - worried over trifles, unable to cope, restless, fussy, depressed, extreme exhaustion (Elizabeth Paterson) – Nervous tension, mental uneasiness - anticipatory, anxiety, hypertensive to criticism (Paterson). The most interesting aspect of the case however is that Anacardium the finally chosen curative medicine is in the list of associated remedies given by Paterson under Dysco. What price mere mechanical repertorisation! Would ‘Dysco' as the first prescription or interpolated Arg. N. have brought out the schizoid element earlier. or would have even cured him completely without the need for Anacardium?

REG.: MEASLES

From the March 1988 Digest 'feed back' it appears that my 'feed back' on 'Measles in the December 1987 Digest has been read with attention. But some errors in my presentation have passed unnoticed. As the need is for self-correction to keep the science true, the following addenda is submitted:
Catarrhal stage: Bluish white specks on a red base, small and irregular (Koplik spots) appear before the rash and fade away a few hours after the rash appears.

They occur over buccal mucous membrane opposite to molar teeth best seen in daylight. (Note: These are probably the indications on which our untutored old women predict a 'Measles' attack during this stage).

The earliest manifestation of the rash is behind the ears, and on forehead spreading rapidly over the face and neck downwards over the trunk reaching to lower limbs after 48 hours”.

The above may be substituted for the relevant portions in the published note.

Dr. D. Lakshminarayanan
14.6.1988
1-2-217/7 G’Mahal Road,
Hyderabad.
2.7 NEWS

The Indian chapter of Asian Homoeopathic Medical League is organising the “First Congress of the Asian Homoeopathic Medical League” on 28th, 29th and 30th October 1988 at Mavalankar Auditorium, Rafi Marg, New Delhi. The main subjects of the congress are:–

1. Platina and its comparative remedies,
2. Rare remedies with clinical evaluation,
3. Skin diseases (with clinical cases),
4. Homoeopathy and Child Health Care,
5. Research in Homoeopathy and
6. Computers in Homoeopathy

The congress would be attended by eminent homoeopaths and a large number of delegates from Asian and other countries. For further details and registration, please write to

The Organising Secretary,
First Congress of the A.H.M.L.,
37, South Anarkali Extension,
Delhi – 110 051.
Dear Doctor,

The 'theme' for this number is Materia Medica including Provings.

New remedies have been studied in this. It is for the Profession to make use of the remedies and report clinical experiences.

However, there seems to be a major draw-back in the trial of new remedies and indeed some 'old' remedies too. It is the 'non-availability' of these remedies. It is unfortunate that homoeopathic pharmacies in India do not stock these remedies. When the 'provings' of SCORPION, NATRUM FL. were given in our earlier numbers, many wanted to know the source of the remedies. I can only say that these are procurable from NELSONS of London. Indeed it is NELSONS who stock all the BOWEL NOSODES also from 6 to CM potencies. Perhaps a few homoeopaths can join together and obtain (import) some quantity which can be shared by all of them.

May I invite your attention to the 'column' 'FEED-BACK'? This column is for the members/readers of our DIGEST to convey their own 'experiences' in the light of the articles in the DIGEST, especially clinical experiences. Do communicate. Please be brief and to the point; not lengthy essays or articles.


Yours sincerely,
K.S. SRINIVASAN
1253, 66th Street,
Korattur,
Madras 600 080
3.1 **FRANCISCEA UNIFLORA** - H.P.J.A Mass

Today, I will show you a patient, whose complaints have been ameliorated by a drug, which has not yet been proved.

At the end of August '82, I saw for the first time in my surgery Mr.J.R., born 11-1-'48. He is a nurse and as such working in a nursing-home. He was much worried about his future. Doctors had told him he was suffering from the Bechterew-disease. The rheumatologist had prescribed butazolidin, 4 times a day, 100. On taking this quantity, he got stomach-ache, therefore he reduced himself the total dosis butazolidin unto 200 mgr. a day. Regular blood-examination had been done on account of the total number of granulocytes. However a lower level of granulocytes was proved, one still could speak of a low-normal. In August '82 the ESR was 30 m.m. after one hour.

The pains the patient suffered from, were localised in the chest-wall, he was stiff all over, especially rising from bed every morning was a big problem; in the evening he was worn out. He used to sleep on a hard bed; changes of the weather were of no influence, only in the autumn there was an increase of pain. At the age of twelve his tonsils had been extracted; there was a regular teeth-control.

On his nineteenth he underwent a lumbar back operation, a supposed hernia nuclei pulosi or perhaps the beginning of the Bechterew-disease. No-one in his family was suffering from rheumatic arthritis or the Bechterew-disease. Asking for details, he could neither mention anything important concerning the various facts of functions of the body nor remarkable points of his mental state.

His heat over body was quite normal. Physical examination did not disclose special symptoms.

Physically he looked like a calcium-carbonicum-type.

The modalities: stiffness agravated after sleep, starting pains at the beginning of motion. I prescribed rhus tox D30 3 times a week and advised him to continue physiotherapeutic treatment.

November '82 he returned and his complaints had not changed. I added to the former prescription Calcium carbonicum D30, also to be taken 3 times a week, with Rhus tox D30 alternately.

On seeing him in March '83, he told me that a repeated thorax-sacan, in January '83 was very active and that he had much pain in the os sternum. Each movement was painful, deep respiration in particular. Because I could not find more symptoms, Bryonia D6 was prescribed 3 times a day.

In June '83 he revisited me for checking his condition. Once more there was no change. Every day he had to use 4 butazolidin-dragees because of pain all over the body. I tried to find some new or changed modalities or other symptoms concerning the total patient: nothing was found. Especially the thorax-muscles caused him much pain.

Then I remembered a publication of Raspe (5). On page 147 he mentioned very briefly Franciscea uniflora, possibly a drug, which might favourably affect the Bechterew-desease. So far nobody had tested the activity of this plant.

Nevertheless I prescribed this drug in the D3 potency, fifteen drops three times a day.
Revisiting me in March '84, my patient was very enthusiastic. He was feeling very well during this last half year because of a decrease of pain. Instead of butazolidin every day he had taken only 30 dragees over half a year, however with a daily dose of 45 drops Franciscea uniflora D3.

Also the rheumatologist was satisfied and surprised. The thorax-scan appeared to be much better than before. Since there was no progression of "bamboo spines" at all, as could be expected, but a decrease instead, he wanted to continue with the drops.

Thus decided he promised to come back within a year, unless his condition would change unfavorably.

December '84 I called him and he was very content. What can we find in literature about this drug and where can we find it?

In the European literature we can hardly read more than half a page about Franciscea uniflora. O. Leeser (4) mentions in "Pflanzliche Arzneistoffe" on page 697 about this plant:

I Botany: Franciscea uniflora is a plant, which mainly occurs in South America, especially in Brazil.

One uses the fresh root (mother tincture) in Native art of curing:

The people of Brazil use this drug as a diuretic, emetic and abortive remedy.
In particular it was recommended against scrophulus, rheumatism and syphilis. One speaks of the "vegetable mercury".

III Chemistry:
The root contains the alkaloid manacin C_{22}H_{32}O_{10}N brunfelsin and manacin C_{15}H_{25}O_{16}N_{2} and the cumarine derivative scopeotic, brunfelsin and manacin C_{15}H_{25}O_{16}N_{2}.

IV Drugproof: No provings
V Drugpicture: No provings
VI Homoeopathy: No provings

On page 295 of Boericke's (1) Materia Medica we only read five lines about this drug:

"Chronic stiffness of the muscles, gonorrhoeal rheumatism, syphilis and rheumatism, great heat over body, much aching better sweat. Pain in back of head and spine; band-like feeling around head. Pericarditis with rheumatism, Rheumatic pains in feet and lower part of legs. Urine contains uric acid."

Leeser says: "the rheumatic pains improve by sitting."

Sweating and sitting means in German: "Schwitzen" respectively "Sitzen". Did Leeser (4) by copying probably wear the wrong classes? Voisin (6) and Clarke (2) mentioned similar indications as Boericke (1).

After the spectacular improvement of my patient I used this medicine with the following results by some more clinical diagnosis:

1. Arthritic urica: one patient who needed 300 mgr. zyloric (allopurinol) a day changed this medicine for Franciscea uniflora D3, 3 times ten drops a day.
   
The uric acid in blood remained normal.
   
Observation time: more than one year.
Up to this moment he had not had any attack of gout.

2. Arthritic nodosities with severe pains and deformities of the finger joints. During the last year I treated 4 patients who did not improve with other drugs.
With Franciscea uniflora all pains disappeared, but there were no changes of the deformities. The patients were happy, since they could use their hands and fingers without pain.

3. Disease of Bechterew: 2 other patients.

One was a very old case. The disease existed for more than 25 years. This patient did not improve with Franciscea uniflora. The other one has far less pain than before.

Literature

[From the 40th LIGA Proceedings at Lyon – France, 26-30 May 1985; For PRIVATE CIRCULATION ONLY]
3.2 **CALCAREA SULPHURICA** - Eugenio F. Candegabe, MD

The essence of a drug is the nature, the way of life, the psychobiological orientation that characterizes it. This essence or vital orientation always manifests in a small and typical group of symptoms which Dr. Paschero defined as the ‘minimum syndrome of maximum value’. In this way, the small group of symptoms that determine the drug lead to the understanding of its essence.

If we were to repertorize the minimum syndrome of a drug as if it were an ideal patient, we would observe that a number of drugs partly or completely share its symptoms. A study of the results obtained constitutes the comparitive materia medica. This line of thought has led us to concentrate on the authoritative statement made by James Tyler Kent in his *Materia Medica* that, when you have a good substantial proving of an oxide or a carbonate, and the mental symptoms are well brought out, you can use these, in a measure in a presumptive way, in prescribing another salt, with the same base, which has a few mental symptoms in its provings.

Of Calcarea arsenicososa he says:

If this wonderful remedy is studied with the mind on Arsenicum and Calcarea, a broader knowledge will be gained. It needs further proving in potencies. Following this criterion, our attention has for many years been drawn to the small number of symptoms from the pathogenesis of Calcarea sulphurica, given the great importance of Calcarea carbonica and Sulphur. We have frequently observed patients presenting the general modalities of Sulphur and the mental symptoms, especially the fears, of Calcarea carbonica. For this reason we have considered the possibility of taking Kent's advice and using Calcarea sulphurica in the treatment of these patients.

None of the established authors attributes important mental symptoms to Calcarea sulphurica. Kent only mentions it eighty-six times in his *Repertory*, and he is the only one of the great authors to give us an outline of the mentality:

The patient is absent minded; irritable; easily angered. He becomes weak after anger and vexation. Aversion to answering questions. He is easily made anxious, especially in the evening in bed, during the night and when lying. Anxiety with fear during fever. Anxiety about the future. Anxious about his heart and his health in general. His anxiety is ameliorated in the open air. He has anxiety about his salvation. He has anxiety in the morning on waking. Many changeable moods and capriciousness. Aversion to company. Confusion of mind in the morning on waking and again in the evening. This is also ameliorated in the open air. Confusion of mind in the morning from mental exertion. Contrary and contradictory moods. He has many little delusions, whims and strange fancies. Frightful images in the night when trying to sleep.

Since my first personal observation made in 1976, I have been collecting a series of clinical cases which happily have corroborated my first impressions, forming, to date, a relatively large case material (fifty-six cases in all).

Case No.1, M. W. 7-years old, male, seen on 15 November 1982 with the following clinical picture:

Second consultation on 9 March 1983. The bronchial catarrh had improved, but he has suffered more prolonged attacks of pseudocroup. General condition unchanged. Two new symptoms had appeared. Fear that something would happen to his father whilst travelling, and a feeling that after taking him to school his parents were going to abandon him and never return (forsaken feeling). These new symptoms were so important that they headed the list for repertorization, followed by the seven remaining symptoms. The result was as follows: Alumina is a dismal drug, with a great feeling of fragility and guilt, perhaps because of tremendous syphilitic aggression which induces the patient to kill when faced with a knife, proud, intolerant of contradiction, need to be occupied, with a sense of self-confusion and splitting of personality in defence. This personality was very different from that of our patient. Calcarea 6/13 covered all the mental symptoms except the courage; yet although the local symptoms were covered, this drug is not dirty, nor does it uncover the feet. Carbo vegetabilis 6/11 covered the same symptoms as the first, but is a much weaker subject, anxious in the open air, extremely timid in public and with a great fear of ghosts at night, symptoms which our patient did not show. Kalium carbonicum, with the same symptoms, is a rebel whose tremendous need for dependence is expressed as a fear of loneliness, with savage rejection of company, a symptom which eliminated it from our case. We could say the same for Phosphorius and Lycopodium, which with fewer symptoms did not correspond to our patient. That left Sulphur (6/14) which in spite of not covering either of the new symptoms had been in the lead in the previous repertorisation. If one considers Calcarea sulphurica with this concept of integration in mind, the mental symptoms of fear and forsaken feeling and also the obstinacy and courage are covered by this drug. The generals include the tendency to dirtiness, desire for sweets, and hot feet, combined with sensitivity to cold and tendency to croup. Calcarea sulphurica M was therefore prescribed on 19 March, and Calcarea sulphurica 10 M on 19 April. Within three months the patient was cured of his bronchial complaint and enuresis, had completely overcome his dirty habits and also his fears.

Case No.2. N.H., married, female, 32 years old, one child of five years. Varicose veins in both legs after childbirth, worse every summer. Varicose ulcer on the left leg, painful over 3 cm area. Obese, flat-footed. Mentals: Quiet in appearance. Sometimes impetuous, angers easily and recovers immediately. Impatient if she has to wait. Plans her work. Nervous if realizes that she cannot finish with plenty of time to spare, stomach in knots. Fear that something has happened to her husband when he is late. Her greatest fear is for the future, perhaps as a result of her upbringing in infancy, to the point of producing, for no reason, a noticeable fear of poverty.
Repertorization; Fear of poverty, fear that something will happen to her, fear rising from the stomach, anticipation aggravated by heat, impetuousness and varicose ulcer on leg.

Result: No drug covers the whole, but under mentality her fears were covered by Calcarea, the impetuousness and aggravation from heat by Sulphur, indicating Calcarea sulphurica as the drug of choice. Prescription: Calcarea sulphurica 10M.

23 June 1980. Three months pregnant. Ulcer obviously improving. Slight migraine and tiredness in the first days showed initial action of the drug. An eruption appeared on the chest, neck and legs with a great deal of irritation over a fifteen-day period, return of symptoms of a process in adolescence. No prescription.

4 August 1980. Five months pregnant. Ulcer completely cured. General condition very good. The fears and impetuousness had disappeared.

Case No.3. M.F.P. 4 years old, had received homoeopathic treatment from birth. In her short life she had been given Med., Lach., Plat., Caust., Sep., Calc. carb. and Sulph. with no improvement. I was consulted on 27 December 1985; bronchitis and severe asthma.

Moody, fear of animals, gloomy. Obstinate, jealous, disorganized, careless. Hot and desire for fruit. Rejects caresses. Has fear of contagion -- never drinks from another person’s glass, washes her hands as soon as they have been touched. Sulphur covered the obstinacy, the moodiness and the heat, Calcarea carbonica the fears and obstinacy. Calcarea sulphurica the jealousy and the desire for fruit. Calcarea sulphurica M, one dose, has cured her completely to date.

Conclusion: In conclusion let us consider patients whose general constitution is somewhere between Calcarea carb and Sulphur--i.e. fat and round shouldered, with fat hands but long fingers, worried and hot with general symptoms which would immediately indicate Sulphur. They have also mentality that reveal worry and impatience, e.g. impetuousness, anger, meticulousness etc. Yet a characteristic and definitive feature are the fears of Calcarea carbonica and its impressionability, with the night sweats, the desire for salt, the tendency to flabby obesity, the chilliness, apathy and weakness that are features of the Calcarea constitution.

I have been able to compile a list of drugs with which Calcarea sulphurica might be confused.

**Lycopodium** Fear of loneliness, fear of the dark, fear in the stomach, anticipation and meticulousness. The difference comes with the typical lack of confidence compensated by love of power, dictatorship and a contradictive nature.

**Pulsatilla** Coincides on the fears, jealousies, forsaken feeling, aggravation from heat etc. The differences are the dependence and lack of character and silent and resigned suffering of Pulsatilla, as opposed to obstinacy, impetuousness and pride of Calcarea sulphurica.

**Phosphorus** The same fears, impetuousness and worry. Differs on compassion, hypersensitivity and affection typical of Phosphorus.

**Medorrhinum** Coincides for fear of illness, fear that something is going to happen, fear of the dark, the forsaken feeling, and the heat etc. Differs in so far as worry, anticipation and guilt are the typical pillars of Medorrhinum and second order symptoms of Calcarea sulphurica. The memory problems that give rise to the feeling of
madness, with anxiety and delay in getting things done and the mental dullness characteristic of Medorrhinum and missing in Calcarea sulphurica. On the other hand, being affected by unpleasant things, anxiety about the future, fear of poverty, perfectionism and impetuousness are features Calcarea sulphurica that are lacking in Medorrhinum.

A more extensive paper -- which time does not permit at this Congress -- could present a full comparative study of this extraordinary drug. Numerous well-documented and fully analyzed case histories are available and could in future codify Calcarea sulphurica with complete certainty. I am sure it will quickly become one of the great polycrests.

Table 1. First and second repertorisation: R.1, R.2 of Case No.1 (Kent’s Repertory)

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>A</th>
<th>B</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>R1</th>
<th>R2</th>
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<tr>
<td>Aconitum</td>
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<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
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<tr>
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<td>3</td>
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<td>0</td>
<td>0</td>
<td>2/4</td>
<td>4/6</td>
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<tr>
<td>Carbo Veg.</td>
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<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>4/8</td>
<td>6/11</td>
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<tr>
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<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
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<td>5/11</td>
</tr>
<tr>
<td>Lycopodium</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>4/7</td>
<td>5/8</td>
</tr>
<tr>
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<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
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<td>0</td>
<td>3</td>
<td>4/7</td>
<td>5/10</td>
</tr>
<tr>
<td>Calc. carb.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>4/10</td>
<td>6/13</td>
</tr>
<tr>
<td>Sulphur</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
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<td>6/14</td>
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<tr>
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<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
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<td>0</td>
<td>9/21</td>
<td>9/21</td>
</tr>
</tbody>
</table>

A Forsaken feeling    2 Courageous   5 Cold, becoming agg.
B Fear something will happen 3 Dirtiness   6 Uncover feet, inclined to
1 Obstinate          4 Sweets, desire for   7 Croup

Table 2. Repertorization of Case No. 2 (Kent’s Repertory)

<table>
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<tr>
<th>Symptoms</th>
<th>1</th>
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<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4/8</td>
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<tr>
<td>Sulphur</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>¾</td>
</tr>
<tr>
<td>Calc. Sulph.</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>5/10</td>
</tr>
<tr>
<td>Carbo Veg.</td>
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<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Causticum</td>
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<td>3</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4/7</td>
</tr>
<tr>
<td>Natrum mur.</td>
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<td>2</td>
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1 Fear Poverty    2 Fear happen, something will
3 Anticipation   4 Fear stomach, arising from
5 Impetuous       6 Warm agg.   7 Ulcer varicose (leg)
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1 Fear, dark 2 Obstinate 3 Fear, disease
4 Jealousy 5 Capriciousness 6 Warm agg.
7 Desire fruit

[From the BRITISH HOMOEOPATHIC JOURNAL, Vol. 76, No.3 July 1987; for PRIVATE COMMUNICATION ONLY]
3.3 **ACIDUM FORMICUM** - H. Lennemann

The acids as medicines have their special place in the homoeopathic therapeutics. Formic acid is a leading acid.

Besides the books by [Dr. Albrecht Reuter](1924) the materia medica of [Stauffer](1985) and [Mezger](1985), I have recently the material (1985) by the CCRH and not the least my own experiences in my 50 years practice.

FOLK MEDICINE: Ants and preparations made out of them are folk medicines since long. [Hildegard von Bingen](12th century) recommended it about 1000 years ago for melancholy. A salve prepared with ants was used against goitre in the Styria. About 100 years ago a maceration of ants, radix Bryonia and radix Felicis mass. was used as external application in gout. Bathing the part with crushed ants boiled was also recommended. Paralysed limbs were treated with application of a bag containing live ants. The spirit of ants has also been considered till recently for external massage.

MEDICAL EXPERIENCES: [Dr. Edward Krull](1902) recommended a dilution in water of 1:1000 to 1:100,000 as sub-cutaneous injection in: Tuberculosis, Chronic nephritis, and Carcinoma; later he gave indications in Gout, Psoriasis, Chronic inflammations of female sexual organs and chronic inflammation of respiratory organs.

[Dr. Albrecht Reuter](1917) reported, for the first time in 1917, his experiences of over 5 years with Formic acid. His experience was, dilution of 1:1 00,000 worked better than lower dilutions. In cancer no worthwhile observations. In psoriasis good results were reported. In chronic joint rheumatism [Reuter](1917) recommended patience and perseverance. In this, success comes at least after six months. In asthma all cases were improved or even cured. Formic acid softens cicatrical tissues. Two cases of Dupuytrens contractions could be totally cured. Reuter injected the Formic acid sub-cutaneously above the scapula, in. the middle of the back of the left upper arm or on the outer side of thigh.

[Krull](1902) and [Reuter](1917) were not homoeopathic physicians. Since the medicine doses was according to the homoeopathic dilutions Reuter later gave it as decimal potency.

In 1919 [Lichtenstein](1919) from Breslau reported about his experiences with Formic acid 1:1000. He injected intravenous since the sub-cutaneous injection of the then preparation produced pains. And Lichtenstein obtained good results in joint rheumatism and bronchial asthma and considerable success in epilepsy.

The English homoeopathic physician [J.H.Clarke](1915) used Formic acid. He reports in 1915 about one Ellison's report of 1909. Ellison had taken in his diet for over two years daily 1-2 grain Formic acid. As a result, nasal polyps went away and a chronic catarrh of throat was improved very much, the stiff joints became loose and short-sightedness improved by 50%. Ellison tested Formic acid on a sick and mangy pony and saw, that the animal rapidly recovered and developed a beautiful coat.

Two university professors used Formic acid. The well-known clinician [Brugsch](1915) wrote in 1915 that in difficult joint rheumatism Formic acid should be considered. He injected every 10-14 days 1 ml. of 1:5000, later 1:1000 sub-cutaneously in the back. The well-known Prof.
Speithoff of the University Skin Clinic in Jena reported that he had seen positive reactions with Acidum formicicum in chronic eczemas.

INDICATIONS OF REUTER: A series of indications obtained from his experience have been reported by Reuter in the 3rd edition of his book which appeared in 1940. Of course this was not on homoeopathic laws. However, these indications cover in a far-reaching way the results of medicinal provings of Acidum formicicum.

Reuter treated mostly chronic joint rheumatism diseases with Formic acid and gave subcutaneous injections of Acidum formicicum D5 0.2 to 0.5 ml. of intravenous injections of D12, 0.5 ml. at intervals of weeks. Also intravenous injections of D30 and D200 in monthly intervals were recommended. A preliminary agg. was not always avoided.

In kidney stones, Formic acid seems to bring about the mobilisation of the concrements. Reuter reports about a case in which two weeks after a single injection of Acidum formicicum D5 a kidney stone was passed spontaneously after a violent colic.

In bronchial asthma Reuter observed good results after Acidum formicicum D5 subcutaneously in interval of many weeks and a preventive injection of D12 intravenously of say 2 - 3 times an year. However, according to Jores psychosomatic components play a greater role in bronchial asthma and we cannot, in every case do without a temporary prescription of corticoid. Nevertheless attempt with Formic acid therapy is significant.

In Psoriasis Reuter injects Acidum formicicum D12 or D30 every 2 - 4 weeks in both upper arms. I too have always got good results in psoriasis.

In acute joint rheumatism and neuralgias also Reuter had similar success. Tuberculosis and cancer do not throw any indications for Formic acid.

OWN OBSEVATIONS: Case 1: Mrs. Cl. JI., 24 years old. No asthma and no skin diseases in the family. Report of the dermatologist who has treated the patient since 1983: as child, milk-crust, since 1973 rhinitis with seasonal aggravation, since 1978 from Feb. to Apr., since 1983 the whole year bronchitic ailments. Itching in mouth after apples, after peeling apples, between fingers. Diagnosis chronic rhinitis and bronchitis, pollinosis during early flowering seasons. Positive tests for birch, alder etc. On three successive years desensitisation was done without success.

Mrs. came to me on 4 May 1984 since she would not take any chemicals. She does not smoke, took the "pills." She suffered from too much aphthae, much sneezing and nightly cough. Prescription: Calcium carbonicum D6 and Sabadilla D2, each 2 times a day 1 tablet/5 drops.

Report after 5 days: On the first day it was particularly worse, and then there was amelioration.

After further 3 days again worser, but then progressive amelioration. After total 14 days being free from the troubles, no sneezing, no lachrymation.

The patient came again in August since she again had a "severe" attack of sneezing and lachrymation, certainly after she came into contact with a Begonia which had been presented to her. She appeared as if she was "crying". She then got treated for pollinosis in Busum. A stay near sea-shore did not, however, bring any material improvement. She therefore underwent a
therapy of 11 injections i.m. in the gluteus muscles, of Formidium D12 1 ml. blended with her own blood each time increasing, with 1 ml. to begin and 1 ml. more every time, in intervals of 8 - 10 days each injection.

After 9 months the patient said that she was very much impressed with these injections, the allergy was gone, the tips of hairs were stronger and her nails too were not any more brittle.

The injections were continued as i.v. with Formica rufa D200 at intervals 8 - 14 days.

A pollinosis was thus cured without desensitisation, with Formidium D6 with own blood. A 'shock symptom' that would arise on the skin as a result of 'desensitisation' which the dermatologist had warned about was also thus avoided.

**Case 2:** Pollinosis: Miss M.Sch. 22 years old, came to me on 2 Mar. 1984. Her mother suffered from allergy to different allergens. Her brothers remained allergy-free. She herself suffered from allergy to about 70 substances, particularly grass pollens, weeds and different trees. Because of side-effects, a course of desensitisation was discontinued. After a further test for sensitivity I began again desensitisation but had to drop it again because of side-effects. Even from the least quantity of the injection the patient developed a swelling at the spot of injection. A collapse could however be averted. Now she received Allium cepa D6 thrice a day 5 drops before and thrice a day 5 drops of Galphimia D3 after food; to this every 8 days intravenous Cupridium 1 ml. (Formidium D4 + Cuprum D4)

On 23 May 1984 she reported that she no more sneezed, the itching in nose and eyes were less. She felt better all-round. Now followed a series of 18 injections of Formidium D12 1 ml. every 8 days. I could not pursue the case but my colleague told me that there was relapse.

**Case 3:** Asthma bronchial: Mrs Kl.H. 5 years with 2 children, came to me in October 1982. Suffering from Asthma since 5 years. She was twice hospitalised. In 1982 ventilation of the antrum of highmore was done. In June and July 1982 the patient was again in hospital and was given Gencydo, Acidum formicicum 5%, Kimakto plant, Cuprum aceticum D6 and Lobelia D4 in tablets. Menopause since 1982.

At the commencement of my treatment there was rales and rhonchi, the blood pressure was 169/100, the liver was not enlarged. The patient took inhalations of Berodual, Sanasthmym and Atrovent. A sudden stoppage of the inhalation did not appear possible. I injected additionally intravenous Cupridium 1 ml. every 8 day and gave per os Cuprum arsenicosum D8, Lobelia D4 and Omniflora 3 x 1 tabl./5 drops.

After 3 weeks except Sanasthymyl other inhalations were not required. The homoeopathic medicines were also discontinued and only Cupridium and Omniflora were pursued.

About 3 months later it was observed that the lungs were never so free.

Upto 5 May 1983, 42 injections of Cupridium i.v -every 14 days had been given. Now she went to health resort Borkum . She could there, go about in rain and storm and even cycling. Only very seldom did she need inhalation.

In October 1983 she said that she had never spent such good holidays. Only because that there was re-painting of her house that she had felt some light complaints.
Till March 1984 further 40 i.v. injections of Cupridium in intervals of 2 - 4 weeks were given. The patient then made a trip to Israel and even in July a holiday in Tirol. In February 1985 she reported that this was the first winter she had without an attack. Earlier [V5-120]she had to be brought in car to her physician even though he was so near her.

This treatment of course was complex at the beginning. To me it appeared that the amelioration was due to Cupridium injections and Formic acid.

Case 4. Psoriasis: Mr.H.Sch. 22 years. Since 10 years of age suffered from extensive psoriasis. During service in military he was free from it. He was now being treated with Psorintern which he had to abandon due to stomach ailments. In October 1973 began with i.v. injections of Formidium D6 1 ml. in interval of 8 days; till end March 1974, 25 in all. During the period April to Dec.1974 with 25 i.v. injections of Formidium D200. On 7-3-1975: Psoriasis in the trunk is still considerable, but “otherwise no comparison”. Otherwise I had to wipe the table thoroughly every time after checking his blood pressure since it was full of desquamated scales. At the end "all was clear".

The therapies referred to above may be called "unspecific". An individualistic homoeopathic therapy has as basis the medicine proving on the healthy. Nevertheless, the experiences by many of the observers are of the same that, to express it with reservation, different "dilutions" possess different efficacies.

What produces the symptoms registered by the medical proving must be known only by future researches. It would similarly be significant to clarify the path between the cause and effect. For the time being we must be content with the formulation of Ferdinand Hoff that pathomechanism represents a comprehensive question of the reaction of the body. It is valid in the same way for the understanding of the working of the remedy. Perhaps Paracelsus' statement is to be understood so: "As much less medicine the body has, so much high is the remedy's virtue."

MEDICINAL PROVING: Long before the provings of Acidum formicicum was published in Germany by Hering and Lippe. Stauffer referred to the provings by Sheidegger which were published in 1923. The Chief Physician Dr. Biwe carried out a proving on self in 1939 with Acidum formicicum.

Recently in 1980 - 81 a double blind proving of Acidum formicicum with 18 men and 8 women was carried out in India. C200 and c6 were proved. However, only 2 men and one woman produced proving symptoms particularly with C200. Purport and value of provings with high potency are open. The authors suggest the following symptoms from Kent on the basis of this proving:

- Head - sensation of pressure - mornings from 6 .30 - 8.00 hours with chillness and desire for onions
- Tongue - pale , yellow
- Appetite - wanting
- Thirst - wanting
- Hypochondrium - Pain - lying on right am. - movement agg.
- Abdomen - pressure sensation - nights and throughout day upto 2C.30 hours continuously.
--Flatulence - nights
--Stool - foul smelling
--Male genitalia - emissions - nights - without dreams - followed by weakness
--Female genitalia - cramping intermittent pains in lower abdomen before menses - menses copious
--Mammæ - pressure sensation before menses
--Throat - smooth swellings of the lymphnodes
--Cold feeling - morning 6.30 - 8.30 hours
--Weakness - morning 6.30 - .30 hours

From a comparison of the materia medicas of Stauffer and Mezger with the indications which have been put forth for the successful prescription till now, the extensive agreement is noticeable. A material comparison of the efficacy of the Acidum formicicum and Formica rufa is not called for since the other concomitant things contained in crushed ants which are removed by alcohol may have their role.

Acidum formicicum may be given sub-cutaneously or as intravenously as injection from D5 to D30 and D200. Mezger reports in his materia medica a case in which he gave in D3 in tablet form.

References:
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(2) Hering, C.: Die Ameise als Arznei. Allgemeine homoopathische Zeitung (AHZ) 82 (1871) 32
(3) Lippe, C.: Prufung der Ameise. Allgemeine homoopathische Zeitung (AHZ)
(4) Scheidegger, E.: Beitrag zu einer Prufung der Ameisensaure. Allgemeine homoopathische Zeitung (AHZ)

[From the ALLGEMEINE HOMOOPATHISCHE ZEITUNG, band 233, 1/1988 For PRIVATE CIRCULATION ONLY]
3.4 PATHOGENESIS OF NEW DRUGS: FORMIC ACID - Dr.D.P.Rastogi, Dr.Krishna Singh, Dr.V.P.Singh

Introduction

Formic acid (CH$_2$O$_2$) was first discovered by F. Fisher in 1670 in the products resulting from the distillation of ants. It is a colourless liquid with pungent odor and corrosive properties and is miscible with water, alcohol, ether and glycerol. It is dangerous caustic to human skin and its prolonged absorption causes albuminuria and haematuria. Its therapeutic utility has been as an astringent and counter-irritant. The live ants have also contributed to the homoeopathic materia medica and given us a wonderful drug with wide sphere of action. The drug available under the name Formica rufa was originally proved by Lippe and Hering with tincture prepared from crushed live ants. No systematic proving of Formic acid seems to have been made as most of the authentic materia medica(s) do not contain information about this drug.

Many of the materia medicas refer to Formic acid under Formica rufa. But, as may be seen, Formic acid is but a product derived from ants and is devoid of other chemical constituents which ants contain. Since the available data on Formic acid is related to clinical observations and not to the data obtained through provings on healthy human beings, the Central Council for Research in Homoeopathy conducted its proving at two of its research Units located at Calcutta and Midnapore (West Bengal) in the year 1980 - 81 . Twenty six provers, both male and female, participated in the proving.

Synthesis of Available Pathogenesis

Boericke discusses Formic acid under Formica rufa (Relationship) in his pocket manual. He refers to its use in chronic myalgia, muscular pains, gout, articular rheumatism, tuberculosis nephritis etc. and as a diuretic

"Some clinical experiments conducted by Hering Research Laboratory, Philadelphia on cases of arthritis with Formic acid showed that it preferably acts on ligaments, capsula and bursa of the joints (W. Boericke)". Obviously this is related to the clinical observations and not to the data obtained through provings on healthy human beings.

A reference to Formic acid is also found in New, Old and Forgotten Remedies (Anshutz E.P.) wherein he has reproduced letters of one Mr. R. Wallace Ellison addressed to Dr.John H.Clarke. The author of the letters states that he added to his diet one or two grains of Formic acid (commercial Formic acid (25%), Sp.Gr. 1.062) diluted with the water in the ratio of 1.11. Within the period of 2 years and nine months that followed, he observed that he was relieved of nasal polypi; chronic catarrh of nose, throat and intestines; stiffness of joints and varicose veins in the left leg. Further he says that his vision improved by 50 percent (he was short sighted earlier) and his eyes which were of light grey before he started taking Formic acid, turned darker. His facial and bodily appearance altered so much that even people who knew him intimately, could not recognise him. Mr.Ellison also tried solution on the sickly and scabby pony and found that the pony was restored to good health and developed beautiful, healthy crop of hair.
Earlier to the observations of Mr. Ellison, Dr. Edward Krull of Gustrow had observed that Formic acid was constantly present in the sweat of healthy persons but was absent in the persons affected by phthisis. His experiments with dilutions of Formic acid, in different dilutions administered hypodermically showed that more diluted and injections were the more powerful the effects.

The dilutions he used correspond to 3rd or 4th centesimal homoeopathic potencies. The repetition of injection was made after 5 - 6 months. "He treated in this way, with success, external and internal tuberculosis, chronic nephritis, and malignant tumours". (Dr. Dudgeon on Dr. Krull's observations, in Homoeopathic world - April, 1902). Krull's other observations with regard to the action of Formic acid are: immediate increase of nutrition, improved appetite, increase in weight (without any change in diet). All the patients who were given Formic acid, experienced pain in the abdomen, on the right and left of umbilicus, sometimes accompanied by urging to stool. "If several copious faecal evacuation occurred, this had no bad effects on the patients: they (patients) seemed to have a critical character". "After the injection the menses came on earlier and were more copious; all diseased organs and parts showed greater activity.

In carcinoma of breast and stomach, the tumour first increases in size and becomes very sensitive and the skin over it feels warmer. The shorter the term the tumour has existed the stronger the constitution the sooner does reaction occur and the consequent cure of the disease" (Dr. J.H. Clarke's observation of case cured by Krull).

Clarke also quotes experiments of Dr. L.B. Couch (Homoeopathic World - September, 1906) on patients of rheumatism, Couch's experiments revealed that at "Formic acid in 2.5 per cent solution, administered hypodermically in 5 to 6 drops doses was the best. The solutions stronger than 3 per cent were forbidden". On queries whether Formica rufa will answer the same purpose as Formic acid," Clarke says "I think most probably it would. But this is a question which experience would have to decide.

Following the publication of Mr. Ellison's letters some other observations were made by others. These are: "In two cases of chronic articulare rheumatism in which I have tried, its results have been promising. In one case, enlargement of the joints of the fingers became very much lessened and stiffness of the legs which had troubled her very much in walking, was markedly relieved (H.T. Webster – 1916)."

"The drug is credited with a selective influence on eyes. For a time, the writer, who has noted considerable failure of vision within the past year, has been taking it, and has found much satisfaction from its action. I do not believe we have a more positive remedy for failing vision when the ocular apparatus is not obstructed than this. Where only functional failure of the eyes is present, one can hardly go wrong prescribing it, if reports are true" (H.T. Webster 1916).

"Tuberculosis, chronic nephritis and carcinoma are not diseases in which we can claim a great amount of success. So, where other remedies fail or cannot be discovered we may take Solomon's advice and go to the ant" (Dudgeon - 1902).

It's use is suggested in Apoplexy: brain, affections of; bruises; chorea; cough; diarrhoea, dislocation: dropsies; eyes, affections of facial paralysis; foot sweat checked: consequences of gout; hair falling out; headaches; nodes; overlifting, complaints from: paralysis: rheumatisms.
sight, affections of; spine, affection c of; spleen, affections of; pain in throat sore”. (Electric Medical Journal - March, 1916).

“I have carried out an experiment for checking: the efficiency of Natrum Mur. locally by simulating the insect bite with Formic acid. On the back of my hand I made punctures, shallow and slightly deeper, with a sharp pin dipped in concentrated Formic acid. With just superficial contact, the skin blackens. On increasing the time of contact, the depth of puncture and quality of acid, there is increase in pain and redness around the puncture accompanied by inflammation. The stinging and burning sensation is similar to an ant's bite (Saraswati Venkataraman Hah. Glean. December, 1984 ).

Obviously these findings are of clinical nature and need to be supported by regular proving on healthy human beings. The Council has attempted to do so through proving on apparently healthy human beings.

METHOD AND MATERIAL

Double blind method was adopted during the entire course of proving which was conducted with 200 CH and 6 CH potencies in descending order. Twenty six provers consisting of 18 males and 8 females between 16 and 30 years of age took part in the proving .

The provers were divided into Drug- group (17) and Placebo-group (9). The administration of drug was on the established lines i.e. the drug was stopped soon after, the appearance of morbid-symptoms and so on …

PATHOGENESIS

The pathogenesis of the drug as obtained during the course of proving is as under.

Head : Heaviness of head in the morning from 6.30 a.m. - 8.00 a.m. with chilliness
Mouth : Tongue, yellow coating
Stomach: Diminished appetite and thirst. Desire for onions.

Abdomen : Heaviness in the abdomen. During pain in right hypochondrium, worse by motion and better by lying down. Flatulence at night. Stools, offensive.
Male : Nocturnal seminal emissions without dreams, followed by weakness.
Female : Pain, cramp-like, in lower abdomen before menstruation, better after onset of menstrual flow. Heaviness of mammae before menstruation. Menses profuse.
Neck: Cervical lymph glands tender and inflamed .
Extremities: Pain in the left leg, as if sprained.

Observations

It was observed during the course of proving that only three provers, 2 male and 1 female, developed morbid signs and symptoms which lasted through the whole period of proving.
Most of the pathogenesis was obtained during the period in which the provers were administered 200 CH potency. The 6 CH potency did not seem to develop any morbid signs and symptoms except in one female prover who complained of premenstrual pain and heaviness of mammary glands before the onset of menstrual flow.

While increase in weight by 1 to 3 Kg. was noticed in 3 of the true provers (Drug Group), 3 provers of control Group showed increase in weight 0.5 to 1 kg. At the same time 4 true provers manifested decrease in weight by 1 to 7 kg.

Discussion

The drug pathogenesis obtained through the proving indicates that Formic acid has a very wide sphere of action covering almost the entire human mechanism.

It is of no significance that only three provers (2 male and 1 female) developed morbid signs and symptoms, what is significant is that the proving has substantiated the clinical observations concerning its action. on head, stomach, abdominal organs, female genitalia, skin etc. and also increase in body weight Please refer – Synthesis of available pathogenesis). In addition we find that Formic acid has a general aggravation period between 6.30 a.m. and 8.00 am. (heaviness of head, chilliness, weakness etc.) It also has a marked action on male genitalia.

Recommendations: For Inclusion into Kent's Repertory of Homoeopathic Materia Medica

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<tr>
<td>Heaviness morning 6.30 - 8.00 a.m. chilliness, with onions, desires</td>
<td>Menses, copious Pain abdomen, lower cramping griping intermittent menses, before</td>
</tr>
<tr>
<td>MOUTH</td>
<td>CHEST</td>
</tr>
<tr>
<td>Discolouration</td>
<td>Oppression Mammae, menses, before</td>
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<tr>
<td>Tongue pale yellow</td>
<td>BACK</td>
</tr>
<tr>
<td>STOMACH</td>
<td>Swelling glands. of neck soft, tender</td>
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<tr>
<td>Appetite, diminished Desires, onions Thirst, diminished</td>
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<tr>
<td>ABDOMEN</td>
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<tr>
<td>Flatulence night Heaviness night lasts through 8.30 p.m.</td>
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<td>Thirst, diminished stool, offensive Pain</td>
<td>Morning 6-30 – 8-30 a.m.</td>
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<td>Hypochondria, right lying down amel. Motion egg</td>
<td>GENERALITIES</td>
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<tr>
<td>STOOL</td>
<td>Weakness morning 6.30 – 8.30 a.m.</td>
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<td>Odor offensive</td>
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Bibliography

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[From CCRH QUARTERLY BULLETIN Vol.7 (1-4), (1985)]

NOTES

Dr. Linda Johnston M.D., California who attended the Homoeopathic Educational Conferences for classical homoeopaths presented by Dr. Alfons Guekens of Belgium, at Salzburg, Austria and Celle in Germany reports as follows:

"Both Dr. Geuken’s background and teaching style deserves comment. He was medically trained in Belgium as a surgeon. He later spent 2 years in Zaire serving the population there with his medical and surgical skills. These wide range of experiences have contributed greatly to his vast medical knowledge and his keen sense of observation. Upon returning to Europe, Dr.Guekens began his study of homoeopathy with the assistance of George Vithoulkas. In 1980, Dr.Geukens founded the Center for Classical Homoeopathy in Belgium as a clinic for patient care and a teaching facility for medical doctors. Since that time, the Center has stood as a strong shining example of the vision of Homoeopathy made manifest. Patients can receive high quality classical homoeopathic treatment from superbly trained medical doctors and the hierarchy of training ensures that the attending physicians are able to learn and teach among qualified colleagues.

In 1985, Dr.Geukens was the first non-Greek European to receive the prestigious certificate of aptitude in classical homoeopathy from the Athenian School of Homoeopathic Medicine presented by George Vithoulkas.

Dr.Geukens is now helping to spread Homoeopathy in another valuable way, the teaching seminars throughout Europe. His dynamic and excellent teaching style have earned him the respect and admiration of all who are fortunate enough to participate in his classes.

Over the years that Dr.Geukens has been treating patients at his center, he has been recording and collecting his cases on videotape. He has an incredibly wide variety of remedies and many samples of each. He now uses this extensive video library in his seminars for demonstration purposes. It is certainly self evident that seeing the patient and hearing them describe their symptoms and emotional state is an excellent way to learn. That coupled with Dr.Geukens comments, observations and frequent repertory references makes for an unforgettable learning experience and efficient, thorough way to learn Classical Homoeopathy.

The first seminar, in Salzburg, was held in the University classrooms right in the center of the old town. We were surrounded by majestic churches, whose resonant bells interrupted our proceedings on more/than one occasion. The attendance in the class was extremely impressive, there being 160 medical doctors from Switzerland, southern Germany and Austria. This is a comment the high quality of Dr.Geukens' presentations as well as the growing number of serious, dedicated medical doctors in Europe studying Homoeopathy.
In the four day seminar, Dr. Geukens presented Sulphur, Phosphorus and another remedy that was a complete surprise! He had five excellent cases of Bufo. The stereotype that often comes to mind when hearing of this remedy was completely broken down as we saw a variety of people with diagnoses ranging from cellulitis with lymphangitis to epilepsy to eczema. The characteristics of Bufo, as is true with many other remedies, actually can present in very subtle ways. Here are a few of the rubrics pointed out by Dr. Geukens and his comments on how they may present in a patient requiring Bufo. (The page numbers refer to Kent’s Repertory.)

407 MOUTH Motion: Lapping

This can present as a constant licking or wetting of the lips or the tongue being slightly protruded from the mouth.

9 MIND Biting

Child can suck on his thumb or bite his fingers.

1018 EXTREMITIES Inflammation: Lymphatics of arm.

Bufo is the only remedy and it is bold type, but how many of us think of Bufo in ascending infections of the arm or other areas of lymphangitis? Bufo Should be definitely kept in mind if there is a history of epilepsy.

419 MOUTH Speech: Stammering

Impatient type of stammering, and gets angry if not understood

2 MIND anger: Misunderstood (only remedy)

12 MIND Company: Aversion: Desires solitude to practice masturbation. Child may want to go to bed early, even before the parents tell him it is bed time. Quite unusual for children.

Other interesting Characteristics of Bufo include:

390 FACE: perspiration
486 STOMACH: Desires: sweets
397 MOUTH: Biting: tongue
397 MOUTH: Biting: Tongue during spasms
17 MIND: Deceitful
46 MIND: Fear: Mirrors (Shining objects, just like Stram)
45 MIND: Fear: Happen, something will
1390 GENERALITIES: Paralysis agitans (Parkinson’s Disease)
1352 GENERALITIES: Convulsions: Begin in Abdomen/Face
Bufo’s relationship to the sexual sphere is exemplified by the following rubrics, all under GENERALITIES:

Convulsions:
1355: Sexual excitement, from (only three remedies! Lach., Plato and Bufo)
1352 Coition, during (only remedy)
1354 Menses, before
1354 Onanism, from
1353 Epileptic aura in Uterus
1354 Menses: suppressed, from
The entire class was extremely appreciative for these insights and the broader understanding of
this interesting and underutilized remedy. With this greater knowledge, it is certain that cases of
Bufo are less likely to be missed in the future.

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3.5 BOOK SHELF

1. Dr. SEHGL’S REDISCOVERY OF HOMOEOPATHY – ROH SERIES 2,
   by Dr. M.L. Sehgal - Publishers: Sehgal Brothers, 1707, Pratap Street, Pahar Gang, New Delhi - 11055. First Edition Rs.35/-.
   This book explains Dr. M.L. Sehgal’s “Revolutionized Homoeopathy”.
   The book opens with a letter from Dr. S.P Koppikar, Chief Editor of 'Homoeopathic heritage' enquiring as to how Dr. Sehgal came upon his method of treating diseases taking into consideration ONLY the 'mental' symptoms of the patients, and seeking case reports to support the method.
   The first part of the book forms the answers to this. Dr. Sehgal has narrated some 'malaria' cases ‘cured’ with the aid of the 'mental' symptoms only. This is followed by a paper presented by Dr. Sehgal in 1987 - 'Mental Symptoms & Diseases, a precise relationship', with two case Reports.
   Part 2 contains hypothetical cases of two patients suffering from AIDS, restricting the symptoms to 'mentals' alone and converting those 'symptoms (as expressed by the patient) into the repertory 'rubrics'.
   Some “Practical Indications for SULPHUR and THUJA” are given. Subtle distinction of the two rubrics ‘DELUSION: thin, is getting' and 'DELUSION: body is', is explained in the next chapter.
   A comparative study of BRYONIA, GELSEMIUM, COCULUS INDICUS and CHININUM ARSenicOSUM covered by the rubric, 'DISTURBED', averse to being (Synthetic Rep.) comes as the next part. Actual cases cured are quoted.
   The patients' narrations of their symptoms have been given in Hindi, in their own words; english version are also given.
   The book is full of many many practical hints for conversion of patient’s narration into the repertory 'rubrics' (MIND only). Undoubtedly many these will be of great help in practice.
   Some interpretations of the rubrics, however, appear to be too imaginative.
   Dr. Sehgal’s many interpretations are eye-openers in many ways. It should stimulate everyone to enlarge the scope.
   I cannot but comment upon the too many printing errors, in almost every page. The ‘errata’ do not cover all the errors.
   The Symbol ‘&’ is used indiscriminately everywhere to indicate 'and'. Abbreviations have also been without any order: "Barthel's, "H.Barthel's S.Repertory", "B.Sy. Repertory", “B.Sy.Rep.” “B.S.R.”, “BSR”, “HBSR” all have been used to indicate Horst Barthel’s “Synthetic Repertory”!
II. SOUVENIR of the "VI Annual Function-cum-All-India Homoeopathic Seminar, 15 May 1988 - Dr. Sehgal's School of Revolutionized Homoeopathy"
   Contains 8 Case Reports handled successfully by 5 different homoeopaths on Dr. Sehgal’s method of prescription of the homoeopathic remedy on the basis of mental symptoms alone. Except one case in which Gelsemium was the remedy in all the others it has been Opium only ('FEAR, extravagance of ')

Edward BACH was born in 1887 and died in November 1936. BACH was a bacteriologist and was in University College Hospital, London. In 1919 he joined the London Homoeopathic Hospital as a pathologist and bacteriologist. At this time he was given a copy of the Organon and it is said that he studied it through the whole night.

While BACH was not a homoeopath many of his conclusions were the same as Hahnemann’s, even before he came in contact with homoeopathy.

From his experiments over many years he came to the conclusion that: “intestinal toxaemia arising from gram negative non-lactose-fermenting bacteria is responsible for chronic diseases. Essential poisons; are derived from the food taken; the poisonous food derivatives are the result of the bacterial growth. The toxins permeate the intestinal wall." "The reasons for regarding these gram-negative, non-lactose-fermenting organisms as the cause of chronic diseases are almost entirely clinical."

These organisms are of low-grade virulence and so they have been regarded as non-pathogenic. Because of their low virulence they arouse but feeble body resistance responses; but they produce a cumulative action ultimately. Consequently a lowered resistance to the commoner pathogenic organisms, the streptococci and staphylococci etc. may be really dependant on an under lying poisoning from intestinal organisms. The local manifestations may vary with the special local susceptibility and site of invasion.

"Resistance to organisms appears to be made up of factors of general resistance and specific resistance. The suggestion made is that intestinal poisoning affects the factor of general (non-specific) resistance and that the specific resistances are insufficient, to produce speedy recovery when the ‘general' factor is impaired."

The authors say that the first harmful effects of these bacteria (gram-negative, non-lactose-fermenting) are exerted against the endocrine glands and some disturbances in endocrine balance is almost inevitable. The vaccines of these intestinal organisms improve the general resistance and consequently cure the local infections. The conclusion is that Hahnemann’s Psora, miasm and BACH’s intestinal toxins caused by these bacteria are virtually same.

Much stress is laid, rightly, on proper diet so as to minimise intestinal alkalinity.

Many clinical cases are cited. There is a chapter on "Cancer and its relation to intestinal infections". An analysis response to therapy by the intestinal vaccines in 500 cases are given.

The chapter "The Work of the Medical Profession" opens up: "The work of the medical Profession is two-fold: To prevent diseases in the community and to cure it in individual cases.

The book is written in fluent and easily understandable manner.

Peter Fisher (BHJ, Vol.72 No.1 Jan.1983) in his article CARCINOGENESIS says: "The most startling is the 35% of fatal malignancies attributable to diet ... Significant are the carcinogens which may be produced in the gut from precursors in the diet or gut secretions.
Fisher further says that recent findings indicate the belief held by the Patersons that the presence of supposedly non-pathogenic non-lactose-fermenting bacteria in the bowel can have serious effect on health in this case by predisposing to the development of malignancies in the bowel and perhaps at distant sites. It would therefore appear that BACH's (and WHEELER’s) “working hypothesis of chronic diseases” has been based on firm foundations.

The book must be read by every homoeopath and it would surely help in day-to-day practice.

It is true that no Hahnemannian proving” has been made of the Bowel Nosodes. But sufficient clinical findings exist to justify their use.

While Edward BACH later discovered, the "lower Remedies, Paterson , Dishington and others did further researches with the bowel organisms. The best 'materia medica' on the Bowel Nosodes are to be found in Elizabeth Patersons “A Survey of The Bowel Nosodes" (first published in the BHJ, July, 1960 and republished in the Journal of the American Inst. of Homoeopathy Vol. No .61, 1968 later in the Hahnemannian Gleanings, Vol.LI, 1984). At O.A.Julian's "Materia Medica of the Nosodes” also gives a good picture of the Bowel Nosodes.

Unfortunately, the most commonly and extensively used repertory - i.e. Kent’s Repertory - does not contain the Bowel Nosodes. The latest Kent's REPERTORIUM GENERALE by J.Kunzli also has in its index of medicines, only Dys. Co and Proteus, but not all the Bowel Nosodes. Dr. Kunzli is of the opinion that "the Bowel Nosodes, in my opinion, should not be included, - in many countries, you cannot get them, - and as with allopathic drugs nobody will prepare them in the year 2090. The profession should ponder whether the Bowel Nosodes which have been clinically found to be of such great value should be allowed to become extinct. Leading homoeopathic pharmacies must, with the cooperation of eminent bacteriologists, venture in the manufacture of these valuable nosodes. With 'Junk-food ' culture spreading even in the Third world, necessity for the Bowel Nosodes increase.
3.6 FEEDBACK

“No.1 issue of DIGEST for 1988 is worth reading again and again from cover to cover. Pierre Schmidt’s paper on the usefulness of high potencies should be read at least four times in a year, so that the lessons sink in our brain and reflected in our practice. The articles of Paschero and

Ortega on mental symptoms and miasms are instructive, but they would have been more effective if supported by cases. The article which has held my interest again and again is that of Jacques Imberechts, particularly his remark about “the unique quality of this therapeutic system is its flexibility, its capacity to tailor for each patient a therapeutic procedure that fits his individual and personal needs and his unique reactivity.” His conclusion that "no strategy is perfect and we should know all of them" is worth noting by those who lay too much stress on one or the other "strategies". I do not understand how the learned doctor has used 36 rubrics to arrive at the first prescription, when in the third para itself he says that we should try to prescribe on a set of symptoms corresponding to the minimal syndrome of the maximal value. I strongly believe in this latter dictum, and probably many failures arise when we go after the “numerical totality.” – S.M. Gunavante.
3.7 NEWS

"There is a certain mushrooming of homoeopathy over here, or at least the marketing of combination remedies by new firms aimed at specific conditions such as "stress", sports fatigue, the auto-immune system, etc. So too offerings of Chinese eras and other natural remedies. Probably it is these manifestations more than the less obvious signs of classical homoeopathy being practiced that attract the ire of establishment medicine and its tremendous testing apparatus."

The progressive Homoeopathic Society (Regd.), Delhi--110 051 held a Symposium on 24.7.1988 on Mental Symptoms. The Symposium was followed by a ‘book-release’. The book titled "Key to the Rubrics of Mind" by Dr. M.L. Agrawal, was released by Dr. Jugal Kishore President of the Central Council for Homoeopathy, New Delhi. The Symposium was attended by Drs.V.K. Gupta, Hari Singh, S.R.Islam, S.K.Kapoor, A.M. Kamath, Jugal Kishore besides some Psychiatrists and Psychologists.

Dr. M.L. Agrawal explained that without understanding the meaning or interpretation of the rubrics of Mind chapter of the Repertory of Kent one cannot treat a patient successfully. Dr. Agrawal also stressed the teaching of Psychology in the homoeopathic colleges.

The Central Council for Research in Homoeopathy has set up a Homoeopathic Drug Research Institute at Lucknow. The Inaguration Ceremony on 6\textsuperscript{th} August 1988 was by Ms Saroj Khaparde, Hon’ble Minister of State for Health and Family Welfare, Govt. Of India. Shri Lok Pati Tripathi, Hon’ble Minster for Irrigation, Govt. of Uttar Pradesh presided. Shri Gopinath Dikshit, Hon’ble Minister for Health, Govt. of Uttar Pradesh was the guest of honor. On that occasion a Seminar on Clinical Verification and Workshop on Epidemic Management was also held. The Council’s Monographs: ‘Monograph on Cynodon dactylon’ and ‘Additions in Kent’s Repertory from William Boericke’s Repertory chapter ‘TEETH’ were also released.
Dear Doctor,

This number too is dedicated to Materia Medica and Provings.

You will find a comparative study of the remedy CYCLAMEN PULSATILLA and SEPIA. Some of this can be can be added on to Gross Comparative Materia Medica.

The CARCINOSIN essay is of great practical value and gives a comparative study of MEDORRHINUM and CARCINOSIN. Observation of Vithoulkas that CARCINOSI has much energy especially in the sexual sphere should be noted.

THLASPI BURSIA PASTORIS has been found, in drop doses of the tincture to prevent formation of renal calculi. This may be jotted down, in the Repertory. This is an important clinical finding of Dr. Henry Williams and colleagues should try it and report (FEED BACK) results. It is the way by which Materia Medica is built.

The INVOLUNTARY PROVING OF TAXUS BACCATA must be studied with the description given in Clarke's Materia Medica.

CARBO BETULAE POLARIS IN CARCINOMA is a useful clinical observation. The problem is to obtain this variety of CARBO VEG.

The proving of MAGNESIUM FLUORATUM and TESTING AND CLINICAL ADMINISTRATION OF PROPULIS describe two new remedies.

While these 'provings' have proved successful in obtaining many symptoms of clinical value compare these with the subsequent article of Campbell: THREE MODERN PROVINGS: ARNICA BRYONIA AND PULSATILLA and the negative results of these provings and the author's conclusion doubting the very basis of the homoeopathic materia medica. Clearly these provings would appear to have been done perfunctorily and with faulty protocols.

The usual columns of BOOK SHELF, FEED BACK and NEWS would give some useful information.

31 December 1988

Yours sincerely,
K.S. SRINIVASAN
1253, 66th Street,
Korattur,
Madras 600 080

SUBSCRIPTION FOR 1989 REMAINS AT.Rs. 50/- . REMITTANCES TO REACH BEFORE 1 MARCH 89
4.1 CYCLAMEN, PULSATILLA AND SEPIA - Dr Jacqueline Barbancey

A primulaceae (CYCLAMEN EUROPEANUM), a ranunculacea e (PULSATILLA ANEMONA), are two floral species evocative of springtime and cool glades. Time and patience are needed in finding them, in order for these delicate blossoms to be carefully gathered…

Even if we should not spend time on "ramblings" which do not concern us here (which, in addition are judged by some as being burlesque, and by others as being improper, if not sacrilegious), we cannot honestly dodge what has been conjured up in our imaginations (unless we completely close up our imagination - which is another problem), evoked by the names of these plants, their appearance, and their growing conditions:

CYCLAMEN EUROPEANUM develops in the shade and in the warm moisture of sparse woods and thickets, well hidden in a nest of protective leaves, its floral buds obstinately bent towards the earth, before the spiraled peduncles with their beautiful violet flowers push upwards towards the light!

PULSATILLA ANEMONA, meadow anemone, as we know, is the plant which quickly bends its stem if it does not meet with a prop, leaning its corolla "heavily towards the ground, in the form of a deep bell. Its color darkens to a dark purple, nearly black (… ) When the floral process is ended, the peduncle lifts up vertically, freed from its weight, and its fruit become achenes garnished with feathery appendages, quite aerial"²

This is the descriptive identity of these two "botanical" types. Both are spoken of in the feminine gender.

It may seem strange to artificially isolate the morphophysiogenesis of their toxicological action and their experimental symptomatology - especially in a homeopathic context of biology. However, in no way do we have the right to draw correlations, even symbolically …

"Pale complexion, sickly face, circles under the eyes, forehead drawn, eyebrows knit"

thus Kent describes a CYCLAMEN type with the key-symptoms:

- weak, tired, whining, sometimes anemic;
- morose disposition : scrupulous character;
- distaste for effort, movement, fresh air; longing for solitude.

And the somatic symptoms of a peal.

Functional circulatory problems:

- with migrainous characteristics:
  
  frontal cephaelea, in particular catamenial cephaelea;

  preceded by pressure on the vertex and above the eyes, by problems with eyesight (phosphenes, glittering), by dizziness "with unsteadiness, and swaying movement of objects" (Duprat);

  problems aggravated by cold air (although the congestive cephaelea of PULSATILLA are aggravated by heat, especially in overheated rooms);
- with cardiac characteristics:
  palpitation and tachycardia;
  hypotension;
  anemic functional murmur (see FERRUM);
- with genital characteristics;
  aggravation of all of the symptomology before menses (PULSATILLA, especially during menses);
  membranous dysmenorrhea during all of the menses (PULSATILLA, especially the 1st and the 4th day); irregular cycle and hyper-, hypo-, or even amenorrhea (like PULSATILLA);
  Functional digestive problems:
  - little thirst, or lack of thirst (more or less like PULSATILLA);
  - distaste for butter and fatty foods (like PULSATILLA), but also for coffee, which causes diarrhea;
  - heaviness and epigastric bloating right after meals (like PULSATILLA and SEPIA);
  - nausea and sometimes vomiting immediately after eating (they are voluntary and obsessional, or have become "reflexive", even gushing);
  - colitis with spasms, and constipation (sthenic condition) with diarrhea and exhaustion (weakened condition).

  Clinical experience, furthering experimentation, adds several details to the psyche of CYCLAMEN.

  With regards to intellectual functioning it is possible to note an alternation, in the same subject:
  - of continual mental agitation and distaste for intellectual effort (laziness, Jahr says);
  - of proliferation of ideas, of difficulties with concentration and with memory. When far enough on, this can become mental confusion particularly in elderly women who, furthermore, have the characteristics of this remedy ("incoherent replies, Kent);

  As to state of mind:
  - feverish anxiety (as possible with PULSATILLA), which explains, in spite of tiredness and sometimes, exhaustion, the obsessional need for meticulous activities (see SEPIA) and the need to come and go, which calms the subject;
  - varying moods, changing (but much more seriously than PULSATILLA and with a slower rhythm of alternation):
    - kindness and sulkiness;
    - serenity and irritation;
    - joy and sadness;
stubbornness and susceptibility (bringing to mind both PULSATILLA and SEPIA);
- and especially scrupulousness, problems with conscience, fear of doing harm, "of not doing
one's duty" (see SEPIA).

As we know, CYCLAMEN is most often prescribed for females, but it is possible here to
give examples of bachelors living with their mothers who sink into remorse and depression when
they are alone, or of devoted husbands in childless couples ..., evoking PULSATILLA or
SILICEA, all trace of masculinity having been erased.

For women, on the other hand, just as the therapeutic indication is perhaps too often over-
looked, CYCLAMEN is only forgotten in order to better impose itself.

It is a medicine for transition:
- a doublet of PULSATILLA;
- close to SEPIA (in another form);
- capable to masking… PLATINA³.

When we see it we first think of PULSATILLA, SEPIA and sometimes LACHESIB. By
closely defining the objective symptomatology and its cautious interpretation we can go on from
simile to simillimum.

In reality, CYCLAMEN, more sthenic and apparently more mature than PULSATILLA,
apparently more sociable than SEPIA, apparently more modest than PLATINA, lives by its lack of
affective autonomy and by its real dependency on others, in a vein that is:
- less visibly demanding than PULSATILLA
~ seemingly more oblate;
- but which testifies to its extreme and comparable
possessiveness.

It does not impose itself:
- either by inciting protective emotions (like PULSATILLA);
- or by untamed sadness which requires intervention (like PLATINA).

Biographical analysis shows how, for certain predisposed personalities, this neurotic
personality can structure itself.

Miss Marianne G…, 54 years of age, came for treatment of a reactional depressive
condition following the recent death of her elderly father, of whom she spoke with intermittent,
tearful emotion, which seemed rather artificial. She was the older sister of Clotilde, 49, married,
5 children, who lived in a town about 70km away. When she had just turned 30, her mother was
stricken by breast cancer, followed by osteal and then hepatic metastases. The next 10 years were
filled with home care and hospitalization Mrs, G… died fourteen years previously.

Marianne never left her parents, first managing the extensive family home (due to her
mother's illness) and then, more and more, managing the family property (her father had become
incapable of this). She proved capable of endless activity, unfailing self-sacrifice and totally
unpredictably, of management qualities, which won her the admiration of the town-people. "Mademoiselle" is considered a model of filial devotion. All of this was told to me with the following comment: "And you'd never think it to look at her: she looks so frail and doleful that we feel like pitying her and helping her. Oh! She's so brave, that one!"

In spite of which she admitted, with a pained attitude, that she was full of remorse for certainly "not having done " enough" for her family - something which seems surprising and excessive.

She had to be listened to and reassured until she could express with enough force where this impression had originated. She said that she had proof of this from reading her father's will (ARSENICUM). Her father, without telling her, had willed her due part to his grandchildren.

She quickly stated that she did not regret this legacy made to her nephews, but that she considered that it was a defiant measure taken against her, since she was to handle the estate…

She had sacrificed everything for her parents, renouncing marriage (even though she had never sought it), taking care of them and the estate for twenty-four years, in order "to spare Clotilde of all worry" (in fact she was progressively excluding her from any information and decisive powers, with susceptibility) o Marianne thus felt both guilty and in justly rejected, abandoned, if not suspect.

She had lost much weight over a short period, because she had been eating very little; her sleep was agitated. She was drained by a menopause which she was impatiently counting on to end a genital activity which had brought her nothing but problems, including (authentic) catamenial cephalaea.

Marianne was given 4 doses of CYCLAMEN 30 C which reestablished her state of mind. She then had several talks to clarify her feelings and… was given the imperative prescription to take the trip to Greece that she had been denying herself for fifteen years!

Consciously or not, a CYCLAMEN type wants to incarnate, give and to be taken for the image of self denial and accomplished devotion, in which can be found:

- sexual ambivalence (latent homosexuality, especially in masculin CYCLAMEN) by attempting to sublimate all urges;
- remorse, if the subject does not believe her/himself to be conform to this image;
- "dis-compensation" ("giving up, and feelings of persecution) when the subject believes or feels that she/he is misunderstood.

By the subject's scrupulous "hyperdevotion":
- less slave-like than that of PULSATILLA;
- less curt and aggressive than that of SEPIA;
- less condescending than that of PLATINA,
this false PULSATILLA, pushing off a need to affirm a hold over the other, can reveal itself to be drastic under the appearance of an angel of devotion…. which makes all frustration in love (imposed or voluntary) and all self-enhancements so costly.

Depending less on her/his mother than PULSATILLA, less tied to her/his father than SEPIA, the CYCLAMEN subject draws surreptitiously closer to PLATINA by unadmitted complaoency, to form an idealized image of self.

Bibliography:
2. PELIKAN, W., Ibid;I:227-228.

[From the Journal of the OMHI, VOLUME1 No.2 APRIL – 1988]
CARCINOSIN

Note: The number inside the bracket [1/indicates the underlining. This notation is used to indicate the strength or emphasis of symptoms. Further details concerning the parameters of underlining may be found in Vithoulkas, The Science of Homoeopathy, Grove Press, NY, 1980]

1st visit, 12-9-82.

This 25 year old woman has an eight-year history of weakness. She has had an eczematous rash since last year, which was over the whole body but is now localized to the neck and shoulders. She has had recurrent ovarian cysts, always right sided, causing numbing pain down her leg. Her life is difficult (1). She has anxiety about the future (2).

She has a great fear of getting ill like her mother. Her mother was the only relative that she knew and her mother died of cancer. She feels as if her destiny is inextricably bound to that of her mother's. She feels as if there is no life in front of her.

Nightmares, she dreams of getting ill (1); of having bad blood (1); "my will is slipping (1)." She tries to control things but she can't discipline herself. She was outgoing in the past, but she now is a "bookworm," with an increasing lack of contact with people.

She fell in love with the wrong man (1); the passion overwhelmed her (2); they had unprotected sex. She then had an abortion (previously having had three abortions), and she vowed never to have another; yet had sex while ovulating. She felt dominated by a wild, hungry impulse, a compulsion to get as much as she could. She became very depressed after having given over to this passion (2).

Anxiety about health (3). Fear of cancer. Death is a big evil thing. She worries about everything, and can't stay home alone. She feels as if things are closing in on her (1) when alone at home. She loves responsibility; a leader-type; good organizer; orderly (1) and clean. She has always been a fanatical sweeper; she doesn't like to see things on the ground. She is sensitive and she weeps when appreciated.

Desires fat (2); Oranges when younger (2); Chocolate (1); spicy (1); butter (1). She loves the sea, which ameliorates her physical complaints (1); loves brisk outdoors (1); loves to dance (2); euphoric from exercise. She always had a strong sex desire.

This patient was a previously vital and creative individual who was very depressed and anxious at the time of the interview. In the past she had been an art student and managed a thriving art gallery. She had for many years a deep, semi-conscious fear of deteriorating physically like her mother with whom she identified very closely, and she had maintained a tight mental control over her life and dietary habits.

Her inability to control her sexual desire for one particular man and the consequences of this precipitated a deepening depression and social withdrawal, colored by feelings of loss of control and, concomitantly, increasing anxiety about her health and future. For many years she had suffered from recurrent right-sided ovarian problems, and over the preceding year she had developed an eczematous eruption which was partially controlled by locally specific remedies prescribed by an eclectic naturopath.
ANALYSIS

The core of the case revolves around the following symptom picture: right-sided complaints; great anxiety about health (especially cancer), and the future; fears loss of control (feels her will is slipping) and experiences life as a struggle; orderly and clean to a degree which may be called fastidious; anxiety alone in the house; strong sexual passion; desire for fats, oranges, butter, chocolate and spicy foods; seaside ameliorates; better for exercise outdoors; loves to dance.

The differentiation lay between Calcarea, Arsenicum album, Medorrhinum, and Carcinosin. Arsenicum was suggested by the great anxiety about health, the need for company, and the obsessional cleanliness, yet was not really supported by the rest of the totality. Calcarea carbonica was an early consideration based upon the anxiety about health and about the future combined with a need for orderliness and a sense of "slipping will" or loss of control. However the amelioration from exertion and damp (sea) air combined with a desire for fat and a general intuition based upon a sense of the totality lead away from this choice. Medorrhinum appears to be well supported by the passionate nature, definite amelioration by the sea and a desire for oranges. However the fastidious tendencies, the need for control and the strong love of dance raised the question of Carcinosin.

Careful consideration of the case reveals much confirmation in the available data concerning Carcinosin. Vithoulkas has described such cases as having much energy, especially in the sexual sphere. They are "vital, social,\textsuperscript{[V5-154]} expressive people who may have great irritability manifesting as fits or out- bursts of passion. As their pathology increases they exhibit a need for order and program rather than on small and picky details. The anxiety may be quite severe."

The right-sidedness (ovarian cysts) finds confirmation in both the provings and clinical experience. There may be a strong desire for OR an aversion to the following foods: salt, meat, fat, sweets, as well as eggs, and fruit, and a desire for garlic, onions and alcohol. The effect of the sea air, and the strong sense of rhythm and love of dancing may be regarded as strong indications for this remedy. Amelioration by the open air has also been described.

The family history of cancer is a well known association and has been reported to be more frequent on the mother's side. Foubister gives a list of related remedies (Tub., Sep., Syph., Nat-m., Calc-p., Dysco., Lyc., Phos., Ars., Ars-i., Puls., Sulph., Nat-s., Op., Alum., Staph., Nux-v., Dios.) and Cooper states that it is a strong indication when two or more related remedies are partially indicated, but no one adequately covers the case.

The data upon which this prescription was based was obtained during a single interview lasting one and a half hours. The remedy, Carcinosin, was administered in the 1M potency and obtained from Standard Homeopathic Company in Los Angeles.

FOLLOW-UP: A number of interesting points were brought out in subsequent interviews, MIND: The patient reported that within 15 minutes after taking the remedy she felt a definite effect which she described as a state of euphoria alternating with perceptual distortions, as if she were drunk, or had taken a strong drug. This state lasted about 24 hours and was followed by uncharacteristic outbursts of anger and irritability over the following week.
LEFT--SIDED SYMPTOMATOLOGY: Her menses came one week early accompanied by a (for the first time) left-sided ovarian cyst. Additional left-sided symptoms were left upper quadrant discomfort and drainage from the left nostril. This confirms the indications of right to left movement brought out in the provings.

SKIN: The previously suppressed eruption was aggravated. The skin on her lower face, neck, and shoulders became hard, thick, and excoriated. Sores developed on her chin which took on the appearance of secondarily infected lesion. The cervical nodes (especially the submental) were markedly swollen and tender. This whole picture cleared almost completely with no intervention over the ensuing 6 weeks.

Within the first few months the ovarian cysts ceased to form and appeared to be replaced by the development of right-sided boils. These took the form, initially, of large, red, very tender swellings on her chin. With subsequent cycles they moved first to the buttocks, then the upper arm, and finally the thigh. The latter eruptions began as spots similar to mosquito bites. Around these appeared areas of induration up to 5 cm in diameter and bright red to purple in color. These areas were excruciatingly tender until they spontaneously discharged vast quantities of a clear to slimy yellow matter similar to cake batter. The discharges would continue for 3 - 4 days and were accompanied by a general amelioration. After the boils had subsided she reported a tendency to develop bruises on the right thigh with no precipitating event.

It must be emphasized that all through this seemingly difficult period the patient was never in doubt as to the definite improvement in both her psychological state and general sense of well being.

ADDITIONAL COMMENTS: Over the past 5 years, since I first prescribed this remedy I have had occasion to use it in some 4 or 5 other cases in which it has, acted. The noteworthy similarity in these cases has been the differentiation from Medorrhinum, the confusing picture of the food desires and aversions, the love of dancing, and the poor family history in terms of many chronic and deep-seated illnesses among the close relatives. I am most interested to hear from any others who might have experience with this remedy.

Sources:
Stephenson, J., Hahnemannian Provings 1924 - 59, A Materia Medica and Repertory, Roy & Co., India.
4.2 **THLASPI BURSA PASTORIS** - Henry N. Williams, M.D

(The following is an abstract of a paper presented at Ohio-Michigan-Southern Homoeopathic Meeting" Englewood, Ohio, October, 2, 1987.)

In my experience, the administration of as little as five drops of the tincture of Thlaspi bursa pastoris in water before each meal has rendered recurrent urinary stone producers free from stones for many years.


The use of Thlaspi tincture to prevent renal calculi must be attributed to Rudolph Steiner (1876 - 1925), an Austrian teacher and educator whose lectures to physicians have given us a number of valuable therapeutic tools.

My first case was probably the most dramatic. D.B., at the age of 15, started to have kidney stones and at 19, had a left nephrectomy. The frequency of stones continued. At the age of 21, he was admitted to the hospital, anuric for 24 hours with a BUN of 100 and symptoms of urinary obstruction. A urethral lithotomy and nephrostomy were done and the tube from the kidney to the outside was left open for some months. When it became dislodged, the patient chose not to have it replaced. He did well for the next 12 years, occasionally spontaneously passing gravels and stones. On only four occasions was a narcotic sedative required. At 33, he was hospitalized with severe symptoms of obstructed ureter which resolved spontaneously shortly after admission. At 35, he developed flank pain, anorexia, nausea, and vomiting. After unsuccessful attempts to remove the calculus he was operated upon at NIH. Following removal of the stone, he was investigated metabolically because of the repeated cystine stones and was discharged on a low cystine diet. Returning home, he came to my office for the first time and I prescribed Thlaspi tincture - 5 drops before each meal. He continued without stones for the next 21 years, but then stopped the drops. A year later, this past summer, he passed small stones on two occasions and a return to the drops was advised.

To date, I have treated ten other patients with recurrent renal calculi. In only one has there been a stone over a total of 53 patient-years when Thlaspi was taken. Was this because of concurrent constitutional treatment in four of the patients? I cannot say. But the results are so spectacular that I feel they should be reported and made available, at least as an adjuvant to those under constitutional homoeopathic care. My experience suggests that low potencies of most medications will not interfere with the action of the constitutional medicine. The exception is *Nux vomica*.  

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4.3 AN INVOLUNTARY PROVING OF TAXUS BACCATA

Prof. Dr. med. habil. A. Kukowa of Greiz, Thuringen, was working in June 1965 in his garden near four yew trees, when he developed dizziness, nausea, headache and anxiety. "My vision became misty and I was terrified to find that I was becoming disoriented. Coloured visions and phantoms appeared. I lost the sense of time, and felt dissociated from my surroundings. I tried to resist, but could not, and felt mysterious powers overcoming my senses and wrapping me in a tight veil and smoke screen. I broke into a cold sweat and seemed paralyzed. Vampires, cuttlefish, vipers, rats, creepy monsters and other disgusting animals crept near and threatened me."

"I tried to call for help but my voice failed and I could not get my breath. Then the awful anguish passed off and an euphoric mood took me into a dream-like paradise. Free from gravity, I was floating in a huge circus tent; from the dome of it came wonderful light effects and heavenly music. Down in the arena were many young animals and lion cubs and lambs were playing happily together. Innumerable humming birds and butterflies were competing in acrobatic movements."

"I do not know how long these hallucinations lasted or how I managed to get away from the yew trees. I only remember staggering to the door of the house, disturbed, drowsy and dyspnoeic and then regaining normal consciousness."

"In order to eliminate other causes of this experience I returned next day to the yews and deliberately touched both fresh and dry twigs, and again noticed that slowly but definitely I began to be overwhelmed by the influence of trees, so I stopped the experiment immediately and only a slight euphoria lingered for a few minutes."

[From the ACTA HOMOEOPATHICA, 1970, May-June; for PRIVATE CIRCULATION ONLY]
4.4 CARBO BETULAE POLARIS IN CASES OF CARCINOMA

In Naturliche Heilweisen" journal 5/1970 reports WATERLAND, E. about curing cancer by means of uncooked vegetarian food and Finnish birch-ashes. These birches, which grow in the Finnish arctic zone and have to live under extreme poor and hard conditions, are very rich in minerals and trace elements which to this extent are missing in birches growing in a milder climate. The German homoeopathic physician, Dr. REHM, informed the editorship that for 2 years he has treated with good success carcinoma, the symptoms of which point to Carbo Vegetabilis and Carbo animalis with Carbo vegetabilis Polaris D3.

[From ACTA HOMOEOPATHICA Band XIV (2) 1970 Heft 3 Mai – Jun i]
4.5 MAGNESIUM FLUORATUM D30 (30X) - A PROVING - Franz Swoboda

Programme, subjects, method and material

The proving was carried out on a double-blind basis, in Vienna, Austria, in fall 1985. The drug had not undergone a proving before. The potency used was the 30X, D 30 as we say. The number of subjects was reduced to 18, due to experience with former provings.

The subjects were mostly physicians, none had a history of serious organic disease and the preconditions of "functional balance" had been met. A protocol book was handed out to each subject so that a complete case history and conscientious recording throughout the proving would be provided.

The proving was carried out on a double-blind basis. The substance under investigation was not known to subjects and tutors (as we call the conductors of the study). The subjects had not been told whether or not one, both or none of the two vials contained placebo or drug.

The drug was prepared carefully by a Viennese pharmacist, and potentized up to the 30X, using Hahnemann's method.

The subjects had to take 5 granules a day.

Response and assessment

13 protocol books could be included for assessment, a number which turned out to be sufficient.

The subjects, 7 females and 6 males, aged between 24 and 66, had taken the drug for 45 days on average.

On the whole, the subjects carefully recorded their symptoms. They were aware of the preconditions for participation in a homoeopathic drug proving and of the essential facts relevant to the procedure. Most of them had already been known as "responders" from earlier provings.

The proving had to be discontinued in 2 cases as severe drug reactions occurred. After the symptoms had disappeared, both subjects continued the proving, showing the same reactions to the drug as they had shown before.

The first step to assessment was to decide who had received placebo or verum. This could be done in most of the cases. At this point, the code had not yet been broken. We wanted to identify the drug, as Stuebler and Bayr had shown to be possible in the proving of Berberis in 1982. (See “Only Hom. DIGEST”, Vol IV, No.3, Sept, 1987)

First we tried to do so by repertorizing the symptoms we had agreed to rely upon, mainly generals and symptoms of mind. The result was unsatisfying, showing Lycopodium and Silica in highest rank, followed by six further remedies, among them Magnesium.

As the test drug could not be found in this way, we decided to repertorize particulars. In the process we came across the Labiatae, a plant family not known very well in homoeopathy.

We use them rather as herbs and spices. We found that a species of Teucrium contained a high amount of Magnesium in its ash.
For this and some other reasons, Magnesium was likely to be an important constituent of the drug. However, it was not Magnesium carb., but there was something else we could not identify. It was not Phosphorus, quite close in some aspects. We thought of Fluor (fluoride), but failed to notice the synthesis of Mag. and fluor. So far the detective's approach to the proving.

Although we did not succeed in identifying the drug, the fact that we came quite close is of great importance. From this study the conclusion could be drawn that a 30X produces characteristic reactions in healthy subjects. This could help to meet a main point of criticism to homoeopathy: Can a high potency cause other than placebo reactions?

Indeed, a high potency has its specific drug picture with symptoms carefully ascertained and reviewed.

Selection of Symptoms, comments

(A complete list of symptoms is left to the publication in DOCUMENTA HOMOOPATHICA 1987, here only some outstanding ones can be discussed.)

Changes of mood showed a marked ambivalence. Some subjects reported remarkably good mood with activity, patience at work, self-confidence (fluor), others felt irritable, morose, impatient (magnes). On the sixth day one subject fell into a deep depression, something she had never experienced before. She reported that she was afraid of what she had to do, of imminent events, of everything. She felt unable to continue with her daily work as well as with the proving. Few days later she felt better again and ever since that has never had such sensations again.

Vivid dreams and problems in falling asleep were ascertained repeatedly. Several subjects noticed a similar kind of headache. The pain had a sudden onset, was sharp, pulsating, hot, undulating, and ceased suddenly. Sometimes the pain was violent, one subject described it at one point as crushing.

The fact that the pain recurred frequently suggested that Mag. fluor. could be used as a drug for the detection or even the cure of a focus.

Several subjects reported symptoms of minor infections. One showed symptoms of his well known seasonal rhinitis, though it was not at all the season for it. (The proving took place in a cold November.) The following spring and summer this subject noted a considerable improvement of his seasonal rhinitis. This is all the more remarkable, since another subject also felt his seasonal rhinitis to be less severe after having gone through this proving.

Reactions with the digestive organs were heavy and showed clear Magnesium symptoms, as we had expected.

What was surprising though was a variety of symptoms of the heart and, even more, of the sexual organs. Subjects tend not to admit them if they notice them at all. With Mag. fluor. 30X five out of thirteen provers reported markedly increased or diminished sexual desire. Some reported both, that is, increased desire could be followed by loss of desire and vice versa. Such a polarity is characteristic for a drug reaction and indicates that the subject was on verum.

Sexual fantasies and dreams with sexual contents were recorded. Two provers suffered from balanitis. One subject noted her periods to be painless under Mag. fluor. On the basis of
this symptom, Mag. fluor. was prescribed as a remedy for heavy menstrual pains. It cured where Mag. Phos. had failed to act.

Ten out of thirteen provers recorded symptoms in the musculoskeletal and locomotor system. Some of these pains were rather unusual, as they were felt "deep in the bones" and "in the joints". They reminded us of the profound action that calcarea, calc. fluor and silica - known to be related drugs - have upon the bones. The pains were pulsating, deep-seated and intense. In one subject they repeatedly occurred before snowfall. We do not know many drugs with this modality, calc, calc fluor, mag and silica among them. The impressive results upon the musculoskeletal system made us again think of the possible action of Mag. fluor upon a focus.

**Points to be considered in provings**

Provings have tradition in Austria and Germany. Theory and technique have been discussed in detail in several publications by those who also have experience which ranks high. Julius Mezger, Martin Stuebler and Georg Bayr are those who have contributed most to both, theory and practice of homoeopathic drug provings.

**Acknowledgments**

Our thanks are due to the subjects, who took their share of suffering. According to Fritsche this is part of the basic approach for homoeopathic physicians.

**References:**

Allgemeine Homöopathische Zeitung 1983; No 5.


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Koenig P. and Swbodo F Acidum succinicum 30X - a drug proving.  

Documenta Homöopathica, Bd. 6, 1986 Karl F. Haug, Heidelberg.

[From Transactions of the LIGA, ARLINSTON, WASHINGTON, USA 29 March – 2 April 1987]
4.6 TESTING AND CLINICAL ADMINISTRATION OF PROPLIS -

E. Urban

Some qualities of Propolis were already known in the antique, especially by the old Egyptian priests who studied the medicine and mastered the art of embalming mummies. They knew the balsamic substances like Propolis even several thousand years before Christ.

Propolis was already a very well known substance by the Greeks. The word Propolis comes from the Greek language and means “before the town” or “before the community”, which means, that Propolis is the guardian which protects the community against the enemies. The greek philosopher Aristotles studied intensively the life of bees. He seemed to have built himself a transparent beehive. He tells, that the bees had covered the inside surface of the beehive with a brown substance, probably Propolis. Aristotles was convinced that this substance was a remedy for diseases of the skin, especially against ulcers and suppuration. The Roman author Plinius reported that resin, the bees use that resin that they collect from the buds of willow, poplar and chestnut. Other latin authors like Virgilius, Galenus and Varro mention Propolis in their works and say that the roman legionaries took Propolis with them on their military expeditions. They always had a certain quantity of this product for the purpose of treating wounds of the skin and to drive out thorns and other alien bodies out of the tissue. The remedy was used for ulcers and carbuncles and for diminishing the pain.

The Koran mentions Propolis as a substance of variable colour that was often used in treatment. Avicenna speaks of two different sorts of wax: the poor wax and the black wax - which is resin, Propolis.

He said that the therapeutic effects of Propolis are the softening and cleaning of the tissue and to get off spines find metallic foreign bodies. The Inkas had also discovered the use of Propolis. Already before the arrival of the Spanish, before the year 16.Jh. they used it for disinfection and to produce fever. After this time there was no more news about Propolis until the end of the 19th century. In the early years of this century Propolis was very much used and it was a sort of universal remedy. It was used in different preparations for plasters, cream and inhalation. Propolis has a long history in European ethno-medicine. It is currently used to a great extent in eastern European medicine. During the Second World War it was extensively used in Russian hospitals. Also during the Boer War (1899 - 1902) a distillation of Propolis was used for the treatment of wounds and ulcers. Many wounded soldiers survived with this treatment.

The importance of Propolis cannot be exaggerated. The interested layman is surprised to hear that the bees give us a further important product beside the honey, the wax, their poison and the Royal Jelly: Propolis the resin of the bees. Even though Propolis has a very long history in the household - and ethno-medicine, it has only entered the pharmacy in the last few years. When I started to use it, my information came from beekeepers. My first application of Propolis was to use it for my own infections of mouth and throat inflammation. I read about other applications in the layman’s press. There were euphoric reports of healing of nearly every disease by Propolis, even cancer.
Before our studies there had been no homoeopathic test on healthy persons. The action of Propolis which was known has been based on experience. Propolis is a resin like substance which is collected by the honey bees from the buds of willow, birch and poplar. In North America, Propolis comes mostly from the poplar trees. In Central Russia one bee swarm can collect 60 gram in one year. The honey bees use it to cover the inside surface of the beehive and to fasten the honeycomb. Most beekeepers do not like it when the bees stick the combs and part of the hives together with it. The bees seal the cracks and the slits of the beehive. Small animals like mice which invade the hive and are too big to be removed are killed and covered with Propolis. It prevents the putrefaction because it acts as an antiseptic. You often find mummified little animals in a beehive and there is no smell of decomposition.

The resin has a dark yellow brown colour which can be molded by the fingers to a soft mass. It has a balsamic smell. The melting point is by 64 degree Celsius. The specific gravity is 1.2 gram/cm$^3$ (a little bit more than that of water). Among the types of substances found in Propolis are waxes, resins, balsams aromatic and etheric oils, pollen and other organic matter. The propotion of these types of substances depends on the area of collection.

Generally it contains about 30% wax, 55% resins and balsams, 10% etheric oils and about 5% pollen. Up to now several chemical substances have been found in Propolis: Cinnamic acid and cinamyl alcohol, vaniline, different flavonoides and caffee\[V5-169]\joylics.

Propolis is well known for its antibiotic and antimicrobial effect. It acts bactericid and fungicidal even when it is diluted 1: 5000. New clinical trials seem to show also an antiviral effect. Propolis seems to contain an antitherpetic agent. Testing Propolis C30: We know from experience, that taking quite a lot of Propolis mother tincture or chewing the raw product produces an immediate numbing feeling of the mucous membranes of the tongue and mouth. The taste and the sense of smell is blocked for a long time by the intensive aromatic smell of Propolis. Later nausea appears, coming from the stomach. In sensitive persons the contact can provoke allergic reactions like swelling and redness of the parts of the skin.

Knowing the toxic effects of Propolis, I was inter ested to see if there are any other symptoms, than only organotropic symptoms when taking higher potencies. Therefore we made a testing in 1983/84 with 25 healthy persons with Propolis C30. The test was made with eight men, 14 women and three children. Seven were doctors, the other laymen. The substance was taken for two weeks followed by two weeks of observing symptoms. The substance was taken for 14 days, two times a day 5 globuli. The substance for preparing the globuli was potentized by myself. No one of the provers got to know, which substance he had to take. Each member of the group received Propolis C30, there was no placebo group.

**List of symptoms**

*Emotions:* Much more well-poised and relaxed. **Tired** the whole day. Unusual tiredness which was usual by 12 O' clock, even before lunch. Some more tiredness than usual, because I fell asleep during my lectures. Very tired. Child is very kind and interested in playing. In the morning tireder than otherwise even after sleeping longer.

*Sleeping and dreaming:*
Restless, anxious and angry dreaming, dreaming of travelling.

Awaking angrily during the night.

Desires, aversions:

Very strong appetite, very hungry, desire for every sort of food. Very much appetite for everything, also very thirsty. After awaking strong desire for sweets. Increased appetite during the whole time of the test. Desire for fruits and bread.

Head: Headache. 9 a.m. suddenly strong pain in the forehead and in the back of the head until 1 p.m. Vertigo when bending forward. Headache pressing. 8.30 sudden headache, especially forehead and left temporal region, lasting for one and half hours.

Headache in the morning. Vertigo in the morning. In the afternoon slight pressing headache, not better by walking in the fresh Air. Dull headache from 9 a.m. to 6 p.m. in the forehead and root of the nose. Light pain in the forehead for some hours. From 4 p.m. increasing pain in the forehead after siesta. Light vertigo which never appeared before. 12 o’clock gnawing headache in the right forehead, better by lying down, decreasing in the afternoon. 11.15 spasmodic headache above the left temporal region which came back at 6 p.m. on the first day. Short intermittent pain near the right parietal region, while walking. Knocking pain twice, above the right eye, then for 8 short time passing to the right parietal region. Headache changing between the left parietal region and right forehead.

Ears: From 4.30 p.m. pain in the left ear. Slight pain in the ear. Strong pain in the ear. Swelling of the right parotid. Very quick release of pain and swelling. 3p.m. lightning pain in the left ear. 5 p.m. strong feeling of heat with red-hot head, In the ear no redness. 7 p.m. hardly any pain, only sometimes a little twitching in the ear. Heat changes to chill. In the evening burning of the outside part of the right ear. Feeling of pressing behind the ears. 9.45 a.m. a sudden pain of the left ear. At the same time feeling as if the left parotis gland was very much swollen, because there was pain when touching it. The pain decreased only in the afternoon. A feeling as if there was water in the right ear, for some minutes.

Nose, sinus: Some discharge from the nose. In the right nostril bleeding scab. Frequent sneezing. At first blocked nose, later running nose. Cold better. In the evening some cold. A little watery discharge from the nose. Pain in the forehead, in the region of sinus frontalis, soon disappearing, but afterwards watery discharge from the nose and pharyngitis. In the morning secretion of mucous from the right nostril. Little discharge from the nose. Increasing watery discharge. Cold with slight headache. 6 p.m. some tickling in the nose and little watery discharge, after long walking in the cold air. The next morning at 9 a.m. still tickling, but less discharge from the nose.

Mouth, tongue: At 9 p.m. sudden appearance of herpes labialis of lower lip, which remains only a short time and disappears very fast. Little ulcers like aphtae of the mucous membrane of the left cheek. Bleeding from the gums very much less than normally, hardly any inflammation of the gums. Painful tear of the left wing of the mouth which disappeared the next day. The breath smelt bad and the tongue covered grey, except the tip. Pustular eruptions around the mouth.

Throat: Dryness in the throat and rectronasal region. Pain in the throat when swallowing, 5 hours after the first dose of the remedy. Disappeared after a few hours. Pain in the throat in the
morning when getting up, after breakfast no pain. Rawness of the throat. 10 p.m. feeling as if thick lump in the throat, when swallowing. From 8 p.m. pain in the throat and rough feeling in the upper part and the palate. Rough burning feeling in the throat.

Little pain when swallowing.

Breathing, cough: Dry cough in the morning. Cough with discharge of a little piece of hard mucous, the size of a pea. Light pressing feeling in the lower part of thorax. Continuing light pressing feeling in the lower chest. Short spasmodic pain in the left thorax.

Kidney, bladder, genitals:

During the light frequent urination despite normal fluid intake. Urination very often. In the afternoon three times intermittent pain the urethra. White itching pimples of pinhead size in the morning only around the ostium uretrae, in the evening on the whole glans penis and a little on the prepuce. The eruptions disappeared after one week. Painful tear in the frenulum of the prepuce.

Skin: Face covered with red spots, disappearing after one day. Pustular eruption on the nose. Unclean skin, three Pustular eruptions in the face, which had never been before. In the morning a round spot the size of a finger nail on the left cheek, disappearing by 12 o’clock. One Pustular eruption in the neck which healed after two days. 3 p.m. painful passing pustular eruption between the root of the nose and the right upper lid.

Temperature: Normally warm hand: during the test hand ice cold. Freezing feeling over the whole body. Transitory chilliness at 4 p.m. Cold fingers in the morning between 10 and 12 o’clock. 4 p.m. chillness after the walk.

Treatment:

1. A 63 year old woman with sinusitis. Bloody-yellow discharge from the nose and retronasal. She received one dose of Propolis C30. The symptoms disappeared within two days.

2. A second had tonsillitis and a sore dry throat with pain when swallowing. She received one dose of Propolis C30. The pain and the symptoms disappeared the next day.

3. A 56 year old woman with haemorrhagic cystitis was treated in general ways without effect. (Sepia, Apis, Cantharis). After 5 weeks she received Propolis C30 because of the burning pain in the uretra. The pain disappeared within 4 days, and also the urine test did not show any more erythrocyts and bacteria or albumin.

A 24 year old woman, who had pain in the throat for 6 weeks, received Propolis C30, one dose. After 3 days everything was better. Only minimal pain. Two months later she sometimes had in the morning a little pain in the throat. Again one does Propolis C30. 14 days later no more pain.

5. A 6 year old girl who had leftside otitis media and herpes labialis on the upper lip received one dose Propolis C30. The earache and the skin eruptions disappeared in two days.

6. A 9 year old girl had a sudden earache on the left side with redness of tympanic membrane, received one dose of Propolis C30. The next day no more pain and inflammation was present.
7. A 29 year old woman with haemorrhagic cystitis. Urine-test showed albumin, erythrocytes and bacteria. After 14 days treatment with other remedies there was no improvement. She received one dose Propolis C30. Pain and urine symptoms disappeared within one day.

8. A 25 year old woman had pharyngitis and pain when swallowing. She received two doses of Propolis C30 for two days. After the first day the pain in the throat was less, but the eustachian tube was blocked on both sides. The next day everything was better.

9. A 3 year old girl had otitis in both ears. She received one dose of Propolis C30. Two days later, her mother reported a very sudden change. There was no more pain and very fast improvement. This happened in December 1985. Since then the girl had otitis media twice. She needed Belladonna and Ferrum phosphoricum.

Propolis seemed not to be a remedy to prevent the relapse. Its action is very quick and short lived. It acts more on the surface than in depth.

**Conclusion**

There is a remarkable predomination of the symptoms of the head. Acute symptoms of the head appeared in 12 cases. There was a strong; affinity to the head, the sinus and the organs of nasopharynx. This was not accidental nor by reason of an epidemic, because the tests were carried out during different seasons of the year on various people who lived widely dispersed. Some even in the mountains and some by the sea.

Besides the symptoms concerning the head there is also a strong affinity to the organs of the urinary tract and the skin. Several patients had increased appetite during the whole test. Symptoms of the emotional level were: better mental balance and well-being but also more tiredness.

The appearance of the organotropic symptoms was very sudden, the symptoms disappeared as well after a short time. The action of the remedy is quick and violent. It can be compared with Aconitum, Belladonna and Chamomilla.

The administration of Propolis C30 in several cases of otitis, sinusitis, tonsillitis, herpes labialis and cystitis showed, that high potentized Propolis is superior to the mother tincture in respect of quick healing.

It is necessary to organize a further test using low, middle and high potentized Propolis by several sensitive provers to complete the picture of the remedy by getting more mental and emotional symptoms.

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4.7 THREE MODERN PROVINGS: ARNICA, BRYONIA AND PULSATILLA

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The Rt. Hon. J. Dickson Mason, PC, MBCHB (GLAS), DHMSA, FRSA

INTRODUCTION It is generally stated by homoeopaths that homoeopathy is founded on provings. Even though it is acknowledged that clinical symptoms play a considerable role in the materia medica, it is nevertheless held that the bulk of the symptoms described for the various remedies are derived from provings.

This claim is however somewhat dubious, for various reasons. Most of the relevant literature is nineteenth century in origin, and therefore is based on experiments that, whatever their historical interest, would not be accepted as reliable today. There is, for instance, little or no awareness of the placebo effect, and none of the provings appear to have been even single blind. Assessment of the reliability of these older provings is made difficult by the fact that they were often not published in their original form but only as summaries, often in arbitrary forms. In any case, few modern homoeopaths read even the original material that is available preferring instead to depend on secondary, tertiary, or even more remote compilations of materia medica.

The principal original or near-original sources available to us are Hahnemann's Materia Medica Pura and Chronic Diseases and Hughes's Cyclopaedia. Perusal of these works is not wholly reassuring; for while the more toxic substances undoubtedly yielded symptoms that are almost certainly drug-related, the same cannot be said of relatively inert remedies such as Lycopodium. There is thus a real need to reprove some of these latter remedies using modern criteria.

Such reproving needs to be done using tinctures, since it is not always realised that the provings of the Materia Medica Pura were made in this way; the same applies to most of the other work carried out in the nineteenth century; which mainly used either tinctures or very low potencies. The “provings” of the Chronic Diseases, on the other hand, were probably made with 30c potencies.

The aim of the present study was to reprove three commonly used remedies--Arnica, Bryonia, and Pulsatilla--in tincture. No placebo was included because it would not be possible to match the appearance and taste of the remedies. However, neither the provers nor the author (JDM), who was conducting the provings, knew the identity of the remedies.

SUBJECTS AND METHODS The provers were doctors attending the 1983-84 Long Course in Homoeopathy. Seven (four men, three women) took all three remedies, while an eighth prover took only Bryonia. The age range of the subjects was 28-43.

Provers were given three solutions labelled respectively A, B, and C; A was Arnica, B Bryonia, and C Pulsatilla. The Order in which the remedies were taken was random. After an initial 3-day run-in period provers asked to start taking a remedy and to increase the dosage daily according to the following scheme: Day 1, 1 drop; Day 2, 2 drops; Day 3, 4 drops; Day 4, 8
drops; Day 5, 16 drops; Day 6, 32 drops. Provers then waited for a further three days or until any symptoms died away, after which they went on to the next remedy. They were at liberty to stop taking the remedy at any time if symptoms became intolerable. They were asked to record all symptoms daily in a notebook.

When all the provings were completed the notebooks were given to two experienced homoeopaths who were asked to try to identify the remedies that had been used. The provers themselves were also invited to do this. As a further test the symptoms were analysed using the computer Repertorization programme currently being developed in the Research Unit at The Royal London Homoeopathic Hospital.

RESULTS: The overall impression conveyed by the provers' reports is the remarkable lack of convincing symptoms produced by any of the remedies. Those symptoms that did occur were nearly all obviously attributable to intercurrent upper respiratory tract infections and other incidental factors. Neither Arnica nor Belladonna produced any relevant symptoms; in the case of Pulsatilla, one female prover experienced crampy lower abdominal pains on days 5 and 6 and the first post-treatment day; she also felt inexplicably low-spirited and commented that she felt as if she had premenstrual tension although at mid-cycle.

Neither of the independent judges and none of the provers identified any of the remedies. The computer also failed to do this.

DISCUSSION: This study shows that it is difficult, if not impossible, to produce any notable symptoms using three common remedies in fairly substantial doses of tincture. This will probably surprise many homoeopaths, but not those who have made a detailed study of the relevant reports in Hughes's Cyclopaedia. In reading these reports it is difficult to avoid the suspicion that many of the symptoms recorded therein are not really due to the remedies, and the present study supports this view. It is of course possible that larger doses or more prolonged administration would have produced more symptoms, but it would be more difficult to secure volunteer cooperation for such a trial and there is also an ethical problem, in that the safety of taking very large or prolonged dosages of tinctures cannot be assumed. Moreover, the longer a proving lasts, the greater the chance that irrelevant symptoms due to unrelated causes will intrude and confuse the picture.

The implications of this study, which is supported by at least one other critical modern proving, are disturbing from the conventional view of homoeopathy as founded on provings. While there is no reason to doubt that more toxic substances such as heavy metals and active chemical compounds would give rise to genuine symptoms, this is not true of the remedies tested in this trial and, probably, of a number of other relatively non-toxic substances used in homoeopathy. The present study therefore reinforces the view that a large, though unquantifiable, part of the homoeopathic materia medica is based, not on provings. But on clinical indications that have accumulated since the days of Hahnemann and the early pioneers.

[From the BRITISH HOMOEOPATHIC JOURNAL – Vol73, No.4 October 1984: for Private Circulation Only]
4.8 **BOOK SHELF**

1. "**KEY TO THE RUBRICS OF MIND**", Dr. M.L. Agrawal, Pankaj Publications, 37 South Anarkali Extension, Delhi - 110 051, Pages-178. Price Rs.40/-, US $ 12.

   The author, Dr. M.L. Agrawal has in 1985, published "**MATERIA MEDICA OF HUMAN MIND**" (Pankaj Publications, Delhi - 110 051, Rs.60/-) in which all the “mental symptoms" of a remedy enlisted in the Kent Repertory, have been gleaned and given. The complete 'portrait of mind' of a remedy may be obtained by a study of this. **KEY TO THE RUBRICS OF MIND** is, as the title would indicate, 'explanation' of each rubric.

   Dr. Agrawal has followed the Webster dictionary in this. It is believed that Kent himself followed Webster's. Below the explanation of each rubric, a brief 'example' is given, which in some cases appear inappropriate. Some rubrics are so self-explanatory that they do not at all require any further 'explanation' like 'Arrogance', 'Avarice', A 'comparative explanation' of synonymus rubrics - for example 'anger', 'indigation' ' vexation' or 'Anxiety', 'Apprehension', 'Fear' – would be more welcome. This task is not, of course, easy. The book would be useful for handy reference of explanation of each 'rubric'.

2. “**CYNODON DACTYLON AND ITS PROVING** (incorporating clinically verified symptoms)", Central Council for Research in Homoeopathy, B-1/6, Community Centre, Janakpuri, New Delhi - 110 058, pages 32, Rs.15/-.

   In its continuing research on homoeopathic remedies, the CCRH have brought out this monograph containing the most up-dated 'proving' symptoms and clinical symptoms of **CYNODON [V5-181]** DACTYLON. The region most affected by Cynod-d. appears to the g. i. Now it rests with the homoeopaths to apply this proving in the clinic and furnish the results so that more clinically reliable data may be built up. Such 'feed-back' would give encouragement for further proving. Printing, paper get up etc. are all of very good standard.

   It may be recalled that the CCRH have already brought out monographs of provings of 1) Kali muriaticum, 2) Abroma augustafolia, 3) Cassia sophorea.

3. "**REVIEW AND REVISION OF KENT'S REPERTORY IN RELATION TO OTHER WORKS - Chapter TEETH – ADDITIONS FROM BOERICKE'S REPERTORY**" Central Council for Research in Homoeopathy, Janakpuri, New Delhi - 110 058, pages 20, Price RS.10/-

   With a view of enlarging and improving the scope of practical use of the Kent repertory, the CCRH have undertaken additions to the Kent repertory without disturbing Kent's philosophical framework.

   Whereas the Kent contain's only 591 remedies, Boericke has 1414 remedies.

   The team of researchers have, after careful consideration, recommended certain additions – both rubrics and remedies to the Kent, from the Boericke.
Clear and in easily readable print, good quality paper and wrapper, this will certainly be of very great use in day-today practice. Must be on every homoeopath’s table for ready reference.

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4.9 FEED-BACK

"An orthopaedic surgeon doing his F.R.C.S. in London had come during his holidays to Madras by air. As soon as he arrived he had blocking and pain in both his ears. So he consulted an E.N.T. specialist in one of the prestigious private hospitals in Madras. The specialist diagnosed it as "Middle Ear Effusion" (MEE) and said that he will have to puncture (the ear drums) if the patient did not respond within 5 days to his medications. Not very happy about the likelihood of a puncture the patient approached me to find out if homeopathy could be of help. Fortunately I was able to persuade him to try our medications. I Selected Puls. in high potency first and Merc - Iod – Flavinum according to the symptoms. Though he had improved a lot after 3 days still he had blocking and a little pain. It was at this juncture that the "Quarterly Homeopathic Digest" arrived with Dr. Lakshminarayan's recommendation of Capsicum for pain in the ear drum caused by varying cabin pressure on a long air journey. So the next morning when the patient arrived, I gave him one dose of Capsicum 10M (as that was the only high potency had at that time) And hey presto! He reported the next morning that his blocking pain etc. had disappeared. And at his appointment at the E.N.T. Specialist's Clinic next day the specialist with smiles said that he was completely alright and didn't need a puncture. But unfortunately the patient didn't have the guts to tell the specialist that it was not his medicines that cured him but the sugar pills given by a homeopath! So please, convey my thanks to Dr. Lakshminarayan through your magazine for sharing his experience with fellow homeopaths".

Dr. (Mrs.) MABEL ARUL

347, Pantheon Road,

Madras - 600 008.
4.10 NEWS

I. HomeoNet is a new electronic network system with its offices in USA and UK. The idea of the HomeoNet is to create a bridge between all homoeopaths regardless of their location, languages or philosophical orientation. It is a communications network of the world's homoeopathic community. Of course a computer is a must for availing this facility.

HomeoNet is a member of the largest politically progressive network in the world, the Institute for Global Communications. Any type of computer can be used to access the network. It claims to help homoeopaths to communicate, research, contribute, share, consult, learn and band together to develop a global homoeopathic community. Cases and messages can be sent internationally at the speed of express service and the price of domestic mail. Latest homoeopathic news, book-buys, materia medica, latest research papers, clinical database, consultations from other practitioners, etc. can be had. The use seems to be very wide. The System Requirements are: any computer, a modem and communications soft-ware.

RESONANCE (Vol.10 No.6) says:
"HomeoNet is expanding internationally. Members have logged on from locations throughout the U.S., where the network began. There are now voices being heard (via computer, of course) from Australia, Argentina, Canada, England, Ireland, Scotland, Switzerland, Norway, the Netherlands, and W.Germany. For most of these participants, logging on simply means making a local telephone call. By making that call, one can communicate across borders and oceans."

Dr. Linda Johnston of USA says (in a personal communication): "For example, I needed some information about Lyme’s disease to assist a patient. I just put the information and request on the network and within two days I received two answers, one from England and the other from the east coast of the USA. Fabulous! You just turn on the computer and connect to the network through the phone lines."

Readers should note that as of now, it is not possible to hook on to HomoeoNet from India even one has a computer.

II. RECENT RESEARCHES: The scientific establishment was flustered by the article by Jacques Benveniste published in NATURE June 30th in which the learned Professor concluded that his experiments (as well as experiments independently carried out in four different laboratories in different countries) indicated that a substance can have a biological effect even when it is so diluted that there should not be any molecule of the substance in the solution - only a "memory" or "template" of the original substance. The experiments were repeated 70 times and all care taken to rule out experimental errors. The research showed that micro-doses could act on basophils. Of course, here a 'dilution' is not just that but a dilution in series according to the homoeopathic succussion procedure step by step as propounded by Hahnemann.

NATURE refused repeatedly to publish Benveniste's article. But all the obstacles were got over and finally a stage came when NATURE could no more refuse. But NATURE had its reservations:
"Certainly there can be no justification at this stage for an attempt to use Benveniste's conclusions for malign purpose for which they might be put ............."
The results of research published were so provocative of the hitherto believed scientific views that NATURE deputed a team to personally investigate the results of Prof. Benveniste's research. The team consisted of John Maddox of NATU RE, James Randi – a magician, Wallace Stewart - a 'scientist'.

The team spent two days in Prof. Benveniste's laboratory and reported to NATURE debunking the work and results. This, not-withstanding the fact that out of seven times the experiment was conducted the first three times showed that the micro-doses did have action. The full report of the so-called 'investigation' by the NATURE team, Prof. Benveniste's reply, the scientific world's reaction etc. may all be gleaned from the different international scientific journals.

"Benveniste’s observations strike at the roots of two centuries of observation and rationalization of physical phenomena. Where for example, would elementary principles such as the Law of Mass Action be if Benveniste is proved correct? The principle of restraint which applies is simply that, when an unexpected observation requires that a substantial part of our intellectual heritage should be thrown away, it is prudent to ask more carefully than usual whether the observation be correct." (NATURE)

Evidently it is this fear that the two-centuries-old views would be shattered if Benveniste's researches were to be accepted that has made the investigating team 'debunk' the experiments and the conclusions.

Whatever it may be, this and similar other on-going researches would surely bring about a great revolution in the scientific thought, just as Hahnemann revolutionized the very concepts of health, disease and therapeutics. The days have come when the scientific world cannot ignore homoeopathy.

III. HOMOEOPATHY IN THE USSR: Homoeopathy is growing in popularity in the USSR. A new homoeopathic hospital has been opened in Moscow in 1987. It is the first paying hospital in that country and is therefore a unique pioneering experiment. The hospital also contains a special children's ward.

It appears that whereas in Moscow, Leningrad and Riga, they prescribe below 30c, in Kiev high potencies 200 to 10,000 and generally only one remedy is prescribed. It will be interesting to note that medicines obtained by clinical studies only are prescribed in dilutions below 30c as also such remedies borrowed from allopathy like Pencillin, Prednisolone, Heparin. As far as possible aggravations are avoided.