

CENTRE FOR EXCELLENCE IN HOMŒOPATHY

CONTINUING HOMŒOPATHIC MEDICAL EDUCATION
SERVICES

QUARTERLY HOMŒOPATHIC DIGEST

VOL. IX, 1992



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

Adyaya I Brahmana 3 Mantra 28
Bṛhadāranyaka Upaniṣad

(This service is only for private circulation. Part I of the journal lists the Current literature in Homœopathy 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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1.QHD, Vol IX, 1, 1992

CONTINUING HOMOEOPATHY MEDICAL EDUCATION SERVICES QUARTERLY HOMOEOPATHIC DIGEST

VOL.IX**No.1, MARCH 1992**

Dear Reader,

The Quarterly Homoeopathic Digest (QHD) has completed eight years and has, with this issue, entered into the ninth.

2. As you know the QHD is a one-man venture; it is only for *Private circulation within a limited number*. The number of members of QHD has been around 100 only all these years. What I had in mind when I began this venture was to have a small but *discerning* readership who would *inter-act*. The number has been 'small', but the ideal of inter-action' has been totally wanting.

3. The QHD has been putting out a 'Current Literature Listing'. This 'listing' contains the titles and authors of articles, from the more important literature in Homoeopathy from all over the world, to the extent that they are available to me. This list is drawn subject wise. Thus the readers have a window through which they can look into the homoeopathic world.

4. From this year I have improved this 'listing' i.e. it will not just 'list but an abstract or summary or a 'brief' of what that article is about will be given. This would help those interested in 'research'.

5. In this 'list' I will include from this year the more important Indian Journals also. The 'list' will not, obviously, contain 'reprints' of old articles.

6. The Part II of the QHD would continue to carry full or condensed articles – as far as possible thematically.

7. I have also proposed to include a Part III which would contain *selected original articles/Case Reports, from Readers*. I WELCOME CASE REPORTS. This is one way of interaction. The Case Reports and articles should be *ORIGINAL* and not just run-of-the mill type.

8. Lastly: Foreign Journals have now become *prohibitively costly*. Stationery etc., and allround costs have also gone up. It is therefore against heavy odds that the QHD is being produced. The sole interest is – improving oneself in homoeo-therapeutics. Some feel that the print is too small and strains eyes. The print is deliberately kept small so as to accommodate maximum reading material. If larger print is made the number of pages, printing costs, postage, etc., would go higher in which case the so-called 'subscription' will have to be hiked or the reading matter reduced. I do not want to do either.

This issue carries an Index to QHD 1991. A glance would reveal the wealth of material the last volume contained.

Fraternal Greetings,

Yours sincerely,

K.S.SRINIVASAN

PART I CURRENT LITERATURE LISTING

A list of current homoeopathic literature, subject wise, is given below:

I PHILOSOPHY

1. Observations on paragraph 143

-GHPSER, K.H. (ZKH, 35, 1991)

Paragraph 142 of the Organon VI Edition says that recognizing some symptoms which arise after administering a homoeopathic medicine from the symptoms of the disease, especially a chronic disease for which that particular medicine was given, is higher art of judgement and left only to masters in observation.

However, even if not reckoned as 'masters', there have been here and there opportunities to observe in practice symptoms of the medicine during the course of treatment. The author narrates instances to corroborate his above-cited statement; even the millesimal potencies which HAHNEMANN called the 'mildest' have been able to bring out symptoms.

The old provers were very observant. We too may ponder how to distinguish between the side effects of the allopathic drugs and the symptoms arising out of a homoeopathic remedy during the course of its curative action.

2. HAHNEMANN and HEGEL or the medicament is the disease picture

-BOTTNER, S. (ZKH, 35, 3, 5/1992)

This very interesting essay is in three parts. Part I 'Homoeopathy as an alternative therapy concept', Part II 'HAHNEMANN's ideas on the healing process and the structure of the Law of Similars' and Part III 'The Law of Similars in the light of HEGEL's Natural Philosophy'.

The author attempts to give an interpretation of Homoeopathy of HAHNEMANN (1755-1843) in the light of the Natural Philosophy of HEGEL (1770-1831).

HAHNEMANN's concept of Life and his ideas of healing are translated unto HEGEL's terms thus overcoming the insufficiencies in HAHNEMANN's plan with the help of HEGEL's. The crux of the problem is the question; Why does the "Homoion" heal?

The author demonstrates with the aid of HEGEL's concepts that the homoeopathic medicine may be understood as the "truth" of the disease. The homoeopathic medicine heals because it describes to the sick organism its disease in an outward, similar object.

Only the idea that Homoeopathy is a descriptive therapy makes HAHNEMANN's attempts conceptually consistent.

3. Ideas about potency in Homoeopathy

-ALBIN, Steve (Similimum, 3, 4/1990)

Discusses potency choice in prescribing. Some of the considerations involved are:

1. The nature of the disease being treated.
2. The intensity of the symptoms of the patient.
3. The clarity of the symptom pattern.
4. The sensitivity of the patient.
5. More caution should be used with patients with multiple miasms.
6. The intent of the prescription
7. Atidoting factors.
8. Nosodes tend to work better when given in higher potencies.
4. Critical observations on the miasms

-**WOUTERS**, Maarten- Part 2
(NTKH,2,/1991)

5. The Layers theory-interview with Rajan ASNKARAN (NTKH, 2,2/1991)

In December 1989 Dr.Rajan ASNKARAN held a Seminar in Netherlands. This interview was over the Layers theory of George VITHOULKAS. Dr. Rajan SANKARAN also explains 'Delusions'.

6. Suppersions

-**DEMANGEAT**, George (CGH,28,2/1991)

7. The hahnemannian concept of vital force

-**DEMANGEAT**, Georges (CGH,28,2/1991)

II. MATERIA MEDICA

1. An interesting case-*Thuja*

-**SCHÜTTE**, M. (AHZ, 236, 1/1991)

Male 35 years. Some of the leading indications: imagines that he is double; that he is divided; that persons by him and who do what he does; agg. from onion and fat; as if his legs were made of glass. *Thuja* 30x; 200x and then 10M.

After the last dose an eczema developed on the elbow.

2. Homoeo-quiz

-**H.V.MÜLLER** (AHZ, 236, 1/1991)

Solution to Homoeo-quiz in AHZ, 6/ 1990)

-**SCHÜTTY**, Marta (AHZ,236, 1/1991)

3. *Scilla maritima*

-**SERET**, M. (AHZ,236, 1/1991)

Scilla maritima was recognized well as a medicine in olden days for Hydropsy,Epilepsy, severe coughs, nausea; also against bites of Viper. In the 18th century it was used as a diuretic and heart tonic. At the end of a severe cough sneezing and involuntary urination (HERING). The main symptoms are in mucous membranes, urinary passages, heart and spleen. High fever may be accompaniment. Movement agg., rest amel.

Case: 68 years old female; Cough, since quite some days; intense stiches in the region of larynx which caused cough. The cough was agonizing-agg. mornings and in the latter half of night; dry; Concomitants: lachrymation and watery, irritating nasal discharge. The peculiarity was that after every fifth cough sneezing followed; cold drinks amel., while warm agg., (Cahiers du groupement Hahnemannien, 27, 7/1990)

4. Eczema-*Manganum aceticum*

-**ILLING**, K.H.(ZKH,35,1/1991)

On the indication of aggravation by perspiration, two women patients 55years and 85 years of age with eczema and pruritis senilis respectively, were cured with *Manganum aceticum*. In both cases a single dose of 30 potency was given.

5. A peculiar symptom "Violent cough with spasmodic jerking of head forward and knees upward" led to the prescription of *Theridion curassavicum* to a nine year old boy.

6. Rue even for Ruth.....

-**HOTTON**, Donald (Homoeopathy Today, 11, 1/1991)

A small case by a 'lay' homoeopath. The little finger and ring finger were collapsed, immobile, her thumb was stiff, wrist painful just above the pulse, since 6 months. Her doctor prescribed a \$9000 operation. *Ruta* 6x restored completely, rapidly in about 10 days.

7. Henoch-Schonlein Purpura and *Phosphorus*-Case report

-**P.N. PAI** (Similie, 1,1/1991, a supplement to BHJ, 80, 1/1991)

Boys aged 12 and 8, both with Henoch-Schontein Purpura were successfully treated with *Phosphorus*. In the first case the disease was of over 6 months duration and had been on conventional treatment and *Phosphorus* 30 was

given b.d. for a week and in the second it was only of 16 days duration and *Phosphrous* 200 was given for two weeks!

8. Case of *Lyssin* in a ten year old girl

-**MORTELMANS, Guido** (JAIH, 83, 1/1990)

Cases presented in the Small Remedies Seminar in Hechtel, Belgium, February 5-9, 1990)

The patient was a 10 year old girl with many fears. Fear of being alone, fear of dogs, fear of narrow places. Her mother had been bitten by a dog when she was 6 years of age. The patient had a younger sister who too was afraid of being alone and who was also given *Lyssin* 200 and reacted beautifully. Perhaps a *Lyssin* layer was grafted on to the children via their mother, who was improving nicty on *Lac canicum*.

9. *Conium* in a case of Multiple Sclerosis

— JOHNSTON, Linda. (JAIH, 83, 1/1991)

32 year old woman with Multiple Sclerosis. Symptoms; Fatigue, mental dullness, visual blurring (right eye), joint pain (agg. after exposure to cold), weakness of legs and knees, neurological symptoms and sensations. (acute hearing, difficulty swallowing water, urinary hesitancy in the morning, awareness of the blood flowing through her) sexual thoughts all the time. *Conium* repeated after 4 moths cured.

10. Product review – R.A..D.A.R. version 3.2 d-H

—MESIELLO, Domenick J. (JAIH, 83, 1 & 2/1990)

11. Case (1) *Ranunculus bulbosus* in a 68 year old man; (2) *Selenium* in a 49 year old man; and (3) *Anacardium* in a 33 year old woman.

Case 1: Severe pain in the right lower chest near the abdomen; stitching, agg. coughing, agg. deep respiration, amel, lying on

the painful side or pressing on the painful spot. *Bryonia* and *Kali carbonicum* were given but no amel.

Repertorisation:

GENERALITIES, Pain, Small spots;

CHEST, Pain, stitching;

CHEST, Pain, Stitching, deep respiration

Prescription: *Ranunculus bulbosus*

Case 2: Tremendous fatigue and severe joint pains worse after sleeping. Had suffered severe influenza followed by kidney infection with high fevers; while in the hospital he became septic, went into a shock; was given i.v. antibiotics. Subsequently felt so tired and worn out and he described himself as “ an old man”. Warm weather extremely debilitating, pains between scapulae involving the cervical; “stitching” pains, Pains agg. after sleep; agg. after coition. Bald.

GENERALITIES, Weakness, following prolonged fever

from heat

from heat of summer

from slight exertion

after coition

Sleep, after agg.

Sun, agg.

HEAD, Hair falling

Prescription: *Selenium*

Case 3: Married woman with 2 children; depression, diminished libido and ear pain’ depression after each child birth. The depression after the second child birth was persistent. Thoughts of jumping out of a window; concentration difficult; very irritable with her children, decision making difficult; would doubt about her decision; even thinking about when and how to clear her house had become a major issue. Whatever was happening she wanted it to be different. In 10

years of married life she had fallen in love with as many as 10 different men. Didn't know if she wanted to remain with her husband or some other man. As if there were two conflicting wills in her. She had very low self esteem. In every situation she felt inert. Her father was harsh and domineering. During teens she liked to dress like a hippie and a punk but dressed very conservatively for her parents. Parents wanted her to dress nicely and to speak well but she enjoyed using swear words and curse. Felt time was short. She would start reading an article and leave it and begin another. For about a year she felt that there was a foreign body in her ear "like a plug". At

Prescription: *Anacardium orientale*

12. Homoeopathy and computers.

—MESIELLO, Domenick J. (JAIH, 83, 2/1990)

13. Sewer gas-a 20th century obstacle to cure.

—ROULEAU, Patricia, (JAIH, 83, 2/1990)

James tyler KENT has already mentioned sewer gas toxins. (Lecture V. *Lectures on Homoeopathic Philosophy*)

References to sewer gas in BOERICKE's Repertory:

p. 794 ABDOMEN, Diarrhoea, cause occurrence from noxious effluvia.

p. 957 Charcoal fumes, illuminating gas, ill effects.

p. 959 Ptomaine poisoning. Sewer gas or noxious effluvia, ill effects.

KENT's Repertory:

p. 611 RECTUM, Diarrhoea, bad drainage

p. 612 RECTUM, Diarrhoea, effluvia, noxious, from

p. 1270 CHILL, Sewer gas

p. 1348 Coal gas, from

E.B. NASH refers to Sewer gas in his leaders, on *Pyrogen*. CLARKE refers to sewer gas in his *Materia medica* on *Am.c.*, *Bapt.*, *Bov.*, *Crot-h.*, *Kreos.*, *Op.*, *Phyt.*, *Pyrog.*, *Sulph-hydrogenisatum*.

The first two cases of acute exposure to sewer gas presented typical picture of *Baptisia*. The third case is typical of long term effects of chronic exposure.

Case 1: Male, 38 years, Chief complaint: unable to concentrate for the last 24 hours. Head feels full and in spite of great effort he cannot concentrate. Thoughts cloudy; whole body aches; feels exhausted. He noticed that his face looked dark red and somewhat swollen.

Prescription: *Baptisia 200* cured in 24 hours.

Case 2: Male 9 years. Chief complaint: sore throat, headache and stomach ache. He asked the same question again and again and couldn't remember the answer. Felt has an 'extra toe' coming out of the side of each foot. They annoy him and he would like to get rid of them. Fever 100°F. Moans from ache. He spent the last two days in a house with a 'bad smell'. In that house that commodes were loose and the drains had all been dry.

Prescription: *Baptisia 30* Repeated next day. In 3 days all symptoms had gone.

Case 3: Female 55 years. Chief complaint: fatigue, depression, nausea, abdominal cramps, heaviness and numbness of the right leg which felt as if it dragged. Concentration difficult. These symptoms began after moving into a newly built home. Sewer gas leak was repaired; *Nux vomica 30* cured.

Case 4: Dog 6 1/2 years. This dog lived in the same home as the above patient (Case 3). She became listless; pace slowed while walking and she could no longer jump onto chairs.

Unable to control her front and back on the rightside. Unable to place her front paw where she intended. Right side of her face was tightly drawn back. This dog was described as very shy and sensitive, very aware of the moods of people. She slept in the room where the broken sewer pipe was located.

Prescription: *Causticum* 200, several times during the year. Became energetic and able to jump onto chairs and go for walks. A slight tension was still there on the right side of her face.

Sewer gas can be a toxic concomitant of indoor air. Sewer gases, Methane and Hydrogen sulphide are produced in waste disposal systems. Hydrogen sulphide is a toxic asphyxiant and even low concentrations are harmful. Odors are not always reliable indicators of the presence of sewer gas. There may or may not be a "sewer smell" or a "rotten egg smell". Feeling worse inside the home and better in the open could indicate a problem with the quality of indoor air.

14. *Folliculinum*: Mist or Miasm?

—ASSILEM, Melissa (The Homoeopath, 11, 1/1991)

"*Folliculinum* is made from Oestrone, a synthetic form of oestrogen. The source we are using today comes from Dr. D.M. FOUBISTER. Although there have been no organized provings, millions of women have been proving it since the discovery of the synthetic hormone in the 1940s.

The author has used it in both boys and girls, in their teenage years, drained, slow, unable to identify with their selfhood.

'Inherited disorders' due to the Pill and Diethylstilbestrol (DES) have been discussed which include chromosomal disorders, vaginal cancer.

Folliculinum is a remedy which expresses so much of what is out of order in our world today. With the interference of man into woman's rhythm began this bad health of women. The 'hormones' discovered were found to interfere and control the fecundity and the very delicate and complex pattern between pituitary, ovary, hypothalamus and uterus is deceived and jangled.

The Pill' which came 30 years ago makes the woman sexually accessible at all times and without fear of fertilization, in fact it often ends the periods altogether. When therefore not fertile enough, hormones in the form of fertility drugs are given to produce more eggs; thus babies are injected with hormones before they come into the world. Abortion by hormone pills; the horrible adverse effects of all these and now hormone replacement therapy! Hormones are given to animals to fatten them and female animals are regulated. Hormones are used in pesticides to spray the grains and vegetables. The tyranny of hormone abuse is complete and the rise in cancer of the reproductive systems of young women is a sign of what is to come more. Thus the picture of *Folliculinum*:

She feels she is controlled by another

She is out of sorts with her rhythm

She is living out someone else's expectations

She feels she is being fed off emotionally or psychologically

She loses her will

She over estimates her energy reserves

She is full of self-denial

She becomes a rescuer, addicted to rescuing people

She becomes drained

She has become a doormat

She has forgotten who she is

She has no individuality

She loses sense of herself

She may totally lose herself in her relationships.

There is strong link with *Carcinosin*.

Folliculinum comes up over and over again in cases where women have been abused sexually, physically or psychically.

Specific symptoms:

All symptoms agg. ovulation to menses

All symptoms amel, menses, except specific menstrual symptoms

Worse from heat, noise, touch, resting

Drawing, burning, gripping pains

Spotting

Ovarian cysts

Polycystic ovaries.

There are many pre-menstrual symptoms, menstrual problems, menopause symptoms, clinical situations which have all been listed.

An enlightening study. (The complete article would be published later in the QHD)

15. Prescribed drugs and the alternative practitioner

—GASCOIGNE, Stephen (The Homoeopathy, 11, 1/1991)

The use of drugs and chemicals is widespread in our society. There are large sections of the population who rely on such agents to alter their mental, emotional or physical state.

Most patients are taking drugs prescribed by medical practitioners. Many are taking drugs 'socially'. Cases are therefore complicated as drugs alter symptoms and lead to deterioration of health.

It is generally considered that the responsibility for regaining health lost due to drugs is that of the medical profession. However, it is the medical profession which is

primarily responsible for the drugs taken. Alternative practitioners have to take the responsibility for health matters involving their patients.

This article initiates discussion about the best way to do this.

16. Vaccination and Sociopathy

—COULTER, Harris L. (The Homoeopath, 11, 1/1991)

Harris COULTER and Barbora Lore FISHER authored 'DPT-A shot in the dark' in 1985. In 1990 LIGA Congress, COULTER stated that he believed that 'Cot-death' of infants (SIDS) were caused by DPT and MMR vaccinations. The US Congress was sufficiently impressed by the 'DPT-A shot in the dark' to adopt the National Vaccination Compensation Act in the end of 1986. The compensation system has already given several dozen awards for vaccine damage; about half of them are for death from vaccination (almost always classified by the physician or coroner as 'Sudden infant Death of Unknown Origin'). Before this book was written, the American medical authorities had rejected the possibility that a baby could die from vaccination. Now they are revising their position.

COULTER's new book, 'Vaccination, social violence and criminality' was motivated by the awareness that since biological phenomena occur along a spectrum, if childhood vaccinations cause death and other disabilities mentioned, they must also of necessity provoke a host of 'milder' disorders. This area has never been investigated by the medical or public health authorities.

This article states in brief the findings of these investigations.

17. AIDS in recent Literature

—CLOGSTOUN-WILLMOTT, Jonathan

This is a 'review article' of Literature on AIDS so far appeared. Homoeopathy does not figure largely in any of these books which have come the way of the author.

18. Two *Bufo* cases

—REICHENBERG-ULLMAN,

(Simillimum, 3, 4/1990)

Two excellent cases of foster children treated with *Bufo*, leading to physical and mental development.

19. A very painful cystitis

—BURKE, Jack (Simillimum, 3, 4/1990)

Mercurius corrosivus cured cystitis and endometrial infection in a young lady.

20. A deep-acting *Cantharis* case

—FINE, Howard. (Simillimum, 3, 4/1990)

According to George VITHOULKAS in *Cantharis*, the case revolves around sex and dissatisfaction. In this case of interstitial cystitis this appears to have been confirmed.

21. A case of non-bacterial Urethritis.

—TESSLER, Neil (Simillimum, 3, 4/1990)

Cactus grandiflorus cured a non-bacterial urethritis of a 22 year old female. The symptoms 'clenching sensation of her uterus' drew attention to *Cactus grandiflorus*.

22. Small remedy comes through

—IMMEL, Mark (Simillimum, 3, 4/1990)

A 29 year old male with a swelling in the left axilla (a 'lymph node'?); he also suffered from anxiety, pain in the heart region, sudden and lasting few seconds, extending to the left axilla, left side of the neck and sometimes down the arm to the fingers.

Latrodectus mactans 30 cured.

23. A case of acute bronchitis

—JAMISON, Scott (Simillimum, 3, 4/1990)

A *Stannum metallicum* case. The patient was a 3 year old boy, deaf and unable to

communicate verbally. Observation by the physician led to choose the remedy, Lesson: be a careful observer.

24. *Opium* –In memorium of a great remedy

—SHILOH, Jana, (Simillimum, 3, 4/1990)

25. A case of lapses of consciousness

—TESSLER, Neil (Simillimum, 3, 4/1990)

A case of *Nux moschata* because of spaciness; lapses of consciousness and drowsiness.

26. A case to make your day.

—ALBIN, Steve. (Simillimum, 3, 4/1990)

An 'acute' case of headache in a 8 year old girl in which *Glonoina* was the remedy. "At the instant that the pellets touched her tongue the crying and restlessness stopped. After 5 minutes she said the pain was much less. After 10 minutes she was sound asleep (this is a common reaction in children to a correct remedy). An hour later the mother and daughter went to a carnival. The headache didn't return".

27. A Case of Tuberculosis of the spine.

—BARNI, Stephano (Simillimum, 3, 4/1990)

A very interesting case of *Silicea*, in a 25 years old young African.

28. The botanical relationship of the vegetable remedies – *Staphysagria*

—CHINDEMI, Wayne (Simillimum, 3, 4/1990)

29. *Staphysagria*

—ELLMORE, Dutt (Simillimum, 3, 4/1990)

Psychological picture and essence based on lectures of George VITHOULKAS and Roger MORRISON.

Confirming symptoms:

Remorse after anger, Worse after for themselves

Anger suppressed easily

Can't speak up or stand up for themselves
 Accept blame for things. Feel guilt
 Ailments after romantic griefs
 Talk to themselves. Write poetry
 Headaches frontal and occipital. Dullness
 of mind with headache
 Block of wood sensation in head
 Recurrent styes, or history of styes
 Urinary infections. Honeymoon cystitis.

Condylomata

Crava tobacco
 High sexual desire
 Masturbation (they don't have to
 masturbate to give *Staph.*)

30. Psoriasis after grief

—CHINDEMI, Wayne (*Simillimum*, 3,
 4/1990)

A dose of *Staphysagria* 200 to a married
 female of 33 years age for Psoriasis which
 began after a 'grief' (a miscarriage), cured.
Calcarea carbonica M cleared the asthma that
 followed.

31. A child's world

—HERSCU, Paul. (*Simillimum* 3, 4/1990)
 The author proposed a regular column on
 Paediatrics.
 In this article he details a 9 year old boy who
 needed *Medorrhinum*. Repetition and follow-
 up is also discussed.

32. Report on ANANDA ZAREN Seminar

—VAN DEN BORN (NTKH, 2, 2/1991)
 This article gives an over-all picture of *Kali*
arsenicum. It is a combination of Ananda
 ZAREN's study with differential diagnosis and
 personal experiences (An extract of the rubrics
 has already been given in the OQHD, 8,
 4/1991)

33. A case of *Anacardium orientale*

—BREUKER, Bert (NTKH, 2, 2/1991)

A 11 year old boy with extreme fear of AIDS
 and Cancer. The totality led to prescription of
Anacardium orientale 10M one dose which
 cured rapidly.

34. The small remedies.

—ESMENJAUD (CGH, 28, 1/1991)

35. Homage to Dr. Georges DEMANGEAT

—Group Mercurius (CGH, 28, 1/1991)

1. Sanare necesse est.

—PETZINGER, K.v. (AHZ, 236, 1/1991)

The author shows the difference as to what is
 meant by 'healing' in Homoeopathy and the
 Orthodox medicine and shows it with
 examples of homoeopathic cure of Fever,
 Hyperacidity, rhinitis, Pain and infectious
 diseases.

2. Local symptoms in the ENT practice

—FRIESE, K.H. (AHZ, 236, 1/1991)

It is possible to quickly find the homoeopathic
 remedy by the local symptoms in ENT
 practice.

III THERAPEUTICS

Many of
 these diseases considered as treatable only by
 the Orthodox method can be treated more
 quickly by Homoeopathy.

For quick work the author has laid down a rule
 of thumb; upto 6x potency thrice a day, upto
 12x, twice a day, 30x once a week, 200x one
 single dose only 5 globules, 50 millesimal
 potencies thrice day 3 globules before
 breakfast.

The author has drawn a list of various
 conditions and their medicines, both acute and
 chronic.

3. Homoeopathy in skin diseases.

—OSTERMAYR, B. (AHZ, 236, 1/1991)

Most of the skin diseases are the
 impressions of inner ailments, and

constitutional remedies like *Sulphur*, *Arsenicum*, *Calcarea*, *Graphites*, are called for according to individuals. However, in practice, special indications of some remedies are given:

<i>Agaricus muscarius</i>	Chronic ailment from cold
<i>Anagalis arvensis</i>	In eczemas of hand, finger and auditory canal
<i>Apis mellifica</i>	Has localized oedema
<i>Berberis vulgaris</i>	Litic acid diathesis
<i>Croton tiglium</i>	Shingles
<i>Cantharis</i>	Main remedy in reddening, blisters and pustules on skin and concomitantly inflammation of urinary system
<i>Dolichos puriens</i>	General itching
<i>Dulcamara</i>	Urticaria from wet and cold
<i>Fagopyrum sagittatum</i>	Eczema caused by sun and such as from venous obstruction
<i>Jaborandi</i>	Hyperhidrosis
<i>Kreosotum</i>	Pruritis diabeticus and senills
<i>Mezereum</i>	Herpes zoster with neuralgia
<i>Paonia</i>	Haemorrhoids
<i>Petroleum</i>	Chronic eruptions, rhagades, bleeding fissures and agg. from wet cold
<i>Pix liquida</i>	Eczema of the back of hand
<i>Rhus toxicodendron</i>	Allergic skin affections with vesicular

efflorescence and clod and wet aggravation

(Natura-med. 4, 4 (1989) abstracted in AHZ, 236, 1/1991)

4. Pregnancy and mis-carryings

—HERSUC, Paul, (Homoeopathy Today, 11, 1/1991)

5. Confidence in Homoeopathy

—NEUSTAEDTER Randall (Homoeopathy Today, 11, 1/1991)

6. When to prescribe: a study of labor, or the effect of Homoeopathy on the labor movement.

—HERSUC, Paul, (Homoeopathy Today, 11, 1/1991)

For eruptions from Poison Ivy *Lycopodium* was prescribed; *Rhus toxicodendron* given produced contractions and helped deliver quickly – both on the basis of totality of symptoms. “Every remedy that cures a syndrome has certain main symptoms within the condition. If these symptoms are NOT present this ‘negative’ finding raises a flag in my mind and makes me examine the case more closely. Perhaps the remedy is not called after all. This is just one of many criteria one may use in analyzing a case”.

7. *Lycopodium* and *Natrum muriaticum* – their use in two cases of identical pathology from hormonal imbalance – Case report

—C.K. ELIOT (Similie, 1, 1/1991 – a supplement to BHJ, 80, 1/1991)

8. *Ranunculus scleratus* in pemphigoid

— P. BAILEY (Similie, 1. 1/1991 – a supplement to BHJ, 80, 1/1991)

In this case the patient’s (a 73 year old lady) knee pain was very much improved through *Ranunculus scleratus* 30 b.d. because of a

‘Pemphigus’. “Uncommon symptoms and signs should be properly repertorised rather than setting for familiar remedies which fit the picture only very approximately and which are thus less likely to act”.

9. HANP Lectures at 1990 HANP Convention

—SWOPE, Harry F. (Simillimum, 3, 4/1990)

The article ‘highlights’ the lectures of Dr. Michael TRAUB on hyperactive children and Dr. Stephen MESSER on Acute Urinary Tract Infections.

10. Family dynamics and Homoeopathy

—MORRISON, Roger and HERRICK, Nancy. (NTKH, 2, 2/1991)

The third part of a three part article on “Family Dynamics Concept” developed by Roger MORRISON and Nancy HERRICK which deals with relationship within a family.

In this issue the situation occurs in a family with a father who is remote, a mother who is very sweet but weak emotionally and two children, both boys. The dynamics in this situation is very complicated, but can be loosely described as a lugging triangle. The oldest child feels jealous of the second child and tries hard to regain the mother’s attention, which is necessarily focused more often on the younger child. After a while, the older child discovers that he will at least receive some attention from the mother if he behaves badly. Before long, this acting-out behaviour will become truly aggressive, especially, toward the younger child. The older child becomes a ‘bully’ and the younger child becomes a ‘professional victim’. The mother reacts to this situation by becoming more and more depressed and withdrawn.

The elder ‘jealous’ boy with behavioural disorders received *Hyoscyamus* and later

Anacardium orientale, the younger ‘victim’ brother, *Staphysagria* and the ‘depressed’ mother, *Sepia*, *Natrum carbonicum* and *Natrum muriaticum*.

1. Remedy mistakes in KENT’s repertory

—EPPENICH, H. (ZKH. 35, 1/1991)

EXTREMITIES, Pain lower limbs, sciatica, suddenly come and go; p. 1065; *Kali bi.* (not *Kali br.*)

MIND, Death, sensation of p. 17: *Kali br.* (not *Kali br.*)

MIND, timidity, bashful; p. 89: *Kali br.* (not *Kali br.*)

GENERALITIES, Pulse, irritable and rapid; p. 1396: *Kali br.* (not *Kali br.*)

V. RESEARCH

1. The problem of proving the therapeutic success of Homoeopathy, Part I & II.

RICHTER, A (AHZ, 236, 1/1991)

Although Homoeotherapy has been in existence for nearly 200 years it is still disputed with regard to its theory and its practical relevance by the Allopathic medicine:

i) The law of similars as the basis is rejected.

ii) Homoeopathic remedy provings are rejected as Placebo effects.

iii) The small doses employed in Homoeopathy is denied of any pharmacological action.

iv) Another criticism is the inability of Homoeopathy to prove scientifically its therapeutic efficacy.

Placebos are capable of causing universal effects. The general nature of placebo effects are discussed. When general nature of placebo effects are discussed. When ‘proof’ of the

action of the homoeopathic medicinal action is demanded what is generally wanted is the double blind trail. Since Homoeopathy considers disease as an individual phenomenon and consequently specific medicine for the individual is called for, it is difficult to give statistics collectively. According to GEBHARDT the following points must be there if statistical process were to be employed:

i) The disease under research must occur frequently and possibly in similar manner and must run its course similarly in many persons.

ii) The individual peculiarities must be classified into a syndrome by previous studies so that a most possible curative remedy can be found.

However, recently controlled double-blind trials effectively prove the success of homoeotherapy. These have been listed beginning in 1966 to TEILER REILLY et al in 1987 which clearly showed the difference between Placedo and medicinal effects.

2. Recent French papers on Homoeopathy

—HARIVEAU, E. (ZKH, 35, 1 & 2/1991)

Lists out recent French papers published in 'Medecine', 'Pharmacie', 'Dentaite'. 'Diploma Homoeopathie'. A fairly long list.

VI VETERINARY

1. Homoeopathy in Veterinary practice.

—SHEFFER, Edgar C. (Homoeopathy Today, 11, 2/1991)

VII HISTORY

1. A series of nine letters of HAHNEMANN

—SCHWEITZER, W (AHZ, 236, 1/1991)
The Central Library of the German Central Association of Homoeopathic Physicians

recently acquired 9 original letters of HAHNEMANN written to a female patient in 1833-1835. These letters show that HAHNEMANN still used in 1830s double medicinal agents and that he gave detailed dietetic and dress advices and also concern HAHNEMANN had for the individual patient. Also the fee demanded was relatively low.

2. Awakening of Homoeopathy in Thuringen

—KEYSER, G and SCHREIBER, B. (AHZ, 236, 1/1991)

3. Transcription of HAHNEMANN Letters

—GENNEPER, T. (ZKH, 35, 1/1991)

The original of the letter is with Jeanet BOIRON, Lyon. The letter deals with the Guild of Pharmacists which was condemned by HAHNEMANN. This dispute with the pharmacists is critically examined in the light of this letter.

4. Recent French papers on Homoeopathy

—HARIVEAU, E. (ZKH, 35, 1 & 2/1991)

Lists out recent papers published in 'Medicine', 'Pharmacie', 'Dentaite', 'Diplome Homoeopathie' 'in French. A fairly long list.

5. The experiments at HAHNEMANN's home

—DEMANGEAT, Georges (CGH, 28, 1/1991)

VIII GENERAL

1. Activated own blood as Biomodulator

—HOVELER, Victor (AHZ, 236, 1/1991)
Activated own blood as Immuno-stimulator was well known in the old Chinese medicine. Nature has given us a medicine in our blood which stimulates the immune system which is without any risk since it is a biological substance and has optional action. The beginning of own blood therapy was in 1898 when the Swedish ELFSTROM and

GRFSTROM took venous blood and after diluting with physiological solution of salt, reinjected. No unwanted reaction has occurred in anyone. The author has 30 years experience.

2. On the reliability of the translations of the original symptoms and some practical consequences.

—SCHINDLER, M. (ZKH, 35, 1/1991)

Serious errors in the English translations of the original German provings in the literature of HEMPEL, C.J., ALLEN, T.F., and TAFEL, L.H. have been observed. Such errors would mislead. The author has studied *Platina* and detailed these errors. A thorough, careful study and comparison of the original provings with the English text books does not need further stressing.

3. The methodology of computerized medical case study.

—SWAYNE, Jeremy. (BHJ, 80, 1/1991)

The title is self-explanatory. The author has discussed the symptoms of two patients suffering from Multiple sclerosis (MS). The author shows that computerized case study helps our ability to record and analyse the phenomena of illness so that we may come to understand it better and influence it more effectively. "One of the most interesting contributions to the epidemiology of MS was the observation of clustering of minor respiratory ailments in the past history of patients". All these are done by retrospective examination of written case records a labourious and dedicated task; computerized method facilitates such studies.

4. The Global knowledge revolution and medicine.

—BRITAIN, R.D. (BHJ, 80, 1/1991)

Computer technology and techniques have improved in ways which are directly relevant

to medical practice. Before long patients will have portable health data cards or discs. Such record systems will enable communications among health authorities, and others related to health care. The advantages are that the whole of medical knowledge base will be available to the doctor. It is also possible to reduce the prescribing costs.

5. The Read clinical classification (Read codes)

—READ, James, (BHJ, 80, 1/1991)

There are six key criteria which a standard computerized medical language must satisfy. It must be: Comprehensive, Hierarchical, Computerized, Cross-referenced, Dynamic. In medical care, teaching, research, administration etc., medical terms are the primary information carriers.

Computers can store, analyse, aggregate, manipulate, retrieve and transfer enormous amounts of data for which however the computer must have the data, the medical 'terms'. The Read clinical classification claims to solve this need.

6. Minimal Effective Data Sets (MEDS): The case for standardization at the level of clinical protocols.

—NEAME, Roderick, (BHJ, 80, 1/1991)

Computerisation of health care information and records, properly developed and implemented, has substantial advantages for clinical care, administration, data security and integrity, as well as for research and education. The need to develop semantic data sets have been argued. Three different sets of MEDS are under development: 'Screening' protocols, 'Searching' MEDS and 'Monitoring' MEDS.

7. Computer-aided Homoeopathy

—FICHEFET, J. (BHJ, 80, 1/1991)

Homoeopathy has now come to a turning point. Thanks to Knowledge Base Expert Systems, which appeared recently and are oriented towards drug diagnosis, homoeopaths have been made aware of the enormous possibilities that computers can offer them. This applies particularly to the gathering of clinical data and analysis of a collection of clinical files. This paper summarizes what has already been done and suggests what can be done in the future.

8. Hidden paradigms in Homoeopathy

—RUTTEN, Lex. (BHJ, 80, 1/1991)

The 'similie' principle meets three major difficulties in its practical application:

What is most important in the patient's story

The use of language to present this story

Techniques to find the matching drug pictures.

In the Repertory the polychrests occur in 400-450 'Mind' symptoms, more than 120 have 5-10 'Mind' and about 180 remedies have no 'Mind' rubrics.

To rely too much on 'Mind' symptoms is hazardous when searching for a remedy.

The first paradigm: Mind symptoms may be used to confirm choice.

The second paradigm: The essence of a drug can be used for differential diagnosis. A single rubric has more 'depth' using these essence.

The third paradigm: Local symptoms can have more value in certain situations.

These paradigms must be considered while designing a Knowledge Retrieval System.

9. Asking the right questions.

—DAVIES, Peter, R.T. (BHJ, 80, 1/1991)

Two very important objectives: The first is to bring the wealth of information technology that exists to bear on improving the patients'

medical notes stored and structured. The second objective is to use this structure to conduct research which will then improve how medicine is practiced. The author talks about the research objective, in particular to some of the questions which we should be addressing.

10. Data collection at the Royal London Homoeopathic Hospital.

—FISHER, Peter, (BHJ, 80, 1/1991)

11. Datamatrix requirements for inductive analysis

—VAN HASELEN, Robbert A. (BHJ, 80, 1/1991)

12. The simple homoeopath

—FORSYTH, Charles. (BHJ, 80, 1/1991)

The author has developed a chart in which all the patient's problems, subjective measurements, symptom frequency, objective measurements, abnormal laboratory results, life style factors, symptoms or features of special interest, e.g., brittle nails, white finger nail spots, strange, rare or peculiar symptoms, etc., are listed. Symbols are used to indicate degrees of agg./am., severity, improvement, etc.

Computerization of data in this manner has potential benefits.

13. Patient characteristics, conditions and visit data in a homoeopathic family practice.

—JACOBS, Jennifer; CROTHERS, Dean (BHJ, 80, 1/1991)

Homoeopathic practice by physicians is becoming more common in the US as well as in Europe, Latin America and parts of Asia. While studies have been done to document the efficacy of homoeopathic medicines and treatment, no information exists about the characteristics of patients seeking homoeopathic treatment. The conditions for which they seek, the number of visits, fee.

Information about all patient visits in a two-physician homoeopathic family practice was collected for the 5 year period from January 1984 to December 1988. Data will be analysed using the University of Michigan IBM mainframe computer. Data collected have been grouped as: Demographic, Diagnostic, Visit-data, Therapeutic, Efficacy.

14. Who sees homoeopaths? A study of patient characteristics in a homoeopathic family practice.

—JACOBS, Jennifer; CROTHERS, Dean (BHJ, 80, 1/1991)

Information in approximately 2,500 patients seen over the 5 years period from January 1984 to December 1988 in a homoeopathic family practice in Seattle, Washington, USA, was collected and compared with result from the National Ambulatory Medical Care Survey (NAMCS)

The homoeopathic patient population was seen to be considerably younger than that of the NAMCS physicians. The homoeopaths saw more children and young adults between the ages of 25-44 years. The most common diagnoses and proportion of patients seen have been compared. The study suggests that in the US the current role of homoeopathic treatment in the health care system may be for chronic and ill-defined disorders that are not easily managed by existing standard medical treatment.

15. The homoeopathic telephone consultation

—LAKSHY, Philip S. (JAIH, 83, 2/1990)

New technologies in making physical examination over the phone-the video telephone, the electronic stethoscope and the disposable 'stick-on' thermometers – the

economic aspects of telephonic prescriptions have been discussed.

16. An interview the Eugenio CANDEGABE

—SULLIVAN, Edward (NTKH, 2, 2/1991)

This interview was held after a Seminar at Baden Baden. The approaches of EIZAYAGA, PASCHERO are discussed.

17. Why I become a homoeopath

—DEMANGEAT, Georges (CGH, 28, 1.1991)

This issue is dedicated to Dr. DEMANGEAT (1913-1990)

The author explains briefly how and why he became a homoeopath.

18. Dr. Georges DEMANGEAT: A life in the service of others.

—BOURGARIT, Robert, CASEZ Rene (CGH, 28, 1/1991)

19. Evidence

—ZISSU, R. (CGH, 28, 1/1991)

20. My dear Master

—DIEUDONNE, Andre (CGH, 28, 1/1991)

21. Georges DEMANGEAT: the head and heart

—THIBAUT, Paul (CGH, 28, 1/1991)

22. Souvenirs

—MABILLON, Jean-Lue (CGH, 28, 1/1991)

23. The labour left for us'

—GRAND GEORGE, Didiar (CGH, 28, 1/1991)

24. Homage to Dr. G. DEMANGEAT

—JOBERT, Jacques (CGH, 28, 1/1991)

25. Future perspectives

—BAUR, J. (CGH, 28, 1/1991)

1. **JAIH**: Journal of the American Institute of Homoeopathy, 1500, Massachusetts Avenue, N.W. Suite, 42,

Washington D.C. 20005, U.S.A.

2. **The Homoeopath:** The Journal of the Society of Homoeopaths, 2, Artizan Road, *Northampton NN1 4 HU, U.K.*

3. **Homoeopathy Today:** National Center for Homoeopathy, 500, Massachusetts Avenue, N.W. Suite 42, *Washington D.C. 20005, U.S.A.*

4. **Simillimum:** The Journal of the Homoeopathic Academy of Naturopathic Physicians, 11231 SE Market Street, *Portland, OR 97216, U.S.A.*

5. **BHJ:** The British Homoeopathic Journal, Royal London Homoeopathic Hospital, Great Ormond Street, *London, WC1N 3 HR, U.K.*

6. **ZKH:** Zeitschrift für Klassische Homöopathische Karl F. Haug Verlag, 6900 *Heidelberg 1, GERMANY.*

7. **AHZ:** Allgemeine Homöopathische Zeitung, Karl F. Haug Verlag, 6900 *Heidelberg 1, GERMANY.*

8. **NTKH:** Netherlands Tijdschrift voor Klassieke Homöopathie, Uitgeverij la Riviere & Voorhoeve, Postbus 130, 8260 *AC Kampen, NETHERLANDS.*

9. **CGH:** Cahiers du Groupement Hahnemannien du Docteur P. Schmidt, MEDICINE ET HYGIENE 78, Avenue de la Roseraie, Case 456 CH-1211 *Geneve 4, Switzerland.*

PART II ARTICLES

THE RULE OF SIDES

HERINGS, Constantine

The Hahnemannian monthly, Vol. I, No.2

September, 1865.

[In QHD, 8, 4/1991, 'HAHNEMANN's Three Rules concerning the Rank of symptoms was published. The subsequent article is now reprinted – K.S.S.]

The following is an abridged statement of a number of researches, which occupied my mind during more than forty years of my life, and which may be better understood if given in historical order.

My principal objection to Homoeopathy, and the main argument in a treatise which I was writing against it (1822), was the question addressed to HAHNEMANN and his adherents; What is to be understood by your term “similar?” This is too vague an expression to be allowed to pass in science! What is your definition of your similarity? The mathematicians term what is of the same quantity, *alike* (equale); and what has the same conditions of form, *similar* (simile). But what is your difference between alike and similar? You cannot tell! Further, you say the effects of medicines, even in the smallest doses, are much stronger than the diseases. What gives them such a peculiar power? We daily see common diseases, as gout, leprosy, etc., go on through life unchecked, and the effects of drugs, medicines or poisons, pass away without leaving a trace. Finally, you explain the cure through a remedy chosen on account of its similarity, by its later on secondary effect, which you say is directly contrary to this first or primary effect. At the same time it must be admitted that such a thing can only happen, when there exists such a directly contrary state; and (Organon, para 64)” if there exists no state in nature, that is directly contrary to this primitive effect, “it appears” “the vital power then seeks to gain the ascendancy by destroying the change (suchen sich zu indifferenzieren)”. We may well say “it appears” HAHNEMANN “seeks” to explain his law of cure without succeeding. The vital powers have, according to this, not only to

produce something directly contrary, if there is such; but if there is none, they must be satisfied with bringing it to the point of indifference, and several such actions all at the same time as if dictated. How many things nature has to do, if a drug produce a chill followed by a fever-which latter is directly contrary in temperature-and afterwards a sweat-directly contrary to the dry skin during the fever? It seems as if here all the absurd contraries of GALEN were united, only they are turned inside out. Thus I considered all this, arbitrary assertions, and the similarity "a bag of sheepskin" which might be stretched one way or the other.

In order to crown my treatise-which I had not the slightest doubt would kill Homoeopathy right off- I had of course to wind up with a series of cases and most careful experiments. Alas! what became of all my mathematical and philosophical objections? They flew like chaff before the winds.

It is enough to say that after a hard struggle, lasting more than a year, I was fully enlightened and driven by a sufficient number of clear facts to adopt the new art and all and every practical rule of HAHNEMANN, and my treatise remained, of course, unprinted.

During the following happy year, I was already led to remark that there were two kinds of similarity, if we may so express it: a true and a false one, i.e. a curative one and another not curative. Drugs very nearly related to each other, and chemically very similar, produced symptoms of course, very nearly the same. Thus the symptoms of the one were similar to the symptoms of the other. But notwithstanding all this similarity, they were not antidotes to each other! Here was a law of nature, with its practical, unfailing

applicability, and there was not only an exception, but a contradiction! For instance, *Nux vomica* and *Ignatia amara* were botanically nearly related, chemically nearly the same-a discovery made in 1818, long after HAHNEMANN had already collected his provings of both. – Still they were not antidotes to each other inspite of the greatest similarity not only of one-half of their symptoms, but especially of such as were the strongest, most predominating and *pathologically most important*. But *Pulsatilla*, a plant which botanically and chemically stood at a great distance, could be an antidote to *Nux vomica* as well as to *Ignatia*; likewise *Chamomilla*, equully distant from all the former, was an antidote to any of them. What was here the case with antidotes, could of course also take place with regard to the similarity of symptoms, between the symptoms of the sick and the symptoms of the drug. And as we had continually to look for similarity, as the mariner to the needle o his compass, it was of the highest importance for our art to distinguish between the curative similarity and the not curative, the right one and the misleading one.

Holding fast as to an axiom, that throughout nature all and every action required a contrary action of at least equal strength to be annihilated, thus only something opposite could make a cure-seeing daily that medicines cured morbid affections, neutralized them, as it were, by magic-the only temporary satisfaction was to suppose an opposite action of the so-called power of life, analogous to the production of the complementary colors in the eye. After looking at red, a green spectre appears; after yellow, a violet, etc. etc.; but alas, again! the appearance of these subjective

colors allowed quite a different explanation! I had to give up all such experiments and attempts, on account of the accumulation of impeding questions, leave them to the natural philosophers, and return to the effects of drugs on the healthy and on the sick. Soon after I was obliged to drop HAHNEMANN's doctrine of using only the primary effects to cure the sick, altogether, and declare myself against it; the separation of primary effects from the secondary appeared more and more an impossibility, and the use of the so-called secondary symptoms proved to be by far the most important. HAHNEMANN himself silently adopted the same view, and in his chronic diseases he made, in *Conium* for instance, no such difference. But his theory, that the contrary action of life extinguishes the morbid symptoms fell to the ground as soon as he admitted the use of the secondary symptoms.

Where now was the counterbalance, necessary according to the axiom, to restore the equilibrium of health? Was not the true, the curative similarity, such a one where the drug had an indispensable opposite? and might not the other, the not curative similarity, be one without it?

Proving *Sabadilla* in 1824, and in doses upto 30, 40, and 50 drops of the strongest alcoholic tincture, I was struck by the singular conformity of several symptoms going from the right to the left side, or passing through from right to left. It recalled to my mind the old observation of a case of poisoning by *Aconite* reported by MATHIOLUS, who in 1561, made an experiment with a robber condemned to death, which was permitted in order to try the bezoar as antidote. The poisoned young man observed a torpor like

paralysis in the left arm and leg, which suddenly disappeared and befell the right side. (Symptoms 132 and 140 of the second edition of HAHNEMANN's *Materia Medica*, 1822). This peculiar contrariety between the *Sabadilla* and *Aconite*, I supposed might be a characteristic of the natural families of Colchicaceae and Ranunculaceae. Supposing it a possibility that certain natural families of plants, and of course also similar chemicals, might have such general characteristics in their effects, I remained on the lookout.

The yearly meeting of the natural philosophers of Germany, took place in Dresden, in the fall of 1826, while I prepared myself for my scientific mission as a traveller to South America. Professor OKEN, the founder of the Society, was the lion of the day, at least in my eyes. A paper was read from a traveller in Brazil, about the turning of some plants in spiral to the right or the left. OKEN was loudly and enthusiastically called upon the stand, to explain the matter or give his philosophical opinion upon it. He finally came forward and said: "Gentlemen, right and left in nature is one of the greatest mysteries. I know nothing about it". With this impression on my mind I left my fatherland a few days afterwards, and went to South America.

Having discovered during my exploring trips (1827) that all lightning moves not in a zigzag line, but always in spiral; and not only that, but also in a spiral *which turns to the right*, supposing this to be motion of all positive electricity (1828), it explained the turning to the right of the embryo of the snail, swimming free in the egg, it being a positive body, because it receives the negative oxygen in breathing. Supposing it might even lead to find a reason why all the planets turn to the

right still I could not make much practical application of this to Homoeopathy, until I had drawn the following conclusions:

After comparing all our drugs with regard to the time of day, I found that alkalis or positive electric substances had, as the acme of their coughs, the hours after midnight, during morning and forenoon; while the acids or negative electric substances had their more violent coughs afternoon, during the evening and before midnight; and further, that with the active expulsive diarrhea it was exactly the reverse, all the negative electric substances had it in the morning hours, and all the positive electric in the afternoon.

Thus in the cycle of the daily actions, commencing after midnight, *alkalis acted from above downward*, on the chest, or chest and afterwards on the abdomen; acids, on the contrary, acted in the morning first on the abdomen, and afterwards on the chest, or from below upward. Thus the first “with the sun”, the others “against the sun”, as the common people say. Here a general characteristic was discovered of the two main divisions of Elements, a characteristic where the symptoms of the drug and of the case ought to be alike. After ten years of continued careful observations with regard to the hours of the day and the electric nature of the drugs, I published a short report of it, calling the attention of all observers to this remarkable rule. N.A. Hom.Journal, Vol. I, page 41, 1851.

Every drug thus might also have a prevailing tendency to move, if not in all, at least in some of its symptoms, either from right to left or from left to right; and it was very likely that drugs being positive electric substances, or containing predominating alkalis, viz., narcotics, would be inclined to

move from the right side to the left; and negative electric substances, acids or acrids, from left to right; and if so, *they ought only to be given in such cases of sickness as had moved or were moving in the opposite direction.*

According to this *Aconite* would not cure a case of torpor or apoplectic lameness, which occurs first on the left and afterwards on the right side, in the same way in which it occurred in the criminal as reported by MATHIOLUS; but would only be the true curative agent in otherwise corresponding affections going from the right towards the left side, *Sabadilla*, acting from right to left, would only be the curative agent in complaints moving from left to right, etc., It was not until lately that my particular attention was called to the real agreement of this rule of sides with the recently mentioned third rule of HAHNEMANN, and this only induced me now to lay it before the public after I had followed it in practice for more than a score of years.

If older symptoms have always to be attacked last, and the more recent ones first, this is something opposite to the development of the disease. Why might it not be applied even to cases where an inflammation of the eyes or of the tonsils attacks one eye or one tonsil first, and the other afterwards; and why should not a drug have the preference which moves through the system in an opposite direction? That is if the symptoms have moved from right to left, to give a medicine which acts from left to right, and vice versa.

As in all matters of this nature, we have to appeal to experience in general, it would be of the highest importance for our theory, and often useful to the practitioner if this rule

should be corroborated and sustained by other observers.

Every practitioner is urgently requested to communicate such cases where in acute or chronic diseases, headaches, eye complaints, erysipelas in the face, inflammation of the tonsils, of the pleura, or the lungs, rheumatism, especially the acute cases, or gout or spasmodic affections, etc.; the symptoms had commenced on one side of the body, and gone or commenced to go to the other side, *cases where one drug*, but of course only one, given alone, neither mixed nor in alternation with others, *-cured a case nearly or altogether*. Only such cases as had been put on paper at once, ought to be referred to, not cases from recollection, because the best memory cannot be trusted in such matters, -also not cases reported only by other persons, as people are very apt to change sides in repeating.

A collection of such cases, even a small number of observations, made without any regard to this or any other theoretical rule, would be of much more importance than the large collection made after this rule had been adopted. The question has to be settled, not only with regard to large classes of drugs, but has to the decided *with every single drug*, with symptoms produced as well as symptoms cured; and not only this, it is very likely that some drugs may act in both directions, or may have some symptoms only in one direction, and others in the opposite.

Our Materia Medica contains very little in this respect, and it is not of much use to give care than hitherto, the sides of the body. The only prover who always has done this in all his provings is Dr. JEANES.

TREATING THE COMMON COLD IN PEDIATRIC PATIENTS

ZAND Janet

JAIH, 83, 2, 1989

Head colds in children can be divided into two broad categories: (1) dry with congested nose and (2) wet with runny nose.

DRY WITH CONGESTED NOSE

Sambucus nigra is an effective remedy for a wide variety of respiratory complaints. The head cold is dry. Because of congested nasal passage, the child drinks and eats poorly. "He constantly interrupts his feeding for air," reported one nursing mother. "He nurses, gasps for air, sits up and finally feels, better". The infant can awaken from sleep gasping for air. These suffocative attacks are reminiscent of other remedies such as *Aconite*, *Antimonium tartaricum*, *Arsenicum album*, and *China*.

Sambucus coughs are worse in bed with the head low and the child sleeps better with several pillows.

Many *Sambucus* symptoms are stuck symptoms. Obstruction. Obstructive catarrh, tenacious gelatinous mucous; trapped gas resulting in colic; stuck respiration resulting in wheezing. The *Sambucus* child, like the *Ipecacuanha* child, will turn blue attempting to catch a breath. *Sambucus* has an idiosyncrasy: profuse sweat occurring during the day with dry heat at night. Also profuse sweat accompanies and more often follows many infections. Copious urination. In laryngeal spasm the *Sambucus* child will be able to inspire but not expire. This is to be contrasted with *Bromium* where inspiration is very difficult and expiration easier.

Ammonium carbonicum: Usually when one thinks of *Ammonium carbonicum*, a picture of a stout, plethoric woman scarfing candies and growing tired switching TV channels by remote control comes to mind.

Cancel all that when thinking of the *Ammonium carbonicum* child with a head cold. He is noticeably nervous, chills easily and, like *Sulphur*, has an aversion to bathing. Both remedies produce red skin patches after bathing.

The *Ammonium carbonicum* fluid discharges are acrid. Mothers will report that the child's stool is irritating and creates a rash. The breathing tends to be congested in the early morning hours. At night the child gasps for air. Like *Sambucus*, the sleeping child will quickly sit up short of breath.

Teucrium: Thoughts of *Teucrium* bring to mind nasal polyps and intestinal worms. But *Teucrium* has other uses; the child with a cold needing this remedy will suffer with stuffed nasal passage and will have compromised breathing in any heated room. The eyes appear red and look as if the child has been crying. The upper lids in particular are puffy and red. The right eye will sometimes tear. Sneezing is frequent and the child can develop hiccoughs, sometimes while visiting the doctor. Appetite is often increased in the evening and the child must be fed or he will not go to sleep.

ACUTE HEAD COLD WITH RUNNY NOSE

Arsenicum album: The nose can be red and hot to the touch with a watery, somewhat irritating discharge. *Arsenicum album* features include a pale face, cold sweat and a marked periodicity of complaints. The peculiar symptoms so well described by James Tyler KENT of not wanting to be left alone and demanding company appear exaggerated in *Arsenicum* children. Paradoxically, they are worse in the cold but prefer cold drinks. When they are not feeling well, the stomach area can be warm to the touch. When suffering from

any form of congestion, ice cream or cold fruit can easily bring on gastritis. The combination of cold things, sweets and fat is a particularly dangerous combination for the *Arsenicum album* child's stomach. They can be decisive children together with the usual fearfulness and restlessness. High strung and sensitive, they react to being bullied by developing nervous habits such as picking at their nails or a facial tic. If not gently handled, they can develop periodic (often weekly) headaches which may even correspond to a scheduled school event. The headaches can last 24 to 48 hours.

They enjoy being kept busy by many projects. When ill they become exaggeratedly afraid of being left alone in the dark, perhaps because of their fear of ghosts. When comforted or cuddled they will quiet down and go to sleep.

These children do not like to take medicine because, like the ailing adult *Arsenicum*, they think the medicine won't really help them. But because they are so afraid they might not recover, they finally do take the remedy.

Allium cepa: The nose will run after exposure to cold, wet, windy weather. The secretion is ample and irritating and will often inflame the nose (*Euphrasia* has a mild nasal discharge) *Allium cepa* will feel better out doors. Sometimes the runny nose will be accompanied by diarrhea, especially after eating sour food or lettuce.

Calcarea carbonica: The phlegmatic, well-behaved *Calcarea carbonica* child can have two physical presentations.

1. Thick, flaccid tissue, large head with open fontanelles. Distended abdomen. Chalky

face with a coarse expression. Thick upper lip. Dilated pupils.

2. Emaciated, especially about the neck (*Natrum muriaticum*). In spite of emaciation the abdomen is distended. The skin is soft. There is a tendency to diarrhea. Exquisite, silky, long eyelashes.

In general, *Calcarea carbonica* children are late in talking, walking and feeding. They lack initiative. They perspire on the hairy part of their head, especially the occiput and nape of the neck. The hands and feet sweat and feel cold to the touch. Mothers sometimes report the children will sweat on the face as they nurse. Easily chilled, They have a tendency to catch cold with every weather change and draft. They can appear robust, yet while playing, will tire before the other children do. The appetite can be erratic- strong one day, nonexistent the next. They can have an intolerance to milk, even mother's milk, and when not feeling well they should avoid milk. Like *Argentum nitricum* they have an intolerance to sugar.

The nasal secretion can be offensive, purulent, thick and yellow. They suffer from car sickness and travel sickness and prefer to stay home. They can sit peacefully playing as long as they know there is someone around. They tend to be afraid of going to sleep in a room without a light and when not feeling well, they can develop nightmares and wake screaming. A common nightmare is seeing horrible faces in the dark.

The dream life of a child can sometimes reveal his inner workings. For example, *Bryonia*, *Lycopodium*, *Nux vomica* and *Lachesis* children often dream of school-performance at school, events on the

playground, one-up-manship, jealousies and rivalries, and various programmes at school.

Phosphorus and *Pulsatilla* children may dream of animals. One woman told me when she was young, she had a recurring dream of dancing bears and being a buoyant *Phosphorus*, she was, of course, always dancing with them. The *Sulphur* and *Thuja* child may dream of people dying or those that have died. *Apis mellifica* dreams of being able to fly or of air-planes and feeling free in the sky.

One point about repetition of the remedy. Earlier in my practice, I would give a single dose of *Calcarea carbonica* high and not repeat for 3 to 6 months as long as there was improvement. But I now believe the remedy should increase the rate of improvement so I repeat much more frequently and the child usually improve more rapidly.

Eupatorium perfoliatum: The child needing *Eupatorium perfoliatum* will sneeze often and have much dripping from the nose. Be sure to ask about bone pains, especially shin splint type pains as these may be present. If there is a fever, it will be higher in the morning or around noon than at night. Like *Natrum muriaticum*, the *Eupatorium perfoliatum* patient will have a chill, then a fever, and then a high thirst. Like *Bromium*, inspiration is more difficult than expiration. If the *Eupatorium* child is very sick, she will vomit easily even after a small amount of water. She will complain of feeling sore all over. There is a hacking cough similar to *Causticum*. To relieve the cough, the child will sometimes crawl about on all fours. (In KENT's *Repertory*, see "COUGH", Lying, hands and knees on, amel"). A mother of two children reported, "When Justin, my 6 year

old, got sick and his cough got bad, he began to crawl around like Anna, his 8 month old sister. I was as concerned about the crawlings as I was about his hacking cough”.

Euphrasia: In *Euphrasia* look to the eyes. Expect to find copious acrid tearing. Like *Arsenicum*, this child will complain of burning eyes. The child winks frequently and, like *Pulsatilla* will wipe his eyes. He will prefer to be indoors and away from the sunlight or any bright lights. The mucus will be worse in the morning. Look for runny nose, tearing eyes and yawning. It is hard to understand how they manage to yawn so frequently amidst all the discomfort.

Natrum sulphuricum: Think of *Natrum sulphuricum* in head colds in infants with dark green or yellow thick secretions. The child will be chilled, even after being tucked into bed. Worse with dampness and near the ocean; better in dry, warm weather. These children love guns and the *Natrum sulphuricum* boy may come in dripping green yellow mucous from his nostrils and packing a holster with two pistols. He may “shoot” the doctor or want to show off his pistols.

Similar to *Aconitum*, *Natrum carbonicum*, *Kreosotum* and *Graphites*, these children do not like music. I once treated an 8 year old with *Natrum sulphuricum*. Her mother told me that when she was 6 she had her tonsils removed. After the surgery, her mother brought her a bundle of toys and then left for a lunch break. On her return she found with a scarf around her head and ears on top of which were Mickey Mouse ears. She asked what she was doing and Allison answered, “Well, I’m hoping Mickey will listen to the music so I don’t have to”. The mother hadn’t even noticed the piped music coming into the room!

Sticta pulmonaria: With *Sticta* we observe the head cold descends. From nasal congestion to a sore throat to a cough. The cough is worse at night. *Sticta pulmonaria* is an excellent remedy in the spasmodic stage of pertussis. In Los Angeles we now have a paediatrician who used *Sticta* in a recent whooping cough epidemic. Hospitalized children who received *Sticta* had their intense coughing resolve much faster than those untreated and left the hospital earlier, reported the paediatrician.

ACUTE SORE THROAT

A sore throat is rarely an isolated event in small children. More often it occurs in combination with runny nose, otitis, laryngitis, bronchitis, etc.,. It is difficult to extract specific symptoms from a child and simply examining the throat, while valuable, is usually not sufficient.

Apis mellifica: The throat, uvula, and tonsils appear oedematous, fiery red and shiny in *Apis* throat. The inflamed, sore throat usually comes on suddenly. Despite dry mucous membranes thirst is slight or absent. The tongue can be red, swollen, sore and raw—sometimes with vesicles. Bruxism (teeth grinding) and restless sleep are common. Definitely worse from warmth, they feel better in a cooler place. They like cold applications (

like a cold towel and fresh, cool air, they prefer to be interviewed outside. I have noticed how they enter the office and go directly outside.

The behaviour of children is endlessly fascinating. I think of *Belladonna* kids racing around on my patio, the *Lycopodium* boy figuring out how the door opens and how the doorstop works. And then the *Pulsatilla* girl waiting demurely for her mother before entering onto my patio. Homoeopathy is such a

unique form of medicine in that everything the patient does or says or exhibits (signs) becomes a diagnostic tool.

Belladonna: With *Belladonna* we see tonsils, uvula, and pharynx extremely red and the temperature high (usually above 103 F). Like *Apis*, the mucous membranes are dry but the skin can be moist. The pupils are often dilated. These children are intelligent and sensitive. I suggest a new rubric: "*Belladonna* is never effective for idiots!" These children are generally healthy looking. They can be light-complected with a large head and a somewhat dainty body. During play the head perspires more than the rest of the body. Like *Apis* there is a sudden onset symptoms. The *Belladonna* child will experience the pain that accompanies his sore throat suddenly and it will recur periodically. Like the adult, the child is worse from noise, light, touch, and jarring. The child does not like the sun and is worse if his head is low and from motion. He improves with rest and prefers to sleep with several pillows.

Cantharis: Great pain and great thirst characterize *Cantharis* throats. The child will ask for liquids but cry after only a small sip due to the excruciating pain. *Cantharis* is a sure bet if the sore throat is accompanied by intolerable urinary urging and burning on micturition.

Hepar Sulphuris calcareum: Look for mucus. Mucus of the nose, ears, throat, larynx and chest. At first a watery nasal discharge appears which is soon followed by thick, yellow, offensive discharge. Much, much worse from the cold. He goes out into the cold air and sneezes. Soon the nose runs a watery discharge and then the thick stuff comes on which can smell like old cheese. The child

does better with moist heat and topical hot moist washcloths on the throat. Skin tends to be pale. Sweat increases during sleep at night. Mothers report having to change their children's night shirt several times during the night because *Hepar sulph* sweats so profusely in the chest area.

Should the sore throat develop into bronchitis the cough will be painful. In the worst stage the child will gasp for air, perspire profusely and make rattling breath sounds similar to *Antimonium tartaricum*. More respiratory difficulty in the early morning hours.

Kali bichromicum: The tonsils tend to suppurate in *Kali bichromicum*. On examination, the tonsils can look large but not red. Pain is slight, often localized to one spot. The child can have a pale, sickly appearance, often chubby and flaccid. The sore throat accompanies a head cold. The uvula, as with *Apis*, can be oedematous. This child does well with a humidifier. Worse cold, dry, and at night. The cough is worse from eating (*Nux vomica*) unlike *Euphrasia* and *Spongia* where eating lessens the cough.

Kali chloricum: An overlooked remedy excellent in ulcerative stomatitis. Mucous membranes of the mouth are red with grayish ulcers. The child may pull on one ear as the throat pain radiates to the ear.

Lycopodium: *Lycopodium* is a good remedy to consider for tonsillitis where the pain localizes on the right side or moves from right to left. This child will be worse in the afternoon and worse from warmth. Like *Belladonna*, the *Lycopodium* child is always intelligent. I remember one 7 year old *Lycopodium* boy who wrote his symptoms of for me!

With any infection feel the feet. The right foot will often feel cooler to the touch and the left warmer. When ill, the infant will take the bottle or breast feed for only a few sips. It is important not to force feed a *Lycopodium* child. If he happens to eat a rather large supper his general condition will be worse the following morning. *Lycopodium* children do not like to wake early and can be quite irritable. Also, they may be more reluctant than usual to rise if they have eaten too much or too late the night before.

With any illness the *Lycopodium* child, in spite of her superior intelligence, can be difficult to reason with. They will tolerate no contradiction and obsess over details.

I remember one patient, Jay, who was a *Lycopodium*. His mother told him not to color in a certain book nor to cut the book or use cellophane tape on it. When she returned she found this large, expensive book-pages glued together-totally ruined.

"Jay! What have you done?" said the mother exasperated.

"Well, Mom, you didn't tell me not to glue it, "was his very *Lycopodium* reply.

Lachesis: In this popular snake venom remedy, the throat and tonsils show dark red. The gingival can have red, bluish red, or purple patches. The tongue can look like a strawberry and be dry. Naturally, you expect the *Lachesis* patient to be worse after sleep and worse from touch.

"Worse from touch" here translates into difficulty examining this child as she does not want her throat or pharynx touched. Also *Lachesis* types tend to be suspicious and may tell you they are being followed by their enemies. These are animated children who gesticulate with their hands as they tell you of

strange people that may enter your office. They warn you may have to jump off your terrace to escape these people.

One little girl told me she had to jump out of her bedroom window to escape these awful people who came into her house. I later asked her mother about her story and she said nothing of the sort had ever occurred.

They are as talkative as *Stramonium*, as jealous as *Ignatia*.

Mercurius cyanatus: Severe pus formation, especially in the mouth. Cervical glands will be swollen. sore throat **Putrid sore throat** with chronic laryngitis. Green mucus from nose and/or throat.

Phytolacca: Throat dark red. Pustular dots which emerge slowly. Like *kali chloricum* the pain radiates to the ear. Much pain on swallowing. A keynote; on protruding the tongue, great pain felt at the base of the tongue.

ACUTE SORE THROAT WITH COMPLICATIONS

Phosphorus: I have seen *Phosphorus* cure where there was a sore throat and albuminuria. Also, sore throat with elevated liver enzymes or a history of liver disorder. At the risk of being proved wrong, I will generalize; Babies born jaundiced will often respond to *Phosphorus* with their first sore throat.

These are talkative children. A little *Phosphorus* girl will simultaneously report her symptoms and play with her dress, twirling it, lifting it, etc. They tend to be light complected, bodies long and on the weak side. The face tends to be smallish. Often they have reddish hair and shiny eyes. Like the adult, there is a tendency to bruise and bleed easily. Expect to hear about nosebleeds, bleeding from the

mouth, throat and lungs. Hot hands with cold feet.

Though intelligent, they become tired of doing their homework after only a few minutes. Fearful, they do not like to be left alone. Much better after sleep in general, headaches always so.

If the sore throat turns into hoarseness and a cough, the cough will be barking and painful and worse from cold. Like *Carbo vegetabilis*, it will be worse at night and worse with speaking. Inflammations will start in the throat and descend into the trachea and bronchi. This is different from *Sticta* which begins as a head cold and then descends.

Phosphorus children sometimes report a burning in the upper back between the scapulae.

Silicea: Whereas *Aconitum* has a thin watery mucus and *Pulsatilla* a thick, yellow mucus, the *Silicea* patient will exhibit purulent mucus. When you hear a history of recurrent sore throat accompanied by tonsillar abscesses, a dose of *Silicea* is often an appropriate remedy to follow the acute episode.

The *Silicea* child can have deep set eyes. These children do not have the coarse curly hair associated with the *Calcarea*s but rather a very fine hair without the reddish glow of the *Phosphorus* hair. It is often a sandy color. They dislike anyone touching their scalp. Unlike *Pulsatilla*, the *Silicea* patient dislikes to have anyone comb her hair. Homework unduly fatigues him.

(Though a number of the symptoms reported by the author are not to be found in KENT's Repertory or the usual *Materia medica*s, the author has verified every symptom reported at least five times).

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VOMITING IN INFANCY AND CHILDHOOD

FOUBISTER, D.M.

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INFANCY: SHAKESPEARE described infancy as the age of 'mewling and puling in the nurse's arms'. It is indeed true that vomiting is more common in infancy than in any of the other 'seven ages' of man. It is often a protective act. THOMSON and FINDLAY writes 'nature has sought to make up to the baby for his lack of judgement in feeding and his dependence on others for the choice of his food by giving him great facility in rejecting from his stomach any meal that is unsuitable in quantity or quality'. Vomiting is so easily induced in infancy that there is a wide variety of occasional causes of vomiting such as teething, worms, excitement or fatigue. Sometimes vomiting becomes habitual, the newly-born infant vomits meconium or blood swallowed during parturition and a habit is set up which may persist in spite of all attempts to alter the diet. Not infrequently no cause at all can be found for vomiting, and in such cases so long as the infant continues to thrive and gain weight satisfactorily the vomiting can be disregarded.

Onset of infection

The onset of an acute infection in infancy and early childhood may be ushered in by vomiting, diarrhea and convulsions. Vomiting is typically present in some febrile conditions such as pyelitis or tonsillitis but can occur with any infection.

In looking for the cause of a fever in infancy and early childhood it should not be forgotten that otitis media and pyelitis may be without any localizing symptoms, and unless the ears and urine are examined routinely the diagnosis may be missed. In one series of a hundred cases of pyelitis admitted to a children's hospital, 60 percent had no localizing symptoms and only four were correctly diagnosed prior to admission. The finding of over six pus cells per low power field of the microscope clinches the diagnosis. When there are signs of meningeal irritation along with vomiting, it should be remembered that meningismus is a fairly common condition in children and the apices of the lungs and the ears should be examined. It may be quite impossible to be sure of the diagnosis without a lumbar puncture.

Intracranial conditions

Tuberculous meningitis with its insidious on set and progressive deterioration presents a very different picture, but a history of vomiting at the onset is highly characteristic. Head injury and tumour have to be considered with such a history. Although both subdural haematoma and cerebral tumours are rare they must be remembered. One-fifth of all cerebral tumours occur in childhood.

Abnormalities of the alimentary tract

Congenital abnormalities of the alimentary tract give rise to persistent vomiting from the first day of life if there is atresia or considerable stenosis, but may not in the case of stenosis give rise to trouble till solid food is added to the diet. Of other surgical conditions, appendicitis which is common in childhood is rare in infancy. Obstruction due to intussusception occurs usually between six and eighteen months but can occur at any age.

Feeding mismanagement

Of the causes of chronic vomiting in infancy, feeding management is by far the most important. It has been estimated that two-thirds of such cases fall into this category. It is now realized that it is excessively rare for a mother's milk to disagree with her child except when she is grossly underfed. Very occasionally the mother may take too much milk-stimulating foods, for instance, malted milk, or milk in very large quantities and the infant is being overfed. It is still, however, very common to find that an infant has been weaned on the grounds that the mother's milk was 'windy' or disagreed in some way. Underfeeding is much more often met with than overfeeding. The infant is then excessively hungry and gulps down large amounts of air with the milk, and either has colic and insomnia, or loses much of the milk which comes up with the forcible eructations. The colic or vomiting is unfortunately often regarded as an indication of overfeeding and the infant is made worse by having his diet reduced instead of increased. The exact position can readily be ascertained by test feeding for a day in the case of breast-fed infants who require 21/4-21/2 oz. of milk per pound of expected body weight per day. The technique of feeding must also be checked. Holding the baby wrongly so that the nose is buried in the breast, or omitting to bring up the wind properly may be all that is wrong. It is often some trivial fault which is the cause of trouble.

The regurgitation of one or two teaspoonfuls of milk after a feed which occurs in breast-fed infants known as possetting is normal, and should be disregarded if the baby is thriving and putting on weight normally.

A similar procedure is adopted with bottle-fed babies. The technique of feeding here also must be checked. Not infrequently the hole in the teat is too small or too big. (When the bottle is tipped over the milk should run out rapidly in drops, not as a continuous stream.) A hot needle will be found useful in making a wider hold when another teat is not available.

The quantity and quality of the milk mixture is noted and checked against the infant's expected weight. Occasionally an infant is kept hungry by feeding him on the basis of actual weight instead of his expected weight.

Sometimes allowance must be made for babies with an unusually large appetite who really require more than average. It is customary to feed babies under 8 lb at three hourly and above 8 lb at four-hourly intervals. Sometimes it is necessary to revert to three-hourly feeding till the baby is a heavier weight. The longer interval may make the difference between satisfactory and unsatisfactory progress. Feeding mismanagement has to be taken seriously because if it persists serious harm may be done and even death may result.

Regular hours of feeding, though on the whole perhaps the best method of infant feeding, is by no means universally practiced. In Turkey and elsewhere, the infant is allowed to feed at any time and it is said that very soon quite regular hours of feeding are adopted. A fairly common problem is that the infant is ravenously hungry in the middle of the night. As a rule it is best to give in and feed the infant at this times. Once the technique of feeding and quantity and quality of the feeds have been overhauled, the infant usually sleeps sound if not interfered with for long. Occasionally

trouble is caused by feeding with whole milk instead of half-cream dried milk during the first three months. Sometimes regurgitation of milk with eructations occurs when diet and management of feeding are correct. Thickening the feeds with one or two teaspoonsful of Bengers of Sister Laura's Food often corrects this.

The use of Carbo veg., Lycopodium and other remedies may be invaluable, but whatever homoeopathic treatment is given the diet and technique of feeding must be put right. On the other hand there are cases when nothing but constitutional treatment will enable the infant to digest his food.

Rapid changing of food is greatly to be deprecated.

Because of the excellent work done in welfare centers problems of feeding mismanagement are now relatively few in hospital practice, but they do occasionally arise. A breast-fed baby of three months was admitted to Barton Ward suffering from diarrhoea and vomiting. It is very rare indeed to have non-specific diarrhoea (the old summer diarrhoea) in breast-fed babies. Out of a series of over 200 cases admitted to Great Ormond Street Hospital only one was breastfed. Breast-feeding was continued while the infant was in the ward. No pathogenic organisms were found in the stools. Testweighing showed that the baby was receiving the proper amount of breast milk, but on observing the technique of feeding it was discovered that the mother was not bringing up the wind properly. No other treatment was given than to demonstrate the right way to do this. This baby was discharged within four days and there has been no further trouble. A bottle-fed infant of four months was brought to the out-patients' department with

the complaint that he had been vomiting after nearly every feed for two months and had offensive diarrhoea and sleeplessness for one month. The cause was readily ascertained by tipping up the feeding bottle that the hole in the teat was far too small. Secondly, the young mother was not expert at bringing up the wind. The infant's expected weight and actual weight coincided. He was being fed with a correctly balanced milk mixture but was getting 48 oz in the day instead of 34 oz. In other words he was being considerably overfed. The strain of mismanagement was beginning to tell. The hole in the teat was altered and the mother shown how to bring the wind up, and the feeds were reduced to 34 oz in the day. He was given *Lycopodium* 30, t.d. 3 days, b.d. 4 days, on the following grounds: wrinkled forehead; aggravation in the evening; objection to any feeds which were the least bit cool and a tendency to sweat about the face. There was also excessive flatus but this might not be a high-ranking symptom under the circumstances. Finally, his grandfather who was an old out-patient of mine, was a typical *Lycopodium* subject. Occasionally useful clues may be obtained in selection of a young child's remedy by finding out, (if it is not apparent) which member of the family the infant takes after and then taking their constitutional remedy in to consideration. This baby gained twelve ounces during the next week and diarrhoea, vomiting and insomnia disappeared.

Pyloric stenosis

The projectile vomiting of pyloric stenosis nearly always starts during the second or third weeks of life, not at birth. To begin with it occurs after every meal, but later when the stomach has become dilated there may be one or two large vomits in the day. This condition

is usually found in first-born male children. There is some evidence that it is an inherited disease, but the precise nature of the inheritance is not clear. The mortality rate in untreated cases is 50 percent. Infants who survive the condition undergo spontaneous cure at the age of about twelve weeks. The projectile type of vomiting following a greedily taken meal is characteristic along with constipation and failure to thrive or less of weight. Unless gastritis develops the infant is ready immediately after vomiting for another feed which indicates the purely mechanical nature of the disorder. Diagnosis is confirmed by the presence of visible peristalsis and by the palpation of a tumour between the umbilicus and the right costal margin which feels exactly like a knuckle. Repeated examinations at the beginning of a feed may be necessary. Pylorospasm begins earlier than the second week, is more often found in females; it may be exactly similar, even to the presence of visible peristalsis, but the tumour is absent. More rarely difficulty is experienced in eliminating congenital stenosis of the duodenum, which if situated below the ampulla of Vater may be distinguished by the presence of bile in the vomit. Surgical treatment is generally held to be best for pyloric stenosis. In the hands of an experienced surgeon with suitable provision for pre and post operative care the mortality rate is in the region of 1 percent. In unskilled hands the mortality may be about 20 percent. A minority advocates medical treatment or at least a trial of medical treatment in all cases. It is generally agreed that the more severely ill the baby is, the more the indication for surgery. In infants who have almost come to the end of the natural course of the diseases having not been greatly disturbed by it, who

have made a fairly satisfactory weight gain, medical treatment is obviously the treatment of choice. *Dysentery Co.* has a specific effect on the pylorus and claims have been made that it is effective in pyloric stenosis. I have not used it in this condition, but it seems to be highly efficacious in cases of pylorospasm in 200th potency.

Rumination

A more rare cause of persistent vomiting is the condition of rumination which beings after the age at which pyloric stenosis has run its course. Rumination usually occurs in bottle fed infants, and rapid changes in diet are said to be a predisposing factors. It beings at four to six months. the infant acquires a knack of regurgitating milk into his mouth by moving the jawback and forth. As a rule they do not perform this when kept amused or if anyone is present, and the diagnosis may have to be made by watching the infant when he thinks he is unobserved. Treatment is by thickening the feeds, keeping the infant amused – in hospital by other children – to stop the habit. Strapping the jaw is also advocated, but is not without danger. These babies are characteristically bright and cheerful, but if untreated the mortality rate is about 25 percent.

Very occasionally an older infant gets into the habit of putting his finger in his mouth to cause vomiting. This can be stopped by a mechanical restraint of the elbows.

Nervous vomiting

Infants and young children are extraordinarily sensitive to the emotional atmosphere around them. This is an accepted fact in paediatric practice and it is a valuable key to the management of nervous children³. It is a well-known fact that the infants of nervous mothers vomit. This usually occurs during the

second half of the first year of life. Having excluded other causes a change of environment such as taking the infant into hospital, or putting the infant in the care of a trained and capable nurse, is usually followed by rapid improvement.

Vomiting in older children

The protective function of vomiting which is so well marked a feature of infancy only gradually diminishes as the child gets older. Vomiting is still readily induced by unsuitable diet such as an excess of fatty food or the eating of unripe fruit. The diagnosis of dietetic indiscretion is often apparent when the child has been to a party and stuffed itself with fatty food. *Pulsatilla* is nearly specific for this sort of upset.

Vomiting may also be comparatively easily induced reflexly from causes outside the stomach or alimentary tract that are either physical or mental. Fatigue or fright or the onset of an acute infection, especially pyelitis, scarlet fever or lobar pneumonia, may cause a single vomit. Rarely the whoop of whooping cough is replaced by vomiting – the cough center and the vomiting center are close together and this is presumed to be the differential diagnosis when vomiting occurs in a healthy child. Sometimes after an emotional upset or fatigue or injury, vomiting does not occur till after the child has slept for some hours. In diseases of the central nervous system or in surgical conditions of the abdomen, of which appendicitis is relatively common, other symptoms and signs usually make the diagnosis apparent.

The problem of recurrent bilious attacks will be dealt with shortly. Nephrocalcinosis which is accompanied by albumin in the urine is a rare cause of persistent vomiting.

Chronic indigestion in childhood

Although indigestion is a very common condition in childhood it is not so frequently associated with vomiting as it is in infancy. The clinical picture of chronic indigestion in children is, however, such a valuable conception in the practical management of the various aspects of this disorder that it may be worth while to briefly review it. SHELTON states that chronic indigestion in one form or another is one of the most common ailments of childhood. There is great activity of the alimentary tract during the period of growth. Add to this first dentition, with the almost complete change in diet at weaning, together with a period of four years between the age of six and ten when the child is partly edentulous while the second teeth are coming through plus mismanagement of weaning, plus bad habits in feeding later on, and it is no wonder that indigestion may be traced to the debilitating influence of whooping cough and measles. Sepsis of the upper respiratory tract, or of tonsils and adenoids, (and sometimes carious teeth) is a very frequent finding in such cases. Mental stress, worry about examinations, are also factors in causing a digestive breakdown, just as later on these factors can precipitate a duodenal ulcer.

The clinical picture is one of great variety, and the main symptoms may be related to systems other than the alimentary. When digestion and assimilation are impaired the whole body suffers. Quite often the child is brought because he is not thriving. A very common complaint is that he suddenly turns deathly pale, or tends to have dark circle under the eyes. He may have slight oedema below the eyes suggesting nephritis. Vasomotor instability may be expressed in other ways

such as by constantly cold extremities. Disorders of sleep such as restlessness, jerking in sleep, insomnia, nightmares, sleep-walking may be present. At all ages sleep may be disturbed in one way or another by indigestion whether digestive symptoms are themselves prominent or not. Sometimes there are pains in the limbs, which occur in any debilitating condition, bronchiectasis, severe chronic indigestion, etc., as well as in rheumatic fever, postural defect, and from emotional causes. Postural defect is common in this condition.

Persistent or recurrent fever of one or two degrees is a frequent finding in children and very often no cause can be found. The mother can be reassured when it is an isolated finding. It is common in chronic indigestion and tonsillitis which very frequently accompanies it.

Symptoms referable to the alimentary tract are naturally often found. Appetite may be deficient, and made worse by bribes given to encourage the child to eat. Abdominal pains are often present but characteristically not at all severe. The bowels may be constipated or loose with excessive mucus or undigested food. Threadworms thrive in the unhealthy gut. Enuresis is a common complaint in such children. The reason why threadworms and enuresis are sometimes difficult to cure is that it takes time as well as special measures in the way of general management and diet along with constitutional homoeopathic treatment to cure the underlying condition of indigestion. It is only occasionally that the attack falls mainly on the stomach. Then there may be frequent eruptions, sometimes vomiting of mucus, especially first thing in the morning – an atonic gastritis. There is fullness of the upper abdomen.

The diagnosis is often suggested by the history of sudden pallor, feeding mismanagement, too much starchy food at the time of weaning, rushing to school with inadequate time for breakfast and evacuation of the bowels later on. The child is usually underweight and suffers from postural defect from lax muscles, usually a lumbar lordosis. The tongue is furred, and sometimes the irregular patches of fur and redness give the appearance known as geographical tongue. Tonsils are usually pitted and the lymph glands enlarged. The liver is often slightly enlarged. Except in the cause of atonic gastritis there is no enlargement of the abdomen and no tenderness.

The prognosis with regard to life is good, even without treatment it is rare for death to occur. When postmortems have been done nothing special has been found, as this is a functional, not an organic disorder.

Treatment can usually be carried out while the child is at school, but often takes several months before there is appreciable benefit. In severe cases a few weeks off school with rest in bed till after breakfast $\frac{1}{4}$ to $\frac{1}{2}$ hour rest before and after lunch and tea, and early, to bed, combined with moderate exercise in the open air makes a useful start. Holidays by the sea, or in good surroundings, play a part in the general management of these cases. The wrong habit of rushed breakfast, etc., are corrected when the child returns to school.

Dietetic treatment consists mainly in the cutting down of starchy foods and root vegetables with a high cellulose content, allowing two tablespoonfuls of potato in the day. Secondly, roughage such as nuts, jam with pips in it, is cut out. Brown bread is replaced by toasted white bread till there are

signs of improvement. Homoeopathic constitutional treatment is of great value.

Cyclical vomiting

It is well known that acetone bodies are more frequently found in breath and urine of children suffering from febrile conditions than in adults. Any feverish condition may be associated with ketosis in childhood. Some children are more prone to it than others for reasons which are not known, but the factor generally responsible for this tendency is believed to be that the child's store of liver glycogen is easily depleted. The raised output of adrenalin associated with fever calls forth and exhausts the stored glycogen. Normal fat metabolism which can take place only in the presence of an adequate amount of carbohydrate, breaks down and ketone bodies are formed. In some children in health excessive exercise or going without a meal is sufficient to allow depletion of carbohydrates to such an extent that acetone is formed. Sometimes the balance may be tipped by giving extra nourishment in the form of eggs or creams especially in cases of cyclical vomiting which may be regarded as the extreme expression of this natural tendency to ketosis in children. Traces of acetone in the urine of children, especially when detected by Rothera's test which is very delicate, should be treated with reserve. It is a very common finding, and its significance must be judged in conjunction with the whole clinical picture. **FREW** analysed the incidence of acidosis in children admitted to hospital and found that it varied from 15 percent under one year to 84 percent 3 to 4 years, going down to 50 percent at eleven years.

Against this background of a general tendency to ketosis in children the condition of

cyclical vomiting may be considered. It has been estimated that 30 percent of all children attending out-patients suffer from the group of condition known as periodic vomiting, cyclical vomiting or bilious attacks. The average age of onset is three to seven years, and there is a tendency to spontaneous cure at puberty. Some writers recognize a periodic syndrome which may manifest itself as periodic vomiting or headache, or abdominal pain, or fever, or diarrhoea with pale stools.

The classical type of cyclical vomiting occurs at very regular intervals, and is accompanied by severe ketosis. Most writers, though not all, include irregular attacks under this heading, and include recurrent attacks of ketosis associated with upper respiratory infection. There are two main clinical types with many variations and combinations. First there is the child who has regular or irregular attacks every few weeks or at longer intervals of feeling off-color for a day or two followed by vomiting, upper abdominal pain, headache, furred tongue and constipation. The breath and urine smell strongly of acetone. There is a temperature of 101 or so, occasionally it goes up to 105. Tonsillitis is often present. The condition passes off after two or three days. The other type is the highly strung nervous child, often an only child, thin, stooping, intelligent, but lacking in concentration. He also has vasomotor instability and becomes suddenly pale. He gets an attack of excitement such as anticipation on going to a party. Eggs and cream given as extra nourishment aggravates matters. Cream is a special offender, and such children should be given skimmed milk.

Cyclical vomiting is not infrequently met with in families with a history of migraine. In

some cases at puberty instead of clearing up, the attacks of acidosis merge into attacks of migraine. The pathology of cyclical vomiting is by no means clearly understood. Sometimes vomiting precedes ketosis and sometimes ketosis precedes vomiting. **PAYENE** states: "In the past these children were spoken of as suffering from bilious attacks and being liverish. Recent investigation tends to support this view. Thus jaundice is an occasional symptom and in many cases function tests show some deficiency of the liver to deal with carbohydrates. However, this seems insufficient fully to account for the concurrence of symptoms. It is generally agreed that in these children the nervous system is unstable.

During an attack of cyclical vomiting, or in the case of severe ketosis during any febrile condition the child should be in bed, and given as much water or lemonade sweetened with two teaspoonfuls of glucose and a teaspoonful of bi-carbonate of soda to the tumblerful as the child will take. If vomiting prevents this the stomach should be washed out with bicarbonate of soda, a drachm to the pint of water, and then sips of sweetened water or lemonade started, gradually working up to large quantities. In older children, If that fails a rectal drip of 10 percent glucose to which sodium bicarbonate, one drachm to the pint, has been added, may be given after a cleansing enema. Suncutaneous infusion of 2 1/2 percent glucose in various strengths of saline (depending on an assessment of the electrolyte balance) is useful in younger children in febrile conditions. Large quantities of fluid can now be given subcutaneously by means of hyalouronidase. Sometimes resort has to be

made to intravenous infusion of 10 percent glucose.

The homoeopathic treatment of cyclical vomiting and allied conditions resolves itself into two parts, treatment during the attacks which is the less important and constitutional treatment in-between attacks to alter the patient so that he does not tend to have them. During an attack a number of remedies including *Phosphorus*, *Pulsatilla* and *Dysentery co* may be indicated. Constitutional treatment embraces a wide range of remedies and it is highly effective in reducing the number and severity of attacks, and in most cases eventually wiping them out altogether; *Phosphorus*, *Calc. phos.*, *Tuberculinum* and *Dysentery co* have been frequently indicated in such children, but the treatment depends, as constitutional treatment does, on the individual patient's mental and physical make-up. In one case, the child was so prone to car sickness that the mother stated he could not ride in a bus or car more than ten minutes without being violently sick. There were other constitutional indications for *Cocculus* and it was given as a preliminary medicine. Not only did the car sickness clear up, but the cyclical vomiting did too.

There is one remedy, however, which is invaluable in many cases of cyclical vomiting, and that is *Dysentery co*. My attention was drawn to it by a boy who had pyloric stenosis for which Rammstedt's operation had been performed with success, but he later developed cyclical vomiting which was rapidly cured by giving *Dysentery co* 30 to CM; Usually the 200th potency is so useful both in attacks and between attacks that I almost came to regard it as a specific. 'Nervous tension', which **Dr. PATERSON** stresses as the characteristic

mental state of *Dysentery co*, is frequently found among these highly-strung children who get an attack on excitement. Fortunately it is not a specific. Specifics and homoeopathy could not co-exist. I usually prescribe *Dysentery co* 200 three doses two-hourly, followed by three doses four-hourly at the commencement of an attack.

Thus use of *Dysentery co* was, I found, no new discovery. In an old paper by it is noted as having a clinical record in recurrent bilious vomiting. The use of *Dysentery co* in abolishing, so to speak, overaction of the sympathetic part of the autonomic nervous system led to its use in a much rarer kind of recurrent vomiting. A girl of four years was seen in the outpatients' department, sent up because she had been having attacks of pain in the left side of the abdomen followed by vomiting nearly every week-end for the previous six months. There was abundance of acetone in the breath and urine during these attacks. Pain of a severe nature preceding vomiting and in the left side of the abdomen strongly suggested that this was not simply a case of cyclical vomiting. During the two or three days while the pain was severe, there was an oliguria, and polyuria ensued as the attacks passed off. Examination revealed an enlarged left kidney, and an intravenous pyelogram showed dilation of the calyces. *Dysentery co* 200 given two-hourly at the commencement of an attack aborted it, and after a few attacks were aborted in the same way they stopped altogether. This child has had no attacks for over two years. She is now seven. Blood pressure readings were made periodically in case a hypertension might develop, but the pressure has remained normal. The left kidney

is now no longer palpable, and the child seems very well.

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DPT VACCINE: THE DPT SHOT AND PUBLIC HEALTH**COULTER, Harris L**Transactions of the 42nd LIGA; Arlington, Washington, USA., 29th March – 2nd April 1987.

‘DPT : A shot in the Dark’, co-authored by myself and Barbara FISHER, was published last year in the United States by a major publisher and reprinted this past spring by Warner Books (H.L. COULTER and Barbara FISHER, *DPT: A SHOT IN THE DARK*. New York: Warner Books, 1986. Paper back: \$4.50). It has now sold more than 40,000 copies in the two editions. Copies of the book were distributed to U.S. Congressman and Senators, and the outcome was passage last year of a vaccine-damage compensation law by the U.S. Congress. This is the first such law in the history of the United States.

This book is essentially an investigation of reactions to the pertussis vaccine, which is given as one of the components of the DPT (Diphtheria-pertussis-tetanus) shot. We concluded that this shot is doing much more damage to the health of the American public than is recognized. Since the vaccine is compulsory in most parts of the United States, this conclusion means that American babies and children are being legally required to receive a vaccine which is harmful to their health. This thesis has provoked controversy.

We found the following acute reactions. First, there is a series of short-term physical manifestations, such as swelling at the point of injection, rash, fever of up to 104 or 105 degrees, and inconsolable crying by the baby which may go on even for several days. The baby may turn blue and have difficulty in breathing; he may faint and remain unconscious for a period of 5 to 10 hours, and he may start a particular type of crying, called “high – pitched screaming” in the literature and which seems to have an encephalitic origin. Or he may have a convulsion or epileptic seizure.

The most serious of these short-term reactions, however, is sudden death. Within a few hours or a day of the shot the baby is found dead in its cradle. This seems very closely linked to the breathing difficulties I have mentioned. Some lucky parents, who have been in the baby’s room when it experienced these breathing problems, have told us that the baby stopped drawing a breath and resumed only after being shaken vigorously; in fact, this can happen more than once.

These deaths are classified in our medical statistics as “crib death” or “sudden infant death” of unknown origin. There are about 8000 cases of SIDS in the United States every year, and we have estimated that probably at least a quarter or a half of these are caused by the vaccine. This has never been admitted by the public health authorities, but it is being accepted as fact by journalists, medical writers and the public.

Of course, most babies do not die but seemingly recover and may be apparently normal for a month or two. But then the long-term effects of the vaccine start to appear. One of the most prominent is earache. Parents note that the child seems to have an unending series of them – otitis media. This is called in the United States “glue ear”, and it is a kind of buildup of water in the ear, often requiring the installation of little tubes for drainage.

At least half of all U.S. Children have had one episode of otitis media by their first birthday. By age 6, 90% have had them. They account for 26 million visits to physicians every year. In addition, about 1 million children have tubes inserted in their ears every year, at a cost of 1000 \$ per operation.

This means that a billion dollars are spent each year on this operation (or what they call in England a thousand million; see *The New York Times*, April 23, 1986, p.c-1). Just imagine what it means if this is all, or mostly all, caused by the pertussis vaccine. I do know this - that this particular “glue ear” type of otitis was not known in American medical practice before that late 1940’s or early 1950’s – in other words, the time when the pertussis vaccine was being introduced.

This example gives you an idea of some of the economic dimensions of this pertussis-vaccine problem. Homoeopathic physicians should know about these vaccine reactions because, in my opinion, they underline a great part of the typical disease of infants and children today in those countries where the pertussis vaccine is widely used. Earaches of children, for instance, are far more common today than they were in the past. But this is only the beginning.

Another long-term effect of this vaccine is a tendency to allergies, especially allergy to milk. Needless to say, a large proportion of the population in all of the industrialized countries of the world today suffer from allergies. By the way, we have found that newborn infants with colic – which means an allergy to milk – tend to react more strongly to the vaccine. Undoubtedly colic should be considered a contraindication to vaccination.

Another long-term effect is disturbance of sleep rhythm; the child turns night into day and day into night.

Also the breathing difficulties mentioned earlier continue to persist, and the child may start to develop asthma.

But these are the minor long-term effects. Much more serious are such disorders as seizures and epilepsy, blindness or loss of speech, and mental retardation. These are all possible effects of the vaccine.

An interesting point is that the medical literature contains documented cases of nearly all the adverse reactions to vaccination we have mentioned, even sudden death. Thus it is generally admitted that the pertussis vaccine can cause all of these conditions, and the only dispute Barbara FISHER and I had with the medical authorities was over the *extent* of the damage. We have maintained that the extent of this damage is very great, while our public health authorities claim that it is very limited. And there are no very good statistics on one side or the other.

The case of “crib death” is very typical. The vaccine cases are buried in a category of “death from unknown causes”. This is not necessarily done deliberately. It is just one of those areas which the medical authorities do not explore. This summer, by the way, the head of the official committee on U.S. vaccine policy (The Advisory Committee on Immunization Practice) admitted that the committee did not have any way to distinguish death from vaccination from “sudden infant death” from unknown causes.

When we come to such conditions as mental retardation or epilepsy, the situation is much the same. In the US 125,000 children are diagnosed every year as “mentally retarded from birth”, and another 25,000 as “epileptic from birth”. But in the overwhelming majority of cases it cannot be proven that this condition was present at birth. Mental retardation, except in the case of mongoloid (Down’s Syndrome) children, can rarely if ever be determined at birth. And the same is true for seizure disorders. Both are diagnosed much later-perhaps at the end of the first year of life. Then it is said to be

congenital because no other possible cause can be discerned. But by this time the child will have had three pertussis vaccinations. Who can say that the child was not perfectly normal at birth and became mentally retarded or epileptic as a result of the shot? Nobody knows. My own suspicion, however, is that a substantial proportion of both of these conditions is due to the shot.

But all biological phenomena appear on a spectrum, and if there are such severe conditions as mental retardation and epilepsy, there must be many other less serious conditions as well. Here we were struck by the rise in what are called “learning disabilities” in the United States starting in the 1950’s – i.e. just a decade or so after the vaccine started being used broadly in my country. It is thought that 15 to 20% of the U.S. school children – or about 3 million children at any given time – have these: variously called dyslexia (reading difficulty), dysgraphia (difficulty with writing and spelling), auditory processing deficit (difficulty hearing), visual processing deficit, etc.

Needless to say, these claims have not yet been publicly accepted by any medical authority. However, their acknowledgement is just a matter of time. I am certain that time is on the side of those who have questioned the wisdom of mass vaccination against pertussis in the US and other countries today, and that in due course this vaccine will be recognized for what it is – namely, a major threat to the health of children and adults.

The question then arises: why didn’t we know about this before? The short answer is that no one knew a problem existed, and hence no effort was made to appreciate its magnitude. From the beginning the pertussis vaccine was just assumed to be innocuous. It was up to the critics to prove that the contrary was true. Hence no systematic investigation of vaccination reactions was conducted. Only in 1979 did the federal government make a first attempt to survey an infant population and determine the extent of vaccine damage there.

What was necessary was an ongoing institutionalized system for gathering information on the vaccine’s side effects. But no one was much interested in such a system, since they assumed that there were no side effects. Nor did any definition of the vaccine’s side effects even exist – this is still the case today. Our book is the only complete discussion of these side effects. There were a series of vicious circles. Since the vaccine was thought to be innocuous, no one collected data to prove that it was harmful. Since no one collected data, no one knew what the true side effects were; and ignorance of these side effects meant that often, when they occurred, no one recognized them as related to the vaccine.

A very big factor contributing to all this ignorance was that the compulsory vaccination program has been in full swing in the United States for more than a decade, and discovering today that it had all along been harmful would undermine public support for vaccination programmes generally. It might reflect badly on the medical judgment of those who advocated the pertussis vaccine in the first place.

So, to get back to the question of why vaccine reactions took so long to be discovered: (1) everyone thought the vaccine was innocuous, (2) because of this no systematic collection of adverse reactions was ever undertaken, and (3) the mass compulsory vaccination programme was an even stronger inducement not to seek further for such reactions – in simple words, to sweep the whole thing under the rug.

But this raises a lot more questions, For instance, why was the vaccine assumed to be innocuous in the first place? MADSEN in Denmark published an account as far back as 1933 of two babies who die shortly after being vaccinated, and in 1948 two U.S. physicians published a horrifying account of 15 cases of encephalitis from pertussis vaccine. These children experienced; (1) hemiparesis (partial paralysis) together with seizures, (2) recurrent convulsions (3) petit mal seizures with mental retardation, (4) petit mal seizures, mental retardation and muteness. (5) convulsions, hemiparesis, and muteness, (6) at 16 months was “blind, deaf, spastic and helpless”. (7) hemiplegia, convulsions, and a learning disability, (8) death, (9) death (10) convulsions, learning disorders and speech difficulties, (11) spasticity and convulsions, (12) seizures and learning disabilities, (13) recurrent convulsions, (14) severe convulsions, (15) convulsions. But despite this horrifying warning, no systematic effort was made to collect data, and for decades after the article appeared, physicians kept assuring the public and reassuring themselves that there were only one or two cases of severe reactions every year in the United States.

This underestimation of vaccine risks is clearly part and parcel of the allopathic profession’s attitude toward drugs and medicines generally – that they are harmless until the contrary is prove. But all historical experience demonstrates the contrary, One can hardly think of a single allopathic medicine that is devoid of side effects and adverse reactions.

But all this time evidence was filtering through to suggest that the vaccine is not entirely innocuous, and since the late 1970’s fitful attempts have been made to find out something about pertussis vaccine damage. However, the obstacles were very great.

The first puzzle facing physicians who were trying to estimate the magnitude and extent of the acute reactions to the vaccine was that they resemble many other conditions which affect small infants, and it was thought to be impossible to separate vaccine reactions from others. Even on autopsy this is apparently very difficult, as no pathological marker of DPT vaccine damage has yet been discovered.

The same problem confronted Barbara FISHER and myself when we set out to write our book.

The normal first step in trying to distinguish vaccine reactions from other kinds of pathology would have been to interview parents whose children had been vaccinated and had been permanently damaged. Then their stories could be compared with one another and with the accounts of vaccine damage which have appeared in the literature since 1933. In this way a *profile* could be developed against which other cases could be measured. Something, like this, in fact, was suggested by Gordon STEWART, M.D. of Edinburgh, one of a handful of physicians in the world who for a decade or two have been conducting a lonely fight against the DPT vaccine. He called it “shoe-leather epidemiology.” He claimed to be able to detect a “pertussis vaccine syndrome” but was roundly criticize for this by other physicians, and no one took up his challenge to develop the profile of a “pertussis vaccine syndrome”.

Another source of information would have been to investigate the serious long-term effects of whooping cough itself, on the assumption that the effects of the disease must parallel the effects of the vaccine since both are caused by the *Bordetella pertussis*. Many allopathic medical authorities, however, have objected to the idea that the effect of the vaccine is similar to the effect of whooping cough.

I do not know why there was such a reluctance to admit a similarity between the effects of the vaccine and the effects of whooping cough. Perhaps admitting that would mean admitting that the vaccine has a potential for inflicting damage, i.e., a toxic effect on the body. And this, in turn, might mean the necessity of rethinking all of vaccination policy.

Anyone with a little acquaintance with homoeopathy would, of course, understand immediately that a *pertussis vaccine syndrome* not only can exist but must exist. The vaccination program is nothing other than a gigantic proving of the pertussis vaccine on all of the country's children. It should be possible to single out and define adverse reactions to the vaccine just as the homoeopathic provers defined the symptoms caused by the substance being proved.

Thus, distinguishing the effects of vaccination from various other adventitious effects was the same problem as that faced by the early homoeopathic provers – how to determine which symptoms occurring in provers were “caused” by the medicine being proved and which were not. This problem cannot be solved by adopting some fancy method, or technique of statistical analysis, but only through careful observation – as was stated by Constantine HERING himself (see, H. COULTER, *Divided Legacy*, Vol. III, 490).

This is what Barbara FISHER and I did, and it had apparently never been done before. We sat down with the parents of these children and recorded what they had to say, leaving nothing out, not asking leading questions, not interrupting, but permitting them to do into as much detail as they wanted.

This detail was usually overwhelming. Not only because these were parents talking about their own children, not only because parents – especially mothers – can observe an infinite amount of detail about their children and retain these details in their memories forever, but also because no one had ever listened to them before. We would have accumulated ten times as much information as we did.

We compared the cases with one another to find out which reactions seemed more frequent – thus definitely associated with the vaccine, and which were less frequent – thus raising some doubt over the association. In the latter cases we could only attempt to check the information for verisimilitude, comparing other details of the case with the profile we had established and with the literature.

An important source of information for our vaccine-damage profile was literature on the long-term damage from *whooping cough*, specifically as it relates to learning disabilities and to various disorders of sense-perception (blindness and disorders of vision, deafness and disorders of hearing, muteness and voice disorders, etc.)

An instance of a rarely reported phenomenon which we decided was related to the pertussis vaccine, was autism. Three or four parents told us that their children, who had severe reactions to the vaccine, had later been diagnosed as autistic. After comparing our findings with the literature on autism, we concluded that this vaccine is causing autism. It appears to affect the cranial nerves and thereby cause problems of sense perception, impairing the ability to process information through the senses. It seemed to us that the autistic child is one in whom several senses, have been affected. Of interest also is the fact that autism came into prominence in the United States in the 1940's, a few years after the use of the pertussis vaccine became widespread.

This raises the question of the vaccine's involvement in what are called "developmental disabilities" and which are the leading sickness of American children today. This is the subject of the next book which Barbara FISHER and I are writing. Perhaps I will be able to report on our research at the next meeting of the LIGA. In the meantime, I would request all colleagues who know of a case of severe pertussis vaccine reaction followed by autism or any other kind of developmental disability to get in touch with me, as we are anxious to gather cases from as many countries as possible.

AN IMAGE OF DPT THE DIPHTHERIA PERTUSSIS TETANUS**WARKENTIN David Kent****DPT – THE SYMPTOMS****Local skin symptoms** (near site of injection)

Pain (50%)

Redness (37%)

"A giant hive 1/16th of an inch by 3 inches".

Red, purple, hot, swollen, walnut-size lump.

Induration

Abscess.

Other skin symptoms:

Swelling of face, hands, and feet

Hives

Fever:

Over 100° (50%)

Over 102° (6%)

Occuring rapidly.

With hallucinations.

With convulsions.

Gastrointestinal:

Diarrhoea (chronic)

Yellow, curdy, "strange smelling," offensive.

"Greenish and curdsh?"

"Violent dark green, almost black diarrhoea."

"Clumps of mucus."

"Violent explosive gas every few minutes."

"Yellow, looks like attic foam insulation."

Projectile vomiting.

Anorexia and weight loss (chronic)

Respiratory:

"Constant runny nose" (chronic)

Clear discharge

Nasal congestion

"Allergies" (chronic)

Worse spring and fall.

Ear infection (chronic)

Sore throat.

Cough.

Protracted coughing – up to 30 minutes, croup, hard, with vomiting, must sit up.

Spasmodic, “pertussis-like.”

“Cough day and night.”

Pneumonia.

Bronchial asthma (chronic)

“Allergies to milk.”

Neurological:

“Strange high pitched cry.”

“Terrible screams,” rigid with head bent back, eyes open.

High-pitched piercing screaming.

Walking at night with high-pitched screaming (chronic). Brief period of sleep interrupted by long bouts of screaming (chronic).

“Persistent inconsolable crying continues for hours or days”.

Cri encephalique, “a thin high-pitched eerie wailing sound.”

Collapse with white or ashen skin, and deathlike unconsciousness (more than 1 in 1750).

“She’d turn blue and didn’t appear to be breathing. She’d start breathing on being shaken” with white skin and blue or purple blue around the mouth – going to death.

Periods of unconsciousness (chronic).

Hallucinations.

Hemiplegia (chronic)

Paresis.

Loss of muscle control.

Flaccid paralysis.

“Nonresponsive, limp, flaccid, with screaming, eyes rolled back in his head”.

Seizures (chronic)

“Sitting, staring ahead with eyes dilated and mouth open.

Her lips were blue and her body stiff. The right side of the body would tremble and she’d occasionally make sucking sounds”.

Extremely brief “generalized bending” or “Jack knife” spasms with sudden forward dropping of the head with adduction and flexion of the arms (with hypsarrhythmia, an electroencephalographic abnormality).

“After a short period of staring, dropping head to chest and falling asleep with eyes open; progressed to starting and sudden violent jerking of upper body forward.”

“Her hands would go straight up in the air, her feet would go straight out, she would clench her fists and hold her breath for 2 to 3 seconds, and then cry a high shrill cry”.

“Tremor of intensity” in the hands and feet,

“Opens eyes and mouth and utters a brief shout shortly after falling asleep”.

With or without fever.

“Generally tonic-clonic, resistant to routine anticonvulsant therapy, and with poor intellectual prognosis”.

Difficult or impossible to control with medication.

Grand mal, petit mal, and localized.

Of lower limbs.

Eyes twitching.

Dyslexia, visual perception problems, auditory processing deficit, fine motor delay, and an attention span deficit. (Chronic)

Learning disabilities (Chronic)

Brain damage (Chronic)

Cerebral palsy.

Viral meningitis.

Emotional

“Screaming as if afraid of being dropped”.

“Timid, nervous, trembling, fearful child, screams in terror at the sight of balloons or the idea of leaving the house. He wouldn’t enter the room if someone was chewing gum. He wouldn’t leave the doorstep when we went out. He’d just stand there and scream and shake until we picked him up”.
(chronic)

“Ran around the house and hid as if was frightened to death”.

“Sudden fear while playing, with desire to be held (a great feeling of anxiety and doom)”(chronic).

“Restless, hyperactive”(chronic)

“Hyperactive, to the point of being out of control”.

“Explosive, emotional dynamics”.

“Unable to sit still for more than a few minutes, cries easily without warning”. (chronic).

“Doesn’t want to be held, rocked or fed, Pushes the food away. Would arch his back when crying, especially if being held”(chronic)

“Screaming temper”(chronic).

“Passive, in a daze as if sleep walking”.

Sleep

Excessive sleepiness.

Deep stuporous sleep, “unable to be awakened”.

Other

Infantile spasms.

Thrombocytopenia.

Hemolytic anemia.

Yellow skin, colourless lips (Hgb. 3, Hct. 10)

Hypoglycemia.

Diabetes.

SIDS

Colic.

Increased susceptibility in premature babies (especially if there is a family history of milk allergies).

Readers will notice that DPT may prove to be a valuable addition to or *Materia medica* for fevers, febrile convulsions, seizures, SIDS and diarrhoeas, especially when these are found with the classic high-pitched inconsolable crying.

[It has been observed in practice that many children are brought with symptoms cited in this article. Experience with homoeopathic remedies in these cases should be documented particularly with enquiry for DPT vaccination. Readers are requested to communicate with full details. =

K.S.SRINIVASAN]

BOOK SHELF

MYSCIENTIFIC PAPERS by Dr. M.L. AGRAWAL, Pankaj Publications, 37, South Anarkali Extensions, New Delhi -110051. pp.173, Rs.50/-

Dr. AHARWAL's two earlier books- *Materia Medica of the Human Mind* and *Key to the Rubrics of Mind*- have been well received, particularly the first one.

The book under review is a collection of the papers presented by Dr. AGARWAL at various Seminars, Meetings, Conferences etc. as also papers 'not presented', all in one volume.

These 'papers' cover Philosophy, *Materia Medica*, Repertory and Clinical works. In fact it is a jumble of all these, Some of them seem to have been addressed to students. There is no chronology of the papers. No efforts seem to have been made in 'editing' the papers and all the papers have been simply collected and printed.

The author says (p.28): " In Aphorism 213 of the *Organon*, it has been emphasized by Dr. HAHNEMANN that "symptoms of mind are above all others in any given totality of a sick man". This 'quote' is wrong. Paragraph 213 only says that the physician must take into consideration "the mental and emotional changes along with the other symptoms in all cases of diseases" and the medicine chosen must be "similar to the mental state of the disease as well as other symptoms".

Certain paragraphs are repeated in different essays word for word. Similarly some 'cases' too have been repeated in following essays.

In p. 32 the author says that "the first phase has been completed in the form of a book entitled '*Materia Medica of the Human Mind*' the second phase is still to be worked out. This would give explanations of all the rubrics of the *Mind* chapter". This 'second phase' has already been published by the author over an year ago as '*Key to the Rubrics of the Mind*'.

Chapter on 'Nervous Diseases including Cardiac Problems', 'Diseases of the Nasal Cavity Rhinitis', 'Epistaxis', 'Tonsillitis', 'Mental symptoms associated with Menstrual Disorders', 'Common Diarrhoea', 'Intestinal Worms', 'Urticarias', 'Jaundice', 'How to Prescribe for a Child', all have brief repertory and are quite useful for quick and easy reference. Evidently these have been culled from the 'KENT'.

A similar list (p.53) of certain remedies and the symptoms cured by them in author's experience but not found in any *Materia Medica* has been offered to the readers for verification.

Printing, binding, etc. are good.

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A compilation of some of the more important articles from the British, American, German etc. Homoeopathic journals, Also articles of general medical and scientific interest with particular reference to Homoeopathy.

(Compilation by **Dr. K.S. Srinivasan**, 1253, 66th Street, Korattur,
Madras – 600 080.)

(For Private Circulation only)

PART I CURRENT LITERATURE**LISTING****I. PHILOSOPHY****1. Observations in practice**

GYPSER, K.H. (ZKH, 35, 2/1991)

The author recapitulates at the end of every year his cases in the year gone by. He discusses 'homoeopathic aggravation', 'frequency of certain remedies'; Observations out of one's out of one's own practice and the lessons learnt would influence therapeutics. It would be useful if every practitioner undertakes such an analysis.

2. The homoeopathic concept of suppression

KLUNKER, W. (ZKH, 35, 3/1991)

What did HAHNEMANN means by suppression? The concept of suppression was a central point in the Chronic Diseases of HAHNEMANN. It also set Homoeopathy apart from the other medical systems. Today too it plays the same role. However, this concept is now causing problems and it requires to be looked into afresh in the light of experience. The author calls for a critical re-examination of the concept of suppression in the homoeopathic sense.

3. Method of case analysis

MORRISON, Roger (JAIH, 83, 3&4/1990)

The article gives as systematic overview and hierarchy of the methods of case analysis taught by George VITHOULKAS, explained through case reports. The author says that out of 17 distinct types of analysis he was describing in this section only the first 5 steps; others would follow.

For a successful case analysis we must have an accurate and in-depth case to work with. Always ask the question: "what clear information do I have in this?"

In any given case there are three types of information available: (1) Essence (2) Totality (3) Key note.

A characteristic, three dimensional, living image type of a patient, distinct, is 'Essence'. It is not merely mental or mental alone; it may be on the physical level too. A Gestalt. 'Totality' means a mathematical evaluation from the Repertory. 'Key note' means a symptom which when told by a patient emphatically would make us consider a particular remedy or sometimes two different remedies. In any given case there may or may not be clear information. In any of these areas. Many cases are given to illustrate this .

4. Infection or miasm?

WHITMONT, Edward (The Homoeopath, 11, 2/1991)

This is a 'reprint' of the article which first appeared in the Journal of the American Institute of Homoeopathy, 1948.

It is difficult to 'summarise' or give a 'brief' of this article. The author concludes, "when a case presents clear cut indications for a remedy, it is certainly the best to prescribe on these symptoms, without any prejudice to the miasmatic factor. Faced with a paucity of symptoms, however, the understanding of the miasmatic factor may provide the missing link in the scanty evidence upon which we have to base our prescription."

5. Classical Homeopathy and the Canadian Academy of Homeopathy: setting the record straight.

SAINE, Andre (Simillimum, 4, 2/1991)

In the 'Similimum', 4, 1/1991 Wayne J. CHINDEMI made an unintentional remark about Classical Homoeopathy and the Canadian Academy of Homoeopathy (CAH). This article of Dr. Andre SAINE is to clear

certain misunderstandings. This essay spanning all the important area of homoeotherapeutics is of great importance.

Some abstracts: "Finding the similimum is a constant work of individualizing. This *Individualising must also apply to the choice of potency*. The hahnemannian, for us, does not limit his/her capacity to individualise the potency but aims at mastering the whole range of potencies for the maximum benefit of the patient. NASH, a true hahnemannian, wrote at the end of his career; 'I used to tell my classes in the college that he who confined himself to either the high or low preparations of remedies crippled himself from doing the best possible for his patients. We do not have to restrict ourselves in the matter of posology to the *demonstrable divisibility of matter*, but can and should avail ourselves of the whole scald, from the crude drug to the highest of FINCKE, and abide the result according to the finest of all tests, the *physiological*.'"

"The hahnemannian is supple and can constantly individualise the potency... Good training in Homoeopathy should prepare the student to also treat successfully the old and weak areas, the intoxicated ones, the hypersensitive ones, the hysterical ones, the ones skeptical or ignorant of our method, the ones constantly exposed to antidotal factors, the ones suffering with serious organic changes, the ones with grave infections (pneumonia, pyelonephritis, meningitis...) and the ones for whom the needed similimum is not available in a wide rang of potencies. Notwithstanding all these difficulties, the master homoeopath will individualise without limiting the range of potencies and still bring the patient to a cure. *Careful observation and*

sound principles, not dogmas, guide the hahnemannian."

"For over 50 years HAHNEMANN constantly experimented with potencies. He used the clinical results as his only guide. HAHNEMANN was not an advocate of high potencies only, or usually. At the same time he never intended to dogmatically limit the potency range one way or the other."

What is the ideal potency according to HAHNEMANN?

See paragraph 278 of the *Organon*.

"As for the repetition of the dose we recommend that it must be repeated *as needed*, no more, no less the *minimum repetition to cure the patient rapidly, gently and permanently*, Ad. LIPPE wrote in 1878: "It has been often asked by beginners of the practice of Homoeopathy, as well as by students, how often a dose of medicine should be repeated. *A priori*, no rules for the repetition can be laid down. In very acute diseases, one single dose may suffice, or it may be necessary to repeat the dose at very short intervals; In chronic diseases one dose may act for days, weeks, or months, or it may become necessary to repeat the dose daily or oftener, for a day, a week, or even for months. In all this the practitioner must be guided by his individual judgement. Individual judgment should not be mistaken for, or confounded with, individual opinion, whim or caprice."

"By individualizing the potency and the repetition we aim at optimal posology for noting less than optimal result – which is to restore health rapidly, gently, permanently (Paragraph 2 of the *Organon*). The posology is individulaised by assessing the sensitivity of the patient, the evolution of the disease process, the acuteness or chronicity of the

disease, the undesirability of an aggravation, the undesirability of a relapse, the vitality of the patient, the clarity of the case, the availability of potencies of the remedy selected, etc. The practice of Homoeopathy as a whole is a complex process of individualizing that strategies.”

We must eschew too frequent and unnecessary repetition as well as too delayed repetition. NASH said, “There has been so much bungling in too frequent repetition or change of remedy with a certain class of prescribers, that another class, hoping to remedy that state of things, have gone to the other extreme and made WAIT their watchword. Now there is no more sense in waiting for the wrong remedy to do what it never can do, than there is in repeating the right one when it is doing all it can, and thereby hindering a reaction already established. Many fatal errors have been committed both ways. Many cures have been attributed to waiting on remedies, that were nothing more or less than recoveries and the remedy had nothing to do with it... So long as different degrees of susceptibility, natural or morbid, remain, so long must the proper dose to rightly influence the patient be recognized. The *right remedy must be given, waited upon or repeated*, according to the rules laid down in the Organon; and no amount of giving, waiting upon or repeating the wrong one will make it right, or do anything but harm.”

Attention is drawn to paragraphs 246, 247 and 258 of the Organon; and no amount of giving, waiting upon or repeating the wrong one will make it right, or do anything but harm”.

Attention is drawn to paragraphs 246, 247 and 258 of the Organon. The author quotes cases from HAHNEMANN, BOENNINGHAUSEN, HERING, LIPPE, GUERNSEY, DUNHAM,

BERRIDGE, SKINNER, NASH, H.C. ALLEN.

“It (Organon) is a book that requires years of serious study: after all it took HAHNEMANN over 50 years to write it. LIPPE was absolutely right in recommending that one should read the Organon one hundred times. In 1883 he said, “It is now over 50 years since I first read the Organon. I just begin to comprehend it”.

“Homoeopathy is not a religion but a science and an art. Our laws and principles are not dogmas but rather the fruit of pure observation that can be verified by any careful and honest observer. Hahnemannians do not base their prescriptions on faith, belief, opinion, prejudices, fantasies, or whims, but purely on knowledge from experience, careful and meticulous experience... John H. CLARKE once wrote, “Homoeopathy is not a matter of belief, it is one of knowledge. Either a man knows a certain fact or a series of facts, or a certain law and how to use it, or he does not know and there’s an end”.

HAHNEMANN wanted a system of medicine based on facts, on pure facts only. Therefore he called his materia medica *Materia Medica Pura*, pure from interpretations, conjectures, fabrications, quick generalizations etc. Now what would HAHNEMANN say if he saw some of the “modern” material medica inventions of today? Probably he would say not less than... (paragraph 144)”. “Again let us not forget what HERING had written in his last address to the profession in 1880: “If our school ever gives up the strict inductive method of HAHNEMANN, we are lost and deserve to be mentioned only as a caricature in the history of medicine”.

“Classical Homoeopathy encompasses not only the entire *Organon on Medicine* but

HAHNEMANN's *Chronic Diseases* and all his other works as well as ones of the hahnemannians' that have advanced our art and science. Homoeopathy demands many years of study to master, with many sacrifices to be made and obstacles to be overcome".

6. Proving homoeopathic medicine

ROYAL, F Fuller (BHJ,80,2/1992)

A brief review of proving protocol and records.

7. The spirit of Homoeopathy

DAM, C,(NTKH, 2,4/1991)

This is a critical review of Dr. Rajan SANKARAN's book 'The spirit of Homoeopathy'. The motto of the spirit of Homoeopathy is: 'Disease is delusion, Awareness is cure'.

8. Sameul HAHNEMANN- critic of the regular Medicine.

KUITENBROUWER N. (NTKH,2,4/1991)

HAHNEMANN's criticism of Allopathy is valuable in many ways: it can serve as a guide for Allopathy itself; it places Homoeopathy in such wider context; and it helps us see how HAHNEMANN's mind worked-which is important since it follows that the medical science that he developed had to be free of the criticisms he directed at the prevailing medical technique.

As a student HAHNEMANN studied DESCARTES, SPINOZA and LEIBNITZ among others and latter, SCHELLING and HEGEL. Inspired by what he read and his times, he developed a penchant for scientific exactness and empirical certainty. "Nothing," he wrote, "is more deserving of critical examination than Medicine, the science responsible for our most valuable earthly possession".

For HAHNEMANN, disease symptoms were an expression of a disturbed vital force. The allopathic view (a la DESCARTES and VIRCHOW) was and still is that material changes in the organism are the cause rather than the result of illness; Allopathy's professed aim is to eradicate the cause. This ignorance of the dynamic force of illness has resulted in inconsistent methodologies and theories; unlike Homoeopathy as mapped out by HAHNEMANN in his *Organon*.

HAHNEMANN's critique is also important when evaluating the modernization of orthodox medicine (and it is remarkable that criticism from the beginning of the 18th century should still be applicable). The proliferation of specialization is a logical consequence of a materialistic, unsympathetic and 'kaleidoscopic' medical philosophy and despite the fact that the costs, the number of jobs and the allopath's power and technical know-how have increased, there is no real proof that patients are better off.

9. Some excerpts from Dr. T.K. MOORE's article written in 1939 containing some aphorisms:

(Homoeopathy Today,11, 3/1991)

On the selection of the remedy:

1. Homoeopathy is absolutely inconceivable without the most precise individualisation.

2. The outstanding symptom is the key to follow, no matter how remote this symptom may be from the pathology.

3. Symptoms indicating the curative remedy lie often outside those that make up the pathology of the case.

4. The constitutional remedy is found by a series of symptoms absolutely new to that patient. (BOGER)

5. Prescribe for the last symptom to open the case.

Follow with the related remedy, if any.

6. In any complicated chronic case, the recent symptoms are the deciding ones. Cure your case in layers, the last layer first (WOODBURY)

7. Keep on a symptom. Don't follow a remedy (ROBERTS)

On the question of repetition of the remedy:

8. After a remedy has acted, repeating the remedy too soon is one of the greatest mistakes that can be made (BOGER)

9. After a prescription giving relief, do not give a remedy for any new symptom appearing in a less vital part (LIPPE)

10. In a chronic case do not repeat or change a remedy too soon. This statement needs to be repeated a thousand times (SLOAN)

11. Minutes or hours in acute, weeks or months in chronic. Never repeat while amelioration holds (TYLER)

12. In treating a chronic case, if an acute condition appears, unless it becomes dangerous or throws upon the screen some individualistic indication, it should generally not be interfered with (JAHR)

13. If the symptoms for which a remedy is given are removed and a new symptom appears, withhold the hand if you wish the case to go on to recovery (LIPPE).

14. The potency must be changed if a given remedy is to be repeated (LIPPE).

15. BOENNINGHAUSEN usually repeated the 200th daily for two weeks.

16. Repeat the dose until an effect is produced, better or worse, then stop (CASE)

On the principles of prescribing in chronic cases:

17. Do not dip into the chronic state when dealing with an acute condition and vice versa (ROBERTS)

18. Do not commence treatment of any chronic disease during an acute exacerbation. Prescribe for the acute symptoms.

19. If an acute disease appears on top of a chronic, you must let the remedy work its way out (BOGER)

Miscellaneous:

20. It is impossible to learn Homoeopathy except from a master (R.GIBSON MILLER)

21. In acute conditions it is often advisable to yield to the food cravings, but in chronics they must not be indulged (R.GIBSON MILLER)

22. Vegetable diet will increase susceptibility to our remedies (BOGER).

23. We all know that proving in a remedy is evidence that it is not the similimum (BOGER).

24. A new remedy should sustain a complementary relation to a former one, i.e. *Causticum* and *Phosphorus* do not like to work after each other. *Calcarea* is the natural chronic of *Belladonna* and *Rhus*; *Natrum mur* of *Ignatia* and *Apis*; and *Silica* of *Pulsatilla*. *Apis* will not do well after *Rhus*.

25. To prescribe for an aggravation is to fix the chronic condition on the patient (ROBERTS). said MICHAEL.

"This is a very strong statement".

26. The initial aggravation may occur in chronics during the first eight or ten days.

27. Look for a clear picture of the chronic following recovery from an acute condition (ROBERTS).

10. Homoeopathy in politics

(Homoeopathy Today,11, 2/1991)

As the British Govt. was changing hands the following appeared on the HomoeoNet:

Politics is a dirty business

gn. F.TREUHERZ tidbits 3:57 pm, Nov 26, 1990

Mind; HAUGHTY

Mind; HONOUR; effects of wounded

Mind; BSTINATE, headstrong

Mind; DICTATORIAL, domineering

Mind; CENSORIOUS, critical

Mind; DELUSIONS; great person, is

Mind; DELUSIONS; god; communication with, that he is in

Mind; DELUSIONS; Persecuted,that he is

Mind; LIE, never speaks the truth, does not know what he is saying.

11. Extract from the Ohio meeting report:

DR. EIZAYAGA's Algorithm for PMS: ref. KENT's Repertory (Homoeopathy Today, 11, 3/1991)

ABDOMEN: Distensin, before menses

Pain, aching, dull, liver, before menses

BACK: Pain, backache, lumbar region, before menses

CHEST: Induration, mammae before menses

Pain, sore, mammae, before menses

FACE: Eruptions, pimples, before menses agg.

FEMALE GENITALIA:

Desire increased

Pain, bearing down, uterus, before menses

Pain, uterus, extending to, back and groin

Pain, uterus, extending to breasts

Pain, uterus, extending down to thighs

Pain, uterus, extending, downward

Pain, uterus, extending, upward

Pain, uterus, menses, at beginning

Pain, uterus, before menses

GENERALITIES:

Convulsions

Heat, flushes of

Weakness, before menses

MIND: Anger, before menses

Anxiety, before menses

Sadness, before menses

Weeping, before menses

HEAD: Pain, before menses

NOSE: Coryza, before menses

RECTUM: Haemorrhage from anus, before menses

RESPIRATION:

Asthmatic, before menses

Difficult, before menses

STOMACH: Appetite increased, before menses

Nausea, before menses

Vomiting, before menses

12. The Law of Similars

KOPPIKAR, S.P. (The H.H.,16, 2/1991)

What exactly should the remedy be similar to?

The pathology, the mental symptoms, the constitution, the causative factors, etc? In this very brief (and incomplete) essay the author seems to argue for 'objective' similarity.

II. MATERIA MEDICA

1. Aggressive, restless child-*Tarentula hispanica*

KONIG, P (AHZ,236,2/1991)

Four years old child Anna was very restless and aggressive, an extremely difficult child. She was destructive, chaotic, uncontrollable. However, when music was played she would begin to dance and her aggressiveness would lesson. *Tarentula hispanica* M cured.

2. Discus proalapse verified by CT scan-*Causticum*

EBERT, J (AHZ, 236,2/1991)

51 years old female with massive prolapse of discs L4/L5. *Causticum* XM given on the basis

of Mental and General symptoms and sensation' as if her leg was short by 2 cm. when she stood up' cured restored the prolapse and subsequent normalizations were recorded by CT scans. The homoeopathic remedy worked effectively although the patient was taking Cortisone regularly for Autoimmune Thyroiditis.

3. An interesting case-optic atrophy

LEERS, H. (AHZ,236,3/1991)

Eight years old boy suffered from optic atrophy. Prescription on the basis of General and Particular symptoms: *Calcarea carbonica* D200, cured.

4. *Kreosote* and the homoeopathic material medica

G.v. KELLER (ZKH,35,2,1991)

The Homoeopathy practitioner has three aids for selection of the curative remedy: The Materia medica, the Repertory and the collection of characteristics. Each of these has its practical use and none can replace the other. It is only the mere theoretician who does not actually practice Homoeopathy, who would speak of one being superior to the other. The author illustrates this by a few of his cases in which *Kreosote* was the remedy.

5. A case of *Lachnanthes tinctoria*

KLUNKER, W (ZKH,35,2/1991)

A four year old child suffered from fever, delirium which was cured by *Lachnanthes tinctoria* M rapidly. The child had 'delusion of snakes' (SR 1/351), 'sleeplessness during heat' (SR,III/158), 'delirium during heat' (Guiding symptoms).

6. *Bryonia*

SCHOBER, U. (ZLH,35,2/1991)

The pharmaceutical preparation of *Bryonia* as given in the modern pharmacopoeia is different from what is given by

HAHNEMANN. Whereas HAHNEMANN's Materia Medica Pura and his earlier work **Apotheker-Lexikon** mentioned *Bryonia alba*, the current Pharmacopoeia mentions *Bryonia dioica*.. In the course of events HAHNEMANN's *Bryonia* has been substituted by a different *Bryonia*. This may be due to many factors including carelessness. HAHNEMANN's has said (Paragraph 122, *Organon*)... "In such experiments-on which the certainly of the entire art of healing and the well-being of all future generations of mankind depend no medicines should be taken but those that one knows thoroughly, those whose purity, authenticity, and full potency one is completely certain of". Homoeopaths should interest themselves in the origin of their remedies and take up fresh provings of the correct remedy as introduced by HAHNEMANN.

7. An unintentional remedy proving *Mercurius solubilis*

WEGENER, A. (AKH, 35, 2/1991)

A 40 year old female patient suffered from an infection of throat and other symptoms for which she sought homoeopathic treatment. The symptoms were all very clearly similar to those of *Mercury*. She has suffered a melanoma and after surgery she had been given injections which contained *Mercury*. Her present sufferings were *Mercury* 'proving'. She was quickly cured with a dose of *Mercurius solubilis* M.

8. Pertussis-Mezereum

WALDECKER, A (ZKH, 35, 3/1991)

Girl child-3 years of age, suffered from whooping cough; agg. evening to midnight; anxiety. sadness, weepy; white coated tongue; loss of appetite, with constant thirst. *Mezereum* 200 single dose cured rapidly (vide Repertory

section of BOENNINGHAUSEN's monograph 'the homoeopathic treatment of different forms of whooping cough'.)

9. *Hypericum perforatum*-one remedy at a time
ELMORE, Durr (Resonance, 13, 1/1991)

10. A case of warts, hyperactivity and regression of speech

FASSLER Kristy (Resonance, 13, 1/1991)

4 year old child; hyperactive, regressed speech and warts, mumbles and slurs words. *Medorrhinum* cured. *Medorrhinum* has: hurried speech, walk, etc., overactive or turbulent mind; mental confusion; forgetful of facts, figures, what was read and what one was about to say', mistakes in speech and writing.

11. An unusual case of environmentally induced chronic headaches

REICHENBERG-ULLMAN Judyth
(Resonance, 13, 1/1991)

Lady 73 years old; headaches for about 20 years after exposure to fumes of chlorox and ammonia, *Glonoine* cured.

12. *Carbo Vegetabilis*-one remedy at a time
ELMORE, Durr (Resonance, 13, 2/1991)

13. Mentrual discomfort and abnormal bleeding

REICHENBERG-ULLMAN, Judyth
(Resonance, 13, 2/1991)

Two cases of abnormal bleeding relieved by *Belladonna*.

14. Two child birth remedies

MOSKOWITZ, Richard (JAIH, 83, 3/1990)

Caulophyllum and *Cimicifuga* are discussed including differential diagnosis. Cases are presented.

15. Some thoughts on the psychology of *Nux vomica* with special reference to children.

SHORE, Jonathan (JAIH, 83, 4/1990)

Nux vomica is a broad spectrum polychrest. The psychological 'essence' delineated by

VITHOULKAS is: ambitious, driving, competitive, with a great emphasis on efficiency and fastidiousness. A remedy may be thought of as a pattern, a pattern of symptoms, a pattern of events. What are the patterns we come across in children? The Repertory gives some indications;

Jealousy, between children

Obstinate, headstrong children

Sensitive, oversensitive children

Shrieking, screaming, shouting

Aversion, persons, to certain; to all

Sulky; Morose, cross

Discontented, displeased, dissatisfied

Hatred; suspicious, mistrustful

Repulsive mood

Delusions, persecuted, he is Pursued, he was, by enemies

Dreams, pursued, of being

The author has observed one 'fear' in *Nux vomica* children which is not found in the related rubrics of the Repertory. It is 'fear, or at least a dislike of the dark'. The author speculates that it is rather 'a feeling of presences or of other energies in the room when it gets dark'. Some cases are reported to depict the *Nux vomica* child. A very interesting study.

16. *Kali carbonicum*

WATSON, Ian (The Homoeopath, 11, 2/1991)

An 'image' of a remedy is taught and it is fixed it is fixed in our mind and if that fits a case certainly the results are satisfactory. However remedies have different facets not appreciated as the well-known ones taught to us. The author discusses such aspects of *Kali carbonicum*.

Kali carbonicum is a major remedy for fluid retention; suited to dropsical states.

There is a generalized *sensation of dryness* which runs through the remedy picture-dry cough, dry stools, dry skin, dry hair, dry eyes, dry throat, dry tongue, etc.

Perspiration scanty or suppressed; urine flows slowly.

Tendency to weep; with *headache, during chill, in sleep, without knowing why, when telling symptoms, etc.*

Also *continual gushing of water in the mouth, excessive lachrymation, diminution of sight after working in water,*

regurgitation of water from the stomach and a tendency to profuse sweat or night sweat.

Sensation as if stomach is full of water;

and even dreams of water;

dreams of weeping.

So, this polarity; dryness and excess water.

Emotions felt in the stomach area, particularly anxiety, fear, or sudden shocks like the slamming of a door.

Nausea from emotions or after vexation.

Never well since childbirth, abortion, back or pelvic injury and overstraining the back.

Key theme of all this is: physical misalignment.

Never well since hysterectomy.

PMS: general aggravation

Before menses; sleepless, ovarian soreness, backache, or pains in the legs; vaginal itching; constipation; uterine pain before or during menses.

General characteristics:

Sensation as if the back, hip, knees or legs would give way.

aggravation between 2-5 am.

Pain in back amel. lying on hard surfaces; agg. walking, standing and sitting upright.

Oversensitive to noise, touch, draught, pain.

Hypersensitive soles

Sharp, stitching pains.

Puffy, bag-like swelling above the upper eyelids.

Mental picture:

emotional instability, 'terrible mood swings'

Irritability or touchiness

Quarrelsome

Fear: presence of something unknown in the house; of evil; of ghosts.

17. Treating strep throat

DELANEY Susan (Similimum, 4, 2/1991)

Two cases: A girl, 11, years of age and a man, 33 years of age; both suffering from strep throat with left-sided tonsillar enlargement and cervical glands were rapidly cured with *Mercurius iodatus ruber* 30 after *Lachesis* failed.

18. A case of acute dizziness

BARRETT Rich (Similimum, 4, 2/1991)

Cocculus indicus 200 cleared a 30 year old woman's dizziness and nausea; dizziness 'like being drunk'. Diagnosis: Vertigo secondary to peripheral vestibular dysfunction.

19. Two musculoskeletal cases

MORSTEIN Mona (Similimum, 4, 2/1991)

It is not always *Bryonia, Arnica, Rhus toxicodendron* or *Ruta* which are needed in all musculoskeletal cases.

Sometimes 'small' remedies come in.

Case 1: 64 years old woman. Pain in shinbone worse on the medial aspect of the foot. Pain deep "like it's in the bone" No history of injury, no swelling; physiotherapy didn't help. Repertorial rubrics;

Extremities, pain, burning, foot

" " sore, foot; agg. walking

" , swoolen, foot and heel

" , shooting, heel

Cyclamen 6 t.i.d. for 4 days and then *Cyclamen* 30 for 3 days cured.

Case 2: 52 years old man. Acute flareup of sciatica. Pain right leg, agg. any pressure, agg. walking. Pain burning and dull which went up and down the leg.

"It seems to be in my bone".

Extremities, pain, leg

" " "bone

" " "tibia

" " "aching, tibia

" " "burning, leg and tibia, walking

Mezereum 6 t.i.d. cured

20. Computer radiation and other imponderables

WEISS Shandor (Similimum, 4, 2/1991)

Computers emit many types of electromagnetic fields (EMF) including X-Rays, Gamma rays, Static electric fields and extremely low frequency radiation (ELF). Also a constant stream of positive ions is emitted from the screen. The author's eyes burned, itched, were injected and felt tired or fatigued, The skin around the eyes, on the lids, eyebrows, below the eyes, and at the outer and inner canthi. was dusky, red, dry, and itchy. Working before the computer made the eyes and skin feel hot and itchy.

The author made a potency of the emissions of the computer screen. He filled a one ounce dropper bottle with alcohol and water and taped it to the computer screen and left the computer on overnight with the bottle in place. The next day a 6c potency was prepared from the irradiated solution, of which he took 10 drops t.i.d. for a day. The next day all the skin around the eyes peeled, flaked off and became normal. Itching etc, were relieved. Now-a-days electromagnetic field (EMF), stress and pollution are ubiquitous.

The author has used Computer rad. 6c in appropriate cases with satisfactory results. However, no provings have been done.

27. A case of measles with delirium

MEISSNER Julek (Similimum, 4, 2/1991)

A ten year old boy suffered a severe viral infection at 3 years of age and since then predisposed to much illness. Yearly bronchitis, sinusitis, severe food and environmental sensitivities, headaches, frequent leg cramps, irritability and nightmares. He was doing well on homoeopathic remedies. Then he suddenly developed measles; fever 106°F. Cold baths etc. did not bring down the temperature. The face became swollen, eyes blood-shot, extreme photophobia, often delirious, at times in stupor, at others fearful. Swearing angrily or speaking nonsense such as "Don't put any more rocks on me" or frantically asking for his dad. After stupor when consciousness returned he kept repeating that he was going to die.

The mother had already tried *Belladonna*, *Gelsemium*, *Bryonia*, *Rhus toxicodendron*, *Phosphorus*, *Sulphur* and *Ferrum phosphoricum*.

Rubrics selected;

Fever, exanthematic, measles
continued, stupid form
intense heat

Mind, delirium, foolish

nonsense, with eyes open
raging,

Skin, eruptions, measles

Cough, measles, during

Stramonium 200, cured.

22. The hotanical relationship of the vegetable remedies-Part 4

CHINDEMI, Wayne J.(Similimum, 4, 2/1991)

Aconitum napellus

23. A chronic *Aconite* case

CHINDEMI, Wayne J. (Similimum, 4, 2/1991)
20 year old female (a 'synchronised' swimmer) developed intense fear and anxiety following a car accident. Subsequently, while flying the airplane hit a turbulence for a few minutes, and she became panicky; she didn't do well in her swimming then on.

Aconitum napellus 10M made her calmer and relaxed, both at home and at the swimming pool.

24. Two cases

MILROY Pamela (Similimum, 4, 2/1991)

Case 1: A 20 year old female with pain in her left arm which had progressed to the left thoracic region. Diagnosed as a sprained rib. Pain had gradually worsened to a shooting pain causing dyspnoea.

Admitted to emergency with dyspnoea and soreness of chest, given anti-coagulants for suspected pulmonary embolism, then anti-inflammatory medication for suspected pleuritis.

Bryonia relieved the pain but the dyspnoea remained, *Ranunculus bulbosus* cured.

Case 2: 36 year old female dental assistant with a diagnosis of Multiple Sclerosis. This appeared to have been precipitated by a blow to the spine by a golf ball, two years ago. Also numbness of left leg and arm. She had had Acupuncture, Massage, Chiropractic and Physiotherapy, which all helped but not entirely.

She used a cane because of imbalance and weakness. Periodic dizziness, trouble verbalizing certain objects, she was given *Hypericum* based on the aetiology (No remedy covered her whole case).

In three days she said, "everything has changed." She had never felt so well for a long time before.

Letter she needed *Ignatia* because she was emotionally upset since her boss suffered leukaemia. Interestingly, she did not have flare-ups of the MS symptoms under emotional stress.

25. *Mercurius* case

NORLAND, Misha (Similimum, 4, 2/1991)

The 'Mind' of Saddam Hussain is analysed and it fits the remedy *Mercurius*.

26. Case Report: "To prepare a sermon and hold a sermon."

LASSAUWY (NTKH, 2, 4/1991)

A 37 year old man, a vicar, with many symptoms which did not clearly point to a remedy. When asked "what ameliorates you most?", he replied immediately, "To prepare a sermon and hold a sermon." He was asked to deliver "a piece of sermon" over the telephone. He holds a sermon for a few minutes and immediately the therapist is under its spell. This gives a clear hint for *Lachesis* who can fascinate people with his hypnotic way of speaking. Though he was not at all loquacious *Lachesis* fits the rest of the picture very well and it indeed worked well in the case.

27. *Calendula* to the rescue

ROGERS, Michael V. (Homoepathy Today, 11, 3/1991)

In a communication Michael ROGERS informs that a diabetic patient who had a lesion on her foot about a 50 Cent size which the doctors had been trying to heal without success for over six months, was completely healed by *Calendula* tincture application. An amputation was thus saved.

28. A cure by *Graphites*

DEVIPRIYAN (HH, 16, 2/1991)

A simple case of *Graphites* eczema

29. *Allium cepa*-onion (HH, 16, 2/1991)

The author refers to a new item in a Tamil journal referring to onion extract as a remedy (external application?) for baldness.

30. A case of gangrene of the left foot

WADIA, S.R. (HMM, 2, 4/1991)

A 75 year old lady with gangrene of the little toe (left)-foot of purple hue; pain as if tightly bandaged; left leg cold to touch; on anti-coagulant drugs and had been advised amputation from hip-was given *Lachesis* 200 and later 1000 and cured in a fortnight after the toe burst and discharged foul blood. Amputation was averted.

31. Ignatia in advanced pathology

KHAN, LM., JAIN, J.S. (HMM,2,4/1991)

Lady of 72 years with a diagnosis of Squamous Cell Carcinoma of cervix and vagina (diagnosis made a year before homoeopathic consultations), on radiotherapy. P/H duodenal ulcers, hysterectomy, oophorectomy; all her troubles began after a close relative passed away (40 years ago). Many grievous events; lost 3 babies out of 6; one son alcoholic; a beloved grand daughter married a christian boy against her wish. Contradictory symptoms; good appetite in spite of cancer; boldness in facing life (though constant shocks made her sensitive). Constant desire to swallow. *Ignatia* in ascending LM potencies gradually improved her condition; (observed for 3 months after initial prescription at the time of reporting the case).

32. Alcoholism – case report

RASTOGI, D.P. (HMM,3, 1/1991)

A 44 year old man was helped to leave off alcohol with *Pulsatilla* M, selected on the basis of Weakness, mornings; Concentration, difficult; Hide, desire to (he did not want others to know of his drinking habit and drank alone); Glaucoma.

33. Case report

Falguni K KHARIWALA (HMM, 3, 1/1991)

Recurrent cough and fever in a 59 year old man cured with *Cistus Canadensis* 30 within a few days, while antibiotics gave only a partial palliation. The guiding rubrics were; As if worm moving in throat, causing cough; Amel. sipping water.

34. Case report

SHARMA, M.L. (HMM.3. 1/1991)

Violent behaviour in a 26 year old lady relieved with *Nux vomica* 30 using Dr. Sehgal's 'mentals alone'. Later for cystitis she received *Cantharis*.

35. Case report – rain secondaries

MUTHUKANNAN, S. (HMM, 3, 1/1991)

58 year old lady with history of Adenocarcinoma of ovary (1978); Anaplastic Carcinoma of breast (1986); Brain secondaries (1988). Had undergone pan-hysterectomy, salpingo-oophorectomy, mastectomy; on radiation therapy. Her various symptoms were treated by *Condurango* 200, *Carcinosin* 200, *Veratrum album* 200 and *Apis mellifica*. She could come back to a somewhat normal living and a later CAT scan showed plain scan.

36. Habit, expression and mannerism

FAYAZUDDIN, M. (HMM, 3, 1/1991)

The author has collected various demeanours of people as mentioned in our literature and used as basis for prescription;

Some examples; 'covers the nose to keep out cool air' *Rumex Crispus*;

Kleptomania *Stannum*, *Staphysagaria*;

'shrugging shoulders' (Constriction of chest and obstructed breathing amel. thereby – *Calcarea carbonica*;

Averse to social gatherings, avoids going out *Sepia*

37. A case of hypothyroidism

VEERABHADRA RAO, S. (HMM, 3, 2/1991)

Lady of 25 years with rough skin, hoarse voice, diminished sweat, darkened complexion, weight gain. Had had Progesterone injections. Normal T3; subnormal T4 (gynaecologist prescribed thyroid supplementation). Based only on her characteristic symptoms-late menses, preceded by diarrhoea; desire for sour food; desires open air; generalized itching; sleeplessness-she was prescribed *Lachesis* in LM potencies. Clinical symptoms improved and T4 level came to normal. Diagnoses do not guide, but characteristic symptoms do!

38. Adnexal endometrioma

NAGPAUL, Sudesh (HMM 3, 2/1991)

Lady of 30 years with menorrhagia, rt. hypogastric pain and flatulence; pelvic ultrasound showed endometrioma. *Lycopodium* 30 (4 times a day for over an year) cured, confirmed by later pelvic ultrasound.

39. Clinical confirmation

RASTOGI, Lina (HMM, 3, 3/1991)

Gun powder 6x cured septic arthritis and osteomyelitis (traumatic) in a 38 year old man, after surgery and curettage had failed to arrest bone damage and suppuration.

Radium bromatum 200 relieved eczema in 3 cases with itching amel. cool air.

Source: Dictionary of Materia Medica, CLARKE J.H.

40. Thromboanglitis obliterans

VEERABHADRA ROA, S. (HMM, 3, 3/1991)

Man of 40 years with history of gangrene and amputation of rt. big toe developed incipient gangrene of it. little toe; Chain smoker.

Pulsatilla 6 to M (Pains spread upwards; coldness of affected part) in repeated doses cured in 2 months.

Lachesis, *Arsenicum*, *Pyrogen* and the like need not be the only gangrene remedies: seek the guiding symptoms!

41. Insomnia

RASTOGI, D.P. (HMM, 3, 3/1991)

A lady physician, after a fractured wrist, developed anxiety, sleeplessness and a feeling of guilt that she could not look after her children. *Arsenicum* 30 relieved.

42. *Vipera*

VEKATACHALAM, A. (HMM, 3, 3/1991)

Lady aged 72 years; diagnosis; Filaria. Rt. foot swollen, ulcerated, bloody oozing *Vipera* M cured.

43. Egg and the baby

GURNANI, Bhavna (MFH, 1, 3/1991)

Allergic rashes after egg in a 5 month old male baby relieved by *Ferrum metallicum*.

44. Asphyxia

LAKSHMINARAYANAN, D. (MFH, 1, 3/1991)

Hydrocyanic acid 30 relieved asphyxia and pains in a 35 year old lady from consuming hydrochloric acid fumes while cleaning her bath floor with the acid; remnant weakness was relieved by *Opium* M.

45. Are there aggressive and benign remedies in Homoeopathy?

SRINIVASAN, K.S. (MFH, 1, 3/1991)

65 years old obese, hypertensive lady with difficult respiration, pedal oedema etc, was given *Pulsatilla* XM (weepy, emotional; forsaken feeling). A severe initial aggravation: generalized oedema, weight gain, pains – suggested that *Pulsatilla* was not such a benign remedy as we believe. Later however, the

aggravation subsided and a few eruptions appeared (*Sulphur*)

46. Our experiences in Homoeopathy

PARVATI DEVI., DAYAL PRASAD.
(MFH, 1, 3/1991)

The authors are allopathic physicians who apply Homoeopathy in cases they deem suited for such application. They have reported two cases:

Case 1: A female child found floating in flood water was rescued, and found to be: cold, pale, cyanotic; congested lungs, shallow breathing, irregular heart action. *Ipecacuanha* 6 produced instant vomiting of swallowed water; *Carbo vegetabilis* 30 improved cyanosis and breathing. The life threatening situation was tackled quickly.

Case 2: Incipient abortion in a lady of 30 years with metrorrhagia and lumbo-abdominal pain. *Sabina* 200 induced a natural abortion averting hospital procedures.

The authors' view is that allopathic physicians are better placed to treat homoeopathically as they could decide when to switch over to it! They do not entirely stop allopathic drugs, use antibiotics to combat infection along with homoeopathic remedies.

1. A brief report on the importance of choice of colour in finding the homoeopathic remedy

KÖNIG, P. (AHZ, 236, 3/1991)

Dr. H.V. MÜLLER has been narrating his experiences with the integration of patients' choice of colour into his homoeopathic remedy choice. Following these this author has also experimented and found that it was indeed helpful in practice. The author also cautions against errors and the advantages of using the patient's colour choice for finding the correct

homoeopathic remedy. He has also given a few cases.

2. Sisters – two girls with gastro-oesophageal reflux

NEUSTAEDTER, Randall (Resonance, 13, 2/1991)

Baby girl seen first at 19 months age with gastro-oesophageal reflux (GER). Remedy: *Veratrum album* given thrice over an year. There was repeated antidoting of the remedy by allopathic intervention for acute Otitis etc. Girl of 3 1/2 years age with GER since infancy. First *Sepia M* and later *Veratrum album M* were given which cured.

3. Homoeopathic antidotes

SCHOONOVER, Candace (JAIH, 83, 4/1990)

Discusses agents of antidotes – chemical substances and dynamic processes – which have been seen to interfere with curative process. Coffee appeared to be the most common agent. It was also concluded that it is difficult to evaluate the effectiveness of a remedy during the first month after administration. It was observed that remedies were most likely to be antidoted during the first three months after the prescription. A very interesting study supported by many cases, tables.

4. Mental discomfort and abnormal bleeding

REICHENBERG-ULLMAN, Judyth
(Resonance, 13, 2/1991)

Two cases of abnormal bleeding relieved with *Belladonna*.

5. A case of Systemic Lupus Erythematosus, Osteoporosis.

Arthritis, Bell's Palsy and Diverticulitis.

FLAGLER Lila (Similimum, 4, 2/1991)

A 68 year old woman with multiple pathologies was treated with homoeopathic

medicines along with allopathic remedies during the period 1988 to 1990 and kept improving.

Dramatic improvement was noticed with *Natrum arsenicosum*.

Although the patient was taking Steroids she responded well to the homoeopathic medicines. Of course the prognosis is guarded. With correct prescribing and enough strength left in the vital force of the patient homoeopathy can be extremely beneficial to such a patient. Homoeopathy can stimulate a healing response in even very ill patients.

6. Homoeopathic treatment of Eczema: a retrospective survey of 130 cases:

SPENCE. D.S.(BHJ, 80, 2/1991)

This is based on the Richard HUGHES Memorial Lecture on May 17, 1990.

In the Preface to his 'Manual of Therapeutics' HUGHES speaks of the need for the practitioner of standing to seek more accurate adaptation of the medicines he has already learnt to use in order to make his practice more effectual. Dr. SPENCE has chosen to analyse 130 eczema cases to ascertain:

What medicines are used?

What therapeutic methods are being used?

Are there any commonly recurring factors? etc.

The cases are divided as:

Provoking or precipitating factors; aggravating factors identified; homoeopathic avenues of approach used: i.e., Constitutional, Miasmatic, etc; Number of cases in which multiple strategies were used; homoeopathic medicines prescribed; Potencies used; outcome of homoeopathic treatment; significant past medical history; family history.

Calcarea, *Kali sulphuricum* and *Pulsatilla* have been predominantly used in children and

Lycopodium and *Nux vomica* in adults. *Arsenicum*, *Natrum muriaticum*, *Phosphorus*, *Silicea*, *Staphysagria* and *Sulphur* have been fairly evenly used in both groups. a total of 49 different homoeopathic medicines were employed in the management of the 130 patients.

The statistics showed substantial improvement in both the groups.

7. Homoeopathy in the treatment of Haemophilia

HUNTON Mollie (BHJ, 80, 2/1991)

Six patients with Haemophilia were treated with homoeopathic medicines. A rational attempt has been made to improve their general health, cope with the side effects of Factor VIII, cut down the bleeding episodes and reduce the amount of Factor VIII needed. Each patient treated had aspects of his health improved and the overall impression is that less Factor VIII was needed.

The author's interest in this subject was aroused when a mother brought her haemophiliac son for homoeopathic treatment of epistaxis. He had a rapid response with complete amelioration of the nosebleeds that he had had for a long time. His mother was very impressed and asked if Homoeopathy could help his other problems. Also what about helping other children with similar problems?

Haemophilia is a disease with variable bleeding rates. Haemophilia results from a congenital deficiency of Factor VIII. It is an X-linked recessive disorder, usually affecting only males. Females are carriers. Because of deficiency of Factor VIII haemophiliacs have frequent spontaneous bleeds. They need transfusions of Factor VIII antibodies for some people.

Repertories consulted: KENT, BOERICKE, LILIENTHAL, BOENNINGHAUSEN, RADAR.

This study is very interesting. Certainly haemophiliacs would benefit much from Homoeotherapy.

The author concludes: "If all the haemophiliacs in the country could use *Ipecac.* for epistaxis, *Arnica* for bruising, *Hamamelis* for muscle bleeds and *Apis* for joint bleeds, considerably less Factor VIII would be needed."

8. Seven successful clinical cases

JACK, R.A.F. (BHJ, 80, 2/1991)

Case 1: Recurrent Otitis media in a 5 ½ year old boy for past 2 years; 'never free from cold'; 'always having coughs and colds' followed by pyrexia and severe earache and then discharge from ear. Attacks recur monthly – has had 20 courses of antibiotics. Has developed hearing loss.

old Tuberculinum M;

Aconite 30 and *Belladonna 30* for febrile attacks;

Sycotic co. 30: (Ears and hearing fine, no further attacks of earache.)

Subsequently, *Natrum muriaticum 30* ('It stops his colds at the onset')

Then *Lycopodium* ('It stops all his worries about school')

Since starting homoeopathic medicines he has had only one mild attack of Otitis during the first month and none during next 12 months.

Case 2: Paroxysmal Tachycardia: 72 year old widow: has been on Digoxin, Diazepam, Oxprenolol. Still having 3-4 paroxysmal tachycardias per day and on some days as much as 12 attacks.

Lycopus virginicus 12 and then *30* brought very good response. When relapse occurred

Spigelia was given, which was very effective.

Patient was, however, taking her routine conventional medicines also.

Case 3: Cardiac dysrhythmia: 78 year old male. Attacks of palpitation mostly when in bed at night *Aconite 30* at 5 minute intervals at onset of attack until improvement; *Iberis q.i.d.* as long as he was having attacks. Over 4 months later – only two attacks during this period.

Case 4: Rheumatoid Arthritis: 65 year old male. Painful it. hallux due to arthritis of metatarsophalangeal joint following an injury to her toe. Pain had increased steadily over the last 2 ½ years, which have not been adequately alleviated by non-steroidal anti-inflammatory drugs. Was to undergo surgery. *Actea spicata* gave very good improvement.

In treating arthritis two rubrics are well worth remembering:

'Unaffected by change of weather' excludes *Dulc.*, *Nux-m.*, *Phos.*, *Ran-b.*, *Rhod.*, *Rhus-t.*, *Sil.*, *Tub.*

'Not affected by wet' excludes *Calc.*, *Merc.*, *Nat-s.*, *Ruta.*

Case 6: Severe headaches; 50 year old male; frequent intermitting headaches during the last 26 years. Pain came on suddenly and disappeared equally suddenly. When the pain lifted he felt perfectly well with no aftermath of symptoms. Only relief he could obtain was from placing a bag of frozen peas on his forehead, the intense cold gave him some relief, and in sniffing strong smelling salts.

Sulphur 6.q.i.d. and to continue with *Metoprolol* improved. Not a single headache in months. *Sulphur 200* alternating with *Sulphur 30* at weekly intervals. *Tuberculinum bovinum 10M* and *Sulphur 200* every 14 days; continues to be well.

Case 7: Hyperhidrosis and constipation colic; 62 year old female; Excessive sweating and abdominal distension for last 3 year and life-long constipation. Intermittent attacks of abdominal colic. Chilly person, perspired freely, could hands and feet. Is on allopathic medication.

Calcarea phosphorica 200 b.d. at weekly intervals and *Colocynthis* 30 for colic. After about a month; sweats reduced by 75%, constipation 50% better, no attacks of colic and hence did not need *Colocynthis*. *Tuberculinum* 10M (her mother died of Tubercular Meningitis at the age of 29 years.)

9. Homoeopathy in the treatment of warts.

GUPTA Ramji BHARDWAJ. O.P., MANCHANDA, R.K. (BHJ, 80, 2/1991)

66 Patients with warts over various parts were taken up for the study. Homoeopathic remedies were selected on the basis of characteristic history and totality of symptoms. Out of 66 cases, 14 defaulted and out of the 52, warts disappeared completely in 47 cases. No change in 3 and in 2 cases, increased.

10. A new look at old remedies

WEMBER, David (Homoeopathy Today, 11, 3/1991)

Dr. David WEMBER presented this paper in the Ohio Conference (1990).

The paper was full of remedy tidbits which was as a result of noting unusual remedies for various conditions over a period of several years in his practice.

Nausea of pregnancy: *Symphoricarpos racemosus* and *Amygdalus persica* (in addition to *Ipec.*, *Cocc.*, *Colch.*, *Nux.v.*, *Sep.*)

Hay fever remedies: *Wyethia* (lot of itching, especially palate), *Arundo* (much itching), *Succinic acid.*, *Chromico kali sulphuricum* (sneezing, watery eyes and nose, itching).

ENT: *Verbascum* helpful for enuresis and a teasing cough when lying down;

Arum draconitum, constant drip in larynx with a sensation of choking and constant need to clear the throat;

Kali chloricum (nasal discharge milky white; also in proteinuria seen in young boys or in toxemia of pregnancy);

Serum anguillar ichthyotoxin is also useful in nephritic syndrome.

Antimonium sulphuratum auratum: constant, chronic post nasal discharge.

Sanguinaria nitrica and *Lemna minor* for chronic obstruction; the former may have nasal polyps.

For influenza, in addition to *Gelsemium*, *Eupatorium* and *Anas barbariae hepatic et cordis* he found *Sarcolactic acid* especially useful when there is great prostration with muscle aching. *Sarcolactic acid* is also use in Chronic Fatigue Syndrome, also *Phosphoric acid* and Picric acid.

For stomach-type flu, he mentions *Cuprum*, *Cuprum arsenitum*, *Veratrum album*.

For repetitive queasiness, diarrhoea, achiness, headache (i.e., not a full blown prostration) *Triosteum perfoliatum*.

Two unusual remedies for cough are: *Antimonium iodatum* (when the illness goes straight to the chest and the cough is hard to get rid of) and *Populus candicans* for hoarseness, aphonia, roughness, in throat.

Gnaphalium for pain and neuralgia with numbness.

11. Chronic fatigue syndrome

RAO, B.P. (H.H., 16, 2/1991)

The author has listed the common symptoms observed in Chronic Fatigue Syndrome (CFS) also called Myalgic Encephalomyelitis, (ME)

and their homoeopathic remedies. 34 remedies come through.

12. Post mortem

ZAHID, Salam (HMM, 3, 2/1991)

Reports 3 cases which after a time of homoeotherapy with apparently well-suited remedies, developed coronary infarction. "why did the remedies relieve from time to time but did not produce total cure?" "Was it only palliation or suppression?" The author's such introspective questions are difficult to answer. The best one could say is that an intervening prescription is not warranted every time a patient presents some symptoms.

IV. REPERTORY

1. Remedy alternations in KENT's Repertory

Crotalus horridus and *Croton tiglium*

EPPENICH, H. (ZKH, 35, 2/1991)

Empty eructations, stomach p. 493-Crot.t. (not.Crot.h)

2. The origin, structure and practical use of BOGER's "BOENNINGHAUSEN's Characteristics and Repertory". parts I, II, & III

GYPSER, K.H. (ZKH, 35, 3,4, &5/1991)

A lecture delivered by the author to the Swiss Association of Homoeopathy, in Lucerne, in September 1990. It deals in details, with BOGER's BOENNINGHAUSEN's Repertory and its practical application.

3. The VITHOULKAS Expert system Defended

VITHOULKAS, George (Similimum, 4, 2/1991)

VITHOULKAS defends his creation of the Expert system Respertory.

4. Repertorisation of acute cases with BOGER-BOENNINGHAUSEN's Repertory

Roy, S.P. (H.H., 16, 2/1991)

A small paper regarding 'advantages of repertorising acute cases.' The author also argues that the 'common symptoms' are as much and sometimes even more valuable for selecting the remedy! He also says that objective symptoms cannot lie while a diseased 'patient's mind is not a reliable source of accurate information!

5. Geriatrics – Remedies indicated

RAO B.P. (H.H., 16, 2/1991)

The author has drawn 19 rubrics related to 'old age' old people' from DR. CHITKARA's 'Word Index' and BARTHEL's Synthetic Repertory.

Ammonium carbonicum, *Ambra grisea*, *Baryta carbonica*, *Conium maculatum* and *Lycopodium* are the most repeatedly occurring remedies.

V. RESEARCH

1. Homoeopathy between the Art of Medicine and Science Parts I & II

MÜLLER, A. K. (AHZ, 236, 2&3/1991)

The relationship of Homoeopathy and Natural Science, which is still unsolved, raises the question of relationship between Medicine as an Art and Science. Science is the art to give form to a creation so that one can argue. It will be evident from the philosophies of the relevant times that the Art of Medicine is the comprehensible field out of which the Medical Science actually develops. The Natural Science itself has in its bases unexplained secrets. Presently, it is an open question whether the homoeopathic phenomenon allow objectivity of the Natural Science. As far as the strategy of research is concerned, the hypothesis that Homoeopathy deals with phenomenon which can be comprehended by

Natural Science objectivity, must have high priority.

The second part explains how this hypothesis must be intensified, whether homoeopathic (high potency) action in substances can be observed objectively. As against the LOSCHMIDT- objected the quantum concept of the photons (light particles) as an object with highly variable number of particles must be emphasised. It is appropriate to radically enhance our present biochemical ideas about living organisms. This change does not appear to exclude that the intuition of a 'homoeopathic information' might be brought together with the concepts of Natural Sciences, in its future progress. In the present situation it is necessary to have an unpolemical openness across established positions.

2. Clinical trials of Homoeopathy

TREUHERZ, Francis and ULLMAN, Dana (The Homoeopath, 11, 2/1991)

The authors briefly review the clinical trials of Homoeopathy made in the past. In spite of positive results the skepticism may not change as we have seen so long.

3. How homoeopathic remedies affect **streptococcus fecalis**

HOZIER, Timothy (Similimum, 4, 2/1991)

The author is a student in a High school and conducted this experiment.

By applying homoeopathic remedies to **Streptococcus facalis** grown in tryptic soy agar in a sterile laboratory and comparing its growth to that of untreated ones, an increased growth in the treated bacteria after a 24 hour incubation period could be seen. In most cases the size of the treated colony tripled the size of the untreated colony. Based on the Laws of Homoeopathy, the accelerated growth of **Streptococcus facalis** suggests that the

homoeopathic remedies would be effective in destroying, slowing, or reversing the growth of **Streptococcus** in humans.

Penicillin, *Calendula* and *Echinacea*, each in 6, 30, 1M and 10M potencies were applied.

4. BOENNINGHAUSEN's research on the comparative value of low & high potencies.

KOPPIKAR, S.P. (H.H., 16, 2/1991)

An appreciation of BOENNINGHAUSEN's Clinical researches.

5. Research on anti-viral efficacy of homoeopathic drugs against animal viruses

SINGH, L.M., GUPTA, Girish. (H.H., 16, 2/1991)

10 homoeopathic remedies in 33 potencies were tried for their anti-viral action against Chicken Embryo Virus and Simliki Forest Virus. Five, namely *Typhoidinum* 200, *Hydrophobinum* 1000, *Tuberculinum* 1000, *Nux vomica* 200 and *Malandrinum* 1000 showed 100% effect.

6. CCRH. "An overview"

RASTIGI, D.P. (H.H. 16, 2/1991)

A brief 'overview' of the aims, objects, management, activities, and achievements, etc, of the Central Council for Research in Homoeopathy, New Delhi.

7. Cancer and *Arsenicum album*- an experimental study

THOBIAS, M. P. (H.H. 16, 2/1991)

Dalton's Lymphoma Ascites (DLA) tumor cells were used to induce cancer in Swiss Albino mice and the homoeopathic *Arsenicum album* 30x was given via drinking water. The homoeopathic drug could produce 33% increase of life span in the experimental animals.

8. Perspectives in homoeopathic treatment of malaria

RAMAYYA, N. (The H.H., 16, 2/1991)

A review of the clinical work on malaria in the past and present works and the author's own clinical experiences. Since malarial parasites are much variable the drugs once effective are not so now; hence the need for researches at different regional centers and evolve drugs needed in that region.

The CCRH with its regional branches is the fittest for this research.

9. The Homoeopathic Triple Vaccine for the prevention of Measles, Mumps and Chicken pox

PATEL, R.P. (The H.H. 16, 2/1991)

The author has recommended on the basis of his decades long experience *Pulsatilla* 1000 one dose a day for 3 days as preventive for measles, mumps and chicken pox. To be repeated every six months (for how long?) and during the epidemic every three months. He has also solicited feedback.

10. Application of preservatives in homoeopathic pharmaceutical preparations and their limitations.

VAID, Indu., JOSHI, Varma, P.N. (HMM, 3, 3/1991)

Review article stressing the need for preservatives in homoeopathic preparations like mother tinctures, external application/ointments, dusting powders, etc., to prevent contamination. Also cautions on their limitations.

11. Radiation induced skin lesions and hair loss in mice and oral *Arnica Montana*

Khuda BUKHSH, A.R., BANIK, (HMM, 2, 4/1991)

Lethal doses of X-Radiation (at which mice die within 30 days) were given to Swiss albino mice and were also administered *Arnica Montana* (200 and 1000) whereas lesser degree

of radiation skin lesions and hair loss was noted in the *Arnica* fed group.

12. Tuberculosis- perspectives in homoeopathic treatment-parts I & II

RAMAYYA, N. (HMM, 3, 1 & 2/1991)

The author stresses the need for organised homoeotherapy for Tuberculosis. The number of TB cases has been increasing in spite of mass allopathic therapy under National Programme of TB control (NTP), BCG vaccination, etc., though WHO stated that incidence of TB was declining and that the absolute number of increased cases of TB was only due to population rise; Tuberculosis is growing refractory and could be rampant any time.

The author has presented his views from a study of 1230 cases (30 cases were treated used by himself over 3 years).

The usual diagnostic methods were used and the various *Tuberculins* were the mainstay of treatment, and the various *Iodates*, *Stannum*, *Silica*, *Hepar sulphuris* etc. were also used. From the author's experience, homoeotherapy is effective in TB. The author has also scanned homoeopathic literature on the therapeutics of TB and argues in favour of standard diagnosis and the use of *Tuberculins* rather than individualization and symptomatic approach.

VI. PHARMACOLOGY

1. Homoeopathy and placebo- a redundant hypothesis?

REILLY, Davis Tyler (JAIH, 83, 3/1990)

This is a vexatious subject. Dr. Tyler REILLY is one more who has attempted to show that homoeopathic therapeutics is not just a 'placebo' effect. These attempts are to convince the dominant school. Of course researches into the modus operandi of homoeopathic medicines should continue with

greater interest, mainly for our own understanding.

2. The variety of placebo response

CHAPMAN, Edward (JAIH, 83, 3/1990)

This is a study of the 'placebo response'. 50% or greater improvement without any aggravation were noted. Several of these placebo responses were especially interesting when these patterns were viewed from the perspective of the homoeopathic theories of the healing process. Three of these more interesting cases (Women) are presented.

3. Therapeutic intent, suggestion and placebo

SHORE, Jonathan (JAIH, 83, 3/1990)

This is an editorial comment.

4. HAHNEMANN's legacy-the Q (LM) potencies

BARTHEL, P. (BHJ, 80, 2/1992).

The evolution of the Q (LM) potencies (50 millesimal) are delineated. It is clearly pointed out that it was evolved over the years 1801-42 and HAHNEMANN assumed on the basis of clinical experience that these potencies offer the shortest, most reliable and most harmless way to rapid, gentle and permanent restoration of health. The author describes HAHNEMANN's directions for the preparation of these potencies.

Attentive study of the source material, i.e., HAHNEMANN's directions, helps us to manufacture and prescribe the LM potencies correctly and obtain expected results.

VII. VETERINARY

1. Wolfhound walks again with help from Homoeopathy

BLAKE Jr., Stephen R. (RESONANCE, 13, 1/1991)

A 7 year old Irish wolfhound suffering from Degenerative Myelopathy was very much improved with *Pulsatilla*.

VIII. HISTORY

1. Report on a visit to HAHNEMANN's house in October 1990

Dr. BÖTTGER located in Koethen the house in which HAHNEMANN had lived during the years 1821-1835; a pharmacist lives in it now. The house badly needs repairs to keep it in good shape. Although some portions are still as they were during HAHNEMANN's time, unless extensive repairs are taken up, the house will not stand long. In view of the costs involved the State should help.

2. Homoeopathy-a report from Pakistan

REHMANN, A (ZKH, 35, 2/1991)

Traces the history of Homoeopathy in Pakistan from the days when Raja Ranjit Singh of Lahore was treated by J.M. HONIGBERGER to the present and the future plans.

3. Homoeopathic domestic medicine literature of the 19th century as influencing self-medication, Parts I & II

WILLFAHRT, J (ZKH, 35, 3 & 4/1991)

Right from HAHNEMANN's time almost every reputed homoeopath has authored a 'domestic physician'-type book for use by the common man. HAHNEMANN himself had begun this. This literature covered not just the rural population 'where there is no doctor' but even the urban society. Homoeopathic self medication was thus encouraged. The article analyses this in detail.

4. Homoeopathy in the Soviet Union

FISHER, Peter (Homoeopathy Today, 11, 2/1991)

Dr. Peter FISHER attended the VII International Conference on the Properties of Liquids in this Congress hosted by the Ukrainian Institute of Theoretical Physics in Oct. 1990. Therein was the first ever top-level

international physics meeting to have included Homoeopathy in its session.

The Kiev conference featured a collaborative paper from Dr. Tatyana POPOVA, Chairman of the Ukranian Homoeopathic Centre and Prof. V ya Antoncheko, Director of the Ukranian Institute of Theoretical Physics as well as contributions from Dr.Jacques BENVENISTE of France, Dr. Beverley RUBIK of Philadelphia, Prof. Viktor GUTMANN of Vienna, Dr. Cyril SMITH of England and others from the USSR.

Homoeopathy in Kiev owes a lot to the POPOV family. Dr. Damian POPOV, father of Dr. Tatyana who died in 1990 at 91 years age was the self-taught founder of the Kiev school. The Kiev Center is in an newly built clinic employing 28 doctors who give close to 50,000 consultations per year.

Dr. Nikolai MASHKIN gave an analysis of 816 patients seen over three years. The predominant age group was 60+ (37% of the total), 67% were women and the most common diseases were high blood pressure, colitis, chronic bronchitis, cholecystitis, and asthma. Improvement rates varied from 25-80%, depending on the disease. The top three medicines were *Arsenicum album*, *Silicea* and *Pulsatilla* mostly in high potencies generally prescribed on constitutional grounds. There are a couple of homoeopathic pharmacies in Kiev.

5. Interview with Dr.V.G.GLAZ in Moscow (Now 1990)

KRISHNSMURTHY, P.S.(HMM 3, 2/1991)

Homoeopathy has been in Russia since 1825 and has done good work during the cholera epidemics at that time. It faced prohibition a few times, but is well developed at present. There are about 2000 homoeopaths who

studied Homoeopathy themselves or under senior homoeopaths, after medical graduation.

Two congresses were held in 1916 and 1989.

IX. BIOGRAPHY

1. In search of KENT's ancestors

MICHOT-DIETRICH, Hela (The Homoeopath, 11, 2/1991)

Traces the roots of Dr.J.T.KENT. Very interesting revelations.

X. GENERAL

1. The 'Munich model'-a study for the integration of Natural Therapy in theory and practice in the Ludwing-Maximilain Institute, Munich Univeristy.

BRAUN, A. (AHZ,236, 2/1991)

2. Homoeo-quiz, *Psoriasis*

GEBHARDT, K.H. (AHZ, 236,2/1991)

3. The cost factor in Medicine

TROST, J. (AHZ, 236, 3/1991)

The cost of health care under the conventional or 'official' Medicine has been rising. It is therefore relevant that Natural Therapies and Homoeopathy are considered since they involve much less cost to Government.

The author found from comparing three medical practices in Breisgan that there was a saving of 60-90% in drug costs (!) in comparison with other groups of physicians.

The author has cited case examples, Besides the cost factor which is striking the long term, welfare of the patients treated by Homoeopathy and Natural Therapies should be documented: the number and duration of subsequent illnesses are presumably far lower than in patients treated with Allopathy. Evidently the patients' general state of health improves under Homoeopathy and Natural Thereapies. Proper study and documentation of these must be taken up.

4. Homoeopathy in the high school science class

GEDDES, Elizabeth (Resonance, 13, 1/1991)

The author, a 15 year old student, had witnessed the benefits of Homoeopathy when her parents got treated. She therefore decided to do a term project for her high school science class. Ultimately it won the approval of the science department. The entire report was researched by her. She had read the *Organon* and other relevant material for a thorough understanding of Homoeopathy. This article is a brief introduction to Homoeopathy.

5. Is there poison in your mouth?

STEPHENSON David. L (Resonance, 13, 2/1991)

This small article discusses the adverse effects of mercury filling by dentists.

6. Sex in the consulting room

CASTRO, Miranda (The Homoeopath, 11, 2/1991)

This is a brief study of a facet of the patient/practitioner relationship. The patient feels very vulnerable when in the consulting room and the doctor wields an enormous amount of power. No doubt the doctor is in a position of authority but he should uphold and respect this position. The patient 'look up' to the doctor to get cured. The author discussed some areas in the doctor's daily work when he can abuse his patient. The practitioner should not unnecessarily question the patient as if intruding upon 'forbidden' area, the very personal area. If at all one had to know about the sexuality or sexual life of the patient, one should carefully proceed, first ascertaining the patient's wishes, emotions; "would you like to say something about your sexual life?", "Can I ask you a few questions about your sexual life?".

Be careful not to least injure the patients' feelings and emotions.

7. The '91 HANP Case conference

WINSTON, Julian and ELMORE, Durr (Similimum, 4, 2/1991)

This is a report on the '1991' Case conference'; some extracts.

F.TREUHERZ presented two cases:

Case 1: 33 year old man, obese, dirty and balding, with complaints of low energy and peripheral neuritis. He complained that his sweat made his tools rust. All his symptoms were amel. by darkness, but he was averse to dark. The patient said, "I was born a woman". He has undergone a double mastectomy and a hysterectomy; was taking testosterone daily and still had female genitalia. Based on the modality of better from dark, the fishy smelling vaginal discharge and the persistent nightmares: *Medorrhinum*, which cleared all symptoms presented.

Case 2: 50 year old woman: "I am menopausal and can't stand it." had had her left ovary removed and also had filter fitted in her vena cava; was on many allopathic medications. She was able to be cleared to some extent.

Steve ALBIN presented a case of 26 year old man with a severe personality disorder. His mother who brought him complained that he was violent, had no job, no interest in women and behaved strangely. He did not remember his violent outbursts. A recurrent theme of his ramblings was a fear that he was poisoned by his environment. Even trees were 'antennas' sending messages.

Hyoscyamus 200 was given and he became less violent and more coherent.

Another dose of *Hyoscyamus* 200. One year later the patient came in by himself. Had been better but felt was relapsing. *Sulphur*

prescribed after retaking the case and on the symptoms presented. Was feeling well, had a steady job and a girl friend.

Pam CROOKER presented two similar cases. Both were women, married, in their mid-thirties; both were physicans; had chronic diarrhoeal problems, constipation preceding menses and a history of depression. Infertility for more than a year. The similarities in the cases were realized in hindsight. Both became pregnant within a few months of beginning homoeopathic treatment.

Steve OLSON presented a case: 54 year old man who had been a carpenter, then a real estate agent and then a lay pastor in a church. Major complaint: 'burn out' and chronic low back ache. He had an over-developed sense of duty-his identity was defined solely by his work.

Silicea 200 did not seem to work curatively for a few months, Since the over-developed sense of responsibility suggested *Kali carbonicum* and fatigue *Silicea*, he was given *Kali Silicatum* 30 and he began to improve. The remedy was repeated twice over the past year. The major keynote of *Kali silicatum* is a lack of vitality. "Just want to lie down"; there is no excitement or joy in life. There is a loss of concentration from a weak memory. while *Calcarea carbonica* has a loss of memory in the end stage of illness *Kali silicatum* has it at the beginning; it is a very slow acting remedy and one should wait a few months before evaluating progress with *Kali silicatum*.

Matilda FLORES, a homoeopath and acupuncture specialist spoke on how well homoeopathy and Chinese medicine work together in some cases. Both Homoeopathy and Chinese medicine work on the Vital Force or *Chi*.

Case: A girl of 8 year with chronic asthma. The child had leukaemia at 2 years of age and underwent chemotherapy and a bone marrow transplant. Had been on many immunosuppressive drugs. She had no tears or sweat since chemotherapy. Desires meat and salt, fears death, has diarrhoea, is very weak and very cold, desires warmth and is better riding in a car. She was given repeated doses of *Arsenicum album* 6 and she began to have a running nose and tearing. *Arsericum album* 12: she became warmer and began to sweat. She was taken back t a regular MD who said there was quite a bit of improvement. Eventually the improvement stopped. At this stage a Chinese herbal formula to improve the Chi in the lungs was sent to the patient along with a dose of *Arsenicum* 30. Now this child, who used to be carried to school, is walking to her school on her own.

Tim KREUZEL presented a case: 48 year old man with asthma since childhood; has been on large doses of prednisone for the past 15 years, was last taking 40 mg, *Prednisone* and 800 mg, *Theophylline*. During asthmatic attacks he became very irritable and impatient. Cold water with ice breaks up the attack. The first two prescriptions did not have any effect. The patient then reported that chamomille tea seemed to abort the attack. Respiration asthmatic, after anger; cold, cold water amel – all pointed to *Chamomilla* which was given in the 200th once a day. By the 6th month he was taking *Chamomilla* 200 once a week; *Prednisone* only 10 mg every other day. By the 9th month he was off *Prednisone* but still on *Theophylline*. A single dose of *Chamomilla M* within a month developed many joint pains. *Natrum sulphuricm*. During that winter he did not have attacks of bronchitis for the first time.

He was completely off Prednisone and inhalants.

Samuel FLAGLER presented a case of a 31 year old woman suffering from severe panic attacks and agoraphobia. *Agaricus muscarius* cured.

Paul HERSCU spoke of *Medorrhinum* used in a Flu epidemic. Steve MESSER said he saw about five cases of bronchitis in a year which responded to *Medorrhinum*. He also said that every child treated for Otitis media required *Medorrhinum* or *Tuberculinum* at some point.

8. 16th Annual Symposium on homoeopathic Medicine, November 1990, Faculty of Medicine, Midlands Branch – A report

GOODYEAR, Geoffrey M. (BHJ, 80, 2/1991)

Dr. Anne CLOVER spoke about Cancer treatment at the Royal London homoeopathic hospital. Patients receive full homoeopathic, Iscador, Acupunctue, relaxation therapy and dietary advice. The number of new cancer patients seen has increased five times over the past six years, the commonest being breast cancer. Apart from 'Constitutional' medicine, *Carcinosim* and *Scirrhinum* and *carcinogens* in potency, *Radium bromatum*, *Arsenicum album* and *Ignatia* for the relations.

Dr. Joan FORD presented a case of a woman with pemphigus vulgaris; she had three different types of oral lesions as well as nasal and vaginal lesions. *Mercurius* was the useful medicine.

Hekla lava alternating with *Manganum* for a lady with right hip and knee pain, *Cina* for a boy with morning cough, worse in spring and autumn, *Magnesia muriatica* for a lady with difficulty in emptying her bladder, were some of the other presentations.

Dr. Noel PRATT said that Dr. Richard HUGHES's book 'Principles and Practice of Homoeopathy' covered the length and breadth of the subject. Dr. HUGHES had reported the greatly reduced mortality in cholera, cerebrospinal fever and childhood bronchopneumonia achieved by Homoeopathy in his day. There was always something that we could learn from our illustrious predecessors.

Dr. Shelagh GREENFIELD described the setting up of the *Cantharis* trial-a multicentre double-blind randomized trial of the efficacy of *Cantharis* Vs. Placedo in cystitis.

Dr. Alistair JACK presented cases: Lady 64 years, with varicose veins benefited by *Calcarea fluorica*; a lady with colitis helped by *Gambogia* followed by *Aloes* as well as her constitutional *Pulsatilla*; man of 19 years with Crohn's disease and a craving for cold milk felt much better after *Phosphoric acid*; man of 67 years with prostatic symptoms was treated with *Sabal serrulata*; lady of 63 years with severe head injury given *Equisetum* for enuresis and *Causticum* for painful knee; *Carduus marianus* for pain right hypochondrium and episodes of pale stools; a lady with twitching legs from an old transverse myelitis improved with *Picric acid*.

9. The Spiritual dimension of medical care – Blackie Foundation Symposium, 15 November 1990-report.

A.E. DAVIES (BHJ, 80, 2/1991)

This was a one-day conference attended by doctors and other health care professionals.

Dr. Margaret HODSON: The life expectancy of people with Cystic fibrosis improved considerably over the last 50 years. While all of us face 100% mortality these patients are

forced to consider the spiritual dimension at a much earlier age than most.

Dr. Brendan MADDEN: Transplants in the context of Ezekiel, ch.36, v.26 ("A new heart also will I give you, and a new spirit will I put within you; and I will take away the stony heart out of your flesh and I will give you a heart of flesh.")

Dr. Peter NIXON: emphasized the stress-related anxiety which led many patients to slip down the slope of exhaustion into physical illness. He diagnosed the disorder in terms of acid-base imbalance brought about by hyperventilation. Treatment was to ensure sleep and teach patients to regain control of their own autonomic responses.

Dr. Rob GEORGE spoke on the care of AIDS patients from his experience. These patients came from a background of rationalist and monetarist values where the bank balance and having a car represents their view of the world and they feel sacrificed at the altar of social custom. Treatment was only palliative. Time was running out and these young people could identify with a model where at the center was meaning, surrounded by reason and on the outside was action – or in other terms; being, feeling and and doing. when the central pivot was in agreement with their thoughts. the patient felt little pain, but if there was conflict, the pain increased and hospitalization was needed. Dr. GEORGE and his team aimed at resolving the patients' inner conflicts so that they could experience the peace of a clear understanding of the meaning of their own lives, and some would come to understand this in terms of spiritual values.

10. Homoeo quit

(NTKH, 2, 4/1991)

11. Interview with JAYESH

KLUCK Tom and O'SULLIVAN ED.
(NTKH, 2, 4/1991)

This interview was held at Amsterdam in the Spring of 1991 after a seminar. The 'gist' of the answers of Dr. JAYESH; During case taking concentrate on the patient and get an impression of the patient; gather all the information and impressions. Look for the remedy only after the complete information and impressions are gathered. He (Dr. JAYESH) does not apply the 'Miasms' theory. Nosodes are not to be prescribed automatically for the disease from which they originated but only like any other homoeopathic remedy.

12. Gleanings: from the Philadelphia Inquirer, Dec. 12, 1990

(Homoeopathy Today, 11, 3/1991)

Drug companies routinely woo doctors by giving expensive gifts as inducements to prescribe specific medicines for their patients. Examples; an offer for 100 frequent flyer bonus points on American Airlines for every prescription the doctor wrote for a new version of Inderal, a heart medication;

A \$ 1200 'grant for prescribing the antibiotic, *Rocephin*; bonus points redeemable as gifts to doctors who prescribe vaccines made by Connaught Laboratories;

\$ 100 to use the drug *Sandimmune* for Psoriasis even though the drug has not been FDA approved for that ailment.

PART II ARTICLES

A Case of Lyssin in a ten-year-old-girl

GUIDO MORTELMANS, MD (JAIH, 83, 1/1990)

(This case was presented via video during the Small remedies Seminar in Hechtel, Belgium, Feb 5-9 1990)

In October 1988, a mother brought her 10 year old daughter to me. The girl was suffering

from extreme anxiety whenever she was alone. If the mother left the house, even for a short while, the child's anxiety would border on sheer panic. If her mother said she was going out the girl would often begin screaming. This was accompanied by grabbing hold of her mother and imploring her to stay. This behaviour started three years earlier and had become a central issue in the family.

The girl developed other fears. She said things like "Mother, if I eat this food, will I die?" and only after her mother reassured her would she swallow the food. Often she would say, "If I make a mistake in my schoolwork will I die then?"

On asking the mother when these bizarre fears began, the mother reported that, three years earlier, they had been in a slight car accident. Nobody was hurt but the mother left this child and another daughter alone in the car while she went looking for help. The fears began after that. When asked about this incident, the girl said that she thought that her mother was never going to return to the car. From then on she was tremendously fearful of being left alone.

Her biggest fear, however, was of dogs. This fear predated the fear of being alone. Her mother had the identical fear, which had begun when the mother, at the age of 6 years, was bitten by a vicious dog. The wound was a bad one requiring surgery. The daughter had never been bitten by a dog.

The daughter was a tall girl with delicate features. She had blond hair and she wore huge glasses. Her neck was slender and a bit thin. She was shy and she blushed easily. Her voice was soft and she tended to look first to her mother before replying to my questions. Not only was she emotionally sensitive, she was

also sensitive to pain. She wept easily and she liked consolation.

In school she was timid, but at home less so. She was angered by small, insignificant things. Sometimes she spoke rudely to her parents and she could be obstinate. Fairly open, she told her mother everything. She had a lack of self confidence and a fear of failure, especially regarding her school work. There was another marked fear – of narrow places.

In general she was worse from cold, liked and tolerated the sun, and perspired easily on the head. She desired hamburgers chocolate, icecream, and eggs. Sleep was unremarkable. Physically she was healthy and had no illnesses other than a few colds. Her first teeth appeared at 11 months and she did not walk until 20 months.

The center or gravity of the case was on the mental-emotional planes. The car accident had apparently triggered the extreme fear of being left alone, the fear something terrible would happen, the fear of being poisoned, the fear of death, and the fear of failure. But the accident could in no way account for her fear of dogs, which was greater than I had observed in any other patient.

An Interesting question is whether one should use the rubric, "MIND, Fear of dogs" since her mother had the same fear. Perhaps her mother subconsciously inculcated that fear into her daughter.

The child's fear of dogs was much greater than her mother's and was so central to the case that I decided it must be included.

Analysis:

Fear of dogs *Lyssin* (is an addition to the Repertory)

Fear of being alone.

Ailments from fright *Lyssin* (addition)

Fear of narrow places.

History of dog bite in mother

Prescription: *Lyssin* 200 Korsakoff.

Follow-up: Following a single dose of the remedy, the child's anxieties virtually disappeared and she has remained well as of the present moment. Curiously, she still has her fear of dogs.

Discussion: How can we explain the dramatic result of this remedy? The easiest explanation would be that it was the placebo effect. But this child had earlier been treated by another homoeopathy who had given other remedies to no effect. If, as it appears, *Lyssin* acted deeply in this child we need an explanation.

The description of *Lyssin* as it appears in various material medicas including George VITHOULKAS's Essences did not apply to this child and we cannot say *Lyssin* is her essential remedy. It si experienced by HERING when he proved *Lyssin*. He became so apprehensive that he was forced to stop the proving!

There is a footnote to the case. This girl has a sister three years younger who also developed a tremendous fear of being alone. But it began a full year after the automobile accident. How does one explain her fear? Could it have come about from witnessing her old sister's relentless panic attacks? The younger child was also given *Lyssin* 200 and also reacted beautifully. Unlike her older sister, she had a strong fear of water, a *Lyssin* keynote.

Perhaps a *Lyssin* layer was grafted on to these children via the mother who is improving on *Lac caninum* a remedy which is related by *Lyssin*. Perhaps the mother will eventually

need *Lyssin* should be *Lac caninum* cases to help her.

The mother has no idea if the dog that bit her years ago was infected by rabies and it is highly unlikely. As the dog was quite violent, it is likely that she received the anti-rabies vaccinations. Perhaps that could explain "the *Lyssin* layer" in the children.

Homoeopathy in psychiatric diseases –

Lyssinum – Natrum muriaticum

KOKELENBERG.G (ZKH 33, 5/1989)

On 3.12.1987 a 24 year old lady came for treatment of a psychiatric ailment. She seemed very depressive and suffered from hallucinations and severe anxiety states.

Her ailments began one day when she came back home from her work and found her husband in bed. Thinking that he was asleep she went to awaken him. She discovered that he had shot himself. She showed no reaction then an took heavy tranquillizer. She couldn't weep. After two weeks she kept off the tranquillizers and went back to work. In 1987 physical ailments began. Her legs were heavy with a pressing pain. Diagnosis of "venous congestion" was made and her veins were strapped. Within two weeks she gained 10 kg. weight and felt that her whole body was swollen. A thorough examination produced no result and she was prescribed diuretics. Since 1987 she suffered from anxiety in darkness and when alone as if a dark shadow fell on her. She thought that she heard something being dragged on the floor. She further thought that her husband was sitting behind her in the car when she glanced into the rearview mirror in her car. She did not recognize herself when she looked into a mirror. She threw out all mirrors from her house out of anxiety that she may loose her sanity.

She said all these spontaneously. Further inquiries about general and food brought nothing relevant. She was a vegetarian and wanted to stop smoking.

Repertorisation:

1. Ailments from fright: SR,I, p.18

bufo., camph., lyss., stram., etc.

2. Fear mirrors in rooms, of : KD. I.p.46.K.p.46

bufo, camph., cann., i.,lyss., stram., etc.

3. Fear insanity, loosing his reason, of: SRI, p.506

canni., lyss., stram., etc

4. Delusions, strange, familiar things seem: KDI, p.125, K.p.33

Cann-I., lyss., stram., etc.

Cannabis indica, *Lyssinum* and *Stramonium* came closer to choice. Remedy choice: some pointed questions to differentiate the remedies led to *Lyssinum*, among which singular one was as follows: urge for urination on hearing water running. She does not bear sun (KD,I, p. 15, K.p.9);

desire for chocolate (KD,III, p.485.K.p.484);

Salivation when in anxiety:

her sexual activity was very strong²

Some confirmation for *Lyssinum* was found in HERING³. The hallucinations of sound are in the Repertory of BOERICKE in p.693. *Lyssinum* is not in that. We, however, know that *Lyssinum* has increased sensitivity, especially of hearing⁴.

I therefore prescribed a dose of *Lyssinum* XM (Homeoden)

In the second consultation on 10.12.1987 she said that she had forgotten to mention about her menses which had not appeared since about an year and which she did not now consider significant. She has had spontaneous

menses during her life only four or five times. Now the menses came on the same day she had taken *Lyssinum*. The hallucinations of voice had gone. The fear when she looked into the mirror came on only once and remained only for a brief time; it did not cause fear. Felt good, but has anxiety that she may again become worse. At the end of her first consultation I had asked her whether she had recently been bitten by an animal and she denied. Now she said that she had been bitten more on the head by a cat which was injured in an accident. Her wounds were not then disinfected but only just washed. The cat was put to sleep by a veterinarian.

Because of the following facts no further medicine was prescribed:

1. Her mental state was better.

2. Instead of hallucinations she had anxiety that these may recur. That is a normal reaction which does not justify any interference.

3. Her physical functions had normalized, her menses came on for the first time over the years, spontaneously.

4. No new symptom came up to indicate the same remedy or another.

When she came to me on 29.12.87 I asked her as to why she came before she was due for a visit; she reported of weight increase and loss of hair. She felt, from time to time, sad, weary of life. She wouldn't think of suicide but she was fed up. These began after a mortification in the office. (She was attending her office after the second consultation). She wept and unable to control it but never in the presence of others. The anxieties and hallucinations had all completely gone. She was afraid that people would offend her. She was very sleepy and wanted to remain in bed. Even in a crowded

place she felt that she was alone like in an island.

When I enquired about her appetite she said that in this week although she was a sworn vegetarian, had a sudden desire for meat. Besides, she had aversion to smoking although for many years she had been smoking. She awoke every morning without any reason at four o'clock. She chewed her nails. Sometimes she could not speak further while conversing with persons particularly when asked about her health and recent experiences.

Repertorisation and remedy choice:

1. Mind, delusion, alone, she is, in the world; KD,I,p.121;K.p.20.
2. Mind, weary of life; KD,I,p.69; K.p.92.
3. Mind, mortification, ailments after; Kd.I,p.25; K.p.68.
4. Mind, weeps, alone, when: K.D.I, p.144; K.p.93
5. Mind, fear, people, of : K.D.I, p. 45; K.p.46
6. Mind, bed, desires to remain in: KD,I, p.17; K.p.9
7. Mind, forsaken feeling: KD. I.p.114; K.p.49
8. Stomach, desires meat: KD.III.p.483; k.p.485
9. Stomach, aversion, tobacco, smoking his accustomed cigar KD.III, P.419; K.p.482
10. Sleep, waking 4 am: KD.I. p.373; k.p.1255
11. Mouth, speech difficult; KD.III.p.208; K.p.419
12. Mind, conversation agg; KD.III.p110;K.p.16
13. Head hair falling; KD.I.p.185;K.p.120

She was given a dose of *Natrum muriaticum* M (Homeoden)

Progress: After this a complete wellbeing came. The depression and hallucinations did not recur. The hair fall stopped and sleep was refreshing. She did not begin to smoke again.

The desire for meat went off but she did not return to vegetarian life. No problem in the office. Menses became normal and regular. Follow up after an year; she remained well physically and psychologically and no further medication was necessary.

Conclusion: Nothing more can be expected from a patient cured by *Natrum muriaticum*. As in the case of many other remedies (*Chelidonium*, *Nux*, *vomica*) only a part of the cure is reported. Further important information can be obtained only from the family members or close friends.

References:

1. GS. VII p.172
2. GS VII p.161
3. "Heavy felling in lower limbs as if a weight was attached to the ankles." (GS VII,P.196)
4. 'Hears voices in the night' (GS VII, P.172)
5. "Conversation in the vicinity of the patient may throw him in the most violent agitation." (GS. VII, P.171)

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Acute Sciatica

K-H. Gypser

AHZ, 231, 5/1986

A 34 years old female patient complained of a severe growing sciatic pain since 4 days. The acute pains from the right buttock travel down the back of the thigh up to the bend of the knee. The worst pain was in the back of the thigh and it was described as a sensation as if someone would tear off the leg. The pains increased much from walking and she had no more power in or control on the leg. Rising up from sitting and stepping was unbearable.

Analysing the symptoms a striking one is noted; sensation in the right thigh as if someone would tear off the leg. This singular sensation we find agrees with WARD's Sensations as if.¹; "Twitching in the right femur as if someone was pulling from below, *Lyssin*."

WARD has got this symptom from ALLEN's *Nosodes*² originally it came from HERING³;

A comparison with other symptoms of *Lyssin* showed further similarities⁴.

"Something runs around... in region of hip, then down to leg to knee".

"Tearing in left thigh to knee".

"Pain in legs very troublesome, not able to walk."

"Loss of power in limbs; gait unsteady..."

"Along L. sciatic nerve a dull pain... aggravation when rising from sitting."

The aggravation from stepping also indicates *Lyssian* but however not referring to thigh⁵. "Tearing, followed by pressing

downward, could not make a hard step during catamenia."

"Knees tremble at every stop."

Prescription: *Lyssin XM* 1-globule.

On the next day the condition was much better. Only while walking the pain was felt but even that in lighter form. On the following day all well, Follow-up: two months.

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1. WARD, n.d. 629
2. ALLEN 1910. 188
3. HERING 1888, 195
4. *ibid* p. 195-197
5. *ibid* p. 187 and 196

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Angina Pectoris

MÜller, H.V.

AHZ, 227, 5/1982

The patient was 60 years old, an energetic and robust man, apparently overweight. He complained of heart ailments.

The patient has been under my treatment since long and I knew that he tooook to his work as Editor of a well know journal with extraordinary earnestness and conscientiousness. From my talks with him I knew him to be of quick reaction and precise impressions and as expressed by him, he was receiving a high salary.

Is it any wonder then that since some months he has been suffering from heart

complaints which till now has been increasing. The heart troubles were like this:

It begins mostly when he sits and works. The pain does not come slowly but begins suddenly and increases. Below the nipple and to the right side of the sternum he gets a severe pain which compels him to get up and move around which, however, does not relieve. These pains are so constricting and crushing that he felt he would die.

He obtained Nitrolingual from a colleague who suffered from similar ailment and in the meanwhile he purchased it also. He took two sprays at brief intervals upto five times until the attack passed off.

On days he had these attacks he awoke mostly with headaches and he could not concentrate on his work on these days.

A look into KENT did not help since heart complaints are poorly represented in it. Luckily I had procured KNERR sometime ago and found in it the following pointer:

Heart pain, constant in lower part: *Lyssinum*.

Dull all day, with pinching about fourth rib, right side; *Lyssinum*.

With head ache: *Lyssinum*

With corresponding pain in right side, severe sticking and shooting, shortness of breath and sighing: *Lyssinum*.

Not only the heart symptoms of the patient agreed with the drug picture but also the mental symptoms according to MEZGER:

“Mostly the mental functions will be found to be in a state of increased excitement

which can be recognized from the quick comprehension, astounding sharpness of the understanding and quickness with which question will be answered.”

The picture was rounded up further from my interogation for other symptoms which reflected the remedy picture of *Lyssinum*:

He could not stand heat of Sun.

The sound of running water produced in him an urge for urination.

Therapy and progress: After i.v. injection of *Lyssinum (Hydrophobinum)* 200 the patient had no heart problems since an year.

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3. QHD, Vol. IX, 3, 1992

PART – CURRENT LITERATURE LISTING

I. PHILOSOPHY

The Opus of Homoeopathy – an alchemical perspective.

ALDEBERAN, Zachariah (Resonance, 13, 3/1991)

Alchemy had a deep affect on Homoeopathy. The opus or work, of alchemy was expected to be a dangerous and painful process. The opus was more than an outward process; there was also a corresponding inner process; you could not have one without the other.

There is always a mixture of movities involved when one is moved towards self-important and the inquisition of knowledge. This is as true for the homoeopath as it is for other knowledge-seekers. There is no such thing as altruism. Our highest aspirations are accompanied by a shadow component a desire for power and recognition, a need to feel loved, etc., there is strong moral responsibility when one prescribes a homoeopathic remedy to another person.

The problem here is that as one gains power through self-knowledge and the knowledge of others, the shadow side of oneself grows eager to get its hands on this power for its own purposes. The shadow is infantile. Any aspect related to healing and the enhancement of life brings with it the danger of inflations (ego) – as we assist others in their healing. This is especially true if we have not done our own inner work and healing. The less the inner work one has done, the greater are the changes that the ego has of interfering with the patient's healing process.

The alchemist's view that any progress is due to a higher power and not to eh personal excellence of the practitioner is a good advice to any budding or practicing homoeopath.

Another feature of the opus is its extreme unpredictability.

The homoeopath must trust the life force, but the intrinsic nature of the life force is such that it is not directly knowable, and therefore it is difficult to trust it with absolute certainly. From this one can see that it is crucial to observe each patient as a unique expression of life energy and not to get stuck in any habitual thinking patterns or routine treatments. With

out this flexibility and perspective, the prescriber will be taken by surprise and will see poor results from the prescriptions. Whatever be the result of the prescription you should not allow yourself to bathe in your successes nor to wallow in your failures. PARACELUSUS said: The art of medicine is rooted in the heart. If your heart is false, you will be a false physician; if your heart is just you will also be a true physician”.

2. The roots of suffering: Buddhism & Miasms

NORLAND, Misha (The Homoeopath, 11, 3/1991)

Restoration of health is alleviation of suffering. The understanding of the nature of suffering is not taught in the medical schools, however. It is relegated to religion.

The ancient medicines of the great cultures arise out of basic precepts, which draw together science and religion.

The Buddha in his fire sermon said: “Your house is on fire, burns with the three fires”. Fire burns. It destroys, purifies, cauterizes. It closely represents creative energy.

The three fires, which Buddha spoke, are aspects of this energy.

They are desire, anger and ignorance. Healing the individual in essence means reducing the heat with which the three fires

burn, reducing the miasmatic background, enabling the individual to realize their potential and their innate divinity. (The reasoning spirit who inhabits the organism can thus freely use this healthy living instrument to reach the lofty goal of human existence”. **(Organon, Aphorism 9).**

The Psora theory of HAHNAMANN arises out of empirical evidence. For the reasons that the chronic diseases were built upon a substratum of constitutional weakness or degeneration, this in turn due to malediction to environmental stress and suppression of the primary symptoms of the original acute disease and to be strictly factual, HAHNEMANN confines his observations to physical phenomena. For him miasmas are transmitted stigma. The implication is that the organism is stuck in the rut, which has been grooved into the present time by the activity of the past. It is by identifying miasmas as preformative disturbances at the center of the being, disturbances of love, as well as manifestations of disease, that the profundity of HAHNEMANN’s observations become apparent.

In terms of Lord Buddha’s three fires – desire, anger and ignorance out of which are delusions (Psora), desire and aversion (Sycois) and hatred, perversions and

destruction (Syphills) may be identified. All miasms can manouvve the body into an expression of any pathological state. (Consider also ORTEGA's) exposition of the miasms).

3. The phenomenon of the medical aggravation in Homoeopathy.

POPOVA, T. (NTKH, 3, 1/1992)

Medicinal aggravation proved the efficiency of the remedy; it is one of the first reactions to the medicine. The higher the dilution, the more specific and more individual the aggravation.

It is difficult to forecast the medicinal aggravation. While the aggravation helps the doctor of amend his treatment of the patient they are an excellent model for making the medical pathogenesis – the materia medica – more accurate. Investigation of the medicinal aggravation enriches the skill of every doctor since these are the true symptom of the remedy used.

The efficiency of the high dilutions is a phenomenon where practice is more developed then theory. This phenomenon of Homoeopathy cannot be understood either by the pharmacists or the chemists.

4. The miasms theory of MASI ELISALDE.

DE WEIJER, E. (NTKH, 3, 1/1992)

This is a brief review of the miasms theory of MASI.

II. MATERIA MEDICA

1. Pneumonia – Phosphorus

WALDECKER, A (ZKH, 35, 14/1991)

A one year old male infant suffered from pneumonia.

Characteristic symptoms were:

- no perspiration despite fever;
- lies on right side, night, sleep;
- urine, orange coloured.

Phosphorus 30. Ten minutes after the medicine was administered it appeared that the fever rose and the face became red. Child slept peacefully. Three hours after when the child was examined in the Children's Hospital all the symptoms had subsided and auscultation and precussion indicated everything normal. The pediatrician was astonished at the difference between this and the x-ray he had taken the same day morning. In spite of it he was put on Cephalosporin and next morning examination revealed no pathology, which the clinic attributed to Cephalosporin (!)

During the Cephalosporin therapy the child developed again pale face, which was relieved by a dose of Phosphorus 200. The parents took the child home and it did not need any further medicine.

2. Sepia and Urinary tract infections

LEVATIN. Janet (Resonance 13, 3/1991)

Sepia is usually associated with adult women and usually not thought of in children.

July 1988: SR, 2½ years old girl had urinary tract infection (UTI). A urine culture and grown *Proteus mirabilis*. She had a new café-au-lait spot on her abdomen. “Urination painful, morning”, “urine odour strong” “bladder, pain on urging to urinate”, “face swelling, cheeks”.

Sepia 30, then 200 then 1000, and she was free for nine months.

Again June 1989: UTI urine smelling strong, foul and rotten “beyond ammonia”, thick and sticky, dysuria, energy slump at 3 or 4 p.m. urine analysis: 3+ bacteria and *Proteus mirabilis*. Sepia 1000 Well.

Another case: 4½ years girl: Aug. 1989: UTI which began 18 months ago and recurring UTI. Peanut and butter caused facial swelling and crankiness and sugar caused a “hyper” state during which she would become giggly, very talkative and physically over-active. Had several otitis media between the ages of 8 months and 2½ years. Her disposition was described as sweet, but she could be cranky and very stubborn as well “She’s like Jekyll and Hyde ... it varies with what she eats”, Mucous spotting on the diaper. Earlier another homoeopath had given

her Pulsatilla and diaper. Earlier another homoeopath had given her Pulsatilla and then she developed persistent cold sores on and around her lips.

Rubric: “Female genitalia, leucorrhoea, little girls” was used. CLARKE’s Dictionary described the restless sleep and the eruption around the month. Sepia 200 Well.

3. Ruta graveolens – a natural medicine which has stood the test of time.

ELMORE, Durr (Resonance, 13, 3/1991)

Ruta, has been used for over 3000 years. HIPPOCRATES writes of it as a vulnerary.

Ruta for injuries to the bones especially the periosteum, and for sprains and strains. For microtrauma or occupational stresses. Tennis elbow. Ruta and Rhus tox, share many characteristics and there are definite differences.

4. Sepiatilla – differentiating between sepia and Pulsatilla.

ULLMAN, Judyth - Reichenberg (Resonance, 13, 3/1991)

Sepia and Pulsatilla are probably the most common remedies for women with hormonal or gynecological complaints. They seem to be different in many areas and clearly so and there could, it would seem, be no confusion. Yet there are close resemblances

even among remedies which seem polar opposites, like the tendency to weep easily, thick greenish discharges, aversion to and aggravation from fat, PMS, etc.

The author reports, at length, to case of a 38 years old women who was given *Sepia* unsuccessfully but later responded very well to *Pulsatilla*.

We should discard out stereo-typing of remedies, and must be 'fresh' and 'open' with each new patient throughout the interview.

5. *Ipecacuanha*

ELMORE, Durr (resonance, 13, 14/1991)

Ipecacuanha is a remedy made from the dried root of *Cephaelis ipecacuanha*, a perennial shrub native to Brazil. *Ipecac* was proved by Samuel HAHNEMANN. It is an almost an everyday remedy. The author has drawn from all the well-known authors.

6. Beware the frozen candy

STEPHENSON, David (Resonance, 13, 4/1991)

The cases of injured 'dental nerves' in which *Hypericum* in high potency pain rapidly after conventional anaesthetics failed.

7. *Hyoscyamus niger*

HEUDENS-MAST, Hennie (The Homoeopath, 11, 3/1991)

We have stereo typed images of our remedies, e.g. *Hyoscyamus niger* is

considered crazy, walks about naked and loquacious, we do not get patients so often in this state. Should we wait for this fully developed state? Can't we foresee or see through at earlier stage of the disease? This is possible by understanding the remedy.

The loquacity need not be verbal. The author had patients who while non-communicative during the interview what home and wrote pages after pages of letters. This is also loquacity because the letters 'say' so much.

Jealousy also may be convert and not necessarily overt. One woman wrote that when her husband hung the clothes outside on the washing line and she saw her daughter's underwear hanging close to that of her husband she could not bear it, she went outside and changed it. What is that other jealousy? Our patients do not talk in symptoms like it is written in the Repertory. They express the symptoms in their own way, in the context of their own life style.

Hyoscyamus patients say 'I am not ill. It's my husband' or 'it's my nother you have to treat. Or "I am O.K" Repertory rubric says, "She is well when very ill". *Hyoscyamus* also "refuses to take remedies". Says, "I don't want to be treated. I do not want to take remedies".

All the symptoms observed in the “letter writers” and Hyoscyamus was their remedy.

Five cases have been dealt with in detail. A fascinating and in-depth study of hyoscyamus niger.

8. Premature labour and Sepia.

SUTRADHAR, S.C.

29 years old woman developed premature painful contractions in her 29th week of pregnancy and was admitted to hospital where she was given intravenous drug to prevent premature contractions. Her contractions reduced in 48 hrs. but she had terrible breathlessness and a day later again severe contraction. Again, i.v. drugs and rushed to High Risk Hospital 200 Km. away in Ottawa.

She was shivering had bronchitis, could not eat or drink anything, could not either sit up or lie down. Agg. lying on left side. Was in tears while telling her condition.

Sepia 200 given (Reference CLARKE's The Prescriber, BOERICKE's Materia Medica). Rapid improvement followed.

Pregnancy carried through well and in 39th week delivered a healthy girl baby.

9. A child's World

HERSCU, Paul (Simillimum, 4, 3/1991)

15-years old girl with Endometrisis. Menarche at 11 years. She had been placed on birth control pills at 11 years age because of frequent, heavy and protracted bleeding. She developed anaemia, became very weak; hypotension. The other symptoms did not lead. This paucity of symptoms made the author to think that here was a case of debility, of losing so much of blood. Phosphorus 12X for a month and later 200 cured.

10. Christopher's Warts

CHINDEMI, Wayne J (Simillimum 4, 3/1991)

6-years old boy came for warts, which started an year ago. Wart on left index inger and right left big toe; Raised firm, sensitive to touch. Tendency to get ear infections 5-6 times a year, emotional sensitivity, easily upset. Desires spaghetti, pizza, cheese, ice-cream, bread and butter; aversion to eggs; thirstless. Wants mother always desires hugs, whiny. Shy, embarrassed easily, sulky.

Silica M

Had one ear infection subsequently 20 days after the remedy.

Some more warts came up and went. Six months after Silica M his mental state improved; he 'come out of the shell'. In six months from the date Silica M was given, the

warts had gone and the emotional state of the child was normal.

Although Pulsatilla also was indicated Silica was chosen as the 'constitutional' remedy.

11. A mother becomes a believer

GUTOWSKI, Louise D. (Simillimum, 4, 3/1991)

2½ year boy allergic to olive trees blooming. He was born 3 weeks prematurely with Respiratory Distress Syndrome (RDs) Has had numerous colds plus twelve ear infections (antibiotic treatment for most of his life).

Coughing spells so severe that the would vomit. Up most or the night coughing and vomiting.

Right external ear canal was red, tonsils enlarged, but not inflamed; lunge very congested with wheezing, stertorus breathing; Clear nasal discharge.

Ipecacuanha 6 q.i.d. cleared the compliant in 3 days. For slight mucousy breathing Antimonium tartaricum 30 given and cured.

The rapidity with which Ipecacuanha relieved made the mother of the child a believer in Homoeopathy.

12. A case of infantile diarrhoea

BENNETT, Peter (Simillimum, 4, 3/1991)

A 'straight' case of a 9 month-old-girl with diarrhoea, watery, yellow, painless, cured with a single dose of Podophyllum 30.

13. A loquacious child

SMITH, Jennifer (Simillimum, 4, 3/1991)

5 year-old-boy who had been 'talking, talking' since 5 days.

He had some chocolate of which he is allergic to. He played in the sun all day and became a little over-heated.

His obsessive chatter was driving the parents crazy. He changed subject rapidly like "I like Sesame street. No. I don't like Sesame street. We played at School. I like playing at school. Where will I go when I die? He couldn't tolerate any clothing around his neck. He often asked what would happen to him when he died.

Loquacity, changing quickly from one subject to another, ill effects to exposure to sun, fear of religious salvation. Lachesis 200 one dose. Next day the boy became normal. He also told his mother 'Mummy, I feel different inside'.

14. A case of reflex sympathetic dystrophy syndrome

ELMORE, Durr (Simillimum, 4, 3/1991)

A 10 year-old-female suffered injury of right ankle while she jumped from a truck

(3feet) from which she had not recovered. Despite taking a dose Amica her pain and swelling progressively become worse.

After several referrals to hospitals she was diagnosed as suffering from sympathetic Reflex Dystrophy Syndrome (RSDS) Prognosis was guarded and said that the condition was incurable, RSDS is also called Causalgia or Sudeck's Atrophy.

The pain was described "like it's being crushed or it can change to a sharp pain or burning or it feels like a heavy weight" The pain worse as the day went on. The pain was constant and excruciating. The nature of the injury, and the severity of the symptoms. Indicated the need for a remedy suited to injuries to nerves. *Hypericum* 200 b.i.d. for two days on 4 Jan. 1991.

20 Jan. 1991: steady improvement in these two weeks, She can walk now.

Another dose of *Hypericum* 200 was given if the symptoms relapsed.

She took the *Hypericum* 200 on 22 Jan.1991. Felt better that she was running and playing. However, she twisted her right wrist, The ankle pain was 90% better. *Hypericum*. 30 b.i.d. to remove the susceptibility.

10 Feb. 1991: Right wrist is better. Right ankle also is better but still some residual soreness.

The diffuse joint pain is unusual for 10 year old child. Constitutional remedy came out to be *Calcareo carbonica* which was given in 200 potency. Cured.

15. Anorexia nervosa - a case
LOGAN, Robin (Simillimum, 4, 3/1991)

18 yr. old girl who suffered Glandular Fever 16 months previously has Anorexia nervosa since. Was brought very unwillingly for treatment by her mother.

Much of the information was given by the mother as the patient was not at all cooperative.

Very stoop-shouldered, pale, drawn look. Dark rings under the eyes. Grommets in ears twice and developed abscesses. Tonsillectomy at 6 years, adenoids out at 8 years age. Appendectomy at 11 years age.

Mother: chronic depression;

Father: hypertension;

Maternal grandmother: "very anxious person".

Extremely chilly. Likes heat and stuffy rooms.

Constant nausea. All the time hungry but aversion to eat. Averse to meat, fish and warm food. Can go without any food at all for weeks at a time and never eats a square meal, just snacks. Marked desire

for alcohol, esp. spirits. Drinks alcohol most days.

Only 2 menstrual periods in last 12 months.

Recurring bleeding ulcers mouth.

Chews her knuckles which *are* badly gnarled. Depressed all the time, agg. night. Suicidal.

Averse to company. Locks herself in her room for hours and stares out of windows.

Violent, shouts, throws things at her family. Remorseful; hates consolation. Very conscious of feeling dirty. *Syphilinum XM*
Cured fully,

16. A case of Ovarian cysts.

NAGER, William D. (Simillimum, 4,3/1991)

32-year-old-married woman, mother of two children with ovarian cysts. Intermittent pain right ovary, worse jarring. Sensation of heaviness, soreness, bloating during ovulation. PMS symptoms.

She was dressed in faded, worn clothes; monotone voice and sits motionless in the chair during the visit. Father died of cancer of lungs (history of T.B). In the last year three of her pets died, one of which was her pet dog of 17 years.

Was sexually abused at 4 years old by her grandfather. Mother is an alcoholic. She was in the 7th grade and was using drugs at 16 years. Perfectionist, very hard at herself. Had number of bad trips on LSD from 16-20 yrs. age. Had genital herpes for two years. Anxiety in closed rooms; dreams of drowning. Chilly. Craves salt, bread, margarine, fruit shakes. Averse to meat.

Past history of patient; 2-3 head injuries; two therapeutic abortions. Has hypoglycaemia. Menses bright red with dark clots. Agg. from onions. Needs to eat small meats to prevent indigestion.

Lycopodium 200 amel.

17. Different side of a polycyst

GOLDMAN, Ellen
(Simillimum, 4,3/1991)

34 years old-woman: since 2 years: frequent ear infections and colds; tired, feeling of heaviness in chest and a lingering cough.

Loquacious, goal oriented, sees things in black and white, frank and honest in her dealings. Worked hard, had relationships with older men but because they were more protective whereas she wanted to be leader she has now relations with younger men. Don't like others telling her what to do. A morning person, getting to work at 7

A.M. and fading around 3 P.M. Constipation her whole life and she has tried all laxatives and every diet; stools dry, hard, like rabbit pellets; has a bowel movement once a week; thirst less. Fear of poverty; jealousy; desire for open air.

Menses regular; PMS includes weepiness and irritability. Definitely likes consolation.

Pulsatilla 200 cured. Although the 'essence' of the remedy did not shine through in the interview, *Pulsatilla* came high in the repertorization.

Pulsatilla may be hard-working, tough characters and may present like a *Nux Vomica*,

18. A case of second degree burns

MAGUIRE, Annie (Simillimum, 4, 3/1991)

38 year old-female grabbed a small metal stove top espresso maker not knowing that it has just come off the burner on high heat. The palmar aspect of her hand and fingers and especially the thenar eminence were blistered, swollen and reddened. Pain, burning severe and she was holding ice in her hand.

Causticum 30 repeated doses (after other homoeopathic remedies of general first aid nature failed) relieved within 2

days completely. In one week the healing was complete and a layer of new, pink, soft, pliable skin without scarring, without loss of function or discomfort, had come.

The author who has worked as a registered nurse in the Burns unit of a hospital was struck by this rapid and gentle healing.

19. The botanical relationship of the vegetable remedies CHINDEMI, Wayne (Simillimum, 4, 3/1991)

Study of Solonaceae and Ranunculaceae families. A brief study of *Capsicum*.

20. Three cases of gagging PARSONS, Phil (Simillimum 4, 3/1991)

(Phil PARSONS is a dental surgeon who practices homeopathy successfully in dental cases. He has studied with George VITHOULKAS. He has been prosecuted for using Homoeopathy in his dental practice! Such persecutions of homoeopaths could occur in this century only in the U.S.A. The following cases would show how efficient Dr. PARSONS is and how speedily and gently the patients have been helped in getting rid of their sufferings. Have the prosecutors

anything better than Homoeopathy to offer?)

1.11 September 1987: Male: It was not possible to take X-ray because the patient gagged violently and involuntarily stuck his tongue out. He also had pain in the right knee and pain upper teeth. *Agaricus muscarius* 30. In one minute the gagging stopped and X-ray could be put into his mouth.

2. 49 year old female: 24 November 1982: gags on having impressions taken for dentures. Desires smoking cigarettes. *Carbo animalis* 30 stopped the gagging, She also quit the smoking.

18 January 1985: pain lower cheek extending from a molar. Worse in evening and better sleep; irritable, touchy: *Wuxvom/ca 12X*

19 October 1988: gags from an impression taken for dentures. Pain knees; enjoys taking care of sick people. *Agaricus muscarius* 200. Gagging improved and patient regained her past sense of humour.

3. 52 year old-female: gags on putting X-ray film in her mouth. History of *Rhus* poisoning as a child. Has had three occurrences of cancer. Has carpal-tunnel syndrome of her right wrist and touching it causes shooting

pains, to her fingers. Chilly and cold agg.; history of frost-bite; history of anaemia and epilepsy. Had pain in her right knee. Enjoys taking care of sick people. *Agaricus muscarius* 200. Gagging ameliorated immediately and the pain in wrist gone in one minute.

21. A Case of PAT, PM3 and dysmenorrhoea
KUNKLER, Karen
(Simillimum 4,3/1991)

This case illustrates both keynotes and less common aspects of a well-known remedy,

26 year-old-woman, married, who is a partner in a court reporting agency, whose treatment began an year ago. Chief complaints were: heart complaints - sudden tachycardia, always chilly, severe PMS.

The totality of her symptoms after detailed case taking, indicated *Aurum metallicum*.

It is interesting that *Aurum* not so reputed in PMS and dysmenorrhoea has relieved these in this patient. Full case may appear in part II of the QHD

22. A manic depressiva case
ALBIN, Steve (Simillimum, 4, 3/1991) } A case of *Lachesis*. Full case may appear in part II of the QHD

23. Kali carbonicum

WATSON, Ian (Simillimum, 4, 3/1991)
The important points from this has already been given in QHD, Vol.IX, No.2/1991, p 27.

24. Snakes in the homoeopathic grass

LYNN GARNER, Mary (Simillimum, 4, 3/1991) The Seattle Homoeopathic Study Groups spent time in the latter part of 1990 studying the materia medica of the snake venom remedies together. Full article may appear in part II of the QHD.

25. *Argentum nitricum*

VAN DER LUGT, M.M.C. (NTKH, 3,1/1992) This is an excerpt from the Materia Medica by Dr.Tatyana POPOVA and T.J. ZELIKMAN. A case report is also appended.

26. *Cottea cruda*

VAN DER LUGT, M.M.C. (NTKH, 3, 1/1992) This also is an extract from the Materia Medica by Dr. Tatyana POPOVA and T.J. ZELIKMAN. A case is also appended.

27. *Tabacum*

VAN DER LUGT, M.M.C.

This also is an extract from the materia medica by Dr.

Tatyana POPOVA and T.J. ZELIKMAN.

28. A Primary biliary Cirrhosis treated with *Hedera helix* KONIG, P. (AHZ, 236, 4/1991)

A married woman with a child suffered from chronic hepatitis. After drawing the anamnesis *Hedera helix* 5 twice daily was prescribed which brought about normalisation; the liver enzyme tests also confirmed the cure.

Hedera helix is only poorly represented in the earlier Materia Medicas. CLARKE mentions R.T. COOPER in this regard. However, Julius MEZGER indicates the organ affinities clearly - glands, liver and joints.

Chronic liver diseases are very difficult to be cured. In this case report a 'small remedy's action is documented. (See OAJULIAN's 'A materia medica of new homeopathic remedies' which includes MEZGER's indications = K.S.S.)

29. Cystitis after dental amalgam fillings treated with *Silicea* KLEBER, J.J. (AHZ 236,4/1991)

Cystitis in a 30 yr.-old-woman which began after dental amalgam fillings was cured by *Silicea*. The amalgam fillings were removed and **only after that** could *silicea effect the cure*.

30. Vegetative dysregulation -
Hyperhidrosis - Depressive
State.

GRIMME, H. (AHZ, 236, 4/1991)

A 67 yr.-old-man with profuse perspiration of the whole body particularly during the nights and from least exertion or excitement. All therapies so far were unsuccessful.

Because of this excessive perspiration he had to get up at least thrice at night to change his clothes; hence sleep disturbed. Very sensitive to cold air. Melancholic, Internally freezing with weakness. Paroxysmal excessive hunger; overeating ameliorated; chronic bronchial catarrh; rheumatic joint pains.

He was given *Hepar sulphuris* 30 and an year later *Tuberculinum avis* 30

Lastly *Petroleum* 30, 200 cured.

The leading indicator for *Petroleum* was the peculiar symptom "perspiration begins in the forearm", the only remedy with two marks. All the other symptoms matched *Petroleum*.

31. Combination remedies

MORRISON, Roger (JAIH.
84, 2/1991)

To some the title will be misleading. This is not about mixing two or more separate homoeopathic remedies as some

do. What is meant here is the salt of any mineral e.g. *Natrum muriaticum*, *Kali carbonicum*, etc. Apart from these Polychrests, 'small' remedies like *Ferrum iodatum*, *Kali nitricum* are discussed.

An example to show how Dr.MORRISON has analysed the case and considered the 'combination'¹ remedy:

36 year-old-female: Complains of asthma: *Natrum muriaticum* helped a little but still using inhaler. *Kali carbonicum* 200 helped a little for two days but then symptoms returned full force. *Kali carbonicum* M after which waking at 4 a.m.

Asthma. Coughing and asthmatic (3). Sits up and uses inhaler, sips on water. Amel. propped up in bed(2). Agg. exertion during the day; agg.ascending, must walk slowly. Hot and sweaty (new symptom). Agg.dust. Too out of breath to eat and drink(3). Tight chest. Recently moved into San Francisco and left her kids with the grandmother until she finds work and they can rejoin her. Anxious about the children. Generally, has been sick since the move. Generally agg. cold, damp weather but has usually been warm. Waking 4 a.m. (2). Menses too early. Had purplish clots during the flow. Craving butter (2), roast pork(2), fat (3), starch.

Headache on top of head "like a cap"(2).
Shivering feeling in legs.

Analysis: In this case we see all the elements of a *Kali carbonicum* asthmatic. However, her temperature is warm where we expect *Kali carbonicum* to be chilly (and *Kali carbonicum* had only temporary effect.) So we are justified to think that perhaps she needs a different salt of *Kali*. We would like a warm-blooded remedy which includes *Kali iodatum*, *Kali nitricum* and *Kali sulphuricum*. By thinking of these three remedies we can see that the craving for fat, the headache like a cap make us think of *Nitricums*. Further confirmation came from the Kay-note: too breathless to eat or drink. This case went on to a beautiful reaction from *Kali nitricum*.

All these go to show that one should be thorough with Materia Medica to quickly compare the remedies.

Dr.MORRISON has classed the remedies as 'Cations' (**metals** for the most part), 'Anions' (which include the halogens for the most part) and those elements which are 'ambivalent' and can get in either group. Under each class remedies are grouped and the characteristics of each of these remedies are sketched.

A very interesting and practically useful study. 32. *Strychninum*

SHORE, Jonathan (JAIH, 84,2/1991)

This paper was presented at the 1991 IFH professional case conference.

It is an indepth discussion of the remedy *Strychninum* covering both psychological and physical characteristics supported by references to existing information and the author's own cases, two of which are given as illustrations.

3. *Digitalis* Case report

CARLSTON, Michael (JAIH, 84, 2/1991)

43-year-old male with headache as the main complaint; bradycardia, overweight, loose stools, rectal itching; fear of poverty, fear of heights, aversion to fish, desires spicy food; mental: remorse, as if guilty. Coloured aura precedes the headache.

Digitalis 200.

The discussion and analysis gives a greater understanding of the remedy *Digitalis* which is rarely prescribed for migraine. But then homoeopathic practice is an art.

III. THERAPEUTICS

1. A space occupying lesion

GHOSH, Amitav (BHJ 80, 3/1991)

Mr.W.E.C, 60 years old, with a space-occupying lesion¹. He became confused, bewildered, drowsy, became slow in his activities, apathetic, puzzled. He gradually became worse. Became incontinent of urine at night. On admission to hospital he was drowsy, had difficulty in standing and almost mute but

would obey commands. He had increased muscle tone and stiffness of neck and brisk tendon reflexes. There was no focal neurological sign. A CT Scan showed a right frontal intrinsic tumour crossing the midline. He was put on *Dexamethasone* 4mg. four times a day and discharged home.

Nearly three months after this, homoeopathic treatment was sought. He was obese with moonshaped face, thin arms and oedematous ankles. Weak and could hardly walk. Physically and mentally slow. Was indiffeient with no expression. Just sat and hardly spoke.

A patient with neoplastic condition has all three miasms and therefore can rarely be offered a permanent cure.

Psorinum is beneficial in clinical conditions where symptoms are present but not any permanent pathological change - such as migraine, irritabla bowels and others. *Medorrhinum* in sycosis with warts and growths. *Tuberculinum*, *Carcinosinum* and others may be added to the list of miasmatic medicines.

Miasmatic background, constitution, precipitating factors, underlying pathological lesions, presenting features, then repertorisation led to the prescription of *Apis mellifica* 6 and *Thuja* 6 both three times a day concurrently in September 1986 and are

continued still. *Medorrhinum* 30 was prescribed at four monthly intervals. One dose of *Carcinosin* 200 was given every four months. Every night, intially *Pred,iisone* 30 from September 1986 to February 1987 was also given, followed by *Arsenicum* 30 from March 1987 to May 1987 and later *Lycopodium* 30 from June to September 1967.

Soon after starting homoeopathic medicine, WEC gradually reduced and then stopped *Dexamethasone*. He began to make all round improvement. He stopped his diuretics not taking any conventional drugs and is leading a normal life, ACT Scan repeated in 1989 showed an improvement.

Discussing the case the author says that while the progress of cancer disease can be slowed by homoeopathic medicines it is debatable if carcinoma is curable. When a homoeopathic medicine controls the progress of a chronic and incurable disease it can be continued for a long period. In pathological prescribing the use of more than one medicine at a time is justified.

This patient had tremor from 1979 which has now stopped. Homoeopathy treats the whole person. Can this be the sole explanation of the cure?

2. Homoeopathic treatment of ovarian cysts.

QUARALT GIMENO, Maria Lluisa (BHJ, 80,3/1991)

The commonest cause of ovarian cysts is a hormonal disorder suffered by women over months or even years, which may have been caused by many diverse and different situations ranging from emotional instability to hormonal contraceptive treatment or allopathic treatment of a different nature which interfered with the functioning of the ovaries. Examples are psychiatric treatment or hypothalamus-gynaecological treatments, antihistamines, antiinflammatories and so on.

Forty women suffering from ovarian cysts, diagnosed and measured by ultrasound, were treated with a single homoeopathic medicine according to their specific mental, general and local symptoms. The hormonal disorders suffered by these patients lead to several symptoms, some specifically gynaecological, others general or mental, demonstrating how the health deterioration process affects the general state of the sick person. The ultrasound examination was repeated after about nine months. Results were positive.

After nine months treatment 36 patients had "no cysts", 3 had cyst right side only, 1 had cysts on both sides.

3. The application of symbolic factors in Homoeopathy

SOLER-MEDINA, A.(BHJ., 80, 3/1991)

This work constitutes an endeavour to present a method, based on the patient's

personal case history, capable of readily providing the possible aetiology of the case and a better understanding of how the patient suffers and experiences problems. Likewise, a method capable of facilitating a better ranking of symptoms, of detecting the minimum syndrome of maximum value and, in some cases, of following up and monitoring the patient's 'here and now'.

To this end, the author took into account various observations made by several psychosomatic schools regarding when symbolic factors may provide an elaborate support for effect or a mediating influence between conflicts and the body.

"The different states of sickness are not a result of coincidence but they correspond to an expressive intentionality of the physical scene" (George GRODDECK)

The symbolic factors from the psychosomatic schools are borne in mind and these are sought out in the patient's case history. By studying various analogous pathologies the associated symbolisms are apprehended.

Examples:

Breasts symbolize the mother, both the patient's mother and the patient herself as a mother. The lesions occurring in this sphere would be due mainly to conflicts with the mother, the seriousness and depth of the lesions

being proportional to the symbolic factors producing them.

Diseases and complaints in the reproductive organs mainly symbolize problems related to the family or to sex. Benign tumors: fibromas, myomas, polyps, etc. They generally occur in people who are Reserved (72) Introspection (57) and Mortification, ailments after (68); also Malicious (63) Hatred (51), etc.

Pregnancy - miscarriage: may be interpreted as fear or anxiety about motherhood as if the subject wished to unconsciously rid herself of her contents.

Lithiasis: All forms of lithiasis, whether kidney or bile stones, in salivary glands etc. symbolize introspection due to problems usually in those who worry too much, both about their family and others.

Eye disorders: Short sightedness would symbolize not wishing to see a situation which the subject has actually seen and which has caused him or her suffering. In many cases the symbolic factor is not a recent sight but manifests itself long afterwards, even up to 40 or 50 years after the crucial event. This differs from a **Corneal Ulcer, which** would form in consequence of a recent event.

Rheumatoid arthritis: This symbolizes continued, life-long family problems of great magnitude. It is as if the burden of these

problems weighed the subject down gradually, deforming the bone structure.

Bed wetting (enuresis) symbolizes the tension felt by a child in response to the conflicts and aggressions of the outside world. Consequently, when asleep, the child undergoes a relaxation proportionate to the amount of day time tension.

Asthmatic bronchitis symbolize a cry for affection, born of the feeling that the subject is unloved, in turn due to the fact that he or she is not capable of facing situation of conflict which arise.

Dr. SOLER-MEDINA has given model cases for all the symbolisms and also the relevant rubrics in the repertory.

This is a fascinating and useful study.

4. Seminar Report - Dr. Andre SAINE on mental disorders and Dr. Robin MURPHY on infectious diseases. DANCU, David A. (Resonance, 13,3/1991)

In Oct. 1990, Dr. Andre SAINE of Ontario, Canada gave a lecture on "mental disorders".

Dr. SAINE discussed several mental "disharmonies", including alcoholism, drug addiction, dependant personality disorders and mania and depression. He also discussed "old and forgotten remedies"

Several rubrics in KENT'S Repertory were cited,

1. Want of Self-confidence (p. 13)

2. Irresolution (p.57)
3. Forsaken feeling (p.49)
4. Helplessness, feeling of (p.51) Dr.SAINE suggested the addition of *Lycopodium*, gr;*de 3 and *Pulsatilla* grade 2)
5. Company, desire for, alone while, agg. (worse while being alone) (p. 12)
6. Offended easily (p.69)
7. Horrible things, sad stories, affect (p.52)
8. Dictatorial (p.36). Dr.SAINE Suggested addition of *Sepia* grade 2 and *Natrum muriaticum*, grade 2)

The primary remedies to consider in disorders of codependency, according to Dr.SAINE are *Lycopodium*, *Pulsatilla*, *Natrum muriaticum*, *Staphysagria* and *Medorrhinum*.

In January 1991 the PAHM held a conference with Dr.Robin MURPHY, on infectious diseases. The Seminar covered various viral and bacterial infections, including tonsillitis, fever, meningitis, croups, pertussis, mastitis, AIDS, and herpes.

Dr.MURPHY presented his unique philosophy. Using the *Organon* he proposed that a gentle cure can be brought about through remedies in low potency thereby avoiding aggravations; the higher potencies for acute illnesses than for chronic conditions.

Through his study of the *Materia Medica* Dr.MURPHY had determined the five main remedies which may be indicated for a specific

condition; the remedy which is similar to the chief complaint of the major pathology present will relate to the entire organism. This pathological approach to prescribing requires a thorough knowledge of the signs and symptoms of disease as well as an understanding of the *Materia Medica*.

5. Two remedies for the confinement,
MOSKOWITZ, R (ZKH, 35, 4/1991)

While there are many remedies for painful contractions of the Uterus, only two resemble in their pathogenesis the contractions. Both these remedies were drawn from the Indian tribes of the USA. These are *Caulophyllum* and *Cimicifuga*.

The author has made detailed study. *Caulophyllum*, in cases associated with weakness and nervous excitement; and *Cimicifuga*, in cases associated with peevishness, dejection and weakness associated with progressive negative mental states, pessimism, etc. *Cimicifuga* is a deepacting constitutional medicine. The author cites three cases.

6. Two cases by Ananda ZAREN - neonatal jaundice and recurring tonsillitis

LEVATIN, Janet (Resonance, 13, 4/1991)

Padeiatric portions from a Seminar held by Ananda ZAREN in New England on March 15-17, 1991.

A3V2- week-old baby girl with jaundice. The baby was born to anthroposophical parents. Severe maternal bleeding was controlled by Homoeopathy, Third day after birth the baby had jaundice; serum bilirubin was 19. Admitted to hospital for Phototherapy and the bilirubin dropped to 12. The baby was breast-fed exclusively. Baby had "violent flatulence" which recurred when the mother drank tea. *Chelidonium 30*, *Natrum sulphuricum 30*, *Sepia 30*, *Aconite 30* and *Myrica 30* all had already been given by the homoeopaths who had treated the baby before referring to Ananda ZAREN. It was observed that the jaundice increased in the afternoon. The baby became flatulent when the mother drank fennel or cinquefoil tea. Stools frequent, yellow-green liquid, passes with cramping and straining. She preferred the left breast. (*Lycopodium* preferred the right). Fingernails were weak and one had a white spot. No perspiration. Yawned and stretched normally (*Calcarea Phosphorica* babies stretch excessively). The baby became gassy when the mother ate millet. She seemed to be more comfortable in sitting position. *Alumina M* was prescribed.

Follow-up after one month, two months, the baby had improved. She still had granular

eyes and spots on the genitalia. Put her fingers in her mouth a lot, and according to her mother loved to be served. Fear of the dark. *Medorrhinum 200*.

Second case: 5 year old girl. Recurrent tonsillitis; right-sided otitis media since one year of age. Headache with the tonsillitic episodes. Cough, had abdominal pain and wanted to lie in bed. Tonsils became purulent and the anterior cervical gland swollen. Had been given lots of antibiotics. She did not want to go to Kindergarten. Was very shy and would not play with unfamiliar children but dictatorial with her friends. The child had tendency to be jealous. Feared storms, the dark, the ghosts and being alone. Desired soup, fruits, vegetables and eggs which did not agree. Perspired during sleep. Had been treated with *Lycopodium 30* and 200 but only minimum improvement.

Additional information: Generally fearful especially at night (of insects, that her mother would die, that the T.V. would explode, etc). Sleep: difficult at night and restless. Food desires included asparagus sausage, french fries and ice cream. Averse to fat, chicken skin, and cheese. Eggs she liked soft-boiled, but caused nausea. Energy was best at 10-11 a.m. and worst 6-7 p.m.

Throughout the interview sat on the mother's lap; refused to say a word or to look at the camera, instead hiding her face in her

mother's chest. Whimpered periodically and appeared frightened of doctors and the video. She was persistently shy.

Medorrhinum M was prescribed.

The central issue in this case was clearly the pathological relationship between the mother and child. This is a main feature of one of the **many** types of *Medorrhinum*. This type is very sensitive and weepy and they have strong separation difficulties. The fears, the jealousy and the intolerance to eggs were the other supporting symptoms.

Five-months follow-up: no more tonsillitis.

Medorrhinum children cling to mother's lap.

Observe the child closely during the interview.

7. Cat-Scratch fever - the return of old symptoms REICHENBERG-ULLMAN, Judyth (Resonance, 13, 4/1991)

In Aphorism 280 of the **Organon** HAHNEMANN affirms that the return of old symptoms indicates that cure is imminent. James Tyler KENT said: "In proportion as old symptoms that have long been away return, just in that proportion the disease is cureable"

49 years old female, artist and healer was scratched on her right hand by her pet cat in late December 1990. *Hydrogen peroxide* was applied topically. Within two days the wound began to swell. Area around the scratch became red and

hot resembling a boil. Shooting pains up her arm extending to the shoulder. Severe bursting headaches worse from stooping forwards. Bilateral anterior cervical glands were swollen; fever. *Sulfa* was prescribed for 10 days.

Despite *Sulfa* the fever continued for 2 more months. Headache lasted 2 weeks. Felt collapsed inside. No appetite. Heartburn. Developed a rash and intestinal bloating from the *Sulfa*. She began to feel colder than usual and night sweats. In 10 weeks since the cat-scratch she felt terrible, shaky inside as from exhaustion.

Before taking *Sulfa* her energy was only two-thirds of its usual level. Tired easily, lost her creative spark which was significant for her since she was an artist. Still some shooting pain up the arm. Absent-minded, past two months she had been waking two or three times each night at 12, 2 and 4 a.m.

Rubric "Wounds, painful, penetrating and stab wounds" (the closest rubric to cat-scratch) was consulted.

Hypericum 200 prescribed.

Interestingly she had in the past fallen three times on her coccyx, once resulting in a fracture.

The day after *Hypericum* she had headache lasting 2 hours. Exhaustion which she experienced following the wound

reappeared. She was incapacitated for several days.

The painful cervical glands, soreness of shoulder muscles, joints pain, etc., all her earlier symptoms after the cat-scratch replayed themselves.

Soon she improved and felt great. She had been an inveterate coffee drinker since 18 years age but on the instructions of the physician she gave it up and after *Hypericum* even the thought of drinking coffee seemed terrible to her.

Some interesting aspects from this case:

i. The old symptom:: replayed themselves precisely as she had originally experienced them.

ii. Curiously she suffered a wound that required a remedy which she required earlier several times (injury to coccyx- *-Hypericum*)

iii. In the return of old symptoms she re-experienced clay-colored stools of the hepatitis and the generalized joint pain of an earlier period of her life.

8. Ohio Conference (Homoeopathy Today, 11,4/1991)

Dr.Patricia KELLY spoke of the remedies that can be used in the last trimester of pregnancy. She presented three cases. The prescriptions were not for the illnesses of the patients, but rather, for the dynamic state they were in at the time. When prescribing for these

states she said she could see the result of the remedy fairly quickly.

1.a woman with dermatitis of pregnancy - a skin rash that had come only in the last months of pregnancy. *Pulsatilla* and *Natrum muriaticum* had already been given unsuccessfully. Delving deeper it was found that she had been abused sexually in her childhood and was afraid to have the baby because of what had happened to her. She had many strong feelings, unexpressed; was not angry. *Staphisagria* XM given and she went into labor within 24 hours and delivered a 6 pound girl. Chronic skin rash with a history of sexual abuse: more often *Staphisagria*.

2.Same woman 4 years later presented with severe itching of the lower abdomen. She said, "I must continue to work through my child abuse for the rest of my life," and confided that she did not want to go through the itching again.

Repertory of pregnancy and child-birth by Alberto SOLAR-MEDINA gives only remedy and under bold type: *Sepia*. *Sepia* 200 cleared the rash within 2 weeks.

3. a woman in the 9th month of pregnancy with history of false labour for last 2 week;.. Had been to hospital twice. Weepy, irritable, and emotionally best when she was having a contraction. Was thirsty for cold drinks,

and was feeling hot. *Pulsatilla* 200. She went straight into labour.

9. Treatment of thyroic disease by Homoeopathy

POPOVA, Tatyana (Homoeopathy Today, 11,4/1991)

Dr.Tatyana POPOVA with over 35 years experience is a

stalwart of Homoeopathy in Russia. Some abstracts from her talk. "62 year old, female, suffering from fourth degree thyroid disease with marked toxicosis and exophthalmic goitre; an endocrinologist had already recommended for surgery. Patient somewhat malnourished, with a marked tremor of the hands and a heartbeat of 100-110 per minute. She undressed fussily, making many useless motions, and she talked about herself quickly and disjointedly. Her thyroid was clearly visible with a certain asymmetry due to the great enlargement of the right lobe. She suffered from colitis with urgent call to stool. She had been registered with the endocrinologist for two years and the gland had continued to become enlarged but she categorically refused to be operated on account of both fear of the surgery and complicated family circumstances.

"Prescribed *Aloe* 30, *Geisernium* 200 and *Argentum nitricum* 200 in daily alternation. This was a student's prescription. A month and half later, the patient was much calmer, the tremor of

hands was less marked and tachycardia also decreased. Size of the thyroid, however, had not changed. After a little more than year she was off the endocrinologist's list. The thyroid was of normal size. She had no recurrence of the disease and died of old age at 84 years.

"The more marked the toxicosis the clearer the symptomatology of the disease and the more successful the treatment. The first shifts in the state of health may be seen within two or three weeks from the beginning of the treatment.

"The most often prescribed remedies are: *Apis*, *Ferrum phos.*, *Ignatia*, *Belladonna*, *Geiserninum* and *Argentum nit.* We prefer to prescribe frequent repetitions - sometimes up to six times per day.

"Treatment of recurrent thyroid disease is more complicated. In a case of a 32 year-old woman with thyroid disease of the third degree there was complete success with *Mercurius cyanatus* 50c, because the woman had diphtheria twice in the past.

"In cases that come to Homoeopathy after repeated operations also there was success but the treatment was long.

"Mixed and nodal forms of euthyroid goitre are cured more easily than the diffuse forms.

"An instructor at an institute in a Siberian city visited her doctor regularly for two years. She was seen to have a euthyroid goitre of the

third degree. It had developed slowly, over a period of several years. She lived with her aged mother who needed care, which was why she did not agree to surgery aside from the fact that she had no symptoms of the illness relating to the goitre. The goitre was completely resolved. Prescription: *Ignatia M*, *Petroleum* 200, *Phytolacca* 1000 one dose per week each remedy.

"A school girl with nodal euthyroid and stuttering was cured of both the problems, with *Ignatia M* twice a week.

"*Alumina* 50 in daily doses helped a person with thyrotoxicosis, reduction of body weight, constant tachycardia -upto 100-120 beats per minute, considerable exophthalmia and painful dryness of the eyes.

"Treatment of thyroid disease requires a great deal of patience and effort especially in women who have been operated on previously for ovarian cysts, cystic or fibrous mastopathy or fibroma of the uterus.

"Enlargement of the thyroid occurs as a compensatory phenomenon.

"In cases of endemic goitre, it is necessary to pay attention to the constitutional features of the patient rather than the current complaints and if possible the constitutional features of the entire family should be examined. Preparations of *Calcium* and *Iodine* have proven most helpful in these cases.

"In **Hashimoto's thyroid disease** -auto-immune thyroiditis she has found considerable difficulty, especially if the patient is 50 years of age or older. However, there have been successful cases of treatment of this form of disease. Two cases cited one with *Ignatia M*, *Calcarea fluor* 500 and *iodum M* in alternation each week and another case with *Hepar sulph.* in frequent repetition (several times a day). In both the cases the glands were considerably reduced.

"Our interest in the pathology of thyroid gland increases after the Chernobyl accident. During the first months after the disaster our doctors learned that enlargement of thyroid gland was prevalent in 80% of cases especially among women and children. We must take into account the colossal acute stress experienced by the population of the regions near Chernobyl. The strumogenous influence of stress is well known."

"Hypothyroidism is cured less easily than hyperthyroidism." "According to the latest information from endocrinologists, we may expect in the near future, i.e. five years after the disaster, an increase in thyroid disease. There is a prediction of a rise in hypothyroidism, auto-immune thyroiditis and malignant tumors. According to information from homoeopaths who have been inhabitants of Slavutich, the city

specially constructed for people serving in Chernobyl, the most frequently prescribed remedies are *Fluoricum acidum* 50c, *Calcium fluor* 200c and *Phosphorus* M regardless of whether or not changes in the thyroid have been found or are conjectured to occur. The remedies have been prescribed solely on the 'law of similars' and not as a routine prophylactic for possible future changes in the thyroid.

"Diseases of the thyroid can be successfully treated by Homoeopathy. Our experience indicates that goitre with thyrotoxicosis can be more successfully treated than other forms of thyroid disease. Among the most frequently used remedies are: *Ignatia*, *Phytolacca*, *Argentum nitricum*, *Petroleum*, *Calcarea fluor*, *Iodum*, *Arsenicum iodatum*., *Calcarea iodata*, *Aurum iodatum* *Fluoricum acidum*, *Conium*. *Pulsatilla*, *Lapis alba*, *Hekla Ikava*, *Petroleum*, *Lycopodium*, *Lycopus*, *Silica*, *Gelsemium*, *Apis mellifica* and *Thuja*, although the most unexpected remedy may also be effective.

10. Infectious diarrhoea

GUESS, George (Homoeopathy Today, 11.5/1991)

Some abstracts from George GUESS'S discussion:

Podophyllum: diarrhoea with flatus; and explosive noisy stool, which splatters the toilet bowl, followed by a feeling of emptiness. Pains are better lying on the abdomen, better when bending while lying on the side. Fear of fainting from weakness. Stool offensive. *Elaps* has abdominal pain better lying on abdomen.

Rumex and *Cuprimum* are two remedies that have a totally non-odorous stool.

Veratrum album, *Arsenicum album* and *Camphora* have diarrhoea with vomiting, coldness and cramps. *Cuprimum* has diarrhoea plus cramps which are ameliorated by drinking cold water.

Diarrhoea from anger: *Colocynthis*, *Staphysagria* and *Chamomilla*.

Diarrhoea which comes out all at once, as from a gun: *Croton tiglium*; it has urging immediately upon putting food or drink in the mouth. The intestines feel and sound full with water. *Gambogia* is closest to *Croton*. *Gratiola* has gushing, yellow-green, frothy stool and coldness- in the abdomen. *Jatropha* and *Elaterium* are some more remedies for this kind diarrhoea.

Diarrhoea with tenesmus: *Mercurius*, *Nux vomica*, *Mercurius corrosivus*.

Diarrhoea which drives the patient out of bed: *Sulphur*, *Bryonia*, *Natrum sulphuricum*, *Rumex Podophyllum*.

Painless diarrhoea: *China*, *Podophyllum* and *Phosphoric acid*. *Aloe* has rectal insecurity.

Belladonna: infectious diarrhoea with strong pains in the transverse colon that are visible to the eye. *Dioscorea* has lots of pain and violent twisting of the intestines which are paroxysmal at regular times; worse from bending forward.

(For full comparative study the best reference is James B.BELL's book on Diarrhoea = K.S.S.)]

11. The Henshaw Serum flocculation test
KRUEEL, Tom (Similiimum, 4, 3/1991)

A brief review of the Henshaw Flocculation Test which has rarely been discussed over the years. The test is claimed to aid in the correct remedy selection to the individual patient. The author feels that the test deserves to be considered.

12. The effects of homoeopathic treatment of diabetes
GREEN, Julia (Similiimum, 4, 3/1991) This is a 'reprint' of Dr. Julia GREEN's article in the Homoeopathic Recorder, Vol. LVil, No.3f 1941.

13. One woman's birth experience
HERRICK, Nancy (JAIH, 84, 1/1991)

Homoeopathy in obstetrics. The case is very interesting pointing out the "instantaneous" action of the correctly selected homoeopathic remedy. The author justifies each prescription, ably. The entire case will appear in Part II of the QHD later.

14. *Thuja* ■ the great masquerader
GRAY, Bill (JAIH, 84, 1/1991)

Dr. Bill GRAY studied with George VITHOULKAS. *Thuja* is graphically described in this article. The entire article will appear in Part II of QHD later.

15. Methods of Case analysis. Part II
MORRISON, Roger (JAIH, 84, 1/1991)
The first two parts appeared in the JAIH, 83,3 & 4/1990.

This third instalment of a comprehensive overview of case analysis methods describes three techniques which deal with the matching of specific information to specific (generally infrequently used) remedies. Naturally, trying to identify the correct remedy in such cases will stretch our knowledge of **materia medica** to the utmost. It is in these instances where our efforts to master the **materia medica** are rewarded by the resolution of an otherwise insolvable case.

Remedy alternations in KENT'S repertory - Part 18-*Lachesis*

and *Lachnanihes tinctoria*

EPPENICH, H (2KH, 35 4/1991)

"Vision, colors, dark spots, reading agg.: P.273. *Lachesis* **not** *Lachn.*' (ALLEN'S **Encyclopaedia**, Vol.V)

"Head, Coldness, forehead": p. 108, *Lachnanthes* **not** *Lach.* (**Guiding Symptoms**, Vol.VII, p.1)

Head Enlarged, and as if split open by a wedge from the outside, body icy cold, skin moist and sticky; cannot get warm, even under a feather bed, face yellow, whines with the pain; head burns like fire, with thirst": P.115: *Lachnanthes* not *Lach.* (**Guiding Symptoms**, Vol. VII, P.2)

"Sleep, Dreams, spinning": P.1243: *Lachanthes* not *Lach.* (ALLEN'S **Encyclopaedia** Vol.V)

2. Repertory additions - edited and introduced by Randall

NEUSTAEDTER

(The Homoeopath, 11, 3/1991)

HERING accepted every cured symptom for his **Guiding Symptoms**. He is accused by some of his contemporaries of accepting even symptoms without validity, in the last century it was debated whether the Materia Medica should be 'sifted'. Some opposed this. Should we throw the wheat with the chaff? The views of Constantine HERING and Actolph LIPPE are quoted.

We cannot omit any symptom as unimportant.

| V. RESEARCH

1. AsTudy using *Sepia* 200c given prophylactically postpartum to prevent anoestrus problems in the dairy cow, WILLIAMSON, A.V., MACKIE, W.L, CRAWFORD, W.J. and RENNIE, (BHJ, 80, 3/1991)

The results obtained from a study model using *Sepia* 200c in a herd of dairy cows led to an extended study. Overall reproductive performance was monitored monthly by a farm action list and the technique of palpation of the ovaries per rectum was used to determine pregnancy and cyclical status. A total of 101 cows were randomly treated with *Sepia* 200c on day 14 or 21 post partum. Statistical analysis of the results was based on the differences between the untreated Control and Sep/a-treated groups in periparturient disorders and pre- and post-service periods, and between the two Sep/a-treated groups.

In the pre-service period, a significant difference was found between the Sep/a-treated groups in the proportion of heifers calved, the number of assisted calvings and pre-service problems compared to Control. A difference of 9.9 total mean days to

oestrus post-treatment was found between the *Sepia*- treated groups.

During the post-service period, significant differences were found in the conception rate to first service, the percentage of cows in calf and total culled.

A reduction (non significant) was found in the 21 day treatment group compared to Control and 14 day treatment in the mean day calving to conception interval.

The results of this study appear to demonstrate a difference in effect between the *Sepia* treated groups and control group. The study has been extended into a double blind placebo trial to find the effect of using a placebo and assess the use of *Sepia* given earlier postpartum on herd reproductive performance.

2, Scientific support for Electrodiagnosis - relationship to

homoeopathy and acupuncture,

ROYAL. F. Fuller; ROYAL, Daniel F, (BHJ, 80, 3/1991) Western allopathic medicine is founded and supported on the reductionistic-mechanical scientific paradigm that originated in the seventeenth-century. Unlike western medicine, science is becoming holistic, based upon quantum mechanics, new laws relating to Chaos (turbulence), fractals and the discovery of

self-organized criticality. Unified theories of nature incorporate non-linear science as an interface between biology, physics, mathematics, computing and form a foundation for bio- energy medicine that includes electrodiagnosis, acupuncture and Homoeopathy.

The use of Acupuncture, Homoeopathy and Bectrodermal instruments is increasing among physicians. Federal and State regulatory agencies have recently stepped up their investigations into the use of electro-diagnostic devices. A review of the history of medicine, the advent of electrodiagnosis and how it relates to Acupuncture and Homoeopathy, past and present research, scientific support and future possibilities is presented. A new medical paradigm, quantum morphodynamics is provided. Along list of references is appended.

3. The Homoeopathic medicine provings of MARTINI (1936-1939) - critical evaluation of the results - Parts I & II. WALACH. H. (AHZ, 236, 4 & 5/1991)

P. MARTINI who was a well-recognised clinician in the University Clinic, Bonn carried out for the first time in Germany some controlled medicinal experiments of homoeopathic medicines.

(*Sulphur, Secale comutum, Bryonia, Sepia*). These experiments conducted during the 1930s did not share any evidence in favour of homoeopathic medicinal effects; on the contrary MARTINI came to the conclusions that the homoeopathic medicinal effects were only placebo effects. Dr. WALACH analyses, in this two part article, the original papers of MARTINI. Although the placebo control employed has clearly been a step in the right direction, design and procedure of the studies are so different and uncomparable with each other, that no definite conclusion can be drawn. On the contrary, different groupings of the symptoms to clusters does show differences between the placebo and verum conditions, which proves significant by the Chi-square test. This, however, can only be of heuristic value to show that the whole question of the effects of homoeopathic remedies open to now and has to be investigated anew. Some hints are also given as to possible studies now. (See also, in this connection, WALACH, articles in the ZKH, 34, 6/1990 and AHZ, 235, 4 & 5, 1990)

VI. PHARMACY

1. Hahnemann's 50,000 scale potencies and the 22,700 scale potencies of the

Homoeopathic pharmacopaeia. GRIMM, A (ZKH, 35,4/1991)

HAHNEMANN's 50 millesime! potencies came out of his more than 40 years experience. **Organon V** edition came in 1833 and the **Chronic Diseases** Vol.I, in 1835 and Vol.III in 1837. Although the gap between the publications of the **Organon V** edition and the proposed publication of the VI edition was only 7 years, it took actually 88 years before the correct preparation of the medicine according to HAHNEMANN. All homoeopaths after HAHNEMANN were in the dark about this new method. Except JAHR and BOENNINGHAUSEN the other famous homoeopaths like HERING, LIPPE, FINCKE, BOGER and KENT didn't know about it. Many persons misunderstood the method and most ignored it. It is difficult to break a habit and practice existing for over 88 years.

What exactly are HAHNEMANN's instructions regarding the preparation of these potencies?

The author has carefully gone through HAHNEMANN's manuscript. The German Homoeopathic Pharmacopaeia has mentioned a method which would only lead to 1:22,700 potency instead of a 1:50,000 potency. The Indian Pharmacopaeia is also wrong. The author explains the special

method of preparation of the millesimal potencies. It is also wrong to indicate the millesimal potencies in Roman as LM. It should be "Q" - potencies - Quinquagintamillesimal. 70 years after the publication of **Organon** VI it is time to correct the mistakes.

VII. VETERINARY

1. Homoeopathy in veterinary practice

SCHNEIDER, Rudolph, H
(Homoeopathy Today, 11, 5/1991)

This is a 'reprint' from the **Homoeopathic Recorder**, Sept. 1928 and records cure of two dogs.

VIII. HISTORY

1. Homoeopathy around the world - travels and tribulations TREUHERZ, Francis (Resonance, 13, 4/1991) TREUHERZ considers, with anecdotes, how Homoeopathy blossomed in so many cultures and countries and how these cultures have contributed to Homoeopathy for both good and evil. Our art can be abused and led from its ostensibly positive direction as a power for healing. Indeed, in the fatherland of HAHNEMANN, Germany, some abuse was done during the Nazi regime while attempting the 'Final Solution'¹ to the 'Jew problem'. It is revealed that Dr. John Henry CLARKE was a strong anti-semitic while being an anti- vivisectionist.

Wherever he went Benoit MURE (1809-1858) studied and adapted the medical possibilities of his surroundings to the homoeopathic world.

John James GARTH WILKINSON discovered *Hekla lava* in Iceland. He was Swedenborgian. HERING, KENT and many others were Swedenborgians. GARTH WILKINSON translated from Latin to English the works of SWEDENBORG.

Card repertories were prepared by Marcos JIMINEZ, BOGER, FIELD, FLURY, BROUSALLIAN and Jugal KISHORE. The KISHORE cards are the largest and most comprehensive.

Entry into and development of Homoeopathy in India is sketched: a Dr.MULLENS, HONIGBERGER, Rutherford RUSSELL, TONNERESarat Chandra GHOSE, Rajendra Lai DUTT, Mahendralal Lai SIRCAR are mentioned.

2. HAHNEMANN's Portrait

(Homoeopathy Today, 11, 4/1991)

The 'Homoeopathy Today Vol.11, No.4, 1991 carries in its front page a photograph of HAHNEMANN which is a copy from an engraving which seems to the best likeness of the master. This photograph was taken in the studio of Mr.Gilbert TEMPLE, Clinton, Iowa. The original of the engraving

belonged to John B.YOUNG, 529, Ninth Avenue, Clinton, Iowa who gives the history of this: This came into "my possession in 1838 when I was fifteen years old. "It was given to me because I was a patient of HAHNEMANN the circumstances being as follows: I was born in Paisley, Scotland December 4, 1823. When twelve years of age I contracted a severe cold which proved to be the beginning of serious pulmonary trouble. After having been confined to bed for a year, I was finally sent to Paris in 1836 when I was thirteen years old, that I might be put under HAHNEMANN's treatment. There had been much question whether it was possible to make the trip, but it was accomplished in easy stages, including a rest of two weeks in London. These two weeks were spent at the house of the Queen's Physician, Sir Andrew CLARK, who examined me carefully. I overheard him to say to his wife that he doubted if they ever got me to Paris, but if they did, they would never get me out again.

"Upon my arrival in Paris, HAHNEMANN subjected me to a very thorough examination, lasting about an hour and half at the end of which he announced that I could be cured, but it would take considerable time. This opinion was fully justified by subsequent events, for

I was restored to health, but only after I had been under his care for nine months.

"..I was at his office frequently and spent a good deal of time there, sometimes remaining as long as half a day. This unusual and prolonged association with him and his work of necessity made me familiar with his face and his ways.

"Some two years after my return to Scotland Dr.Geddes M.SCOTT, physician of wealth and high standing in Glasgow, who had become a convert to Homoeopathy went to Paris to see HAHNEMANN. Upon his return he showed me an engraving of HAHNEMANN which he had brought with him, and asked what I thought of it. I said that the likeness could not be better and Dr.SCOTT said that was his opinion also. He gave me two copies and this photograph is from a negative made from one of them..."

IX. AGRICULTURE

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KAYNE Steven (BHJ, 80, 3/1991)

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could be achieved when compared with similar application of nitrogen fertilizer, and a control. At the particular dosages and strengths chosen no such effect was perceived, however a method for testing homoeopathic sprays were established. The results are presented and analysed. Suggestions are made for further work. 2.

Plants and Homoeopathy

MICHOT-DIETRICH, Hela
(Homoeopathy Today, 11,
5/1991)

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JACOBS, Jennifer and CROTHERS, Dean (Resonance, 13,
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and shopping malls and also found in permanent-press fabrics and biology

Magnesium Carbonicum: fire, lost in forest, journeys going no place, unsuccessful attempts to find one's own house.

Staphisagria: fighting

Helleborus: floating

Apis: thinks he is a girl

Cyclamen: money and terrors of consciousness.

Septa: mice, rats, small vermin, insects

Natrum muriaticum: that he is taken as a prisoner

Kalibichromaticum, *Iris*, *Arnica*: being poisoned, being raped

Ignatia: disappointments

Natrum muriaticum and *Ignatia*: teeth breaking off or being pulled.

(Homoeopathy Today, 11, 4/1991)

7. Randall NEUSTAEDTER has announced the formation of a new homoeopathic association - Homoeopathic Paediatric Association;

1.to promote the use of classical homoeopathy in child health care.

2.to provide educational opportunities for its members and the homoeopathic community in the field of paediatrics.

3.to educate the public and medical profession about the use of Homoeopathy in the treatment of children.

4.to encourage clinical research in the field of homoeopathic paediatrics.

8. The house in which HAHNEMANN lived in KOETHEN during the period 1821-1835 has been located. It was while in this house that HANEMANN wrote the Chronic Diseases. The German Central Association of homoeopathic Physicians was founded here in 1829 and also the oldest homoeopathic journal the **Allgemeine homoopathische Zeitung** in 1832. The **German Central Association of homoeopathic Physicians** has since purchased this house. Extensive repairs have to be carried out. It is proposed to make the house a scientific centre for homoeopaths from all over the world (AHZ, 236, 6/1992)

8. Curriculum for continuing education has been organised in Germany. Regular provings also

are to be carried out. The centre is in Celle (Germany) and Dr.BOETTGER will be the Chief. The Provings are to be carried strictly in accordance with HAHNEMANN'S instructions. The Academy in Celle is also to document cases. Under Dr.EICHELBERGER the Society for Classical Homoeopathy has begun a course for doctors for distance education under University of Witten-Herdicke. Studies of Homoeopathy in Neurodermatitis in Hannover and migraine in Munich, in the University have been programmed.

PART II – KALI CARBONICUM

By Ian Watson, RSHom

INTRODUCTION

At college I was taught that there were certain types of person that would most likely require the remedy *Kali carbonicum*. They were rigid, closed individuals with a strong sense of duty and an excessive control over their emotions. They would have a great need for order and structure in their lives, and would tend to understate their sufferings until they had progressed into a pathological state. They were probably to be found working in middle management, or as bank managers or police officers. They would be unlikely to come for homoeopathic treatment, except perhaps as a last resort, and even then it would be difficult to find the remedy because of their closed, rigid nature....

I expect that this picture is familiar to many. The impression I carried for quite some time was that *Kali carbonicum* would be needed in practice on rare occasions, and that only those types of persons described above would require the remedy. Fortunately, however, a patient came along to teach me otherwise.

THE PATIENT

A forty-six year-old woman presented with pre-menstrual syndrome of many years duration, which acupuncture and previous homeopathic treatment had only palliated. Before each period for at least one week she suffered with the following: aching pains in the legs, worse on lying down; insomnia, waking around 3 a.m and unable to get back to sleep; great exhaustion; emotional instability('like being on a tightrope'¹) with frequent changes of mood; menstruation at intervals of three weeks. She had a tendency to recurrent backache in the lumbar region, since giving birth fifteen years previously and a history of post-natal depression lasting many months. She had two children and had difficulties during both pregnancies; the first birth was a forceps delivery. She was generally chilly. She sweated easily, especially at night in bed.

Several times weekly she would have to rise to urinate at 3 or 4 a.m. A sore, bruised pain was felt periodically in the region of the liver, with occasional sharp stitches. She had great sleepiness after her evening meal, suffered a bit from flatulence, and her stools tended to be very pale.

She was very well dressed and during the interview she was extremely open, extrovert and quite loquacious. She tended to worry about the family, about her children being ill, and about her own health. She said she was a coward frightened of pain. When I had taken this case I was not sure what remedy she needed. I could see aspects of *Lycopodium*, *Arsenicum*, and *Phosphorus*, but none of these seemed quite right. I could also see a few 'keynotes' suggesting *Kali carbonicum*, but her openness and

extroversion seemed to strongly contradict my image of the 'typical *Kali carbonicum* person. The mental/emotional symptoms that I had elicited did not seem that strong or problematic to her anyway, so I decided to find a remedy that matched the physical generals, which by contrast were clear and well marked.

REPERTORIZATION

I quickly repertorized the case using **Phatak's Concise Repertory**, taking the following rubrics: Menses, before agg. (p.229), Menses, early(p.232), Pregnancy, childbed, affections of, or since agg. (p.276), Liver (& right hypochondria) (p.217), Time, 3 a.m. agg. (p.360), Changing moods {p.46).

Because so many of her sufferings were worse before the period, to save time I used the rubric 'Menses, before, agg.' as an eliminator, that is to say I only considered the remedies in that rubric. While *Coccutus* and *Calcarea carbonica* featured strongly in the repertorization, *Kali carbonicum* was the only remedy to be found in every subsequent rubric. Reading the materia medica, it seemed to match her overall state very well, so I prescribed a single does of *Kali carbonicum* 30c (the only potency I had in stock at the time).

RESULTS

The result was an aggravation of her symptoms lasting almost five weeks, during which time she had a lot of pain in the liver region and she felt quite depressed. A number of old symptoms (some from fifteen years previously) returned and subsequently disappeared. After this she suddenly started to improve in every respect and her periods then established a four weekly cycle and she had none of the pre-menstrual symptoms. All of the liver pains disappeared and she felt better than for years. The improvement lasted for three months, after which a return of some of the cured symptoms called for a repetition. *Kali carbonicum* 200c was given which produced another lengthy but less intense aggravation and she then remained well for almost a year, when a further dose was needed. The curative action of the remedy was very deep, and it was obviously a remedy that she had needed for many years.

DISCUSSION

What this patient taught (or rather, reminded) me was that the psychological profiles of remedies can be terribly limiting if we seek to fit all of our patients into the 'familiar image' we have of the polychrests. These images provide wonderful confirmation when they are found, but I have learnt from

experience that there are many other aspects of a person that a remedy may be 'similar' to, and that there are many facets to a remedy other than those that we were taught.

I would like to share some of the experience I have gained with *Kali carbonicum* over the past two years, emphasizing the physical aspects of the remedy which I have seen manifest in a wide spectrum of personality-types. There are a number of key areas of disturbance that have featured strongly in a majority of my cases, which form the general headings given below. **WATER BALANCE**

Kali carbonicum is a major remedy for fluid retention-the materia medicas state that it is suited to dropsical states, and I have found this to be frequently the case. But the water issue goes further than that. There is a generalized sensation of dryness which runs through the whole remedy picture and which crops up here and there in a great many patients. Dry cough, dry stool, dry skin, dry hair, dry eyes, dry throat, dry tongue, and so on. The urine flows too slowly, and the perspiration is scanty or suppressed.

As with many of our polychrests, there is a polarity within the picture of *Kali carbonicum* so that symptoms of excess water are just as pronounced. There is a strong tendency to weep in the remedy picture — weeping with headache, during chill, in sleep, without knowing why, when telling symptoms, etc. The remedy also has continual gathering of water in the mouth, excessive lachrymation, diminution of sight after working in water, regurgitation of water from the stomach, and a tendency to profuse sweats and night sweats. Even more strikingly, there is a sensation as if the stomach is full of water, and even dreams of water and dreams of weeping. Wherever there is an issue to do with water or the lack of it, *Kali carbonicum* ought to be considered along with *Alumina*, *Bryonia*, *Natrum muriaticum*, and *Nux moschata*.

I have verified the water sensation in the stomach on several occasions — the strangest was a man who described to me a feeling that he had a U-shaped tube in his stomach partly filled with water. Whichever way he turned, the water seemed to slosh over to that side of the tube. In this case I took the rubric in **Phatak's Repertory** 'Splashing, swashing, as of water' where *Kali carbonicum* is to be found, and the remedy helped him a great deal. My wife SALLY also prescribed *Kali carbonicum* successfully for a woman had a 'sensation as if the eyes were full of water'. I have not seen this symptom listed under *Kali carbonicum*, but it was cured in this case along with her other symptoms which were characteristic of the remedy. **DIGESTION**

Kali carbonicum has a strong affinity with the digestive tract, particularly the stomach and liver. Emotions are felt by the patient to affect the stomach area, particularly anxiety, fear, or sudden shock like the slamming of a door. There is nausea from motions or after vexation. Often there are palpitations, dyspnea, and other respiratory or heart symptoms which are secondary to digestive trouble. One of my patients had a pain in the precordial region extending down the left arm. She naturally thought it was heart trouble, but questioning revealed that it only came on after she ate fatty foods, which confirmed my suspicion that it was a referred symptom from the gall-bladder or the liver. *Kali carbonicum* helped her generally and cured the chest pains. One is constantly reminded of BURNETT'S injunction to 'get behind the symptoms' and find the seat of the disorder, which often lies elsewhere even on a purely physical level. **COMPARISONS**

Kali carbonicum has much in common with *Lycopodium* in the digestive area, and they are a pair that I have often found myself differentiating. Both have problems with eructations, flatulence, and distension. Both share a great desire for sweet things, *Kali carbonicum* also having a specific desire for sugar. *Kali carbonicum* has additionally a strong desire for sour things, like *Sepia*, *Hepar sulph*, etc. Both remedies have an aversion to bread and to meat. Both remedies can be full after a small quantity of food (although this I think is more pronounced in *Lycopodium*), and both have a sensation of heaviness in the stomach after eating. Both remedies have stomach ulcers within their curative range. Both remedies can suffer from going too long without eating, and both should be strongly considered in patients with liver pains or gall-stones when characteristic symptoms are present. The typical sharp, stitching pain in the right side often crops up in patients needing *Kali carbonicum*, either as part of the presenting picture or at some time in the past history.

To differentiate, *Lycopodium* may have aggravation from onions, shellfish and 'flatulent food', while *Kali carbonicum* can be affected adversely by bread, and also by warm food, which *Lycopodium* tends to crave. Eructations can either aggravate or ameliorate in *Kali carbonicum*, while in *Lycopodium* they virtually always ameliorate. **PHYSICAL STRUCTURE**

The etiologies of *Kali carbonicum* have guided me to its use on many occasions, and have helped me to understand certain aspects of the remedy of which I was previously unaware. The remedy should be strongly considered in patients who have never been well since childbirth, abortion, miscarriage, back or pelvic injury, and over-straining the back. The key theme which all of these etiologies share is that they are all capable of producing a degree of physical misalignment. When childbirth or abortion leaves a residual infection, *Pyrogen* would be the leading remedy, and where the

trauma is predominantly emotional, *Ignatia*, *Staphysagria* and others would be most likely indicated. With *Kali carbonicum*, however, it seems to be more of a mechanical trauma affecting the uterus, pelvis, or the back, especially the lumbar region. Hence it is often the case that *Kali carbonicum* is particularly indicated after a prolonged or difficult child-birth, such as a forceps delivery. One of my patients who responded to the remedy said to me: "I feel that some of my problems have to do with the Tepidity with which I had children-my body took a terrible bashing at that time."

Another etiology I have been able to add to this list is never being well since hysterectomy, which again is a pelvic trauma from which the organism may not fully recover. I discovered this indication after treating a woman in her early fifties who was suffering from severe, right-sided sciatica of several years duration. She had intense, sharp pains travelling from the hip down to the knee and was woken by them most nights between 3 and 4 a.m. I noticed that she walked and sat hunched over forwards and to the right. The trouble had started almost immediately following a hysterectomy, carried out to cure prolonged menopausal flooding, which it apparently did.

I prescribed a dose of *Kali carbonicum* 30, and the next day she telephoned to say that she was hemorrhaging. I asked what it was like, and she said that it was just like having a profuse period, which she found rather alarming given that she no longer had a uterus. The bleeding lasted for just one day, and by the next day the sciatica had disappeared and never returned. That was incredible enough, but I was even more amazed when I saw her and found that her entire posture had altered and she was now upright and relaxed. She looked as though she had just completed a course of the **Alexander technique!** I have since verified the indication never being well since hysterectomy in several other cases and have found *Kali carbonicum* to be the leading remedy where some mechanical problem has resulted.

One of the few men I have treated successfully with *Kali carbonicum* also had a right-sided sciatica, with the characteristic sharp pain, travelling from the hip to the knee. He had a feeling that the knee would give way on him and a history of back injury. He also made a good recovery on *Kali carbonicum* 30.

I have noticed that several patients who have been helped by the remedy for some mechanical problem such as back trouble or sciatica have given the appearance when walking or standing that they have one leg longer than the other, and in some instances this was actually the case. I was therefore fascinated recently to discover a rubric in Kent's Repertory 'Longer, leg' (page 1033) with *Kali carbonicum* as the only italicized remedy.

FEMALE ORGANS

The only thing I can recall being taught about *Kali carbonicum* in this regard is that it can 'bring on the menses' when *Natrum muriaticum* fails, though apparently indicated. Having freed myself of the stereotype image of a *Kali carbonicum* person, I have found it to be very frequently indicated for various types of women's complaints, certainly as often as *Pulsatilla*, *Sepia*, and our other polychrest female remedies. I have used *Kali carbonicum* successfully in women's problems more frequently than in any other single category of complaint.

Pre-menstrual syndrome, as in the case above, is an area where *Kali carbonicum* is often useful, as the remedy has a general aggravations of symptoms before the period. I have found sleeplessness before the period to be a good indication, particularly if it occurs between 2 and 5 a.m., and also ovarian soreness, backache, or pains in the legs before the period. Another indication is vaginal itching before the period, and one which I have confirmed often is constipation before the period. The remedy should be strongly considered where there are uterine pains before or during the period which extend down the thighs. It is also the leading remedy to think of during labour where the labour pains extend into the thighs (*Viburnum*)

The menses are most commonly early, profuse, and protracted, but they may also be late, scanty, or suppressed. Menses which are offensive, acrid, and excoriating also indicate *Kali carbonicum* very strongly. The remedy has proved curative in uterine displacement, fibroids, and cysts, and I have obtained curative results in dysmenorrhea, metrorrhagia, endometriosis, pelvic inflammatory disease, and menopausal complaints where the characteristic symptoms were present. It should also be strongly considered in cases of hemorrhage or other disturbance following mechanical removal of afterbirth or retained placenta, or after a D & C for any other reason. **GENERAL CHARACTERISTICS**

I would like to conclude by listing some of the other general features of the remedy which I have frequently come across in practice and which are reliable indications.

Sensation as if the back, hips, knees, or legs would give way. This symptom often crops up in patients with back or joint problems and is a very strong indication *for Kali carbonicum.*

Aggravation between 2 and 5 a.m. There are different opinions as to the exact aggravation time of *Kali carbonicum*. Some sources state the time as being 3-4 a.m., others state from 3-5 a.m. I have seen 3-4 a.m. to be the most common aggravation time in patients who have responded well to the remedy, but sometimes the aggravation starts an hour or so earlier and sometimes it may continue as late as 5 a.m. Often there is sleeplessness for a few hours during this period. It is also the leading remedy

where asthmatic attacks occur between these hours, particularly when the patient has to sit leaning forward with the hands on the knees. I have treated patients who simply had to rise to urinate around 3-4 a.m. and, while this is a common symptom, it can provide useful confirmation if other symptoms of the remedy are present.

Pain in the back relieved by lying on a hard surface, particularly on the floor. Here the remedy must be differentiated with *Natrum muriaticum*, *Rhus tox.*, and *Sepia*. The back pains tend to be aggravated by walking, standing, and sitting upright. There may be amelioration from sitting bent forward or from having the back supported, typically with a firm cushion pushed between the back and a chair. *Kali carbonicum* should be the first remedy to think of during labour when the labour pains seem to center in the back.

There is a general over-sensitivity to noise, touch, drafts, and to pain. Hypersensitivity of the soles of the feet is present in many patients for whom *Kali carbonicum* is indicated. I once asked a woman with menstrual problems how she would respond if I was to tickle her feet. She looked me straight in the eye and said: "I would kill you!" I was sure that she meant it, so I took it as confirmation of the remedy and assured her I would never do such a thing.

Sharp, stitching pains. The combination of dryness plus stitching pains in a patient bring *Bryonia* and *Kali carbonicum* equally to mind. In the latter I have found stitching pains most often in the liver region, the chest, and in the joints, particularly the hip joint and especially the right hip. Other types of pain found under *Kali carbonicum* are stinging, needtelike, shooting, jerking, cutting, drawing, and tearing. It also has pains which go to the side lain on, like *Pulsatilla*, *Bryonia*, and others.

Puffy, bag-like swelling above the upper eyelids is given great emphasis in the texts, but I must confess to only ever having seen it once in a patient for whom I prescribed *Kali carbonicum*. The literature suggests that this symptom would be found more commonly in patients with respiratory disease such as hydrothorax and pericarditis, in which I have had relatively little experience.

THE MENTAL PICTURE

While the majority of my successful prescriptions of *Kali carbonicum* have been based upon physical characteristics exclusively, I have found, often in retrospect, that there were certain mental symptoms of the remedy present in a fair number of these patients.

An emotional instability is often present, and *Kali carbonicum* should be thought of particularly when this instability becomes intensified in the week or so before the period. This has been described to me by different (women) patients as "terrible mood swings", "feels as though I am on a

tightrope"; "feels as if I am on a knife edge"; "I have to walk the middle road all the time"; "it's like being on an emotional see-saw". In the repertory we find *Kali carbonicum* listed under 'Mood, alternating' and 'Mood, changeable', as well as 'Contrary' and 'Capricious.'

Many of my patients have used the word control when describing their emotional state, as the following quotations will illustrate: "I'm afraid that I might lose control"; "my husband says I should stop worrying about things that are outside my control"; "I like to be in control of the situation"; "we have an on-going battle about who is in control."

Irritability or touchiness seems to be almost always present to some degree. This tends to be worse on waking; in the evenings; before or during the menstrual period. One patient told me if she felt a cold draft it annoyed her immensely. There is often a quarrelsome tendency, particularly with one's own family.

An element of fear is usually present, and the fears will often suggest remedies such as *Arsenicum* or *Phosphorus*. Fear of being alone; anxiety about health; fear of impending disease; fear of death, especially when alone. I have also found fears regarding one's children to be very strong in patients who have responded well to *Kali carbonicum*. One patient presented with a crystal clear physical picture of the remedy, mentioned a fear that she experienced whenever she had to rise to urinate at night, and which I asked her to describe in detail. She said; "It's to do with the emptiness in the house; fear of a presence, of something unknown; that someone will come and touch you; it {the fear} seemed to be pressing on my back". I was amazed to discover later how well she had described a number of *Kali carbonicum* fears in that sentence -in the repertory we find 'fear of evil', 'fear of ghosts', 'fear of touch', and 'fear of being alone in the evening'. Also listed is 'fear at 3 a.m.,' which was the time at which she invariably had to rise.

On the emotional level *Kali carbonicum* seems to overlap closely with *Phosphorus* in many areas - the oversensitivity, tearfulness, desire for company, etc. Often with *Kali carbonicum* however, there is additionally a hard edge to the personality that is not seen with *Phosphorus*, which manifests as a kind of obstinacy, dogmatism, or rigidity in a certain area of their life.

I have read that patients needing *Kali carbonicum* will withhold or play down their symptoms - in my experience they will often withhold or de-emphasize emotional symptoms, but I have never had difficulty in eliciting physical generals and particulars. **RELATED REMEDIES**

The remedies I have found to be most closely related are *Lycopodium* (especially in the digestive sphere); *Natrum muriaticum* (problems with water/dryness, backache, menstrual problems); *Sepia*

(female pelvic, pregnancy and child birth, menopausal, and lower back problems) and *Phosphorus* (emotional and respiratory problems). The most common acute satellites of *Kali carbonicum* seem to be *Bryonia*, *Colocynthis*, *Nux vomica*, and *Carbo vegetabilis*. Patients needing *Kali carbonicum* who have a pronounced weakness in the liver and or gall bladder will very often benefit from a course of *Chelidonium* in tincture or low potency at some stage during the treatments.

Dr. Georg Von KELLER, Tubingen, Germany has published 14 monographs on individual remedies. The latest is on **Kalium carbonicum**. At the end of the book he has given a collection of Peculiar Symptoms. **SELECTED PECULIAR SYMPTOMS**

1. Pleasant lethargy, was clearly aware and would not like to make the least movement.

2. Backache, while walking felt like giving it up and lying down.

3. Cannot find cheer any more in the work. Her work does not progress rapidly. Cannot any more work as before.

4. Mental exertion causes physical strain and is repugnant to him.

5. Dread, anxiety and restlessness is felt in the stomach or abdomen.

6. Every touch is unendurable, startless intensely, as soon as the finger touches for feeling the pulse although she is watching it.

7. If some one speaks behind her, she cannot bear it.

8. Must go here and there; must constantly change position.

9. Fear of losing mind if he only has misplaced something. Has a constant anxiety that he has not performed his work rightly.

10. Impossible to bear the pain. Uses exaggerated expressions to emphasize the severity of his ailments.

11. Extraordinary sensitivity against the least draught of air, but weather has no effect.

12. Pains, on part lain on. Whole body very sensitive, where she felt, it was painful.

13. Many of the ailments appear between 2 and 3 O'clock night aggravated. He wakes at this time and cannot then sleep until 5 O'clock.

14. The ailments remain stationery, they become neither worse nor better.

15. Falls fast asleep again in the mornings, sleeps too long.

16. Falls asleep at the table. Always exhausted. Eyelids draw together heavily.

- 17.Backache, sweat and exhaustion.
- 18.Seminal loss whether voluntary or involuntary, causes mental and physical weakness, indisposition and increase of eye symptoms particularly.
- 19.Pains followed by feeling of chill.
- 20.Pointed stitching or acute pains. Pains as from a knife.
- 21.Wants back to be pressed.
- 22.If warmth is applied externally the pains travel to other parts.
- 23.As if the feet were too small. As if the right leg was shorter.
- 24.Blood is pressed out of the soles of the feet. The soles would burset.
- 25.As if the heart was hung on a string and hangs in an empty chamber.
- 26.As if the heart would stop.
- 27.As if the lower right lobe has been stuck to the rib.
- 28.A hard, painful lump stuck in the middle of the chest while eating which allows the food and drinks to go down only after sometime slowly.
- 29.When the baby lursed she felt excruciating pains as if many cords from all parts of the body were converging on the nipple through the lacteal ducts and were being drawn by the baby.
- 30.As if a stick extended from throat to the left side of the abdomen, with a sensation as if the stick had a ball at each end. Sensation as if a lump rolling over and over from the right side of the abdomen to the throat and then back again.
- 31.As if a thorn sticking below the collarbone.
- 32.When coughing as if a thin membrane in the windpipe obstructed the breath and as if tenacious mucous moved in and out and which could not be further brought out.
- 33.As if water pumped from stomach to the mouth. Brought up a mass of mucus after the pains.
- 34.Sees a yellow wheel with rays, rotating, sees yellow rings which become larger and reach up to him.
- 35.The lower line seems to be above the upper. While reading the lines come across.

- 36.He can take his eyes off from an object only with effort. A kind of staring.
- 37.Must exert to see rightly.
- 38.Baglike swelling between the upper lids and eyebrows.
- 39.Swelling of the glabella between the eyes.
- 40.Feels best when the nose runs.
- 41.While coughing the mucous expectoration comes out of the mouth. Mouth and throat are choked with mucous.
- 42.Saliva flows down the throat unpleasantly, white sitting.
- 43.Drinks fresh, cold water without actually thirsty.
- 44.Expectoration sticky, but as soon as he had loosened it, it is no more sticky but agglomerates into small, hard balls and flies out of the mouth.
- 45.Rattling mucous in the chest caused cough but with the first stroke of cough the rattling passes off without any expectoration following it.
- 46.Dyspnoea better from bending forward and head on knees, from supporting or bending forward of the head.
- 47.Whatever he takes becomes gas.
- 48.Full and satiated after eating small quantity.
- 49.If he does not vomit, he gets headache.
- 50.Belching ameliorates chest cramp.
- 51.The absence of intestinal noise is found disagreeable.
- 52.The rectum is full of flatulence. Flatus holds back the stool.
- 53.Severe urge from hard stool.
- 54.The rectum becomes powerless at the end of the stool. The stool passes merely by its own weight.
- 55.Hard pressure on the haemorrhoids ameliorates the pains. Sits on her foot so that it presses on the anus.
- 56.The haemorrhoids come out and pains or bleed during urination.
- 57.The anal pains begins about half hour after stool and fasts for three hours.
- 58.Anal bleeding ameliorated generally. Feels well after nose- bled.
- 59.Feels well after copious urination.

60.As much more the urging for urination so much less urine passes.

61.Want of sexual urge with undiminished erections.

62.Absence of menses after fright or cold. Ill with absence of menses.

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PART III - ADDITIONS TO THE REPERTORY

The following additions to the repertory have been gleaned from two recently published books which bear evidence of rich clinical experience:

1.CATHERINE R, COULTER, **Portraits of Homoeopathic Medicines; Psychophysical Analysis of Selected Constitutional Types**, North Atlantic Books, Berkeley, CA, Vol.I, 1986, Vol.II, 1988 (CC);

2.Paul HERSCU, N.D., **The Homoeopathic Treatment of Children; Pediatrlc Constitutional Types**, North Atlantic Books, Berkeley, CA, 1991 (PH).

These additions to the repertory come from specific recommendations by the authors. It should be remembered that Dr. HERSCU's suggestions relate particularly to pediatric practice. Additions are referenced to page number in KENT'S **Repertory, Enriched Indian Edition (K)** and BARTHEL's **Synthetic Repertory**, Indian Edition, 3 vols. (SR) Mind, Anger, contradiction from: add med. K, 2; SR, 21 - PH, 98 violent: add med. K, 3; SR, 39 - PH, 98 .. Ennui: add phos. K, 39; SR, 439 -

CC, 29 .. Envy: lye, to lye. K, 39, SR, 440 - CC, 139 .. Fear, of dark: add puls. K, 43; SR 487 - PH, 271 .. Fear, of dogs: add puls. K, 44; SR, 495 - PH, 229 .. Fear, of insects: add sulph. K, (add rubric) 45; SR, 507 -

PH,229 .. Fear, of narrow places (claustrophobia): add nat-m. K, 46, SR, 513-CC, 358

.. Fear, of poverty: add ars. K, 46; SR, 518-CC, 245 .. Fear, of snakes: add puls. K, (add rubric) 47; SR, 523 - PH, 229 .. Indignation: add nat-m., lach. K, 55; SR, 623 - CC, II, 268 .. Laughing, silly: add calc. K, 62; SR, 704 - CC, 46. Power, love of: add ars., nux-v., lach., sulph. K, 69; SR, 799 - CC, 90

.. Sadness, morning: add nat-m. K, 75; SR, 867 - CC, II, 29 .. Sadness, on waking; add nat-m. K, 76; SR, 868 - CC, II, 29 .. Violent; add med. K, 91; SR, 1056-PH, 98 .. Time, fritters away his: add calc. K, 88, SR, 1022 - CC, II, 52 .. Weeping, anger, from (after): add nat-m. K, 93, SR, 1072 -

PH, 148 .. Weeping, when telling of her sickness (Problems): add nat-m.

K, 94, SR, 1088-CC, 378 Vision, Loss of, headache, at beginning of : add NAT-M., PHOS.,

SULPH., TUB. K, 282 - PR 154 Stomach, Appetite, increased, headache, before: add *tub.* K 478 -

PH324

.. Desires, butter: add *tub.* K, 484, SR, II, 226 - PH, 331 .. Desires, eggs: add *tub.* K, 485, SR, II, 239 - PH, 331 .. Hiccoughs; eating, after, in infants (new rubric): *calc.*, PULS.,

lyco., *nux-v.* K, 502 - PH, 29

Abdomen, Hernia, Umbilical: *calc.* to CALC. K, 552- PH, 29 Rectum, redness of anus: add *calc.* K, 632 - PH 31 Genitalia, Testes, retraction (undescended, esp. right): *lyco.* K, 709

- PH, 79

Generalities, Spring, aggravation in: *nat-m.* to *nat-m.* sulph. to SULPH.K, 1403, SR, II, 570 - CC, 357, 164

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A HAHNEMANNIA

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Till very recently all that the homoeopathic world, barring a very small number, knew about the actual homoeopathic practice of HAHNEMANN himself has been very scanty. We have the 3 or 4 cases mentioned in the 'Lesser Writings' by R.E. DUDGEON; and von BOENNINGHAUSEN's essay 'On Hahnemann's Dosages' (1844). What potencies did HAHNEMANN employ? How often did he repeat? How did he manage certain cases? What dietetic and life style instructions did he prescribe? Did he alternate? All these were speculated upon. There have been only a few 'peeps' through some stray publications of some HAHNEMANN letters.

2.It was clear that a very valuable treasure lay in the large volume of HAHNEMANN papers including his Case Books (54 in number pertaining to the period 1801 to 1843). Richard HAEHL has said "But as to the importance of the fifty four histories of patients (written partly in great detail but always very accurately and concisely) for the observation of disease and for a clear perception of individual diagnosis - only the professional man who can critically peruse these report will be able to appreciate. At any rate, there is here a source of homoeopathic medicinal knowledge promising rich yield of treasure for many long years. The same applies to the repertories which will never have their equal in accuracy and conscientiousness of tabulation".

3.The homoeopathic world has not been fortunate, till recently, to peruse these Case Books of HAHNEMANN. First it took nearly 80 years after HAHNEMANN's death to obtain all his literary treasures. And in 1921 Richard HAEHL got them all and put them in Stuttgart. It took nearly another 30 years before the english-speaking world knew of the existence of the VI edition of the **Organon**. Thus for well over a century the HAHNEMANN treasures were lying lost. Our gratitude must certainly go to the ROBERT-BOSCH FOUNDATION not only for preserving the treasures which

Richard HAEHL procured after sustained and dedicated efforts for well nearly 20 years but also to the continuous support to researches in Homoeopathy.

4. The wealth of material lying in the Case Books of HAHNEMANN requires experts in languages (German & French) and also laborious study by dedicated team. The first such study seems to have been the publication of commentaries on Case Books No. 2 & 3 in 1963 and No. 4 in 1968 - all by Heinz HEENNE. All these were possible by the generous funding by the ROBERT BOSCH FOUNDATION. The Case Books No. 2 & 3 were critical studies pertaining to HAHNEMANN's practice upto 1802. The Case Book No.4 pertains to 1802-1803 when HAHNEMANN practised in Eilenburg. These years are very important since they encompass the 'germination' of the **Law of Similars** and the *first provings* of medicines and HAHNEMANN testing them clinically and before the publication of the Essay '**Medicine of Experience**' (**Heilkunde der Erfahrung**) -1805 - the precursor of the '**Organon**' and '**Fragments di viribus medicamentorum**' (1805) - the precursor of the '**Materia Medica Pura**'. By 1803 when the 'provings' were ready for print HAHNEMANN had already repeatedly verified clinically his 'provings'. He had also been following the techniques of case taking etc. which he laid down in the **Organon** (1810). The **Law of Similars** was firmly laid down after repeated clinical verifications by this period. From the study of Case Book No.4 (1968) covering HAHNEMANN's practice in 1802-03, we learn that the 'characteristic' of *Nux vomica* 'mental' as "sedentary life", had already been established as also the "homesickness" of *Capsicum*, thus indicating the importance of the "most singular, peculiar, unusual, individual" symptom as the 'Characteristic' (para 135 of **Organon** I Edition and para 153 of **Organon** VI Edition).

5. How HAHNEMANN formed a 'clear' picture of a disease will be seen from a letter he wrote to a patient on 17.12.1800:"... Since I knew that Migraine comes in many different forms I would like to know exactly which sort of migraine you suffer from so that it can be rooted out. I must know how (when you do not take any medicine) it begins, what further progress it makes, and how it ends? What causes it every time? What indications precede it? Does it begin immediately on waking up? Where is the pain? the whole head or only in the back of head, or sides, etc., whether the scalp is sensitive to touch? What kind of pain? pressing, tearing, stitching

." There **are** at least 30 questions in this letter which covers the concomitant symptoms also, head to foot! After such a thorough knowledge of the disease HAHNEMANN went about to find a most suitable remedy.

6- One learns all these from the earliest Case Books of HAHNEMANN. And then what about his further practice - the next 40 years upto 1843?

7. Since few years a plan had been drawn for the publication, verbatim, of all the Case Books of HAHNEMANN covering the years - 1803-1843. A dedicated team led by Prof. Werner KUMMEL has been studying the Case Books so that they can be published.

8. In the meanwhile Hans RITTER published in 1986 a biography of HAHNEMANN. This is a brief biography; however it sketched the prescribing methods of HAHNEMANN at different periods of his life. HAHNEMANN used certain symbols to indicate the medicines and some of them could not be easily deciphered. This book is quite interesting although RITTER was 'anti-highpotency'.

9. Rima HANDLEY in her paper presented in OMHI Congress in 1988 spoke about HAHNEMANN's prescriptions during his Paris period. This is a stimulating paper and kindled interest to delve deeper into HAHNEMANN Case Books.

10. In 1988 Hans Peter SEILER published his book "The Development of Hahnemann's Medical Practice in the light of selected Case Histories" in which the author dealt with, chronologically, HAHNEMANN's progress. Dr. SEILER has chosen 33 cases to cover the period 1790-1842. Especially interesting is the Paris period where we see many cases recorded in MELANIE HAHNEMANN's hand also. These cases show how HAHNEMANN administered the Q (50 millesimal) potencies.

11. In 1991 Thomas GENNEPER published a study of a Case of HAHNEMANN "As patient of Samuel Hahnemann – the treatment of Friedrich WIECKES during the years 1815/16". Friedrich WIECKES father of the famous piano player Clara WIECKES suffered

from severe facial neuralgia and HAHNEMANN treated him. This book is a study of the treatment.

12.All the books cited are 'studies' or 'commentaries'. Publication of Case Books **exactly** as they are had begun in the meantime. **M/s. Haug Verlag** have undertaken the publication of these volumes in a series over a period of time, one volume after another. **Robert Bosch Foundation** is supporting this publication venture. The homoeopathic world is very much indebted to the **Robert Bosch Foundation** not only for maintaining the HAHNEMANN documents but also for publication of the Case Books. The homoeopathic world will also remember with gratitude **the** publishers, **M/s. Haug Verlag**.

13.The first Volume in this Series has been published in 1991 covering the years 1803-1806. In this we will find the symptoms verified clinically which found their place in the **Materia Medica Pura** I Edition.

14.The cases have been recorded by HAHNEMANN briefly and to the point; just few lines. The Edition is an **exact** reproduction **word for word line for line page for page as in the manuscript Case Book** without any commentary or explanation, etc.

15. The next volume has just been published this year (1992) covering the years 1837-1842. Certainly a careful perusal of these volumes, would illuminate more and bring out additions to the Materia Medica and Repertory.

References:

1.GENNEPER, Thomas: **Als Patient bei Samuel Hahnemann, die Behandlung Friedrich Wiecks in den Jahren 1815-16**, Karl F.Haug Verlag, Heidelberg, 1991.

2.HAEHL, Richard: **Samuel Hahnemann, his life and Work**, Reprint, B.Jain publication, New Delhi 1971.

3.HANDLEY, Rima: **What Hahnemann actually did**, Congress of the OMHI, Rome, 1988.

4.HENNE, Heinz: **Quellenstudien u'ber Samuel Hahnemanns Denken und Wirken als Arzt**, Hippokrates Verlag, Stuttgart, 1963.

5.JUTTE, Robert: **Samuel Hahnemann - Krankenjournal D5 (1803-1806), nach der Edition von Helene Varady, Bearbeitet von Arnold Michalowski: Karl F.Haug Verlag Heidelberg, 1991.**

6.RITTER, Hans: **Samuel Hahnemann - Begründer der Homöopathie - sein Leben und Werk in neuer Sicht, 2 erweiterte Auflage, Karl F. Haug Verlag, Heidelberg, 1986.**

7. SEILER, Hans Peter: **Die Entwicklung von Samuel Hahnemanns ärztlicher Praxis anhand ausgewählter Krankengeschichten, Karl F. Haug Verlag, Heidelberg, 1988**

BOOK SHELF

I. UN LIVRE SANS FRONTIERES - historie et metamorphoses de l'Organon de hahnemann, by Jacques BAUR, Editions Boiron, 1991, pp.311 ISBN - P-85742-077-3.

HAHNEMANN's **Organon** is a universal book - sans frontiers. It has been translated into almost all the languages of the world. In this book Dr.Jacques BAUR of France, himself a student of Dr.Pierre SCHMIDT, has sketched the history of the publications of the **Organon** in different countries and different languages - from its first to the sixth editions over a period of over 170 years!

The book has four sections: in the first section besides the Introduction, are the **Organon** in German; the second section contains chapters about the editions in Europe - Belgium, Denmark, Spain, Catalonia, France, Great Britain, Greece, Holland, Hungary, Italy, Poland, Sweden, Switzerland, Soviet Union; the third section concerns with the Americas-North and South-and covers Argentina, Mexico, Chile, Brazil and of course the USA; the fourth section is on the Asian Countries-India, Pakistan and Bangladesh.

There is a small Chapter on the polemics literature i.e. the controversies and disputations of the **Organon** like A.F. HECKER's and F.A. SIMON's; the next is on the different 'commentaries' on the **Organon**.

At the end there are the pictures of HAHNEMANN published in the different Editions and languages of the **Organon**.

Photographs of the title pages of almost all the editions mentioned in the write-up have been given.

Dr.BAUR has, over the years, collected all these painstakingly, and with devotion.

Certainly HAHNEMANN's **Organon** is a "Universal book a work that has no frontiers" - sans frontieres.

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II. PROBING THE MIND AND OTHER GUIDING

SYMPTOMS (a blueprint for success) - S. GUNAWANTE B. JAIN

Publishers (P) Ltd., New Delhi, pp.68, Rs.25/-

In 1990 Sri GUNAWANTE published a booklet with the title 'Probing the mind and other guiding symptoms (a blueprint for success)' with seven sections.

The booklet has been expanded with four more sections in this book under review.

This is a short but excellent exposition of the practical aspects of case analysis, evaluation of the hierarchy of symptoms and remedy selection on the basis of an understanding of the mental states of the patient.

A long list of 'Complaints/Situations' - 202 in number - has been appended. Another list - also 202 in number - of the 'rubrics' in the Repertory and a section indicating the 'rubric' and relevant pages in the Repertory with references to the 'Complaints'/Situations' have also been appended.

Lest one is led to wrongly believe that there is nothing but the mind to be taken note of in a patient, the final section rightly stresses on the importance of the objective symptoms - vide the article of OEMISCH (translated by Dr.BOGER) in the **Homoeopathic Heritage**, Vol. VII No.1, 1982, p.21.

For successful use of the technique it is advisable that one **memorizes** the rubrics' (Section 9).

A word of caution. Mind makes the man. Without the mind no symptom can manifest. At the same time Mind is elusive. Most often it is covered, camouflaged; interpretation of the Mind will also depend upon the physician being totally unprejudiced (how many of us are there so?). **Due** value has to be given to the symptoms -be they Mental or Physical. Although the 'Aphorism' in the **Organon** are given separately, numbered, one is to understand the **Organon** as a whole and apply it so. In Aphorism 15 HAHNEMANN has said **that** "the **Organism** and the **Dynamics (Vital Force)** are **one** although for easy comprehension we speak of them separately".

The book-let is very warmly recommended.

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III.MY EXPERIENCES WITH FERRUM METALLICUM by

Dr. Rajesh SHAH, Shree Publishers, Bombay - 400 077 pp.123, Rs.100/-

Monographs of homoeopathic remedies have been very few considering the fact that homoeopathy is nearly two hundred years old now.

The best-known monographs are James Compton BURNETT'S *Aurum*, *Natrum muriaticum*, Eugene B. NASH's *Sulphur* and John Henry CLARKE'S *Gun powder* and *Radium bromatum*. These are based on the experiences of their authors. The book under review too is based on the experiences of Rajesh SHAH.

The range of action of the potentised remedy is illimitable. It can never be said, while speaking of a potentised remedy, that "this is all" or even "almost all" about that remedy. Depending upon the depth of perception of the individual practitioner the remedy reveals its secrets. An enchanting journey of discovery, indeed.

The 'polychrest' homoeopathic remedies have a very large number of 'cured' (repeatedly cured) symptoms over the one and half centuries and most of them reported in the journals of those days are lying uncollected and arranged; as a result of which we are denying ourselves of very strong and useful arms to cure the manifold diseases.

With the aim to fill this gap Dr. Georg von KELLER, Germany has been bringing out monographs and so far fourteen such monographs have come out: *Berberis vulgaris*, *Conium*, *Ignatia*, *Cocculus*, *Kalium carbonicum*, *Psorinum*, *Kreosote*, etc. In these monographs KELLER has collected the exact 'proving symptoms' in the words of the provers, the 'exact words and expressions' of the clinically cured symptoms, - almost all that have appeared in the journals over the decades. The extent of the collection can be visualised when we note that *Kalium carbonicum* monograph contains 523 pages, closely printed!

NASH in his *Sulphur* has said "one remedy well studied is better than several not half understood. One of the best methods of gaining a practical acquaintance with our Materia Medica, is to master one remedy at a time; both in itself, and its relation to and correspondence with, other remedies."

Dr. Rajesh SHAH's book under review is well conceived and written. The 'materia medica' part has been divided into several brief and succinct chapters. Beginning from the origin of *Ferrum*, he proceeds to its toxicology, then its study on the Will, The Emotions, Key-notes, Modalities, action on Musculoskeletal, Gastro-intestinal and Urinary systems; he ends by suggesting some 'additions' to the

Repertory. A chapter on Margaret THATCHER, the 'iron woman' Prime Minister of U.K., shows that the 'facets' of *Ferrum* matched THATCHER'S profile.

Nine cases from the author's practice have been appended, to illustrate.

A short Bibliography and Index make the book complete.

Dr. SHAH speaks of 'concept of facets' of a remedy and also of 'Phenomena'. Facet is : "a small surface, as of a crystal; an aspect or view" "a phase"; a 'Phenomenon' is: "anything directly apprehended by the senses or one of them: an event that may be observed: the appearance which anything makes to our consciousness, as distinguished from what it is in itself: (loosely) a remarkable or unusual person, thing or appearance"; "something that impresses the observer as extraordinary"; (**Chambers Twentieth Century Dictionary and Websters Unabridged Dictionary**). Dr. SHAH explains briefly that 'facets' are "a group of symptoms appearing together in a patient". Dr. SHAH has coined another expression "Qualified Peripheral Expression" ("QPE"). This QPE, he explains, are "the totality to be analysed and evaluated to make a portrait"; further that they - QPE - "may also be called as Key-note symptoms but they are more 'qualified' in terms of a Facet or Phenomenon".

In my opinion, these terms cause confusion. If one carefully studies Margaret TYLER'S Drug Pictures one can understand what 'Facets' (a group of symptoms) and 'Phenomenon' are. In fact KENT has masterfully dealt with these in his Lectures.

Dr. SHAH says that there is no thread or idea running through *Ferrum*. However KENT says: "a strange thing running through all the constitutional conditions of *Ferrum* is **that the pains and sufferings come on during rest.**

A small chapter on 'Migrains Personality' refers to different studies so far made and ultimately found that "there seems to be no specific migraine personality". HAHNEMANN wrote in 1800 itself in a letter (original dated 16.4.1800) that "migraine comes in so many different forms and unless **all** the symptoms are gathered it cannot be cured totally". (Heinz HENNE, 1963)

Dr. SHAH has made a careful and comparative study of *Ferrum*; his comparisons, study of the modalities, food cravings and aversions, etc. are thorough and the study is certainly rewarding.

A very commendable work. Strongly recommended for every practitioner. Printing, binding, get-up very good; reasonably priced.

K.S. SRINIVASAN

4. QHD, Vol. IX, 4, 1992

QUARTERLY HOMOEOPATHIC DIGEST

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Methods of Case Analysis, Roger MORRISON

A compilation of some of the more important articles from the British, American, German etc. Homoeopathic journals. Also articles of general medical and scientific interest with particular reference to Homoeopathy.

(Compilation by **Dr. K.S. Srinivasan**, 1253, 66th Street, Korattur, Madras - 600 080.)

(For Private Circulation Only)

PART I - CURRENT LITERATURE LISTING

[PHILOSOPHY] 1

1. Homoeopathic aggravation

POPOVA, T (BHJ, 80, 4/1991)

The author Tatyana POPOVA is the daughter of the well known homoeopathic physician of the (former) USSR Dr. Demian POPOV. Demian POPOV is the founder of the Kiev School of Homoeopathy. Dr. Tatyana POPOVA is continuing the work of her father.

It was the aggravating effect of homoeopathic medicines which attracted Demian POPOV. He came to the conclusion that an aggravating effect produced by a homoeopathic medicine is a good sign, telling the doctor that the medicine has been chosen correctly and that positive results can be expected; that where a homoeopathic medicine produces an aggravation an improvement will surely follow.

The Kiev school believes that the effect of high potencies are more specific and that the aggravation of high potencies {above 30c} are more specific in nature of whatever substance,

Three types of aggravations have been distinguished by the Kiev school:

—Intensification of symptoms presented at the first consultation.

—Appearance of symptoms which the patient did not show at the first consultation but which he had shown earlier. Often this aggravation is accompanied by an easing of symptoms first consultation.

—Appearance of physical symptoms which the patient had never shown before, but the sort one might expect in his particular case. We should talk in terms of 'his' illness. Usually, one can see the same pathology in the parents. It can be triggered by the illness and, as a general rule, corresponds to the healing action of the prescribed medicine.

Demian POPOV considered that aggravations of homoeopathic medicines are important from several points of view:

—The aggravation indicates a strong response by the patient and helps in making a prognosis.

—Aggravation indicates a correct prescription where the pathological symptoms are mild and difficult to pick up.

—Aggravation demonstrates the mutual dependence of different pathologies in the evolution of the disease.

The author has illustrated all the points through 4 case Reports.

The whole article is very thought-provoking. 2. Reflections on the idea of "Key-notes"

KAY, Dennis H (JAIh, 84, 3/1991)

Discusses the definition of Keynotes and their use in the selection of remedies.

Everyone used keynotes. KENT criticized keynote prescribers.

H.C. ALLEN described a Keynote as a 'characteristic', the 'red strand', the central principle of a remedy; KENT said that the strange, rare, peculiar symptom even in parts of the body may guide and it included keynote. HAHNEMANN's paragraph 153 of the Organon is too well-known

A definition proposed: a Key-note is:

1.A symptom which is strongly or highly characteristic of a remedy image.

2.A singular enough characteristic to trigger the mind to consider the particular remedy.

3.A strong symptom that would weigh against a remedy which does not show this symptom or has manifestations

opposite to it. A "Keynote" can be any kind of symptom including an "essence" quality, a generality, a modality, or a strange, rare and peculiar symptom.

Key-note can never replace study of Materia Medica in individual cases.

3. Aude Sapere, Aude Iter Facere

MASIELLO, Domenick, J (JAIH, 3/1991)

Some extracts: "In the professional life of every homoeopathic physician there comes a turning point. With growing confidence, trust and skill in the homoeopathic method the physician closes the door on allopathic thinking. Taking Homoeopathy to heart, it is a point of no return, an existential awakening. Homoeopathy then penetrates into other aspects of one's life beyond daily clinical practice. The method of healing becomes a way of understanding the world. The 'simillimum' is not only the patient's constitutional prescription but also a metaphor for understanding spouse, children, family and friends. The remedy as type brings to light possibilities of behaviour, strengths and weaknesses. The homoeopathic appreciation of those around us fosters understanding and tolerance ...

"On a recent trip to Italy I began to contemplate the virtues of travel to the practice of Homoeopathy ... In clinical practice it is

sometimes useful to consider the ethnic background of a patient since it may hint a constitutional remedy. ... Southern Italy, baked by the Sun and fanned by the hot scirocco winds from North Africa is decidedly *Sulphur*. The sulphur mines of Sicily and the volcanoes of Etna and Vesuvius attest to the validity of the homoeopathic metaphor. There the overall *Sulphur* nature was readily apparent, The hot, dry weather, the hot tempers of the overheated drivers, the parched, wrinkled faces of the farmers as they strolled in the evening, hands behind their backs, hunched forward under the weight of decades of labor, smoldering cigarettes permanently clenched between ancient fingers as they philosophized endlessly on a wide variety of topics, served to imprint the image of *Sulphur* on the homoeopathic mind.

"One remedy metaphorically can represent the land but never all of its people - that would be reductionism unworthy of Homoeopathy."

The author takes a further tour and experiences "the appreciation of the local flora and fauna of a foreign country one is visiting on vacation provides a relaxed learning experience to be cherished, savored and remembered."

"HAHNEMANN chose the latin words 'Aude Sapere.' I humbly add "Aude iter Facere - dare to travel abroad!"

A very interesting, invigorating essay.

4. How much is Homoeopathy a phenomenologic medicine?

EPPENCH, H. (ZKH, 35, 6/1991)

The phenomenon guidance and the outline of Homoeopathy are examined on the basis of a phenomenological outline of medicine.

5. Knowing ourselves

POOL, Nicky (The Homoeopath, 11,4/1991)
HAHNEMANN says in the footnote to paragraph 141 of the Organon that the physician should test the medicines on himself so that he would know himself the pure effects of the medicine and he quotes in the Greek - 'know thyself' "which is the foundation of all true wisdom." It is by such 'knowing thyself' - a self awareness of the effect of medicines that he laid down the Law of Similars.

Nicky POOL says, rightly, that the physician should 'know himself/herself'.¹ Without such a knowledge one cannot be a genuine healer, a restorer of health "so that our indwelling, reason-gifted mind can freely employ their healthy instrument for the higher purposes of our existence."

6. My approach to homoeopathic case taking

WEAVER, Gary (mfH, 2, 2/1991)

Paragraphs 5,6,201,213 of the Organon are cited to stress that mere symptom-matching was not what HAHNEMANN taught.

BOENNINGHAUSEN paid more than usual attention to concomitant symptoms which in 9 out of 10 cases are indicative of patient.

A model case is presented.

[MATERIA MEDICA]

1. The genus epidemicus

HERSCU, Paul (Homoeopathy Today, 11, 7/1991) Paul HERSCU discusses the 'flu epidemic' that passed through the North East (USA) in early January 1991. All his cases received the same remedy. The one symptom which was peculiar in this epidemic was desire for orange juice. The remedy was *Medorrhinum*.

HERSCU points out that *Medorrhinum* is as much a remedy for acute diseases and not necessarily limited to chronic ailments. That's a point to be noted certainly.

2. *Hura braziliensis*

SHORE, Jonathan (JAIH, 84, 3/1991)

In the JAIH, 82, 3/1989 Dr. Linda JOHNSTON reported a case of a 45-year-old woman with complaints of headaches and depression cured with *Hura braziliensis*. Some of the mental symptoms which distinguished this remedy are: Delusion, she is alone, in the world; Forsaken, sense of isolation; Delusions, friends, has lost the affections of; Delusions, that she is despised. A strange and peculiar symptom was her tendency to bite herself when angered; specifically to bite her own

hand. These symptoms decided *Hura braziliensis*.

In the current paper Dr. Jonathan SHORE has reported a case of another woman, 46 years, with depression, headaches and gastro-intestinal symptoms. The nature of depression and its precipitation was through a sense of loss and isolation. The key symptoms in this case, were: Forsaken, grief, numb, sensation of isolation, abdominal pain 3 a.m.

Hura braziliensis is a 'small' remedy but with deep action on the psyche.

3. My Patients, My Teachers - Two small remedies

MENEAR, Vickie (JAIH, 84, 3/1991)

Information regarding the psychological state of two remedies, *Spigelia* and *Symphytum* was arrived at through reports of patients who described unanticipated improvement in their emotional lives after the remedies were given on physical characteristics alone.

Spigelia features: tendency to deny or minimize problem; severe anxiety; complaints from grief.

Symphytum features: Perfectionist; high standards rigidly followed and with a strong will; fastidiously organized about her surroundings; formal in manner; disciplined and rule-oriented; fear of falling, of unstable ground, slopes, downhill, heights. Emotional breaks that will not heal.

4. *Cyclamen*

LOGAN, Robin (JAIH, 84, 4/1991) (Reprinted from 'Tha Homoeopath', 10, 1/1990) The essential characteristics of *Cyclamen* are: Conscientiousness, attachment to duty, forsaken feeling, undemonstrated grief, introspection. Rubrics relevant: Conscientiousness about trifles Delusion, that he has neglected his duty Forsaken feeling Grief, undemonstrative Reproaches himself.

A selection of quotations to show *Cyclamen* mentality: "I hate letting people down; it can worry me for days." "I wish I could be less pre-occupied with myself." "I have always been very reserved emotionally." "I am too hard on myself; a friend let me down recently, and I found myself blaming myself. I felt I must have done something to cause it."

"I have a friend who is suffering from depression, and I feel it is my duty to visit her everyday and give her my support. It is draining me, but I couldn't cope with the guilt if I didn't go every day."

"You can't just write people off."

"I have never liked entertaining, because I like to do things perfectly, and conditions have never allowed that."

"A friend's husband has died. Now I have someone else to

take under my wing."

"I have always found it difficult to do nothing. There is always the thought in the back of my mind of what I should be doing."

5. *Chelidonium* - The great *Bryonia* impersonator

GUESS, George (JAIH, 84, 4/91)

In his book "Pneumonias" Douglas BORLAND has said "I think most of the pneumonias in which you give *Bryonia* without success are cases in which you have missed *Chelidonium*." The two remedies are "alike in appearance and character of pains, very similar in onset." The similarities between the two remedies in chest complaints are considerable. Mentalities also may appear quite similar. The most distinguishing symptom is the effect of lying on painful side. Other comparable remedies are:

Kali carbonicum, *Ranunculus bulbosus*, *Mercurius*, *Asclepias tuberosa*.

6. *Natrum carbonicum* and the drug pictures

v. KELLER, Georg (ZKH, 35, 5/1991)

We know the homoeopathic remedy images as "types" or "essences" e.g. GLADWIN, BORLAND and many others; also of the *Pulsatilla* female with blonde hair, blue eyes

and pliable character; the fat, phlegmatic *Calcium carbonicum* who perspires with the least movement, etc. so that the moment we see such a patient we have the urge to give the medicine. Such "images" are useful when we begin our study and practice so that we learn to observe and learn well. Every condensed materia medica mention these "types" which can be easily comprehended.

But these are only the first steps. When HA ROBERTS said "The most pronounced symptoms of the *Arsenicum* patient are the great restlessness, the burning pains, and the very marked prostration," he spoke of these as found in a living patient and which pointed to the remedy. In another *Arsenic* patient the leading peculiar symptoms may be some others.

A female patient who was unconscious and restless which seemed exactly like what had been read recently of *Cicuta*, and a few globules of it was given and the patient had very restful sleep which other 'sleep'¹ remedies given till then had failed to produce.

These - the *Arsenicum* and *Cicuta* cases experiences lead to the next step: from fixed images of remedies to many 'singular' symptoms observed in the actual patients.

When Homoeopathy is practised one should not restrict oneself to any one of the "images," As much more one gains practical experience in treating patients one would note

that the "drug pictures" do not matter. One selects a remedy for each individual patient. A remedy does not fit just ONE disease picture but every remedy has brought out a whole series of symptoms. It is not obligatory that the few symptoms considered as the drug picture must be present in every case. A single symptom, a gesture, a modality, may recall to our mind a medicine and by comparing other symptoms of the patient the most similar ones may be specified. A *Natrum muriaticum* patient may be averse to salt or a remedy known as right-sided may produce a left-sided ailment. We must take the paragraph 153 of the Organon, seriously.

Natrum carbonicum has the peculiar symptoms of agg. from sun, music and sweets.

7. Eye pains - *Natrum arsenicatum*

GENNEPER, T. (ZKH, 35, 5/1991)

A patient suffering from alcoholism was cured of eyepains of 27 years duration, with *Naturm arsenicatum*. The remedy was chosen mainly by considering the particular symptoms.

8. *Borax*

GYPSE, K.H. (ZKH, 35, 6/1991)

An excellent, critical study of *Borax*. Comparison of the symptoms in HAHNEMANN's Chronic Diseases with the provings of G.A. SCHRETER and Anton FISCHER.

The problems with the *materia medica* are demonstrated with the example of *Borax*.

The observation of C. HERING that the last appearing symptoms in a proving are the most important has been carefully confirmed by von BOENNINGHAUSEN in his essay on *Borax*.

A study of such symptoms have been made by the author in this article, including the **peculiar** symptoms.

A selection of such symptoms: Last appearing symptoms have been marked S in bracket. The numbers in bracket indicate the symptom number in the "Chronic Diseases" (CD)

Mind

Anxiety during downward motion (4-5) (S)

We are grateful to BOENNINGHAUSEN for precision for a clinical indication: anxiety, particularly in a swing and while in forward motion, never in backward.

1.MARTIN : 6 month-old-child,
feverish, bright
green-mucoid discharge from anus; sleeps in the
arm of the mother
and when she bows forward, the child throws up
both arms evidently
out of anxiety - *Bor.M* (Fincke); next morning.
Well.

2.LEE ; 4 month-old-girl; green watery stool;
the mother
noticed an anxiety in the child - *Bor.5*; promptly
cured.

3.NASH : 2 month-old-child; greenish stool
and other

symptoms; as the mother bent forward with the
child in the arm, it
stretched both the arms and indicated anxiety -
Sor.200 cured.

Reference to the green stools, compare
symptom No.253(CD): "Green stool in an infant
preceded by shrieking."

Timidity (7-9) (S)

BOENNINGHAUSEN discovered that this
symptom particularly beneficial to hunting hounds
which were nervous to the gun shot sounds. He
also opined that the extreme fear of thunder also
came under this.

Vexed, peevish better after stool (235) (S)

Compare:

Calc: "angry over trifles and very irritable, in
the morning, before stool, he twists everything and
becomes angry." (CD, No.54)

Vertigo:

Vertigo from ascending (Mountains, steps) (29)

Compare:

Aloe: "Vertigo, as if everything around him is
turning around, worse from ascending stairs ..."

Ars.-h: "Vertigo, violent on going upstairs, so
that he staggered against the sides of the stairs ..."

Cahin,: "Vertigo from ascending stairs."

Calc: "Vertigo from ascending stairs."

Carb.-ac: "Vertigo on going up and downstairs"

Coca: "Vertigo on rapidly ascending steep stairs ..."

Dig.: "Vertigo, so that she fell on going up the stairs."

Merc.-viv: "Vertigo on ascending or descending stairs."

Pic.-ac: "Vertigo agg ... going up stairs"

Sulph.: "Vertigo ... from walking in the open air up slight eminence."

There are many more remedies in the Repertories for this symptom; however **no** confirmation could be **found** in any of the authorities.

Vertigo as if pushed from the right side to the left side (27)

This symptom has **been** cured with *Borax* by BERRIDGE and thus verified.

Head

Forehead, above the eyes (39-40, 42-44, 50)

Headaches with stitching in the ears (36-37, 51)

The proving symptom "Nosebleed, early morning, and pulsating headache in the evening" (114) has been verified by HERING as follows:

"Headache worse after nosebleed."

Matting of hair (61) (S)

Compare:

Fl-ac: "He must comb the hair often because it becomes clumpy and uncomfortable."

Graph.: "A constant and remarkable tangling of the hair of the head ..."

Mez.: "The head is covered with a thick, leather-like crust, under which thick white pus collects here and there, and the hair is glued together"

Mill.: "His long hairs becomes matted very often and unusually despite having cut it recently"

Nat-m.: "... the hairs stick together." (CD. No. 209)

Psor.: "Hair matted together"

Zinc: "Matting of the hair of the head"

Eyes:

Pain, as if the eye were being pressed into the orbit, morning (66) (S)

Soreness in the outer canthi (73) (S)

Compare:

Ant-c: "Little, humid spot in the outer canthus, in the morning, with dry eye-gum in both eye-lids. (CD, No.52)

Kali-c: "Soreness of the outer canthus ..." (CD, No.221 & 222)

Zinc: "Soreness of the outer canthus." (CD, No.199)

The eye-lashes turn inward into the eyes (Entropium) (77-78) (S)

In 1869 T.F. ALLEN and HERING discussed the value of this symptom: ALLEN doubted that it

could have occurred in a proving of the medicine; further that he had in many cases of this kind used *Bor.* in all potencies but not obtained the desired effect. HERING said that *Bor.* was a very important remedy in these conditions; an Entropium is almost-always cureable before surgical measures by such remedies, amongst others, as *Merc*, *Sulph.*, *Calc.* or *Lye.* In this connection BOENNINGHAUSEN said: "Everyone of us would have verified this action of *Borax* in this kind of eye inflammations in many cases of course other symptoms of the disease agreeing..."

Compare:

Aran.: "The eyelids are inverted, and as if scarified.

Calc.: "Eyelids inverted and swollen";
"Entropium."

Graph.: "Inverted lids (margins), wild hairs."

Merc.: "Entropium"

Nat-m.: "Entropion from caustic treatment of granular lids"

Sulph.: "Entropium"

Agglutination of the eye-lids, nights (78-81) (S)

Flickering before the eyes in the mornings, like moving waves, mornings while writing (85) (S)

Ears:

Left ear (91 -93, 99,101,105-106)

Stitching (89-92) (S)

Discharge of pus (95-97) (S)

Face:

Sensation of cobwebs (117. comp. 380)

Teeth:

Pain in hollow teeth (132-138,141 -142,148) in bad weather (133, 137, 147) (S)

Compare:

Merc.: "Toothache ... returns in damp weather"

Nat-c.: "Toothache in a hollow tooth... he experienced it now in the open air in wet-cold, rainy weather.

Pains, smoking amel. (139) (S)

Compare:

Waf-c.: "Dull stitching in a hollow tooth which passed off from smoking tobacco"

Nats.: "A tooth in the right upper row becomes loose, seems longer, and there is a drawing pain ... tobacco smoke also relieves the pain"

Mouth:

Swelling of gums with tooth aches (135,147-148) (S) Aphthae (150-152) (S)

HARTMANN observed that *Bor.* was more suited to aphthae with "dry heat in mouth" and also that *Sul-ac.* may follow this *Bor.* complaint.

Palate is contracted and wrinkled (156-157) (S) Compare:

Phos.: "Sensation on the palate as if the skin would be detached, it became wrinkled and painful (CD) **Throat:**

Tough mucous in throat, detached with difficulty Appetite, Aversion, Desires, Eating, Eructation, Nausea, Vomiting: Little appetite evenings (175-176) (S) Loss of appetite in the noon, (the meal was not relished) (177,179-180) (S)

During the meal, restlessness with nausea amel, by stretching backwards (186) (S)

After the meal much distended (188-190) (S) Stomach:

Pain which extends to the back (and there becomes stitching) (212,216,297)

Abdomen:

Left hypochondrium (218-220, 222-223) as if there was something hard there, during movement (220,223) Stool:

Painless diarrhoea (243-245)

Pale mucous passed with the stool (256-257, 259) Urinary organs:

The infant screams, before urination (271) Compare:

Lye: "In children urging to pass water, with impossibility to pass it; cry impatiently" - no indication that she will shriek before urination.

Sass.: "Sand in urine ... child screams before and while passing it.

Own Case: S.G. 2 year-old-boy: frequent urination; screams before and

holds the urine, twists, presses upon the lower abdomen; both cheeks reddens.

Bor: C.200 (CD symptoms No.271 and 230), evening; night slept well and next morning very much better and during the course of the day the complaint completely gone.

After urination pains in the urethra (275-277) (S) Dark-blue spots at the urethra orifice as if the skin is off (279) (S)

Male Genitalia:

After a pollution, cutting in the urethra during urination (289)

Female Genitalia:

Before menses: obstruction in breathing, roaring in the ears (S)

Compare:

Bry.: "Before menstruation ... buzzing in the ears" *Fen.:* "Before menses, ringing in ears" *Ign.:* "Before and during the menses ... ringing in the ears" **During the menses: nausea (297), Lassitude (298), roaring in the ears (301)**

White leucorrhoea. (304-

306) Easy conception (308)

Cough:

Dry cough morning on rising and in the evening on lying down (322) (S)

This interesting modality comes similarly in a heart symptom of *Phos.:* "Heart palpitation in morning on rising and

in the evenings on lying down" (CD No.1277)

Chest:

ref. (311, 322, 327-328, 333-336, 349-351, 353)

Intercostal musculature (352-353, 422, 435)

Stitching in the chest while coughing (322,329-330,345, 351) (S) Or (deep) breathing (330, 332-334, 336-337, 344-345, 448) (S)

Must press the chest with his hand because of the pains while coughing (323) (S)

Pains in the left mamma when the child nurses on the right (361)

Galactorrhoea

Back:

Drawing pains in the nape, extending to the left axilla and scapula, in the evening while walking in the open (373) (S)

Upper Extremities:

Burning, heat and redness of the finger (and toes) as from freezing, from least cold (386,403-404) (S)

Lower Extremities:

Suppuration of a shoe-bite spot in the heel (401)

General:

Many symptoms in infants (children)
(5,9,13,18,61,76, 80,101,108,115,124-125,156,200, 249,253, 271 -272,321,414, 424, 440-442), for example:

Anxiously clinging to mother (442)

Anxious from downward movement (5)

Startling (9)

Inflamed, agglutinated eye-lids (80)

Wrinkled palate and screaming when sucking (156)

Hiccups (200)

Crying before passing stool (253) or urination (271)

Pale, earthy face (115,414)

Screaming at nights 440, 442)

Sleep:

Sleepy in the early evening and falls into a long sleep (426) (S)

Chill:

Chill in the afternoons (451,452)

Heat:

Heat when he has his hand under the bed cover, but as soon as he stretches it out of the cover feels cold (457)

Time:

Agg. morning

Agg. evening

Modalities:

Agg. after meal (139,188-190,193-198, 210, 213, 344)

Agg. bad weather (rainy weather)

(133,137,147, 406)

Agg. dancing (5, 220, 394)

Related remedies:

CALC, Graph., Suiph 9.

Snapping finger - *Ruta*

graveolens

KLUNKER, W. (ZKH, 35, 6/1991)

46 year-old-woman cured of migraine by *Sulphur* and *Pulsatilla* consulted on 19.9.90 for snapping finger. This disease is a chronic one and would take time, None of the repertories nor any of the well-known materia medica contained the clinical symptoms. However, it was recalled that ROGER- SCHMIDT of San Francisco had reported of a cure of snapping fingers with *Ruta graveolens*. Also KENT has spoken of the relevance of *Ruta* to tendons particularly the flexors, consequences of exertion (housewife!), deposits in the tendons. *Ruta* 200 was given on 2.11.1990. On 7.12.1990 much better and on 18.1.1991 reported fully well. Follow-up in early May: remained well.

10. *Laurocerasus* for children crying at nights

MEYER-KONIG, P. (AHZ, 236, 5/1991)

Case 1: S.M. was delivered by a midwife on 24.5.1990 at home. The child was very cyanotic at birth and limbs without

tone, Within a minute of birth *Laurocerasus* 30 (3 globules) was put on the tongue. Within few seconds the child began to breathe and cry. After about 4 weeks it began to wake up and cry loudly every night every 10-20 minutes. During the birth the head came out very slowly and thus the child was near death. This, together with the sleeplessness indicated *Cancerinum* which was given in C30, C200 and C1000. This gave only very little improvement. There are 5 remedies under "Mind, shrieking for help": *Camphor*, *Ignatia*, *Kalium carbonicum*, *Laurocerasus* and *Platinum*. Was the child still panicky because of the choking at the time of the slow birth? *Laurocerasus* 200 was given on 13.2.1991 which promptly cured.

Case 2: M.P. was born at home on 22.10.1989, four weeks early. Was cyanotic on head, torso and feet and hands. *Laurocerasus D4* was given thrice within an hour. Soon torso became rosy and the feet and hands improved slowly. Five weeks later this child began to sleep for not more than 30 minutes and then wake up in panic and cry. During the course of 16 months the child was given *Calcium carbonicum* and *Cancerinum*. None of these helped. *Laurocerasus C200* was given at 17 months and a prompt reaction came:

ail the oid anxiety, shiny stool; the reaction lasted about three weeks and then a clear improvement set in.

Further verification would call for adding the rubric "Crying of children at nights consequent upon asphyxiation."

11. *Okoubaka aubrevillei* - a

clinical report

SCHLUREN, E. (AHZ. 235, 6/1991)

Okoubaka is obtained from the bark of a rare tree in West Africa.

The first experience was reported in 1972 by Magdalena KUNST. She used D2. At the same time Willmar SCHWABE reported the action of *Okoubaka* in different intoxications, weakness of pancreas and toxoplasmosis. Subsequently we have had surprisingly good results in medicinal intoxications and allergies without use of Corticoids and anti-allergies. A medicinal proving was carried out and at the same time a report was presented in 1986 in the 138th annual meeting of the DZVhA.

In the present article is a report on 700 cases treated with *Okoubaka*. The purifying effect in different intoxications and toxic pressure is clearly confirmed, as also the effect on hay fever, liver, gall bladder, pancreas illnesses. Very often patients reported improvement in general status and

activities. *Okoubaka* should also be considered in cases of headache, hypertension, insomnia and lethargy.

12. Homoeotherapy in

Mucous Colitis

WEGENER, A (AHZ, 236, 6/1991)

33 year-old-man: Chronic conjunctivitis since seven years. After ineffective allopathic therapy, homoeopathic therapy without result. Anamnesis taken anew and *Argentum nitricum* LM6 prescribed with some improvement, followed by bloody-mucous diarrhoea; flatulence, tenesmus, etc. i.e. ulcerative colitis. Case again taken: PHATAK's repertry: Mucous colitis (p.61):- 4sar., *Colch.*, *Kali-p.*, *Rhus-t.*, *Zin-val.* *Kalium phosphoricum* XM one dose given. *Kalium Phosphoricum* repeated in LM after 6 weeks and CM twice after eight, ten and twelve months. All ailments healed.

Characteristic symptoms of *Kalium phosphoricum*:

1. One of the greatest nerve remedy (BOERICKE)

2. The medicine is suitable for over sensitive, nervous, delicate persons worn out from long suffering, much sorrow and vexation, and prolonged mental work; also

- such as are broken down from sexual
excesses and vices
(KENT)
3. Nervous, sensitive, weak and easily
fagged (BOGER)
4. Slightest labour seems a heavy task
(BOERICKE)
5. Nervous, starts easily, irritable
(BOERICKE)
6. Aversion to company (KENT)
7. Anxiety, nervous dread without special
cause, gloomy
moods, fancies, taking dark views of
things, dark
forebodings (HERING)
8. Dread of noises, oversensitiveness to
noise and light
(HERING)
9. Homesickness, morbid activity of
memory, haunted by
visions of past, and longing after them
(HERING)
10. Night terrors (BOERICKE)
11. Excruciating nervous headache, with
great sensitiveness
to noise, during menses (HERING)
12. Vertigo on facing sun (BOGER)
13. Headache with weary, empty, gone
feeling at stomach
(BOERICKE)
14. Profound hypochondria and melancholia,
weariness of
life and fear of death, suspiciousness,
weeping mood
(HERING)
15. Headache of students (HERING)
16. Eyes burn, sting and swim in tears
(BOGER)
17. Drooping of eye-lids (HERING)
18. Hayfever with nervous irritability
(HERING)
19. Sneezing; at 2 a.m. (BOGER)
20. As a prophylactic for hay fever
(BOGER)
21. Sad, careworn look (BOGER)
22. The tongue is excessively dry in the
morning, feeling as if
it would cleave to the roof of mouth
(HERING)
23. Craving hunger soon after eating
(BOGER)
24. Craves ice water, vinegar and sweets
(BOGER)
25. Sweat during meals, with weakness at
pit of stomach
(HERING)
26. Enterocolitis (BOGER)
27. Diarrhoea; heavy odour, occasioned
by fright and
exhausting nerves (HERING)

28. Delirium, dryness of tongue,
tympanites; carrion-like
odour of all discharges; dysentery;
pure blood is
discharged (HERING)
29. Diarrhoea (HERING)
30. Rectum prolapse (BOERICKE)
31. Enuresis nocturna (BOGER)
32. Nervous asthma worse from food
(HERING)
33. Intermittent action of heart; with
morbid, nervous
sensitiveness; from violent
emotions, grief, care
(HERING)
34. Pulse intermittent, irregular (HERING)
35. Starting on being touched, or at sudden
noises (HERING)
36. Irregular menses, puls, etc. (BOGER)
37. Disposition to feel bodily pains too
acutely (HERING)
38. Nervous attacks from sudden or intense
emotion, or from
smothering passion; in highly nervous
and excitable
persons; also a feeling as of a ball rising
in throat
(HERING)

39. Paroxysms of pain, followed by
great weakness
(HERING)
40. Partial paralysis with slowly increasing
weakness (KENT)
41. Unnatural, excessive yawning
(HERING)
42. Sleeplessness after worry or excitement
(HERING)
43. Night terrors in children awakening
with fright, and
screaming; somnambulism (HERING)
44. Urticaria (HERING)
45. Skin diseases with bad smelling
discharges (HERING)

13. *Platinum* in treatment of an
involutional depression with neurotic
involvement KUHN, H (AHZ, 236,
6/1991) *Platina?* In old age? In this case
of 77 year-old-woman certain facets of
early
pathology of *Platina* were brought out.

The husband told "you are not any
more my wife" to her who bore him two
sons. He was an artist, musician and she was
architect from a home with much taboos
during the development. Consequence:
frigidity. A life with high intellectual
contacts, cultural life, discussion with

philosophers, philologists etc., a rich life. All these are not pathological.

At 75 years bronchopneumonia. Six months later surgery for an ovarian stoma of the size of child's head (borderline tumor). After this a large eczema on the skull and back. Suppressive treatment.

In spite of her age she took up the surveying of her brother's castle. Much climbing up and down stairs, measurements etc. done. After this stressful work she visited the Frankfurt museum. She could not grasp information nor take in the impressions and she felt that the world was beyond.

The brain is empty, very tired, and so hungry, Every external impression is unbearable, be it written word or spoken word or reading. So dull and weary ... She lost 15 Kg.

Admitted to hospital and after a four week stay the diagnosis: "Involutional depression with severe neurotic involvement." The prognosis, after a CT Scan, was poor and advised to put her in a fosterhouse.

Homoeotherapy: She spoke of her ailments in a monotone:

it is all difficult.

my brain is empty, so tired, so exhausted, it cannot take in anything; the

head does not belong to me, it does not work as expected of it.

I want company

But I feel better when I am alone.

I can lie and sleep only in half darkness.

I am so tired from it.

Acidum picricum brought slight improvement. *Conium* gave slight improvement.

After long discussions the following could be drawn: she is much disappointed over her inabilities, the exhaustion of the spring of life. She was so happy to take part in all things intellectual and she would like to know everything, would never cease to enjoy mental delights. And then came the threshold and she is so heavily thrown down. "Was the earlier life then a delusion?"

Her disappointment; brought about the depression. Pride and mental arrogance have been dropped and the chance of a contemplative life was not foreseen but she had a headlong plunge downward and found this emptiness and illness. "She would die in full life without bending!" And now this reverse. The syphilitic transition (sexual tension - frigidity, ovarian cystadenoma) in the syphilitic miasm from suppressive therapies.

The picture of *Platina* was clear.

Early August 1988 *Platina* 30

End August 1988 *Platina* 200

October 1988 *Platina* 200

March 1989 *Platina* M. ■

Soon after the first dose she began to improve, went for walks and developed more interests.

In May 1989 came an extensive perianal eczema with severe itching. *Sulphur* 30 cleared it in 3 weeks but the mental state became worse and now came the modality: Illness worse during day, worse while sitting, worse from closing the eyes.

Conium LM 1 was given in 100 ml. water and after ten strokes 1 spoon t.d.s.

The symptoms again came upwards. The *Platina* symptom of pride came up. Rare doses of *Platina* M in February, May and October 1990 brought about mental harmony and integrity and she is now 79 years and well.

14. *Plumbum*

KENT.J.T. (HH, 16,4/1991)

Dr. Frank KRAFT's notes from KENT'S stray Lectures.

15. *Cocculus indicus* - its mind and two cases

ANAND, Sunil (HH, '6, 4/1991)

A brief study of the 'mind' of *Cocculus indicus*: Answers, reflects long; Answers, hastily; Answers, slowly; Sensitive to

rudeness; Ailments from rudeness; Sadness as from insult; Dwells on past disagreeable occurrences; Introspection; Mirth, hilarity, liveliness; Exhilaration; Anxiety about health; Horrible things and sad stories affect profoundly; Cares about others; Ailments from night watching and loss of sleep; Recognises everything, but cannot move; Easily frightened. These rubrics have been used to portray *Cocculus indicus*. Two cases are cited.

16. A few of my experiences with *Cocculus indicus*

KOPPIKAR, S.P. (HH, 16, 6/1991)

Few cases are mentioned in passing.

17. *Lachesis*

LIPPE, Ad. (HH, 16,6/1991)

A reprint of LIPPE's excellent article in the American Homoeopathic Review, 1863.

18. *Luffa operculata* in sinusitis

JUNEJA, Kul Bhushan (HH, 16, 10/1991)

Two cases in which the millesimal potency 3 were used and one in which the decimal 6 was used.

19. *Ignatia amara* St. Ignatius bean

ELMORE, Durr (Resonance, 13, 5/1991)

Ignatia is well-known as the remedy presenting paradoxical symptoms. Dr.

ELMORE furnishes some 'confirmatory' symptoms:

Ailments from worry, grief, mortification, rejection, romantic disappointments, overwork;

Great sensitivity and aversion to tobacco smoke;

Frequent sighing;

Perspiration on the face;

Lump in the throat;

Aversion to fruit;

Desire for cheese and fruit

20. *Psorinum* in the treatment of otitis media

LEVATIN Janet (Resonance, 13, 6/1991)

Three children's cases are discussed; in two cases *Psorinum* was given after other remedies (well chosen remedies fail to act). In the third case it was the first prescription.

All the three came from poor and indigent circumstances; families have anxiety over money. (*Psorinum* has fear of poverty) In two cases the mother was physically and psychologically abused by the father.

VITHOULKAS describes the impoverished circumstances under which *Psorinum* or scabies (the skin parasite from which the remedy is made) cases or epidemics occur. He states that poverty both

internal and external can lead to or accompany *Psorinum* state.

21. A *Lycopodium* case in which left is right

REICHENBERG-ULLMAN, Judyth
(Resonance, 13, 6/1991)

Certain remedies have certain affinities including for sides of the body. However, routine prescriptions like *Lachesis* if left sided, *Lycopodium* if right-sided does not work always.

The author details a case in which *Lycopodium* was the remedy although the 'side' involved was left and *Lachesis* did not help. An interesting study.

22. Bad reaction to anaesthesia

CHINDEMI, Wayne J. (Resonance, 13, 6/1991)

Multiple sclerosis in a 21 year-old woman was cured with *Phosphorus 200* over a two year period. Only two doses were given. She reacted badly to anaesthesia which was given while doing surgery on her jaw.

This remedy is also mentioned as antidote to anaesthesia (refer KENT'S Lectures, BOERICKE's Materia Medica)

A very interesting study

23. The relationship between
Homoeopathy, Therapy and

Counselling ROBERTS, Ernest
(Simillimum, 4, 4/1991)

Homoeopaths and Therapists must work together as a team to help patients discover and reveal their hidden 'postures', so that homoeopathic remedies can help the progress forward.

The author has experienced this in working with Ambika WAUTERS. Here are essences of six remedies:

Palladium: Must please so as to constantly be praised, they only feel okay when they are being praised and fear the disapproval of others, so the whole of their life and progress is given over to this seeking of praise.

Asarum: Are unable to love, or to feel or to accept their own needs, they have an inability to receive love and their nervous system is incapable of tolerating any stress, especially noise. They behave as if they were a ghost, floating and therefore safe from the pressures of life, otherwise they do not feel okay. Alcoholism in themselves or their parents is often a causative factor.

Cyclamen: The essence of *Cyclamen* is a belief that it is their responsibility to put everything right, to make things work and to see that everyone is happy. This leads to the delusion that they have

committed a crime and that everything that goes wrong is their fault. Furthermore that they have been forsaken so only they bear these responsibilities. They reproach themselves and show unreasonable conscientiousness.

Aurum: Is similar to *Cyclamen* but they think they have neglected their duty and deserve reproach. *Aurum* must be the best, must be perfect, must do better, and if there is any reflection or failure in achievement or in personal behaviour, the remorse and guilt are very strong. *Aurums* feel they are not valued enough, they are the best and yet the world does not recognize this, they feel better than the rest of humanity and only feel okay when they realize they can leave this unworthy and unappreciative world and commit suicide.

Stramonium: Has fear and violence deeply rooted which is so violent and so deep that it is hidden in the subconscious. We see the violence and fear come out in nightmares, in a fear of violence and of losing their temper - for when they do they lose all conscious control and can kill quite easily.

Staphisagria: Is humiliated, they act as if they are a servant or a slave (and the only alternative to this employment is

starvation) to an unreasonable master. They are incapable of confronting, of facing the cause of their humiliation, and have suppressed anger bottled up. They express anger, but inappropriately in time, fashion and place, so it never addresses itself to the real causes of the anger.

24. A manic depressive case

HERRICK, Nancy {Similiimum, 4, 4/1991)

32 year-old-woman with manic depression for past thirteen years.

Lachesis 200cured. (Smoked Pot, marijuana; lesbian affair; jealous; suspicious; sexually perverse; angry outbursts)

25. *Lachesis* metaphor 'and myth) as medicine *Lachesis*

Muta Muta ("Silent Fate" - Linnaeus)

BEDAYN, Greg (Similiimum, 4, 4/1991)

Lachesis is also known as Bush master and Surucucu; there are also over 60 regional/local names for the species.

Bushmaster's venom kills with quantity, not quality. *Lachesis* has more exaggerated or unverified information associated with it than any other remedy-source in the Materia Medica. In reality, the snake is quite shy and will flee from

humans to avoid conflict. Scientific field studies have proven that these snakes typically steer clear of all human activity and will strike only when cornered, or if someone threatens their young.

In contrast to the many unfounded mythical powers attributed to the Bushmaster are the many verifiable characteristics that can be found by studying its documented physiology and natural history.

There are many verifiable characteristics that can be found by studying its documented physiology and natural history - the "Doctrine of signatures."

A well-researched article.

26. *Lachesis*: reaffirming our healing principles

TESSLER, Neil (Similiimum, 4, 4/1991)

A study of *Lachesis* based on careful analysis of fourteen cases.

Confirmed symptoms and reliable indications (not listed in the Repertory) are given followed by suggested repertory additions. Two cases are detailed as examples of clinical presentation of *Lachesis*.

A very instructive study.

27. A small remedy for a small person

SWOPE, Harry F.

(Similiimum, 4, 4/1991)

A girl child 20 months old who was waking between 12 and 2 a.m. at nights and refusing to go to sleep; wide awake and would play for hours. This came on after the child received a DPT shot.

Cypripedium 200 cured not only this problem but also her respiratory problems.

Rubrics in which *Cypripedium* is found in Mac Repertory: Mind, cheerful; night Anger ecstasy ecstasy; night; waking, on hysteria indifference everything, to mirth

Male, genitalia; Seminal discharge, emissions nightly Mouth, speech; difficult; spasm in throat, from; tongue, from

Back, eruptions, boils, cervical region Extremities, twitching Generalities, Chorea

28. How an obscure sentence in

BOERICKE lead to cure

ROBINSON, Karl (Similiimum, 4, 4/1991)

37 year-old-woman developed, during constitutional treatment with *Ruta* for severe low back pain and recurrent rectal prolapse, cervical adenitis with sore throat.

Symptoms pointed to *Lachesis 200* which improved significantly her energy but cervical nodes and throat continued to be very painful which did not show any improvement even after three days. Cervical glands tender.

Crotaius cascavelta 30: next day well, (see BOERICKE page 390)

29. A case of acute Pericoronitis

PAIS, Gregory (Similiimum, 4, 4/1991)

26 year-old-female with Pericoronitis. Pain since three days worse in the temporal-mandibular joint; Pain was severe. Pain left side, worse heat in general and weakness.

Calendula 200 (septic condition) one dose, Within 24 hours toothache totally relieved. Follow-up four months later; no recurrence.

30. Small remedies can work deeply

SHERR, Jeremy (Similiimum, 4, 4/1991)

12 year-old-boy with nasai congestion, never-well-si nee a bad flu at 7 years age.

Has already had homoeopathic treatment.

Always dirty, which doesn't bother him. Lazy. Angry even over small things. Generally philosophical, perceives things deeply. Headaches occasionally. Very greedy. Loves ghosts, had posters of skeletons, horror movies. Nose obstructed. Sniffing continuously.

Ammonium carbonicum M. Allround improvement.

31. A case of a seductive seven year-old

REICHENBERG-ULLMAN, Judyth (Similiimum, 4, 4/1991)

7 year-old-girl was brought by her mother because she kept touching her vagina over the past months, because 'it felt good'. The girl would hug male clients of her mother (she was a licensed massage therapist), climb all over them and would not let them go. Lately she masturbated in the bathtub. Often she played with another little girl who would lay on top of her.

Had been treated three or four times for otitis media; a course of antibiotics few months ago.

Usually she assumed a leadership role. Seemed to want to impress others.

On the basis of totality of symptoms *Platina 200*; repeated once. Cured. 32. Medical dissolution of gall stones

RAMANATHAN, A.N. (mfH, 2, 2/1991)

This is a 'letter to the editor' in which the writer says that he has verified the usefulness of *Adeps suis 6x* in dissolution of gall stones.

1. Common constitutional types of children

HERSCU, Paul i Homoeopathy Today 11,8/1991)

Paul HERSCU presented this paper at the annual NCH meeting in Orlando, U.S.A. Some points are given here: He opened with a discussion of the fallacy of over-repetition when a patient is under constitutional treatment. Most of the referral cases he gets have been given as many as 40 remedies (and these are children!) often with the correct remedy being one of the many already given. The initial prescribes however, did not wait enough to allow the remedy to fully act. There is no set time at which to repeat a remedy.

Acute prescribing for some-one under constitutional treatment is another major error,

One main clue to finding the remedy is to notice how you respond to the child.

Calcarea carborica is his number one children's remedy, and the healthiest person of

all. The three keynote of *Calc.* are strong will, need for completion (understanding how things work and classifying them) and many, many fears. Uneven circulation. Failure to thrive and for thin children even though we think of it as a big heavy-bodied. Only 30% of *Calc.* children are obese and huge and only 30% are slow learning to walk. *Calc.* want to be rocked and they look you into the eye during that. A major colic remedy (worse evening) with easy vomiting which looks like cottage cheese. Main remedy for hypothyroidism with concurrent symptoms of obesity, constipation, chilliness and teeth coming in very slowly. One key-note is that when a baby is in pain, especially in an ear ache state, the baby will be looking right at you.

Lycopodium children are strong and bossy (their anger is used to control) and very fearful. ONLY *Lycopodium* has these together. Lot of Gastrointestinal symptoms. They are hungry and irritated when they come home from school. Their common urinary problems can be physiological or because they were born with anatomical defects. They often wet bed. SLEEP problems; grouchy in morning. Babies are often born with cracks behind their ears especially right ear. Hypoglycaemia and Diabetes mellitus. Lyme disease, Rheumatoid Arthritis, Mono-nucleosis (with painless swelling right knee). An unusual clue to a *Lycopodium* child is

that anyone around almost "enjoys" seeing the child disciplined.

Medorrhinum can be retarded, very, very violent, and/or sickeningly sweet. They may move from one to the other of those states. Diaper rash during the first year. Often they sleep in a knee chest position (*Lye, Tub.*). Frequently they have repeated bronchitis or asthma. May have arthritis with lots of swelling. Ear aches and colds with mucus and green discharges. Nail biting. Desires cold drinks, lemons, oranges, kiwis.

Phosphorus: You want to support, hug them. Whereas *Pulsatilla* passively comes to you and sits in your lap gently to be softly petted, *Phosphorus* is much more active. Many fears and nightmares from active imagination (*Calc.*), throat problems and juvenile rheumatoid arthritis. Most *Phosphorus* children are thin and frail, thirsty and have recurrent bouts of diarrhoea. Exuberance is a keynote.

2. Homoeopathic medicines for emotional stress.

SHEVIN, William (Homoeopathy Today, 11,7/1991)

Orlando Conference of the NCH.

Stress is a stimuli which requires adaptation, and we are all bombarded by such stimuli constantly. Stress is the result only if we are susceptible to the stimuli. Healthy people are more resistant to stress.

People who are very ill often have been emotionally wounded early in life and have been unable to deal with the hurt in an adaptive way. Energy has been contained in some way either through suppression or denial, and illness is the result. Susceptibility and intensity are inversely related.

The more ill a patient, the more intense the symptoms. The patient who experiences an acute stress might need a remedy that would otherwise never have been needed.

The origin of the emotional stress can be difficult to find. People sometimes respond to stress by completely suppressing the memory of it.

3. Case Study

DE.H.N. (JAIH, 84, 3/1991)

61 year-old-female: suffered from an obsessional neurosis which came on at the time of her menopause at age 45. She brooded incessantly, keeping her hands clasped. Most of her time was spent in a temple adjacent to her house. On her return from the temple in the evening she would spend three to four hours washing herself and her clothes. She had to be forcibly removed from the bathroom as she was unable to desist from washing of her own accord. At night during sleep she would weep terribly.

She developed an exfoliative eczema on the dorsum of the left foot which had been present

for ten years. The colour of the eruption was black as tar.

Lachesis 2c twice weekly for two weeks produced no effect at all.

On 15.4.90 *Stramonium* 10M.

At two month follow-up her brooding and frequency of visits to the temple had definitely decreased, but the cleanliness and phobia and the weeping in sleep persisted. Placebo.

Three months after the *Stramonium* no further improvement.

On 26.7.90 *Zincum metallicum* 10M. At two month follow-up the patient appeared gay and joyful, whilst the eczema was discharging a profuse ichorus fluid. The washing mania had subsided to a great extent, as had the night weeping. Placebo for two months.

9.12.90 the skin of the affected leg was of normal colour with no eruption. At the last visit on 21.1.91 she was living quite a normal life.

4. Multiple sclerosis

SERVAIS, Ph., -M. 9CGI, 27, 1990)

23 year-old-woman with multiple sclerosis since five years. Treated for 7 1/2 years homoeopathically successfully.

Phos-ac.30 brought local amel, but not the total state. *Phos-acXM* and after 6 months improvement to a state in which she was two years before. Symptoms which came up then: sighing, sneezing, chronic coryza, cough. *Lachesis M* and 6 months after *XM*. Next, *Nat-*

mur.30 after which mentally improved. Six months later *Puls.XM* and then *Phos.200*. After an year *Phosphorus XM*. Next year *Pulsatilla LM*. and after another year *Causticum 200*. She was given *Cicuta virosa 30* because of her persistent complaint that the whole world was crazy, produced a very rapid reaction. Four months after this she became pregnant. For nausea and vomiting *Cicuta virosa M* was given with further improvement of neurological and general improvement. A bronchitis in the interval was treated with Placebo. At sixth month for premature pains *Cicuta virosa XM* was given and the remaining period of pregnancy and delivery went on well.

Three months after the childbirth *Cicuta virosa LM* given for spastic colon disease. Six months after, no further ailments.

5. Vitiligo and Psoriasis

KOPPIKAR, S.P. (HH, 16, 4/1991)

Apart from the so-called 'specifics' for Vitiligo, *Morgan M* (where *Sulphur* is indicated), *Gaertner M* (faulty nutrition) *Dysentery Co* (nervous individual) *Sycotic Co* (catarrhal conditions predominant) help in speeding up healing.

6. Psoriasis

NIMBHORKAR, M.P. (HH, 16, 4/1991)

Two cases reported, Long-term follow-up wanting.

7. Psoriasis

TAJI, W.M. (HH, 16, 4/1991)

Complete anamnesis of Psora is found in *Pulsatilla* by Dr. P.S. KRISHNAMURTHY, Hyderabad. "I use *Pulsatilla* in the cases of Psoriasis where no other remedy comes up: also *Pulsatilla* is used inter-currently. But when *Pulsatilla* is indicated I use it in almost all the available potencies in different scales until the edge of *Pulsatilla* potency is completely rubbed off."

8. A case of bleeding piles cured with *Puls*.

SUDARSHAN, S.R. (HH, 16, 4/1991)

37 year-old-man: Bleeding per rectum, during and after stools. Feels suffocated in closed place; cannot tolerate warmth, better in cool open air. *Pulsatilla 200* cured.

9. Homoeopathy in gynaec and obstetrics

KUL BHUSHAN and RENU JUNEJA (HH, 16, 5/1991)

An anaemic, haggard woman, never well since the birth of her child 18 months ago, frequent haemorrhage; has had hospitalisation many times; several D & C; sallow with deep lines of suffering and pain in her face. Prolapse of female

organs which made it difficult to walk. Pessary put in would not stay in. Advised to undergo surgery which she refused to.

Pessary put in and a dose of *Sepia M.*

Soon her complexion improved; the ligaments and muscles of the pelvic floor had tightened up and had kept the pessary in.

41 year-old-woman with profuse haemorrhage; uterine fibroids; advised surgery but came to homoeopathic treatment. Heavy uterus, with several fibroids. *Sulphur 30* on general symptoms.

Two months later: improved Revealed h/o Tuberculosis. *Tuberculinum 200* one dose and *Fraxinus americanus 5* gtt. b.d.

10. A Case of T.B.

Lymphadenitis

RAVIKANTI, Murali (HH, 16, 5/1991)

22 year-old-man with multiple swellings in the supraclavicular fossae, painless. *Calcarea fluorata 6x*.

After 10 days: severe congestions around the glands with pain. *Belladonna 200* one dose every hour for 24 hours. Pains relieved next day and asked to continue *Calcarea fluorata 6x*

Twelve days later: glands softer. *Calcarea carbonica 30* one dose daily.

Also 5-10 petals garlic boiled in milk t.d.s.

45 days later: still better: *Calcarea carbonica 200* b.d. plus garlic as before.

40 days Later: *Calcarea carbonica 200* one dose every day plus *Allium sativum 10* gtt,

Follow up after about 40 days: remains well.

11. A Case of mixed miasm

SHARMA, R.K. (HH, 16, 9/1991)

40 year-old-lady with allergic dermatitis of 6 years duration restricted to front part of neck and face. Dry itching and burning; much inflammation and skin peeling off. Has already undergone allopathic treatment.

A hot patient. Itching, burning were better by cold application and open air.

Apis and *Sulphur* without benefit.

Wollen clothing agg.

Psorinum M.

3 weeks later found &il rashes had gone as also itching

Psorinum M repeated after a month and 15 days; after that a patch of alopecia developed on the scalp. She had similar patch about 7-8 years ago.

Fluoric acid 200.

Within a month the bald patch was filled with small hair.
Had mild recurrence of allergic dermatitis.

Patient revealed that at 15 years age her upper incisor teeth fell without much pain or any complaint.

Syphilinum M. No recurrence till date.

12. Varicose Veins of Pregnancy

REICHENBERG-ULLMAN, Judyth
(Resonance, 13, 5/1991) A case of varicose veins in pregnant lady treated with

Lachesis.

Other well-known varicose veins remedies are discussed.

13. Homoeopathy and periodontal disease

STEPHENSON, David
(Resonance, 13, 5/1991)

The author came across a very interesting paper by Julia C. LOOS presented to the International Hahnemanian Association, in 1921.

Some remedies to be considered for
(Periodontitis)

Am-c, Canth., Carb-v., Hep., Lach., Merc, Mez., Nat-m., Petr., Phos., Puts., and Sil.

The useful rubrics are:

Mouth, Abscess, gums

Mouth, Bleeding, gums

Mouth, Detached from teeth, gums

Generalities, caries of bone

Dr. H.A. ROBERTS considered

Calcarea renalis as very useful.

14. The relationship between Homoeopathy, Therapy and counselling ROBERTS, Ernest (Simillimum, 4, 4/1991)

The aim of the article is to explore how counselors,

therapists, and homoeopaths can work together and to ask how student homoeopaths can benefit from some training in counselling and knowledge of psychotherapy.

Counselling techniques could help homoeopaths to 'take the case.'

Six cases of Edward C. WHITMONT which he gave in a Seminar in the U.K. in 1991, are cited:

Case 1: A woman had sensations of falling out of her body and that she was not here, she compulsively hit herself, banged her head and cut herself. History of abuse and alcoholic parents. Therapy was not helping and she fell in love with her therapist who refused to even have an affair. She had a nervous breakdown and turned to Homoeopathy. *Lycopodium* did not help. *Phosphorous* gave only small

improvement. More of a hysterical appeared and as all her emotions were suppressed *Ignatia* helped her become open once again to therapy and make good progress with psychodrama treatment.

Case 2: Female patient, depressed with facial acne, sinking feeling, scanty menses, aversion to her family, and a clear *Sepia* picture all round. *Sepia* improved everything except the acne. *Sulphur* was of no avail. Psychotherapy revealed a deep shame of being Jewish and of being seen to be Jewish. She always tried to 'save face' and after this was explored in therapy, *Sepia* was again prescribed and the acne disappeared, leaving her well. Neither therapy or Homoeopathy worked without the other.

Case 3 : Boy suffering from Schizophrenia; paranoid, anxious, depressed, confused, unable to remember or concentrate, with no self-confidence, and greatly aggravated by seeing sick people around him. The onset was a sudden loss of memory and great confusion with copious sweating. *Mercurius* was indicated. He had all his teeth filled with mercury fillings and these were taken out at once with big improvement in the boy's condition. This

was while he was taking lot of drugs. Picture retaken and *Phosphoric acid* helped him improve for a year.

A case of poisoning in a psychopathic personality and nothing could be done until the poison was removed.

Case 4: *Calcareo carbonica* was prescribed for eczema which produced tetanic spasms of the fingers which persisted. Under therapy memories of early childhood returned of his mother tying his hands to the bed to prevent him masturbating and created shame. The spasms went and the eczema cured.

Calcareo affects the parathyroid gland which can, if out of balance, cause tetany. The strong emotions of shame aggravated the parathyroid causing the calcium metabolism to alter and caused eczema. The homoeopathic; picture of Calcium was the body telling us where the cause was physically, but the deeper causation was in the emotional level and required therapy. The two therapies worked together.

Case 5 : A sensitive Catholic minister was undecided for years whether to marry a nun he had fallen in love with, or to stay in the ministry. He came for a remedy for a bad cold and mentioned a dream where he was in the same clinic in a very

uncomfortable position having his case taken. In therapy he was asked to take up the uncomfortable position of his dream and accentuate it until it was unbearable; he said, "I can't". Urged to intensify the position more, he repeated "I can't." The therapist asked him to go on repeating "I can't" which he did and eventually fell into trance where he relived his own birth stuck in breech and hearing his mother saying "I can't". Later he dreamt that he ate sand. Sand is *Silica* and this was given as a homoeopathic remedy. Shortly afterwards he married.

Case 6: A woman patient with frigidity and a sensation as if her mouth were full of feathers. At once it was suggested, before Homoeopathy, that some feathers be put into her mouth and more which was done until a panic set in which brought back the memory of at age 6 or 7 being raped by an uncle who stuffed feathers into her mouth to prevent her sex earning. The patient forgot this incident but became frigid. Now she brought up the memory, was able to let it go, and her frigidity went; she was o.k. No remedy was needed. Therapy alone was enough

The way ahead is for homoeopaths and therapists to work together as a team

to help patients discover and reveal their hidden "postures" so that homoeopathic remedies can help the progress forward.

15. A child's world

HERSCU, Paul (*Simillimum*, 4, 4/1991)

It is considered that low potencies do not affect the emotional or mental symptoms and one would need higher potencies for that. The case cited shows that low potency does affect the mental state.

A 14 year-old-girl was treated for allergies and asthma. *Phosphorus* 6 was given four times a day.

After a month, significant progress and *Phosphorus* 200 was prescribed thrice a day.

One month later further improved and *Phosphorus* 200 was given one dose repeated six months later.

Remains well.

Six of the most important 'localities' of *Phosphorus* are : allergies, asthma, palpitations, stomach distress, nightmares, and fears.

16. Chief complaints are often superficial

BENNETT, Peter (*Simillimum*, 4, 4/1991)

33 year-old-female with chronic coughs and colds, vaginal yeast infections, headaches and fatigue. Already treated by Homoeopathy.

A sad, weary young woman, open, earnest and honest; fatigues all the time.

PMS; cough; neck and back aches; itchy and sore eyes; many fears, griefs, etc.

Ignatia 200.

For a whole month she began having "heavy delicious" sighs and began to have a profound sense of well-being that she has never felt.

The chief complaints focussed only on the physical symptoms; she did not mention her grief and fears until asked specifically. *Ignatia* acted deeply to free her from the chronic grief and inner tension.

17. A case of carpal tunnel syndrome

COLLINS, John (Simillimum, 4, 4/1991)

44 year-old-man self-employed as carpenter with bilateral carpal tunnel syndrome (CTS) of 15 years.

H/o left wrist fracture as a teen leading to thenar muscle atrophy. Corrective surgery at 21 years for shrapnel wound. At 27 years, prior to onset of CTS,

motorcycle accident with a shoulder dislocation. Occasional asthma. The CTS is as a result of a lesion at the spinal level, aggravated by the overuse of the hands.

Calcarea Phosphorica 6 t.d.s.

Five months later 100% better,

Follow-up: remains well.

18. A *Helleborus* case

PARSONS, Phil {Simillimum, 4, 4/1991)

48 year-old-female came for removal of mercury amalgam.

Rubrics chosen after complete case taking;

Generals: Mercury, abuse of, cold air agg.

Teeth: Sensitive, tender, cold water, to

Face: clenched, Jaw

Mouth: biting, tongue, night in sleep paralysis, tongue

Skin; ecchymoses

Extremities: Motion

Mind: restlessness, night

Answers, reflects long

Sensitive to noise

Company, aversion to; amel. when alone

Forsaken feeling

Deeds, feels as if he could do great Sleep: position, on back

limbs drawn up

Helleborus 50M

After this she became very depressed and nonfunctional and was hospitalized for her mental problems. Subsequently she made rapid improvement and continued to remain well.

19. Bronchiectasis

KUMAR, Vijay R. (mfH, 2, 1/1991)

20. Salvarsan

LAKSHMINARAYANAN, D

(mfH, 2, 2/1991)

Some brief reminiscences regarding the 'milestones' in the Orthodox medicine, like Salvarsan which "blazed new trails in the conquest of new diseases at the start but soon doubts, failures, complications, drug resistance", etc. emerged.

1. Corrections of abbreviations for medicines used in

BOGER- BOENNINGHAUSEN's Repertory.

RASTOGI, D.P. and SHARMA, V.D. (BHJ, 80, 4/1991)

Abbreviations of certain drugs in the BOGER's

BOENNINGHAUSEN's Repertory were not clear and required clarification corrections, The authors undertook careful examination of all such

abbreviations and referred them to standard textbooks viz., HAHNEMANN's **Materia Medica Pura**, and **Chronic Diseases** T.F. ALLEN'S Encyclopaedia, HERING's **Guiding Symptoms**, BOENNINGHAUSEN's **Repertory**, CLARKE'S **Dictionary of Materia Medica** BOERICKE's **Materia Medica**.

This paper presents the errors and the corrections against them so that the Repertory is of greater help.

2. Remedy alterations in KENT'S Repertory

Part 19 - *Lachesis* and *Lactuca virosa*

EPPENICH, H. (ZKH, 35, 5/1991)

Lachesis not *Lactuca*

"Vertigo, intoxicated, as if: *Lach.*" p. 100

"Confusion and Vertigo. A condition similar to intoxication ..." (**Encyclopaedia**, p. 435, No.99)

"Abdomen, pain, stool, diarrhoeic, during: *Lach.*" p. 560.

"Violent cramplike pains in the abdomen do not permit her to stretch out; with diarrhoea." (**Encyclopaedia**, p. 450, No.735)

3. Remedy alterations in KENT'S repertory

Part 20 - *Natrum muriaticum* and*Natrum nitricum* WOLF, M,

(ZKH, 35, 6/1991)

(1) *Natrum muriaticum* not *Natrum nitricum*:

Urinary organs, Bladder, urging to urinate (morbid desire), pressure in rectum, with: p.655, - *Natrum muriaticum*. (ALLEN's **Encyclopaedia**, VolVI, p.566, No.1585; p.566, No.1600; **Guiding Symptoms**, Vol. VII, p. 574; HAHNEMANN, **Chronic Diseases** No.649)

Urinary organs, urethra, itching meatus, walking: p.673 -*Natrum muriaticum*. (ALLEN'S **Encyclopaedia**, Vol, VI, No.1572)

(2) *Natrum nitricum* **not** *Natrum muriaticum*

Abdomen, contraction, muscles: p.543;

{ ALLEN's **Encyclopaedia** Vol. Vi, p.599, No.22)

Abdomen, Pain, exercise, from p.558:

(ALLEN's **Encyclopaedia** Vol. VI, p.599, No.19)

Mouth, taste, metallic: p.424

(ALLEN's **Encyclopaedia** Vol. VI, p.f,99, No.12)

4. On the repertory of JAHR and the future repertories

v. KELLER, G. (ZKH, 35, 6/1991)

HAHNEMANN and JAHR both planned to create three different repertories, one for localities, one for sensations, and one for modalities. JAHR unfortunately could not include modalities in his separate repertory on symptoms of the skin as much as he wanted to BOENNINGHAUSEN stated that the modalities are the most important part of the symptoms for individualizing patients and remedies. For these reasons the author has begun work on a special repertory on the modalities of the skin citing word by word the original symptoms from all of the published provings and from at least some of the clinical sources.

1. Climbing activity in frogs and the effect of highly diluted succussed thyroxine,

ENDLER, P.C., PONGRATZ, W., KASTBERGER, G., WIEGANT, F.A.C, HAIDVOGEL, M. (BHJ, 80, 4/1991) The experiments investigate the influence of extremely dilute *thyroxine* (*Ja*) in special 'homoeopathic' preparation (dilution T4, 30x) on the spontaneous tendency of juvenile frogs to leave the water and climb on land, Climbing activity was suppressed

by dilution T₄, 30* with statistical significance both in comparison to the effect of the 'potentized'¹ preparation of 'he solvent (dilution H₂O 30K) as well as in comparison to the control observations before the start of the treatment. Finally, in the search for optimal treatment duration, it was shown that exposure to the dilutions for even a few minutes sufficed to cause significant effects.

In a 'Note' to the interesting research article the authors say that the financial support for the experimental work was provided by the **Deutsche Homoeopathie Union** and the **Ludwig Boltzmann Gesellschaft zur Forderung der Wissenschaftlichen Forschung**. The authors also submit the discussion of the amphibian model to the public in the hope that it will be a challenge to scientific creativity to further explore it, but without any investigation harmful to the animals.

2. The scientific investigation of
alternative medicine,

NICHOLAS, P. (BHJ 80, 4/1991)

Transcription of the Richard Hughes Memorial lecture, Faculty of Homoeopathy, May 1991. A very interesting, scholarly paper.

In the U.K. HUGHES' materialist, low-dose, disease-oriented approach to

Homoeopathy did not survive the Swedenborgian KENT'S influence on Margaret TYLER, Sir John WEIR and Gibson MILLER. The notion of scientific procedure as a neutral way producing objective knowledge is at least overstated; what is regarded as 'scientific knowledge' is, in fact, the result of the social process, and is therefore socially contingent, and therefore socially constructed knowledge.

Karl MANNHEIM and others of his times argued that a firm distinction must be made between the methods and concepts of the natural and social sciences. Sociologists therefore left science alone.

However a new sociology of science began to emerge during the 1980s. It was argued that since knowledge of the physical world was not only mediated by culture, but produced by what was itself a cultural process, it too was socially contingent, and could be brought within the framework of *the* sociology of knowledge. It was also recognised that the standard view of science is deeply flawed.

Procedures of assessment in science are occurring all the time not least by the editorial boards and their referees in selecting some papers for publication and rejecting others. The framework of technical and other norms which scientists

employ for assessing and advancing scientific knowledge is, in practice, flexible, socially negotiated and interpreted. What drives the interpretation adopted in any particular instance is often the perceptions of the material interests held by the participants.

3. Cytological effect of *Thuja*

occidentalis in homoeopathic preparation CHATTERJEE, A and JANA, B.R. (HH, 16, 4/1991)

Effects of various dilutions of *Thuja occidentalis* on cytological behaviour of *Allium cepa* roots had been observed. All potencies - O to CM - of *Thuja* induced significantly higher mitotic index. It was also observed that the treatment with *Thuja* CM induced monopodial branching in *Allium cepa* roots which was abnormal.

It was paradoxical that *Thuja* while arresting cell proliferation in warts and tumors, also induced in humans higher mitotic activity in *Allium cepa* root.

It was also observed that *Thuja* CM had distinct and pronounced effect on the biological system.

4. Clinical research in filariasis (a profile by CCRH)
RASTOGI, DP., MISHRA, N.
(HH, 16, 6/1991)

(Presented at the OMHI Congress 1990)

This paper presents a report of treatment of 973 cases of Filariasis undertaken at three CCRH (Central Council for Research in Homoeopathy) institutes during April 1985 to March 1989. Although more than 2000 cases were registered data is presented for 973 patients only who were under definite period of treatment of 4-5 years.

Lycopodium, *Mercurius*, *Calcarea*, *Medorrhinum*, *Hydrocotyle* and *Lachesis* have worked well whenever indicated.

CCRH has confirmed the efficacy of *Rhus tox*, *Bryonia* and *Apis* in this disease and these three have been recommended to be included in the National Control Programme of Filaria. These three drugs and *Sulphur* alone cover 60% of cases and about 45% respond to these drugs only.

Observations of reliable indications

Apis

Glossy oedema

Burning

Cold

Scanty thirst

Belladonna

Acute congestion

sudden onset

Sensitiveness

Throbbing pain

Bryonia

Hot patient

Profuse thirst

Motion

Pressure L.

Oedema of all types, specially fibrotic

Lycopodium

Chilly patient

Desire for warm food, sweets

Flatulent dyspepsia

Merc~sol.

Profuse sweat

Profuse thirst

Suppurative tendency

Mucous stools

Nat-mur

Intolerance to sun-heat

Desire for cold, salt

Mental irritability

Pulsatilla

Hot patient

Desire for cold

Thirst scanty

Mild disposition

Rhododendron

Affections of male genitalia

Hydrocele

Rhus tox.

All cases of recent origin or acute over chronic

Frequent episodes of adenolymphangitis

Exertion

Cord like swelling

Sulphur

Local or generalized burning

Cold

Desire for sweets, cold

Accompanied by gastric or skin disorders.

Frequency of administration of drugs:

30 potency once or twice a day continuously for a month or

two.

200 potency few dtises per month.

1 M onwards - one dose per month

50 M - CM 1 month to 6 months interval

During acute paroxysms - low to medium potency at 3-4 hours interval.

The Editor of HH comments that; in his experience *Arsenicum album* puts a stop to the midnight rigors which sometimes occur at new and full moon; 200 and 1000 potencies.

Hydrocotyle asiatica tincture 3 to 5 drops twice daily, and in some cases alongwith *Calcarea flour* 6X, has reduced and almost normalised Elephantiasis of arms and legs.

Rhus tox, *Pulsatilla* and *Rhododendron* have cured most of his cases of hydrocele - all in 6 or 30 potency repeated daily.

Silicea in M or XM has done wonderful work in glandular enlargement and hardening.

At least 25% of patients get great help by anti-tubercular high potencies of *Drosera*, *Tuberculinum* and *Arsenicum album*.

VETERINARY

1. The case of the canine constitutional

LEVY, Jeffrey (Resonance, 13, 5/1991)

How can one prescribe for cats and dogs since vast amount of information is not available? In fact, veterinary prescribing is similar to human prescribing.

A 11 year-old female spayed Italian grey hound named Natasha, developed four breast nodules which were identified histopathologically as mammary adenocarcinoma; they were surgically removed.

H/o Seeks warmth, enjoying the sun; easily chilled, hating cold weather and rain; not thirsty; loves steamed vegetables, bread, brown rice, cooked chicken.

Intelligent, happy and well-behaved; demanding attention, she will cough for attention and will be destructive if left alone too much. Will ignore strangers on the street, but moves behind her mistress' person, using her almost as a shield.

Silica XM one dose. Response was excellent on all levels before repetition was necessary after three months.

Mental and emotional symptoms can be recognized by understanding the behaviour in

the context of what is normal for the species. They are not so much different as they are analogous to people, and the differences in nuance arise from the difference of species, that is, that which makes a person a person and a dog a dog.

1. Hahnemann's theory in Russia

GLAZ, Vladimir, G. (BHI, 80, 4/1991)

Homoeopathy appeared in Russia during the reign of the Romanov family. The work of the Russian trail-blazers in homoeopathy was very hard and it could hardly have gained success without high-ranking patrons and sponsors. In 1826, HAHNEMANN'S nephew Physician-in-ordinary Mr. TRINIUS, was the first to practise homoeopathic methods of treatment in St. Petersburg.

The article sketches briefly the history of Homoeopathy in the U.S.S.R.

2. Is this the world that man made?

ROYAL, Fuller, F. (BHI, 80, 4/1991)

It seems to be a natural tendency of man to oppose ideas that cannot be explained by current thinkers, no matter what the subject matter. Persecutions continue in a subtle, more acceptable form. Unmarked as prejudice, selfishness, and arrogance, a superstitious fear of that which is different has not changed all that much throughout the years. Conventional

medicine persecutes Homoeopathy. Homoeopathy practitioners harshly criticize conventional medical practitioners. Among themselves homoeopaths criticize each other - the 'classical' against the 'poly pharmacist', etc. It is 'the nature and disposition of almost all men, as soon as they get a little authority ... they will immediately begin to exercise unrighteous dominion.'

Whose point of view would HAHNEMANN acknowledge to be best if he was alive today? HAHNEMANN's life was a continual change. Why can't homoeopaths agree to have more open dialogue among themselves?

Let there be an end of pride, vanity and jealousy, so prevalent among modern doctors who bring grief to the true healers, wise physicians who have learned the value of becoming partners with nature in healing the sick,

1. In search of KENT'S teacher

WINSTON, Julian (Homoeopathy Today, 11,6/1991) According to Pierre SCHMIDT one Dr. PHELAN a homoeopath treated KENT'S wife and she recovered; KENT learnt Homoeopathy under Dr. PHELAN's guidance. In Pierre SCHMIDT'S 'Brief biography of KENT'¹, he refers to Dr. PHELAN as "an old doctor with his white beard," Julian WINSTON took the pain of researching into this and has come to the

conclusion that Dr. PHELAN was neither 'old' nor had a 'white beard.'

2. Dr. William GUTMAN -

obituary

KLUNKER, W. (ZKH, 35, 5/1991)

Dr. William GUTMAN was born in Vienna on 16th October 1900. Together with ROSENDORF, WANSCHURA and MARIA A. SCHREIBER, he belonged to the self-taught homoeopaths and the distinguished homoeopaths of Austria during the period between the Wars. In 1938 he went into exile. He settled in the United States and practised in New York till quite old age. His active participation in the New York Medical College, in the Liga Medicorum Homoeopathica. Internationalis, the founding of an International Homoeopathic Research Council for Medicine Provings as also the honors he received were all recalled in the ZKH, 29, 1985 on the occasion of his 85th birthday. William GUTMAN was one of the founders of the journal Zeitschrift fur Klassische Homoeopathie in 1957 and contributed various articles. His view of life is to be found in the Editorial in 1985 on Homoeopathy: scientificity, medicinal provings and verifications, materia medica. In his depiction of the remedies he was inspired by the synthesis of contemplation of GOETHE.

William GUTMAN could not, like his mother, celebrate his 100th birthday. On May 7, 1991 he suffered an accident for which an operation became necessary. He was soon on way to recovery but on 11 May 1991 he passed away after a brief hospitalisation in the Mount Sinai Hospital, New York.

The essentials of his thoughts and aspirations are contained for posterity in his collected essays "Die Grundlege der Homöopathie und das Wesen der Arznei" published by Karl F. Haug, Heidelberg". (English: "Homoeopathy - The Fundamentals of its Philosophy and the Essences of its remedies" - published by The Homoeopathic Medical Publishers, Bombay - 400 054.)

1. The Pacific Academy of Homoeopathic Medicine (PAHM) held a programme in October 1990. Dr. Andre SAINE gave a lecture which covered numerous mental disharmonies, including alcoholism, drug addictions, dependent personality disorders, mania and depression, and several other valuable topics.

Regarding 'Co-dependency'¹ Dr. SAINE indicated that the rubrics to consider would include:

1. Want of self-confidence (K.p.13)
2. Irresolution (K.p.£7)

3. Fear of being forsaken (K.p.49)

4. Feeling of helplessness (K.p.51. Add *Lyc.* grade 3 and *Puls.* grade 2)

5. Desire company, agg. alone (K.p.12)
Offended easily (<.p.69)

Sensitive to what others say (K.p.79 and cross refce, p.52. Horrible things, sad stories affect)

8. Dictatorial, control of another (K.p.36 add *Sep.* grade 2 and *Natrum mur.* grade 2)

Correct remedy for the case must of course be based on the entire case and not just the specific symptoms.

2. In January 1991 Dr. Robin MURPHY presented a two-day homoeopathic conference on infectious diseases: tonsillitis, fever, meningitis, Croup/whooping cough, mononucleosis, hepatitis, influenza, cystitis, mastitis, AIDS and herpes.

Dr. MURPHY, by utilizing the Organon, said that similar suffering can be treated without aggravation by using low potencies; higher potencies for the acute rather than the chronic. The specific remedy can be selected only by good understanding of the materia medica. (Homoeopathy Today, 11, 6/1991)

3. Vaccination: A sacrament of Modern Medicine

MOSKOWITZ, Richard (JAIH, 84, 4/1991)

The credence given to vaccine efficacy is called into question. The insistence of medical authorities that vaccination be compulsory is likened to an act of faith by theologians, rather than a practice based upon scientific fact. "Numerical" immunity, based upon antibody levels and the result of vaccination, is contrasted with the qualitative immunity, 'the result of the natural disease. Examples of chronic adverse reactions to vaccinations are provided, as well as their homoeopathic treatment. Suggestions are given for future research into the efficacy and side effects of vaccination.

Dr. MOSKOWITZ has summed up everything that the present medical system has left out:

1. Healing implies wholeness
2. All healing is self-healing
3. Healing applies only to individuals.

Quotes from PARACELSUS:

"The art of healing comes from Nature, not the physician ...

"Every illness has its own remedy within itself..." "A man could not be born alive

and healthy were there not already a physician hidden in him"

4. Evaluation of the medicinal provings of *Petroleum* (1984) and *Luffa operculata* (1986) in the "Niedersächsische Akademie für Homöopathie und Naturheilverfahren" in Cello.

Part I: Proving methods, analysis, criteriae for selection of symptoms and comparison with those of Hahnemann's "Chronic Diseases."

Part II: Critical evaluation and conclusions.

(ZKH, 35, 5 & 6/1991)

The reasons for a new proving of *Petroleum* are explained and a number of the prominent symptoms of this proving are compared with very similar symptoms of Hahnemann's "Chronic Diseases." The provings are evaluated critically and the weak points of the way of proving are described and also possible further development of homoeopathic provings are explained.

5. Professional obligations of the homoeopathic physician STEBNER, FA (ZKH, 35, 6/1991)

The physician may apply therapies not recognized by the orthodox medicine. He

has to follow certain rules while doing so. These are explained. The author is a lawyer.

6. The position of Acupuncture in Homoeopathy

FAH, L. (AHZ, 236, 5/1991)

Attempts were made in the past in Germany to integrate Acupuncture with Homoeopathy. In fact the German Journal "Deutsche Zeitschrift fur Akupunktur" was published for some years since 1952 by the AHZ. There is tendency to revive such an integration of Acupuncture in Homoeopathy. Knowledge of the history of Therapeutics is of help to the homoeopathic physician for critical adaption.

1. The 46th LIGA Congress 1991 was held at Cologne, Germany during 6-11 May, 1991.

This triennial Congress was held in Cologne which has been an important centre since Roman times, over 2000 years.

The outgoing President Dr. C. OLIVER KENNEDY recalled the aims and objectives of the founding of the LIGA in 1926. Dr. KENNEDY recalled that Homoeopathy was taught in the University of Brazil; that Dr. Catherine GAUCHER of Homoeopathie Sans Frontieres had been in Peru successfully organizing, with local support, medical relief in the cholera pandemic in South America in spite of modern advances.

The same drugs - *Arnica*, *Camphor*, *Cuprum* and *Veratrum* - which were effective during HAHNEMANN's times are effective in this too (with the addition of fluid and electrolyte replacement). Veterinary Homoeopathy also has been advancing. Dr. Enrique GONZALEZ in Spain carried out a proving of *Myrobatanum chebula*. Homoeopathy is receiving academic recognition in Spain.

The main theme of the Congress was "200 years of systematic medicine provings in HAHNEMANN'S land."

2. The special summer number of Newsweek (1991) contained an article that mentioned Homoeopathy. The article triggered much interest and was good publicity (Homoeopathy Today 11, 7/1991)

3. The National Center for Homoeopathy (NCH), USA sponsors a unique educational programme known as the Affiliated Study Group (ASG) programme. The ASG is a loose federation of study groups interested in learning how to use homoeopathic remedies for acute illnesses and accidents. We all learnt allopathic treatment for acute illnesses like Aspirin for

headaches from the News Media, T.V. ads, our fathers, mothers. We have thus unconsciously absorbed allopathic medical knowledge of over-the-counter medicines for acute illnesses. The ASG help people consciously develop a similar knowledge of the use of the safe and effective homoeopathic medicines. The programme began at grass-roots level in 1986. Now there are over 1900 active members. The ASGs provide over 30,000 student contact hours per year in Homoeopathy: the NCH has also developed a 135 page manual that is available to new groups. Pharmacies and other homoeopathic organizations have been very supportive of the ASGs. (Homoeopathy Today, 11, 7/1991)

4. Dying with dignity.

HAGER, Ruth (Homoeopathy Today, 11,7/1991)

Homoeopathic remedies could make the last moments of life comfortable and allow incurable patients to depart this life with dignity and self respect. A case in point: 69 year-old-man, a friend. Cancer was killing him. Tumour in the right lung, inoperable, metastasized.

He was not afraid of dying but wanted his affairs in order and be able to be with his children and grandchildren and wanted to tell his friends, brothers and sisters 'good-bye'.

Arsenicum album XM when he was restless kept him calm, sweet and kept him mentally alert until the end. Few days later *Carbo vegetabilis* relieved his weakness. Meanwhile friends dropped in, shook his hands, remembered the past together, chatted happily, grandchildren got hugs and kisses. *Antimonium tartaricum* was given when his lungs began to fill with fluid and the 'death rattle' came on and *Aconite* when a sudden anxiety was felt. He departed this world knowing that he had 'run a good race and finished his course'. Homoeopathy helped him die with dignity.

5. Nick NOSSAMAN, Denver, Colorado, U.S.A. visited Dr. Otto GUTTENTAG, in the Spring of 1990 at the School of Medicine, University of California, San Francisco.

Dr. GUTTENTAG born at the turn of the Century is a German of Jewish origin. At 25 years age, while he was a physician in a Frankfurt Medical School, he saw a patient of Graves disease unsuccessfully

treated by the regular school, improved by homoeopathic treatment. He studied Homoeopathy with a local homoeopathic physician until he lost his position in 1933 because of his Jewish ancestry.

Dr. GUTTENTAG was; invited to fill the position of Chairman of the Department of Homoeopathy at the University of California Medical School at San Francisco. The Hahnemann Medical College of Pacific had been absorbed by the University of California; as one of the conditions of the merger he became Assistant Professor in Homoeopathic Medicine which later became the Samuel Hahnemann Professorship of Medicine (Medical Philosophy) at the School.

Dr. GUTTENTAG believes, like the late Dr. John H. RENNER, that the high potencies are fictional. His involvement in the clinical practice of Homoeopathy is very small. He asserts that Homoeopathy lacks a self critical nature, that we don't sufficiently question ourselves and our methods in our search for a more and more refined system of therapeutics. He believes that we should not fear a fuller excursion into good quality research and that there is a dearth of scholarly papers. He emphasizes the matter of clinical

observation as being critical of the practice of quality Homoeopathy and to the advancement of Homoeopathy as a science. With his leaving the School, there is no opportunity for a successor to continue the lineage.

6. Jonathan SHORE laid down as Editor of the Journal of the American Institute of Homoeopathy with Vol.84, No.3/1991. In this number he has said "The issue of co-operation among homoeopaths is one which has interested me for sometime. Much has been said about this over the years and yet the situation remains unchanged. We struggle amongst ourselves, form factions, fight and denigrate one another. It is natural to us; we are ill, subject to that "poison", that miasm which infects the human race. What is needed is a change of inner attitude, a different relationship to ourselves inside, and to our compatriots outside. Inside, outside these are different facets of the same whole.

"We all suffer from certain egotism ... It is very important that we don't berate ourselves because we are not better than

what we are. This never gets us anywhere ... It is important to have high standards, not to beat with, but to measure against, so we can be sincere with ourselves ...

"I believe that only through a correct attitude toward ourselves, a sincerity which enables us to respect what

we know and

Thtsn we don't fight amongst ourselves ...

to understand what we don'twill weever come to that place where co-operation is possible."

7.Nick NOSSAMAN:"... Asthestar of Homoeopathy is rising we are in the position to collectively explore the inner and outer realms as well. This means we are to manage the issues accompanying our growth - certification and licensing, proper training and continuing education, quality and integrity of medicines labelled as homoeopathic, assurance of reimbursement for our services and protection of our right to practice ,... in addition, to scrutinize more carefully and open-mindedly our clinical process as well as results and the consequences of

our therapeutic actions.

This is a critical and ongoing need for each of us, individually and as a group." (JAIH, 84, 3/1991)

8.Dr. A.N. RAMANATHAN says (mfH, 2, 2/1991) that *Acorus calamus* - *Embelia officinatis* may be effective in improving paralysis and hence may help polio victims. The plant is a nerve and muscle poison.

9. Mercurialization - a clinical observation of Dr. N.M.

JAISOORYA- Narration by Dr. Lakshminarayanan (mfH, 2, 2/1991)

Dr. JAISOORYA's clinical observation of 'mercuriatisation': "irregular patchy discoloration of the skin, more or less black in appearance." The areas of the skin to look for the mercurial black discoloration according to Dr. JAISOORYA are (1) the palmar surface of the fingers (2) the entire palm, the back of the hand particularly the knuckles (3) the back of the neck.earlobes, and face, and (4) any area of the body where it would be marked by isolated deeper pigmented areas which could be ascertained by questioning.

In visible discoloration of the skin in acquired or inherited mercurial taint Dr.

JALSOORYA's prescription was *Thuja* followed by *Nit-ac* after a week.

(The 'Literature Listing'¹ as the title implies is a list¹ of the contemporary literature in Homoeopathy, it is hoped that it would help homoeopaths to keep abreast of the progress world-wide in Homoeopathy and many may like to subscribe to some of the journals direct so that the whole article would be available. The 'abstracts'¹ given in the QHD cannot ever convey the whole article.

The full title and addresses of the Journals covered by the 'Listing' are given below).

1. BHJ : British Homoeopathic Journal,
Royal London Homoeopathic Hospital,
Great Qrmond Street, LONDON, WC
1N 3HR, U.K.
2. JAIH : The American Institute of
Homoeopathy, 1585, Glencoe, DENVER,
COLORADO - 80220 U.S.A.
3. ZKH : Zeitschrift fur Klasslsche
Homoopathie, Karl F. Haug Verlag, 6900
MORRISON, Roger, JAIH,

The purpose of this article is to give a systematic overview and hierarchy of the methods of case analysis. I wish to make clear at the outset that these methods are not of my devising but, rather, were taught to me by George VITHOULKAS during my studies with him and

HEIDELBERG 1, GERMANY.

7. RESONANCE : The International
Foundation for Homoeopathy, 2366,
Eastlake Avenue E., Suite 329, Seattle,
WASHINGTON 98102 U.S.A.
8. SIMILUMUM : the Journal of the
Homoeopathic Academy of Naturapathic
Physicians, 11231 SE Market Street,
PORTLAND, OR 97216, U.S.A.
9. mfH : medicina futura Homoeopathy,
1-2-217/7, Gaganmahal Road,
HYDERABAD - 500 029.
10. Homoeopathy Today: National Center
for Homoeopathy, 500, Massachusetts
Avenue, N.W. Suite 42,
WASHINGTON D.C. 20005, U.S.A.
11. CGI : Cahiers du Groupment du
Hahnemannien du Docteur P. Schmidt,
MEDICINE ET HYGIENE 78,
Avenue de la Rosaraie, Case 456
CH-1211 GENEVE 4, Switzerland.

PART-II - ARTICLES

METHODS OF CASE ANALYSIS

are merely arranged and formalized by me. It was a great frustration to me when I first began studying with Mr. VITHOULKAS that in one case he would prescribe *Sulphur* because the patient was warm-blooded and craved fat and in another case he would prescribe *Sulphur* despite the fact that the patient was chilly and

averse to fat. There seemed to be no consistency to the rules surrounding his analysis of the case. Finally after many years I began to be able to follow his logic in many cases; without being able to explain why the rules changed, I could follow the changes. In recent years I have been able to build a type of hierarchy to my understanding of the complex task of case analysis. It is only possible to explain these concepts through the medium of cases and so I will present cases which exemplify the analysis method used in each section.

In order to analyze a case successfully it is necessary that we have an accurate and in-depth case to work with. This is true whether we have taken the case ourselves or have been given a written case to analyze. Many cases which appear to be very difficult to solve are merely poorly taken. In the discussion below it is assumed that a well taken case is available. Even the best analysis will not save a case which is poorly taken; as they say in the computer business, "Garbage in, garbage out." Unfortunately, the less we know of *materia medica* and of our remedies, the less likely we are to ask the right questions to clarify the correct remedy. But however thoroughly the case is taken, there are many cases which are not clear and require much reflection to spot a suitable remedy. Always we can make our task easier by asking the question, "What clear information do I have in this case?"

In any given cast; there are three types of information available: essence, totality, and keynotes. It is necessary to define each of the terms.

The term "essence" is used to describe the three-dimensional, living image of a patient type. Each remedy has a characteristic presentation which is distinct (although in many unusual remedies this presentation has not yet been elaborated). A misconception has arisen that the essence is only a psychological profile because in many of the polycryst remedies the psychological descriptions given by VITHOULKAS were so vibrant and mind-opening. But in fact the essence may be on the physical level as well. For example, the essence of *Belladonna* has to do with the rapid tempo and severity of the disease, as much as the vibrancy of the personality. The essence includes such factors as the typical appearance, the personality, the target organ system, the tempo with which the ailments occur and the exciting cause of the illness, etc. All of these factors will at one point create a gestalt for the homeopath which may be clear and specific. Unfortunately, in many cases the patient does not clearly fit into any specific remedy type, or may have elements of two of three different types. When this happens, which is in perhaps one half of all cases, we must depend upon the other types of information available in the case

for our analysis. Of course a mom experienced prescriber will be able to elicit a more in-depth profile of the patient than a beginning prescriber so the presence of an essence is largely dependent upon how carefully it was searched for. The opposite can also occur; the deeper psychodynamic aspects of a case can be looked into so intensely that obvious physical or general information which would lead to the correct remedy may be overlooked. The most successful prescriber is one who elicits the information which is most central to the case, not one who overjudges what type of information fits some concept of what should be found in all cases.

The term "totality" means a nearly mathematical evaluation from the repertory. In the totality, each symptom is repertorized to find the remedy which covers these symptoms most completely. This requires a great deal of patience and facility with the repertory. In many cases we find that two or three remedies cover the case equally well, and we therefore do not find clear indications to choose a remedy from the totality alone. When looking for the totality many presenters fall into the trap of over-weighing a particular aspect of the case merely because the symptoms of that problem or aspect are easily repertorized. For example a patient may have a wide variety of health problems one of which is headaches which are actually not that severe. But because the modalities of the headache are easily

repertorized, the prescriber uses 6 or 7 rubrics about the headache in the repertorization of the case. This will skew the totality away from the true nature of the case. The point is that we want to use all the symptoms in the case which we can and still accurately reflect the true nature of the case. There are famous homoeopaths who teach that the only correct way to find the constitutional remedy is to repertorize all the symptoms of the case from childhood to the present. These homoeopaths would have us believe that repertorization will always lead to an unambiguous answer. I can only say that it is my experience that this method will lead us to prescribe a very narrow range of remedies, all polycrysts. While this method will work in many cases, I hope to demonstrate that no one method will avail us in all cases and I hope to give some insight concerning which methods work in which types of cases.

The term "keynote" means different things to different homeopaths. For the sake of argument I will define a keynote as being a symptom, which, when stated by the patient emphatically, makes us automatically consider a particular remedy, or sometimes two different remedies. For example, when we hear that a child sleeps in the knee-chest position our minds turn immediately to *Medorrhinum*. This is in distinction from a confirmatory symptom such as amelioration in the evening which reinforces

our idea of *Medorrhinum* but would equally reinforce a prescription of *Aurum* or *Sepia*. The use of keynotes in prescribing has been sneered at by some teachers ("Oh, he's just a keynote prescriber!"). But the use of keynotes may be invaluable in our cases, It is important to point out that while prescribing a remedy on the basis of essence is a very aesthetically pleasing procedure, the correct remedy will act just as profoundly and spiritually whether it is chosen on the basis of keynote or the basis of essence.

In any given case there may or may not be clear information in any of these areas. We may, for example, have a clear totality (which is to say that one remedy clearly covers the symptoms of the case better than any other remedy) but no keynotes or essence. Or, in some cases the information may conflict, for example we see a clear essence of *Phosphorous* but the totality is equally strong for *Sulphur*. For this reason it is necessary to have a hierarchical structure to evaluate the cases. That is to say, that when we take the information of the case we must have a clear understanding of how to rate or value the different types of information. Or put another way we must decide which parts of the information in the case we should weight most strongly in deciding upon the remedy,

1.ETK

Obviously, it is the best of all worlds if the case has an essence (E), totality (T), and keynotes (K), all of which indicate clearly the same remedy,

Such cases are very rare unfortunately, comprising only about one percent of cases. Yet when such a case is found the results are almost 100 percent curative no matter what the illness.

Case 1: B.T. 44 Female. Anxiety neurosis (3)

Increasing for past 3 to 4 years. Anxiety about parent's health came first. Then became anxious about her own health.

Fear of cancer (2); twice has had conditions she suspected were cancer.

Fear of death (2), especially at night.

Feels some pain and immediately thinks of some fatal disease; over-active imagination {3}

Anxiety worse before the menses (2)

Drinking more to cope with this problem. Feels out of control with the drinking.

Low self-confidence, Averse to criticism (3)

Also egotism and superiority (2)

Description She is an obese and poorly kempt person. She comes to the appointment late and sits in the chair as if she owns it. She spends several minutes lecturing about the fact that homoeopathy is energy medicine but that the real truths must come from psychological insight.

Peptic ulcer 2 to 3 years ago, cured with *Tagamat*.

Diarrhea 2 or 3 times daily.

Wakes and has to run to the toilet (3)

Craves: hamburgers (3), steak (2), fat (2), (even more in the past), sweets (3), icecream, butter (2), onions.

Averse: beets, sour things (2), scallops

Thirst low, desires ice cold drinks (2)

Warm-blooded (2) Feet hot and puts them out of covers (3)

Worse in cloudy weather.

Sleep - Insomnia for past three years. Falls asleep but wakes after 3 to 4 hours and sleeps fitfully afterward (3).

Sleeps left side (2)

Wakes tired

Generally worse at 2 to 3 PM (2)

Feet perspire and offensive (2)

Very sensitive to odours (2). Feels disgusted by other's body odors.

Messy (3)

Fear of heights (3); can't stand to see husband or child near an edge.

Itching haemorrhoids (2)

CASE DISCUSSION: In reviewing this case we find that on all levels the remedy which fits most closely is *Sulphur*. The essence is of an egotistical, easily offended, messy woman who has many fears about herself and her family. The fears come from an overactive imagination. *Sulphur* patients often lecture the prescriber because they naturally feel that they know more.

On the level of the totality, we see that the case is repertorizing well to *Sulphur*. Naturally we must be cautious with *Sulphur* on this basis alone because this remedy is so frequent in the repertory that we can be led to prescribe it in almost any case. However on reviewing more closely we see that *Sulphur* covers even the symptoms not expressed in the repertory, for example the fear of cancer is well-known in *Sulphur*, Peptic ulcers are also very common in *Sulphur* cases despite the fact it is not listed in the repertory, etc. In this way we conclude the *Sulphur* covers the totality of the case much better than any other remedy.

On the level of keynotes we find nearly every keynote that we want for *Sulphur*: craving fat and sweets, warm-blooded and puts the feet out of the covers, diarrhoea driving the patient out of the bed in the morning, messy, sleeps on the left side, aversion to body odors, fear to see even others on a high place, etc.

Therefore we can say that in this case we have essence, totality, and keynotes all indicating the use of *Sulphur*. We can hardly go wrong in such a case and the patient was given a dose of *Sulphur* 50 M. It is not necessary to give 50 M in such a case but since the patient was rather

skeptical about homoeopathy, it was thought that an impressive aggravation was certainly in order. The out-come was most gratifying on all levels.

2. ET or EK

It is far more common to find a situation in which the essence is confirmed not by both the totality, and keynote but only by one or the other. Such cases are still quite easy to diagnose and the results are nearly as reliable as when all three types of information point to the same remedy. The cure rate is still at 95 percent.

Case 2: M.A. 59 Male. Congenital cerebellar degeneration (3)

Vertigo and unsteadiness while walking for past 15 years (3). The symptoms began after losing a job.

Constant vertigo (2). His vision becomes dim.

Vertigo worse from walking (3). Worse from looking upwards, Worse from change of weather. Worse descending stairs (2) he must hold the railing. No problem ascending. "I walk as if I were drunk." amel. when lying (3). "In order to put on my pants I must sit down otherwise I will lose my balance,"

Psychological: He is a friendly and expressive man with a red face and nasal intonation. Laughing and cheerful.

Extroverted. He makes friends easily. He describes himself as a good family man.

Irritable (2). He shouts and then the irritation passes away quickly "I get upset easily. For better or worse I get upset and cry. I am very sensitive." Weeps easily (3), even in front of other people. He feels better from weeping (2) and better from consolation (2). He loves company and feels better in company.(3)

Anxiety for others. Not impatient. Not fastidious.

Fears: Cancer (3). Three years ago he had fear that he had cancer and was so anxious that he went to a psychiatrist and was placed on tranquillizers which he has continued to take ever since.

Heights and also vertigo from high places (2). (When asked if he had fear of airplanes he replied, "Not as long as someone is with me.")

General: Tolerates heat and cold well. In the hot part of the summer he puts his feet out of the covers.

Perspire easily.

Open air ameliorates (2)

Craves: meat (3), sweets (3), spicy (3), pastry (3), fish (2), cheese (2), salt (2)

Aversion: fat

Sexual energy is low, only interested about once each month. ("Why is that, doctor?")

Sleeps only on the right side (3). Snores

Neurological Exam:

Nystagmus especially on the left lateral gaze.

Positive Romberg test.

Positive heel-shin test.

Abdominal reflexes absent.

Gait is markedly impaired though strength in legs normal.

As he leaves the interview, he weeps and says how much he hopes the treatment will help him.

CASE DISCUSSION: In this case the remedy is a little bit less apparent. From the standpoint of the essence we see a person who is clearly emotional, weeping easily, shouting easily. The emotions change easily in the course of the interview from weeping to cheerfulness. He loves consolation and asks for reassurance. So far we see some strong hints of *Pulsatilla* and yet the patient seems more phobic than we expect a *Pulsatilla* case to be. Also the patient is very open. He is anxious and has marked anxiety about health. These facts remind us also of the *Phosphorus* and yet the patient seems too irritable and weepy for *Phosphorus*. Now VITHOULKAS has often told us that the

remedy type which is between *Pulsatilla* and *Phosphorus* is *Argentum nitricum*.

When looked at from this perspective we can see that this is a patient who fits perfectly the essence of *Argentum nitricum*: he is open, his anger comes impulsively then goes impulsively, he is fearful and easily reassured, he needs company, he weeps easily, etc.

However from the standpoint of totality, the matter is not so clear. We see in the repertorization sheet that *Phosphorus* covers more symptoms in the case. We are therefore forced in a sense to choose between the essence and the totality.

We see many keynotes in this case for both *Phosphorus* (sleeps on the right side, craves salty and spicy, desires company) and for *Argentum nitricum* (desires salt and sweets, desires cheese, vertigo and fear from high places, impulsivity). Therefore we can say we have a case of essence and keynotes for *Argentum nitricum* which is hierarchically the strongest on analysis of the case.

3. TK

This is the final category of confirmed cases. This type of case comprises a very large number of cases in which the data all points to one remedy and there are

keynotes to support that remedy. There is however nothing distinctive in these cases from the standpoint of essence. The results are still quite favourable, with cures in approximately 85 percent of cases. This is the last group of cases which are confirmed. That is to say that the other groups for analysis are not corroborated from other areas of the case.

Case 3 : A.R. 43. Female. Fibrocystic breast disease (3)

Began after IUD in 1973

Swelling agg. PMS (2)

Large 4 cm mass in right breast

Migraine headache (3) since age 8.

Gets hungry with the headache and fatigued (3)

agg. from light (2), agg. from hot rooms (2), agg. from fasting (3)

amel from sleep (!!)> arnel from hot bathing (2).

Rash on fingers especially the right hand.

Menses - Cramping, burning with the 'low,

Heavy flow with clots (2)

Drops things PMS (3)

Fears :

Panic attacks sines mother-in-law died suddenly

Fear of cancer (3)

Fear of death (3)

Sensitive person (.2), Sympathetic (3),

Closed (2)

Hard to be involved with people (3),

Reserved (2)

Hates parties (3), Hates small talk (2),

Avoids company (2)

Warm blooded (2). agg. from heat (2).

agg. from sun

Perspiration in axi la

Thirstless. Desires warm drinks (2)

Craves: Bread (3), Salty (3), Tea, Milk

Aggravated: Spicy (2), Salty (2)

Sleep-not a good sleeper; light sleep (2)

sleeps right side (2)

tired on waking

Constipation (2)

CASE DISCUSSION : In this case the essence is not at all clear. The patient seem closed, reserved and sympathetic much as we expect a *Natrum murieticum* patient to present. However, there is a strong element of anxiety and fearfulness which does not at all resemble *Natrum muriaticum*, but rather indicates remedies such as *Nitirc acid*, *Arsenicum*, *Phosphoruses*, or even *Argentum nitricum*. There are keynotes which can confirm all of these remedies and also points which contradict each one as well: too warm-blooded for *Arsenicum* and *Nitric acid*, too little thirst and craving warm drinks which goes against *Phosphorus*, etc. However our task in this first step is to identify, if possible, the remedy for the

essence. Unfortunately, we must conclude that we have no clear essence in this case.

From the standpoint of totality the remedy *Phosphorus* covers the totality far better than any other remedy. *Natrum muriaticum* also covers the totality partially. We are justified in prescribing *Phosphorus* on this basis alone but it is always better to consider all facts of the case.

The keynotes in the case are also very strong for *Phosphorus*: headache from fasting, amelioration from sleep, sympathy, craving for salt and spicy, aggravation from spicy foods, sleeping on the right side can all be considered as keynotes for *Phosphorus*.

We can also see some keynotes for *Natrum muriaticum*: craving for salt, aversion to company, aggravation from the sun. It is interesting and frustrating how often a case will produce a strong symptom which is not listed in our repertory, in this case we have the strong but useless symptom, "Drops things before menses." In this case, this symptom resolved along with the other pathology after *Phosphorus* 1M. If we see this symptom in two or three other cases we can cautiously add this symptom to our repertories (But not yet!)

4) E

In as many as 20 percent of cases we find a clear essence of a remedy but no confirmation from the data in the case at all. Since there is

no confirmatory evidence the results are less reliable but still curative in approximately 80 percent of cases.

Case 4: 32 female. (Begins weeping as she sits down).

"Acute distress." (3)

"I don't know why I'm crying!" (3)

Went "crazy" over the weekend, yelling, couldn't stop crying. (3)

Irritable (3) yells at people. Punched her husband. Sarcastic toward family (3)

Remorse about her behaviour

Doesn't feel loving toward her husband or daughter. Wants to be left alone, but terrified if family leaves the house.

Averse to noise.

Averse to sex. (3)

Itching scalp

Breasts swollen

Averse to bathing

Chilly (3) Hands and feet cold.

Perspires. Nightsweats.

Craves: burned toast (3), spicy, burned popcorn.

Hunger alternates with loss of appetite.

Can feel empty and can't fill up.

Biting nails (2)

Sciatica, right leg. agg. from walking.

Restless. Pacing.

"I would just like to know what I'm crying for!"

Lost all confidence. Afraid of people, of being judged

Feels intimidated by everyone.

Sleep OK. Vivid, anxious dreams.

CASE DISCUSSION: If one has never seen a classic case of *Sepia*, it is easy to feel insecure when examining such a patient. There is constant weeping which can be overwhelming. And yet such case can respond dramatically within minutes or hours of the remedy. In this case we have all of the elements of the essence of *Sepia*: weeping involuntarily, aversion to the family, sarcastic and irritable behaviour, loss of libido, etc, And yet we find very little to repertorize: all the force of the case goes into the essence. Even the typical keynotes of *Sepia* lump in the rectum, amelioration from exertion, craving for vinegar, "bearing-down" sensation are absent. We can say that *Sepia* is indicated by essence alone.

5)T

When no essence is found in a case and there are also no keynotes, it may still be possible to have the data in the case repertorize clearly to a specific remedy. The results in such cases are less reliable, proving to be curative in only 60-70 percent of cases.

Case 5: A.G. 38 Female: Asthma (3)

Agg. summer, especially July and August.

Uses inhaler every 4 hours.

Progressively worse for past 6 years.

agg. in a warm room, amel. in open air.

agg. eating.

agg. lying on the back.

Must lie propped up at night.

amel. sitting bent forward.

agg. ice cream.

Allergy (3)

Began during first pregnancy, age 19.

Eyes itching. Must rub the eyes even though it agg. the itching.

Swelling and redness of conjunctiva
Sneezing.

Itching in the ears and must bore with finger

Itching in palate and throat

Migraine

Worse before menses (2)

May start suddenly

Gets flashes in front of her eyes

Throbbing in the temples

amel. from sleeping

agg. glare

Weight problem (5 It. 3 Inches., 185 lbs.) Heavy as a child but worse since married and children born.

Swelling ankles.

Heartburn and sour eructations. (2)

Incontinence of urin^ from cough and sneezing (2)

Craves: sweets (3), chicken (2), eggs,
bread

Aversion: soda, fat.

Warm, agg. from heat.

Menses, regular, History of miscarriage.

Sleepy and irritable before menses.

Sex OK

Past history

Otitis media and left ear otorrhea

Peptic ulcer.

CASE DISCUSSION: This is a fairly typical type of case. There is little psychological information not because the patient is closed but rather because she is healthy. Nor does her physical state have a cohesive pathology such that we can identify an essence of a physical type remedy. There are, furthermore, no strong keynotes of any remedy. Yet here the case is well covered by *Pulsatilla* and nothing in the case goes against *Pulsatilla*. This is a case in which the prescription is based on the totality alone.

6) Reliable symptoms: Theoretically speaking we expect to find keynote alone as the sixth step in the analysis scheme. In fact there are many other analysis options which are possible before we must resort to "keynote prescribing." When the totality of the case has been analyzed carefully without finding a clear remedy, the next step is to

look carefully at the most reliable symptoms in the case. There are two possible ways to consider the question, "which symptoms are the most reliable?" The first possibility is quite straightforward: we simply take every symptom which is underlined three times in the case. That is to say that we select all the symptoms which were stated emphatically by the patient without questioning from the prescriber. With this smaller group of symptoms we then repertorize carefully and see which remedy covers this selected group of symptoms.

The second way we may obtain the most reliable symptoms is to ask ourselves, "Oh which symptoms in this case can I absolutely depend?" or put in the negative, "which symptoms can I eliminate from analysis without changing the essential nature of the case?" This can be very helpful in patients who overly mentalized and theorize about their symptoms to a great extent. We may eliminate symptoms which are very general or vague such as "headache", "fatigue", "depression" when the patient has no modalities on which we can depend. When we have selected the symptoms we find to be the most reliable we do a careful repertorization of these

symptoms to see if a clear remedy comes forth.

Case 6: L.L. Age 37 Female

Allergies - had desensitization without results. Recurring frontal sinusitis (3)

post - nasal discharge (2) and irritation of the throat.

bright yellow discharge (2) or brownish. worse on the left side, feels like a band.

Allergies agg. in cold damp weather (2) amel. dry weather.

Infertility (2). Has been trying to get pregnant for five years.

Menses - short cycles, lasting only 21 days. Heavy on the first days.

headaches on the last day of the period every month (3)

Chills before the menses (3) Can't warm up.

Tired before the menses, especially at 2 PM.

Headaches since age 18 (2)

frontal headaches (2)

pounding, throbbing (2)

vomits with the headache (2)

agg. from motion, agg. stress.

agg. from cigarette smoke (3)

agg. from wine (2)

Generally chilly, especially cold hands and feet (s)

General agg. at 2 PM (3). Must nap at that time.

Loves the sun (2)

Craves: Bread. Milk. Cheese. Oysters (2), Fruit (2)

Aversion: Salty fish. Fat (2)

Sleeps well.

on the abdomen (2). Wears socks to bed (2)

dreams of smoking {2}

wakes refreshed (2)

Joint pains (2)

right shoulder (2), elbow, knees, ankles, wrists

agg. in cold weather (2). agg. in the fall.

amel. in a hot tub.

Skin sensitive

Nervous energy. Not exactly an anxious person but she ruminates.

Grief (3), mostly unexpressed. Both parents have died and she feels great sadness on the anniversary of their deaths,

Private person (2), keeps things inside,

Sensitive to criticism (2)

Sympathetic (2)

Perfectionistic (2) Fastidious (2),

Details must be correct

No fears.

Sexual energy low normal. Strong desires come mainly at ovulation, otherwise not much interest.

Analysis: In this case we see some information on the emotional level which may make us think of *Natrum muriaticum*. Yet the chilliness, the desire for oysters, the love of the sun, etc. give us pause. Furthermore the repertorisation is nearly equal between *Nat-m*, *Puls.*, *Caic*, and *Lye*.

If however, we select out only the symptoms which received three underlines, the repertorization becomes much more revealing. Also we can easily see the degree to which *Pulsatilla* supercedes the other remedies. Thus we can say that by selecting the most reliable symptoms of the case, we find a much clearer answer to our case.

7. Main pathology: When careful analysis of the case does not lead to a satisfactory remedy through the essence, the totality, or the reliable symptoms in the case, we may abandon the attempt to look at the case in a broad perspective and focus only on the main complaint of the patient. For example, if the patient's chief complaint is about his migraine headaches then we repertorize thoroughly his headaches symptoms by themselves. In many cases a remedy will appear which fits the specific problem very well but does not seem to

relate to the rest of the case. If we have tried painstakingly to find the essence or the totality without result we can then ignore the other parts of the case and try this specific remedy for the pathology. We can then ignore the general and even the mental symptoms of the case.

I will anticipate a question that may arise concerning this method by discussing the concept of suppression. In such cases we run the risk of suppressing the main problem but making the patient worse in general as would any suppressive technique. This is extremely rare when we give one remedy then wait and carefully evaluate the results. Furthermore, this will generally happen if we were sloppy in our original evaluation of the patient and concentrated mainly on the pathology to the exclusion of the patient as a person.

More often, however, the remedy so selected (with) give a good beginning to the case and after a period of improvement, a second and deeper remedy will become apparent. We will find this analysis method especially useful when we see hints of a deep constitutional remedy but clear modalities for one of its more superficial complementary remedies in the main problem. This is often described as "clearing the case."

Case 7: D.P. Age 81 female

Shingles (Herpes Zoster) of the face.

Began 2 years ago. Started with intense pain in the left ear which moved to the forehead and finally to the whole left side; of the face. Two days later the typical shingles rash broke out in the area.

Swelling of the periorbital region (3)

terrible burning pain, redness and tight feeling in the skin (3)

She also had a left-sided coryza during this time, which amel. the pain (2)

amel. by putting ice or ice cold water on the area (3)

with the intense pain she has been unable to eat and has lost 40 pounds.

stitching pains in the eye, especially from light.

upper left eyelid is inverted-Cataracts (2)

Bronchial Asthma attack 2 years ago just before the Shingles for which she was treated with *antibiotics* and *prednisone* and has had no further trouble since.

Generalized weakness (2)

Chilly recently but used to be warm-blooded.

Occasional night sweats.

Low thirst

Craves: Vegetables (2), Fish, Sour (2), Pickles, Nuts.

Averse: Salty (2)

Sleeps right side (2)

Has always been an active person and cheerful, but lately has become morose and hopeless (2)

Normally extroverted, Withholds anger.

No fears

Analysis: In this case our patient has a specific problem which is so strong that the rest of the case takes a background position. In fact in such a case the patient may be unable to concentrate on the rest of her symptoms. What we are concerned with is a painful facial eruption covering the left half of the face, which is burning, swollen, especially around the eyes, and markedly ameliorated by cold applications. In such a situation no one could fail to be tempted to try the remedy *Apis*. Furthermore, we see that many of the symptoms which are not covered in the case by the remedy -- craving for sour, aversion to salt, inversion of the eyelid, etc. - are well covered by the complementary remedy *Natrum muriaticum*. This fact gives us even more confidence in the prescription. *Apis* was given in the 200th potency and within 24 hours the pains vanished never to return. So far the patient has not required *Natrum*

muriaticum, but I am still waiting for the other shoe to fall.

8a) Recent symptoms: This is a corollary to the above method of looking only at the reliable symptoms. Here instead we look at the most recent symptoms that have developed. In such cases we often hear the patient say, "I hve never been well since ..." There may have been a surgory or a particular emotional stress or shock which has led to a profound change in the symptoms of the case. This is a tip off that the; level of health has changed at one distinct point in time and that perhaps a new remedy picture has been grafted on to the case. If this has happened, we must outline carefully the details of the pathology which has now occurred. By repertorizing these symptoms separately we may find a clear indication for a remedy. In this method we ignore the older symptoms but if an older symptom helps to confirm the remedy we have been lead to by the newer pathology, we are even more comfortable with the choice of the remedy.

Case 8a: J.S. 35 Male, Boat/Dock worker. (Working class type, open, coarse featured)

Chief Complaint: Menierre's Disease for 6 months.

Dizzy, sinuses congested, recurring flu symptoms, ears stopped.

Has had 4 courses of *antibiotics* with short period of improvement.

Had a similar occurence last year for 1 month.

Began with ear pain and dizziness. ENT demonstrated marked hearing loss; ENG showed due to fluid in middle ear.

Vertigo (3) agg. motion (3), in cars (2), boats

agg. standing (2), agg. rising, agg. when ears congested.

amel. lying.

Sinusitis (3) -- since age 18; as a child had strep throat and tonsilitis.

Age 18 had tonsilectomy which followed by recurring sinusitis.

Every virus goes to the sinuses (3), especially maxillary and frontal.

Thick mucous, yellow, agg. in AM (2) agg. eating.

Much post-nasal drainage (3), thick, clear.

Filled with mucous (2) in the morning which nauseates him.

Stiff neck (2)

Generallya agg. in cold and damp weather (2); agg. going from hot to cold.

Ears - pain from the wind (2).

pain from high elevation (2), causes obstruction.	Depressed since father's death (2). Made a suicide gesture. Drank excessively (3)
hearing comes and goes.	Irritable (2), yells; got violent when drank.
Fatigue - sleeps 8 hours each night; exhausted and weak (2)	Fears robbers when at home alone.
Short of breath on exertion (2)	Confidence up and down.
Psoriasis (3) - began on scalp at occiput. got sunburned age 21 and body healed with psoriasis; whole body.	Sex OK.
Groin, Axilla, legs, ears.	Analysis: In this case we have a profusion of symptoms on multiple levels. In this type of case it is almost always necessary to perform a thorough repertorization.
Psoriatic arthritis (2) -- knees, ankles, agg. cold weather (2) amel. heat.	Unfortunately none of the polycrests which present themselves through this analysis'(Ca/c, Phos., Sulph., Lye, Sil., Rhus-t., etc.) cover the case more convincingly than the others. We are therefore forced to look at a more selected group of symptoms as in method 6 and
Psoriatic nail (3)	7. If we take only the symptomatology which has developed most recently, that is to say the Meniere's Disease symptoms, we can find a clearer solution.
Averse to sunlight (3) - always wears sunglasses.	Therefore the remedy <i>Silica</i> was chosen to deal with the current problem, In selecting a remedy in this way, we are only justified to expect the removal of the most recent symptoms. In this case (and in nearly half of the cases where this strategy is used) it happens that not only did the acute problem respond to the remedy, but also the whole chronic condition was cured. The
G1 - heartburn and gastritis which has been amel since stopping alcohol.	
Feet painful (2)	
Chilly (2)	
Perspires heavily, even slight exertion (2)	
Night sweats (2)	
Feet offensive (2)	
Craves: Meat (2), Chicken, Ice Cream (2), Soup, Oysters (2)	
Averse: Fat (3), Egg.	
Thirsty for ice cold.	
Sleep: periods of insomnia, hard to fall asleep.	
right side, socks to bed	
dreams of his father (2)	
hard to wake in AM.	

sinusitis, the arthritis, the depression, as well as the vertigo all were removed. In addition, after a period of aggravation of the psoriasis, the skin condition disappeared from above downward. In fact the remedy was the similimum.

8b) We can do just the opposite of 8a in other cases, that is we focus our attention on the past clear remedy image if the present picture seems confusing. There we go back to the last really clean set of symptomatology.

Case 8b: L.S. Age 35 female.

Depressed (3) since age 15

no shocks but chaotic family background, Father was explosive and mother a navy air.

she withdrew from people, especially at age 16 when father died.

at age 19 had a "nervous breakdown" and was hospitalized for 16 months.

at that time she was very stormy, yelling, kicked mother.

She was blocking out sounds, would read and didn't hear people when they spoke to her.

dropped out of college.

now suicidal at times (2). Placed on antidepressants without help

presently on disability income because of the depression.

unhappy relationship with boyfriend (3). She has many doubts about the relationship. She cries and emotes but he is very closed and doesn't listen to her.

sadness (3) and a sense of futility. Frustrated. She threatens to abandon him to get him to react.

can't get up in the morning to accomplish tasks.

always wants to be alone in her room. Must force herself to face the day.

likes to walk outside on crisp days.

feels trapped. Weeps all the time.

anxious a lot about her age and the fact that she has not had children yet,

"Not at home in the world",

Must have order and cleanliness. Fastidious (2)

Sensitive to criticism (2). Goes in her room and sulks.

Restless. Constantly plays with and picks at her fingers (2)

Sleep

restless. Wakes with bad dreams

sleeps on left side

wakes up depressed

Menses normal

Depression worse before the menses.

Sex is enjoyable for the contact but not really aroused. Like the closeness.

Eczema on the neck. Very preoccupied with the appearance.

dry skin. Dry around the mouth.

itchy in the heat.

Chilly

Craves: Fruit (2), Milk, Salt

Averse: Greasy foods.

Thirsty

When hospitalized she fell in love with a doctor there and felt ecstatic. She was devastated that he did not understand her. She got "manic" and danced around and exposed herself. Became obsessed about metaphysical and religious things. Made up her own words. Angry and screaming.

Fears; Poverty (2), "Dark of the moon."

Expresses anger through nagging; no throwing things.

Analysis: In this case, the patient had been treated by excellent homoeopath for six years with no improvement. The remedies received included: *Ign.*, *Nat-m.*, *Petr.*, *Lye*, *SH.*, *Sulph.*, *Nat-p.*, *Psor.*, *Siaph.* Looking at the case we see a depression of long-standing which was very difficult to characterize or understand from the patient's background. Furthermore there were few if any strong constitutional symptoms on which to base a different prescription. However this flatness or featurelessness in the present case was in sharp distinction to the description of the flamboyant pathology of the past. The description of the hospitalization period with the exhibitionistic tendency, the dancing, the anger and manic symptoms bring vividly to mind the remedy.

Hyoscyamus

Once we recognize this remedy for the patient we can justify it through many symptoms in the

case. Most notably is the restless fingers and picking with the fingers which on questioning, the patient recalled began during her hospitalization. (It is often found in cases which require this sort of reasoning from old but vivid past symptomatology, that some very distinct characteristic from the past remains through to the present case.) One student on hearing this case directed my attention to a small rubric, "Mind, Bed, Desires to remain in." in which *Hyoscyamus* figures prominently. So we can say that even when we have found a reasonable choice of remedy through these more subtle analysis options, it is still wise to look further to justify the prescription.

9) Three Keynotes from Different Areas of the Case:

The next in our series is when we find a case in which the totality is confusing, the essence is uncertain, and the most reliable or recent symptoms do not give us an answer. If in this patient we can find some strong keynotes, we may find the correct solution to our case. For this level of the hierarchy we must have 3 keynotes and they must be from separate areas of the case, that is to say not all from the headaches or the food cravings. Rather we must have one keynote from the food cravings, one from the pathological, one from the fears or the mental symptoms. These symptoms are "flat", that is to say they do not reflect any deep insight into the

patient. Rather we use these as "legs of a stool". It should be noted that even if there are 3 legs to a stool, if they are all on one side of the stool, the stool is not so secure.

Case 9: E.M. Age 35, female. Allergies.

14 years of terrible, extremely limiting allergies in the spring.

nasal obstruction (3); blows and blows but nothing comes out.

eyes and eye-socket ache and itch; red eyes.

makes her very sleepy (3). Fullness in the head makes her sleepy.

She loses work from the sleepiness.

Maxillary and frontal sinus pain and pressure.

At the end of the allergy season often comes down with sinusitis.

agg. in the AM (3), agg. when she sits up on waking.

amel. outside and in the wind.

Mouth gets very dry (3); the tongue sticks to the roof of the mouth,

Bad taste in the mouth.

Back

ruptured disc 8 months ago.

pain agg. sitting (2). Neck tight.

Weak wrists and arms

Craves: beef (3), chocolate (3), salt, spicy meat, fruit (2)

Averse to damp and rainy weather

Sleep – OK

puts the feet out of the covers

salivates in the sleep

Rebellious (3); can't stand injustice. Political.

Problems with relationships; wants to get

married. Self-doubt, "Do I deserve to be happy?"

Major focus is relationships and her unhappiness about not finding the right partner (3)

Sex desire is high; at least once daily in relationship. Fears moths, dark

Analysis: From the standpoint of essence we see some symptoms of *Causticum* and of *Ignatia* but there is nothing to confirm these prescriptions and infact certain elements contradict the prescription. For example, the patient is worse in damp weather where *Causticum* would be ameliorated; she craves fruit where *Ignatia* is more often averse etc. We can take the whole case and repertorize or look at the main pathology as in methods 6 or 7 but our answer would still be uncertain. So now we are justified to look for keynote, in fact we must look to keynotes to find our answer.

In this case we find several peculiar points which can turn our minds in the right direction. We have an allergic patient who has some symptoms which are not at all usual. The most peculiar of these symptoms is the tremendous sleepiness, that is to say overwhelming sleepiness. Another unusual feature was the marked dryness of the mouth and the tendency of the tongue to stick to the roof of the mouth. With

these characteristic keynotes we are lead to prescribe *Nux moschata*.

One observant student remarked that there were only two keynotes for *Nux moschata* in this case: the dry mouth with tongue sticking to the roof, and the overwhelming sleepiness. But see what occurred in the follow-up visit. 2 month follow-up: Much better since th3 *Nux moschata*. less tired.

head clearer, less clogged, waking refreshed and maintaining energy level, less aching and itching in the eyes sinus pressure gone, mental clarity is much improved; no longer crippled by it. tongue no longer dry or bitter.

Food cravings are th3 same.

recently her constipation has returned. Used to be so severe that she had to remove the stool with the fingers, (The patient never mentioned this in the first visit!) Sleep is fine.

Emotionally more positive.

So we see that there were indeed three strong keynote symptoms in this patient (including the constipation which required manual extraction), each from different areas of the case, Again it is important to emphasize that if a clear essence or totality can be found in a case, even if many keynotes exist, we are more likely to find the correct remedy by using the broader means of analysis. Group 10

Three different typos of analysis options are grouped together here because I consider all of these hierarchically more or less equal.

a) "KEYNOTE ESSENCE"

When the case is focised on one type of pathology, either psychological or physical, we often can find what VITHOULKAS describes as a "keynote essence". In these cases, we see that the pathology is expressed so stiongly through one certain area of the case that it out-weighs all other aspects of the image presented by the symptomatology. Many times we tell our students not to resort to "keynotes prescribing", but there are instances when the keynote of the symptom becomes sc strong as to be a type of "essence". This, then, is an instance when only keynote prescribing will work. Usually the indicated remedy will be one of the smaller and more unusual substances which have as their main indication a particularly intense and specific type of pathology. Naturally this quality of analysis is only possible if our knowledge of Materia Medica is very extensive. So many times in my practice I have wondered why a case which seemed to have clear and strong symptoms was not cured. I think the answer often lies in this type of knowledge of specific syndromes applying to unusual, forgotten, or even undiscovered remedies.

In these cases, the chief complaint of the patient will almost always be the main factor in

the analysis, These are not in which the patient comes in and says, "I have several problems which are bothering me" or "I'm not sure how to explain about my problem". Rather, the patient strongly and clearly will relate some specific problem which is delineated in practically the first few sentences of the interview. The rest of the case will be understated in comparison with the opening comments. These will not be cases where a chief complaint is a type of introduction and is followed by deep psychological problems or characteristics. The following three examples are presented to illustrate this point.

Case 1:1.K. Age 40 female

Hemorrhoids (3)

Pain in the rectum after stool (3)

agg. when fatigued, agg. hard stool (2)

the pain lasts for hours after stool (2). She has to go and lie down after the stool for 15 or 20 minutes (3). The pain is so intense that she avoids going to the bathroom for up to 3 or 4 days (1).

burning pain; heavy feeling in the rectum.

Headaches in the base of the skull (1)

history of migraines. Much less recently now 2 or 3 times each month, but especially before the menses gets the headache.

vomits rarely.

Back pain:

in the thoracic spine and shoulder blades, especially on the left side.

must stretch to relieve herself.

Extroverted: "Happy and easy going,"

Weeps easily (2)

Very emotional and sympathetic.

Fear of heights (2)

Sleep :

any position.

often puts her feet out of the covers in the summer.

unrefreshed on waking.

hands feel weak on waking in the morning.

Warm blooded. Perspires easily

Thirsty

Craves: sweets

Averse : Fat

Menses normal but heavy

Sex: normal

Analysis: In this case, we see a very strong chief complaint with strong modalities. We have a definite feeling that if the chief complaint were eliminated, the patient would not be seeking help of any kind. We therefore wish to find a remedy which matches the narrow focus and intensity of the symptoms. We find a nearly perfect fit in the remedy *Ratanhia*. In this case, a single dose of *Ratanhia 200* completely relieved the patient.

Case 2: T.S. Age 61 female

Arthritis (3)

for 2 years, an unidentified form of inflammatory arthritis, not thought to be rheumatoid arthritis.

symptoms began with weakness of the grip, then the legs suddenly became painful. She couldn't rise from a chair. She began dropping things.

developed a right-sided sore throat which has persisted.

was relieved on anti-inflammatory medications for one year until the platelet count dropped dangerously. Now takes only *ibuprofen* 400 mg. B.D.

The present symptoms are most markedly a type of wandering joint pains (3).

the pains come to a specific joint which becomes red, hot, swollen and painful which lasts for about one day then resolves nearly completely when the process is repeated in another joint (2).

the pains are moving continuously (2)

when the joint is inflamed the pain is agg. from any movement whatsoever(2)

also has some chronic pain in the knees and shoulders which is worse from exertion and descending stairs but amel. from gentle motion (1)

Skin:

notices swollen lumps V2 inch in diameter which migrates down the limb over a series of days (1)

The lumps are painful and come once or twice a month (1)

she also gets red spots over her arms and legs which are painless and come and go (1)

Chilly (3), agg. from cold weather (3)

Coryza, agg. in the morning (2), may have some epistaxis.

Sleeps well. Best position is on the abdomen.

rarely puts her feet out of the covers. wakes refreshed.

The right eye is bloodshot and swollen nearly closed much of the time.

Craves: Chocolate (3). Ice cream (3), Fat (3). Sour (2)

Aversion: Oysters (2), Carbonated drinks (2)

Thirsty.

Averse to the sun (2>

Fatigued since the illness (2)

"Old-fashioned", dislikes change.

Mood is generally good. Lately had become discouraged about her illness at times and may cry thinking about it.

Reserved.

Fears: Robbers (3), Heights (2), Insects.

Blood work showed a markedly elevated ANA titer but rheumatoid factor was negative. The patient was sent to a dermatologist who confirmed that the skin

lesion was vasculitis and the diagnosis of Systemic Ljpus Erythematosis was made.

Analysis: Despite the presence of several minor problems, the patient was dramatically affected by a migratory arthritis of a very particular form not really fitting *Pulsatilla*, *Kali bichromtum*, or *Berberis* which are the best known remedies for wandering arthritis. There is however a small remedy which has this precise form of migratory arthritis which has; single joints involved at one time, and comes and goes in this exact pattern of timing. This is the remedy *Formica rufa* which was given to the patient in the 200 potency twice over 2 month period. The arthritis, the vasculitis (which the patient noted to look "like an ant bite"), as well as the pharyngitis and conjunctivitis all resolved and the patient is asymptomatic now for some 5 years.

Case 3: P.S. Age 37 female

"Problems when the weather changes for 8 years" (3)

mainly before rain or snowstorms (1).

she experiences depression, fainting, a sensation as if "soda water bubbling in the head" (1)

feels as if she cannot control her mental fixation, loses train of thought, can't drive, can't write (1).

becomes pale, has to sit at home, "prostrated" (1)

began after 5 years living in Germany and being exposed to a famous wind called the "Fohn". Now the symptoms are progressing.

as soon as the rain begins, the symptoms are relieved (1)
depressed during warm southern winds (1).

cries without reason,
"Sensitive" person (3)

feels others moods.

easily slighted.

very affected by emotions.

sympathetic (3)

Anxious internally, worries about her mother. Feels guilty that she can't be with her mother.

Irritable (2) since the time a plastic surgeon removed her stitches in a painful manner.

she was shocked and crying and had palpitations.

still angry with him.

Fear of heights, flying (2)

History of headaches like "a band about the head" so severe she wanted to hit her head against a wall. Now much improved.

Menses regular. Used BCPs until 2 years ago for 16 years.

Low sex drive (2)

Sensitive to cold (3). Cold extremities (2)

Craves: Salty Shrimp (2), Meat (2), Eggs (2)

Averse: Fat. Spicy. Milk (2)

Perspiration low.

Short of breath going up hills (2)

Sleep is poor and easily disturbed by the sound of barking dogs.

uses all positions

dreams of the distant past

wakes refreshed and bright

Analysis: In this case we are confronted by a very striking pathology which is the generalized aggravation before a storm. In the repertory we find two remedies listed in bold type for the condition: *Phosphorus* and *Rhododendron*. It is important to make the point that we will often find ourselves in such situation where two remedies cover the pathology equally well. In the circumstance we have one polycryst (*Phosphorus*) and one small remedy (*Rhododendron*) so how will we decide between them? One line of reasoning might be that we should give the polycryst because by the law of averages, more cases need *Phosphorus*. However, better way of looking at the situation is, "If this is a case of *Phosphorus*, where are the personality, the keynotes and confirmatories

which we expect?" If in fact, as in this case, these confirmations are absent then we must prefer the smaller remedy. A polycryst would be ramified through the whole of the case, not just the main pathology.

So this patient received one dose of *Rhododendron* 1M and I did not see her until some months later when she came to the office and stated abruptly that she was very angry with me. When I asked her to explain she told me that for years she had been winning money by betting on whether or not a storm was come through the region. She had never lost such a bet until after the homoeopathic remedy where she lost a \$100 bet, She was completely relieved of her syndrome but also unfortunately her \$100, as well.

b) "Doublets or triplets" of symptoms

There are many cases in which, although they are replete with information, the solution remains unclear. Often times these cases will be solved when we see that there is a combination of symptoms which point to one specific remedy even though the symptoms themselves do not indicate the remedy by repertorization. For example, in the remedy *Cobaltum* we find the doublet - lumbago in patients with nocturnal seminal emissions. This remedy

is not listed strong either for lumbago or for nocturnal emissions but at time we find this combination of symptoms, we least must consider the remedy *Cobaltum*. It is easy to miss such cases because we do not notice the correlations between the symptoms. (3)

That is to say, even though we know that the combination of "uterine disorders and heart symptoms" points strongly towards *Convallaria* we may overlook this specific information as we busily repertorize the particulars of the case. The idea here is to make our subconscious mind into a mouse trap which is cocked and ready to spring any time this combination of symptoms appears even though they are not fully registered as such by our analytical awareness.

Age 42 Female Anxiety Neurosis

6/83

Inner shaking (3), felt in the chest

Feels "body is not well" (1)

Palpitations (1)

Hayfever.

Vaginal discharge 1 week before menses.

Tendonitis in both Achilles tendons

Muscle twitching in left foot preventing sleep

Cramps in foot.

Craves: Ice Cream, jeilo

Chilly.

Prescription: *Ars.200*

2/87

Drawing of muscles in fear. Twitching in fear. Very fearful and taking sedatives

Anxious at night (2), while reading to fall asleep, she has gradual drawing without sleeping medication.

Cramping of the thigh during menses, worse right side.

Premenstrual irritability

Panic attacks (2)

She feels she will run and scream (2)

The mind races at night

Censorious.

Prescription : *Ars. 1M*

11/87

"Falling to pieces"

"Never going to get well"

Tired. Unrefreshed sleep

Foot cramps improved.

Fear: "Disease" (3)

Feels she is seriously ill and "under a deep threat"

Analysis: When a patient says that he feels "something is seriously wrong" with his health, we must realize that this generally indicates a deep fear of cancer. In this case, *Arsenicum* helped a great deal initially as it closely fit the case. Later the

Arsenicum had little or no effect. Suddenly we realize that the cramping, twitching reaction in the extremities when taken in association with the fear of cancer leads to the remedy *Agaricus* which VITHOULKAS has discovered to have an overwhelming fear of cancer.

In these cases we do not reason or repertorize our way to the remedy. An automatic, computer-like connection is made almost below the level of conscious process. If we try to repertorize the whole of the case we will find polycrests such as *Arsenicum* but not the correct *similitimum*. Rather, our minds snap closed on the combination: "twitches" and 'fear of cancer."

c) "Cluster of keynotes" in one area of case:

Unlike strategy 9 where we found keynotes from a wider perspective, in some cases we are forced to prescribe on keynotes from just one area, for example, 3 strong food preferences or 3 strong fears. In such cases, as in all others, we try to find a more central or broad frame of reference on which to base our prescription. However, in many instances the vital force expresses itself most clearly through one specific region such as the fears or the cravings.

J.K. Age 5 male

Past remedies : *Cale.*, *Puts.*, *Stram.*, *Tub.*, *Ars.* with little effect.

Doctor observes:

Dull look

Won't speak to doctor

"Allergy"

Tantrums with screaming and crying uncontrollably (3)

Never violent but can be aggressive with mother (1)

Pushes people, tears book (1)

"Does repetitive things", such as marking out dates on a calendar several years in advance. Always busy (2).

"Reads a lot" Actually goes through page after page looking for one of the 4 or 5 words he knows, then pronounces it.

"Doesn't interact well with other kids."

Very concrete; never asks, "Why?"

Huge appetite.

Craves: Potatoes (2) Eggs (2),

Fear: Loud noises. Dark

Does not wipe after stool (2) Seems totally unconcerned with the mess or odour, even when reminded.

Analysis: Many remedies have already been tried with little effect. The remedies were well chosen and *Baryta carbonica* was probably the likeliest choice next. But many points were against Sar-c, such as the aggressiveness and the business. When we look at the food cravings which are strong and specific, we find *Oleum animate* listed for both. The odds of a small remedy being listed for two food cravings of our patient is exceedingly small. So, turning to CLARKE'S **Dictionary** we read in the mentals of *Ot-an.* "Sadness, concentration in self. Taciturn and thoughtful. Distraction and frequent abstraction of mind. Loss of ideas. These symptoms seem to describe quite well our patient and give us the confidence to try this unusual remedy.

In this analysis method we usually find the cluster of keynotes arising in the area of

food cravings, fears or in the main pathology. Obviously this is closely related to 10b - "doublets and triplets" but we may receive more help from our repertory.

COMING EVENTS

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