

CENTRE FOR EXCELLENCE IN HOMŒOPATHY

CONTINUING HOMŒOPATHIC MEDICAL EDUCATION
SERVICES

QUARTERLY HOMŒOPATHIC DIGEST

VOL. XVII, 2000



**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. XVII, No. 1 & 2, 2000.

Part I. Current Literature Listing

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, 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.

I. PHILOSOPHY

1. Homöopathie systemisch betrachtet. Formen der Ähnlichkeit und der Verstrickung
(Homœopathy systematically considered. Forms of Similarity and Dissimilarity)
BAITINGER, H. (AHZ,244,3&4/1999)

The therapeutic potency relies on Phenomenon of the connections between natural diseases without human interference. This defines the efficacy and the limit of therapeutic action as well as infection and Miasm. The therapeutic way of systemic psychotherapy of Bert HELLINGER and his phenomenological approach shows several links to homœopathic laws. Mainly similarity gets a sharp picture in this phenomenological sight. The independence of personality gets a new value.

2. Was KENT a Hahnemannian?
CASSAM, A. (BHJ,88,2/1999)

This article voices concern at the trend among an influential section of homœopaths the world over, to jettison HAHNEMANN's **simillimum** principle and replace it with KENT's almost exclusive concentration on mental and psychic symptoms. This concern raises the question whether KENT was a true hahnemannian.

In order to discuss this question, two schools of thoughts are investigated. The first argues that HAHNEMANN's theories were scientific whereas KENT's were metaphysical. The second criticizes KENT's more severely for being metaphysical. At the same time, it accuses HAHNEMANN himself of increasingly losing his way, with increasing age, into metaphysical Homœopathy.

The author believes there was no break in HAHNEMANN's thinking as alleged, but a gradual development with increasing experience, together with judicious use of **rational** insight, when scientific explanation was not available. The yardstick used to accuse HAHNEMANN of being metaphysical is **crudely** empirical and long outdated.

[This is a thought-provoking article, **very relevant today when speculative teaching is so much**; one must keep one's feet firmly on the basic teachings, on the ground i.e. the **Organon** and the **Chronic Diseases**; far-away-and-above flights of fancy may be exhilarating but soon one has to land. = KSS]

3. Defining Homœopathy
FESIK Alexander (HL,11,4/1998)

The author raises the question: Are we really satisfied with the present-day formula? and proceeds to give some suggestions especially in the light of the opposition from the main school of Medicine in the Czech Republic. The attacks on Homœopathy has been increasing since 1995 in Europe, says he. The article is quite interesting.

[Howsoever we may attempt in all sincerity to satisfy the other School we will never succeed, since it is a matter of the other 'refusing to see'. The world of 'science'(!) has seen the condemnation of such persons like GALILEO, Charles DARWIN, and such others, and it is only after centuries that the 'science' accepts them. Homœopathy is more difficult to be accepted by the 'science'. Homœopaths should not be discouraged but carry on according to the laws of Homœopathy.= KSS]

4. Les Liens Cachés de Kent (Kent's Hidden Links)
Van GALEN, Emiel (CGH, 35, 10/1998)

The influence of Swedenborgian philosophy on the philosophy of KENT is discussed here. There has been a long connection between Homœopathy and Swedenborgian Philosophy. Dr.Garth WILKINSON (1812 - 1899) was the first to translate the works of Swedenborg "Arcane Célestes," "Règne Animal" and "Economie du règne animal" from Latin to English. Some of the well known Swedenborgians were HERING (he was one of the members of the first society of Swedenborgians of Philadelphia), Hans GRAM (the first to introduce Homœopathy in America), Otis CLAPP, John ELLIS, the Editors Boericke and Tafel (in addition to publishing numerous homœopathic books, they also published all the translated works of SWEDENBORG). Many Homœopaths during that epoque were Swedenborgians and members of New Church. KENT became a Swedenborgian after the death of his wife. He was first introduced to Swedenborgian Philosophy around the year 1888 -89.

SWEDENBORG held essential the existence of a mystic connection between the spiritual world and matter. He taught that the appearance and function of man (microcosm) had been modelled on the more elevated spiritual reality (the macrocosm). Everything that exists and everything that appears in this more elevated world finds its counterpart in the reality of the lower world, on land.

In his studies on the human anatomy, SWEDENBORG does not consider the body only as an objective thing in itself, but considers it as the "kingdom of the soul." According to KENT: "Man wills and understands, the cadaver does not will and does not understand. The combination of these two, the will and the understanding, constitute man. Adjoined, they make life and activity... ..Man is the will and the understanding, and the house which he lives in is his body."

SWEDENBORG differentiates three hierarchies:

1. At the summit - the soul, with Will as motor, sentiment (the Singular)
2. In the middle - Reason, with intellect and intention (Particular)
3. And then - Imagination, memory, desire (General)

KENT's hierarchy of the mental symptoms is on a similar line, and can also be seen in his **Repertory**.

SWEDENBORG insisted on the essentials of blood and the humors in his anatomical Studies. KENT insisted on the importance of symptoms connected to the blood and humors: the sensitivity to heat, cold, sleep, time of the day etc.

The Swedenborgians always considered disease as a disturbance of the emotions of man, and hence a disease is always a psychic problem with symptoms in the mental and spiritual spheres. This can be compared to the importance KENT attached to the mental symptoms.

The author quotes TWENTYMAN (BHJ 1958): "It is considered that Kent was a pure Hahnemannian, but he wasn't one. He was a synthesis of HAHNEMANN and Swedenborg."

II. MATERIA MEDICA

1. *Veratrum album* - Eine Arzneimitteldarstellung unter Einbeziehung mythologischer und archetypischer Themen (*Veratrum album* - Materia Medica in relation to mythology and Archetype themes)
MICHELS H.-L. (AHZ,244,1/1999)

Veratrum album drug picture is depicted, including with relation to mythology and archetype themes. The meaning of symbols is also discussed. How these knowledge would be helpful is demonstrated through a case.

The author also writes of his proving of this remedy on himself. He took a 200c potency, three globules, once.

On the night he took the dose, he awoke at 5 hours (*Veratrum* time). He felt an unpleasant sensation in the left ear, as if stopped. Went to sleep again to wake up at 8 hours with same sensation of stopped left ear and difficult hearing. These sensations passed off when he bored into the ear with the index finger. In the evening while sitting felt unusually severe freezing, particularly unusual was the ice-cold feet. There was also pain in the nape, with creeping sensation in the hands and creeping and tension in the face and when laughed felt as if the part could not be moved. Also felt often an icy coldness in the entire body.

On the following days suffered daily from severe pressing headaches in the forehead always after exertion, particularly after mental exertion. About 14 days after the dose of *Veratrum* suffered a Gastroenteritis. It began with cramping pain in the upper abdomen and nausea, which became worse from the least movement and led to vomiting. Immediately after the vomiting the nausea and the cramps were

certainly relieved. Was free from complaints until again the nausea and cramps came on. Felt a lump or stone in the upper abdomen. When there was the cramping pain, a cold sweat came on the forehead, and wanted only to lie down.

Only twice there was vomiting, then bright-white stool came on. Throughout the whole period, suffered severe throbbing headache of the forehead. On two days couldn't attend the clinic and was again healthy. The headaches went away, and he felt very well, especially emotionally excellent and more able than before this short illness.

2. The Toxicology of *Latrodectus hasselti* spider - The Australian red-back Spider
BONNET, M.S. (BHJ,88,1/1999)

The zoology and behavior of *Latrodectus hasselti*, the Australian red-back spider is described. The symptoms of envenomation are discussed; the most prominent symptoms is pain of various types in the head, abdomen and limbs. [Attention is invited to similar work on some other spiders by this author - vide QHD 3 & 4/1997, 3 & 4/1998 and 1/1999 = KSS]

3. The Toxicology of the *Chironex fleckeri* Jelly fish: the Australian Sea wasp
BONNET, MS. (BHJ,88,2/1999)

Potential new homœopathic remedy based on the toxicology of the Box Jelly fish, *Chironex fleckeri*.

4. Solanaceae: The Sleep of Reason
HERSHOFF Asa (SIM, XII,1/1999)

The categorization of remedies into families is very helpful in prescribing more accurately, and provide opportunities to learn about 'small' remedies.

Solanaceae is the easiest to understand.

The 'themes' of Solanaceae are discussed, as brief comments on the Materia Medica of *Belladonna*, *Mandragora*, *Lycopodium*, *Solanum nigrum*, *Tabacum*.

Four cases are presented:

Case 1: Boy of 3-and-half years: totally obsessed with dinosaurs. There is 'split' in him - although he plays with toy dinosaurs and talks of them, etc. he is afraid of them. He is a diabetic; because of a Cocksackie virus that apparently destroyed the pancreas. His mother a stunt woman has invariable knowledge of diet and nutrition. Therefore everything her child eats is organic, and she is absolutely rigid about everything. He is a very big kid, very muscular, very spiritual kid and very sympathetic to others. Loves to sit on his computer all day. He is on frequent Insulin injections in a day. He is getting about 20 injections a day. He is connected "on the other side". Afraid of the tuning fork, would mast with teeth. Didn't allow the doctors to put IV needle but when his mother took his face in her hands and said "Look OM" (the Mantra) and he held his arms out. So an acute Solanaceae state - a wild *Stramonium* or *Belladonna* like reaction.

He 'read' (looks at) pages of books that have no pictures, for an hour even. He is afraid of dark. He loves to run. *Stramonium*.

Case 2: This 7-1/2-year-old girl was born with umbilical cord around neck, but was quickly revived. Wasn't sick until 4 years age; now non-stop sick strep. throat; glands swell up, rash all over her body. Antibiotics very regularly lots of colds, coughs; ear infections for the first time now; lots of eczema, rashes. Fevers go upto 102°.

She can never get enough attention, always dancing, on her own.

Night terrors with screaming, thrashing about, but when mother awakened her couldn't remember a thing; typical of Solanaceae. Very, very jealous of her brother and sister, even the dog. Won't share anything. Likes order in everything. Very strong-willed. She'll touch people's private parts. She did it when she was just 3 years of age. Her mother suspected strongly that the child was abused when 4 years age.

She doesn't like children; "they are really small, they are three-years-old" although they are six year old. Wants to be with older children. *Hyoscyamus*.

Case 3: Girl who gets cold very frequently and keeps them longest in the family. Doesn't take dairy products, about no antibiotics, has very high fevers.

Likes to entertain, dramatic, histrionic. Very playful, social, likes grown-ups, kids, very attached to mom and dad. Likes leadership. Fear of dogs. Fear of people, hides behind her father. Hates being alone. Very distraught or concerned about dying.

Has a temper, pretty expressive, can rage for half an hour. Sympathetic, gives solace to others. Suffered a trauma: a huge tree branch fell on her father, and she was under him; father was bleeding; for half an hour she was screaming for help; since then she has this fear of dying. She is bossy with her parents; with other children a little dictator; defiant in a teasing way. Likes to perform for adults. Her mother said that she's just playing around when she is teasing and bossing. Attention seeking. *Dulcamara*.

Case 4: 13-year-old boy. Says he has photographic memory. Top sportsman in his school. Many sports injuries; bad knee, low back pain and neck pain and so on.

Fear of spiders. Has some learning disabilities. Really bad at spelling, word hunting; says he can remember when he was in his mother's womb; but at times forgets where he was going, what he was about to do, names.

He said that sometimes when he was lying down, he thought he was on the other side of the bed. Also when he wakes up in the morning, thinks "What am I doing here?" He wakes up from a dream and he doesn't know who he is, a problem of identity. *Solanum nigrum*

At the end, the author draws attention to *Capsicum*. Besides homesickness *Capsicum* tend to be gourmands, either alcoholic or eating food a lot. There is a whole joviality, like *Tabacum*, with a strong stimulation phase; jockster, kidding others, playing practical jokes and tricks. Often awkwardness, bumping into things accidentally, breaks things. Angry, contradicting, intolerant of opposition, even malicious and spiteful. Fear of death, evil, wind, being murdered or reproached. Discontent.

5. What do Provings Prove? - A Critical Appraisal
MORTELMANS Guido (HL,11,2/1998)

This is a brief discussion of 'Provings' - the methodology, the source, etc. He also briefly discusses seven newly proved remedies: *Haliacetus leucocephalus*, *Lac dolphinum*, *Lac caprinum*, *Lac humanum and maternum*, *Larus argentatus*, *Naja*, and *Chocolate*.

Dr.MORTELMANS raises certain other questions, e.g. what is the bias for double-blind provings? the value of the doctrine of signatures; the effect of the psychological and physiological state of the animal whose substance is being proved, etc. [Rarely has the actual record of the provers been published in any of the present-day 'provings'. In many cases the 'theme' is filtered and furnished! The ordinary practitioner who reads the material has no idea as to the availability of the new medicine. 'Mental' symptoms abound in most of the modern 'provings', unlike the older provings. = KSS]

6. *Cannabis indica* kids: The Serious, The Spacey, and The Silly.
ROTHENBERG, Amy (SIM, XII, 1/1999)

16-year-old girl: with **ADD**; difficulty in concentrating, focus mind or stay interested in reading, schoolwork or chores. Spaced out. Her two younger siblings were really smart, very competent.

She was a tall, elegant young woman of sensitive bearing. During class she would think she was listening but she would be floating away and watching the class from the ceiling, as if hovering, watching, observing. In spite of trying she couldn't bring her body to come back to the chair; would float about and feel very strange but soon would forget it was weird, and just hang out there. Then something would happen, a loud noise, a teacher calling on her, a bell ringing, etc. and she would be catapulted back into her chair in a minute. This kind of dissociation would also happen at home.

She was reading at a level several years behind her grade, which her mother said was due to poor memory for words and word meaning. Couldn't do math at all, it seemed like foreign language to her. She was clairvoyant. Could draw well and would spend time doing that over other academic work. This expressivity is something that one can see in a *Cannabis indica* patient, particularly if they don't do well in the typical things supposed to do well in, they find something else that they can excel in.

She had a sledding accident at age eleven, and was unconscious for four days. Although she had learning difficulties before the accident, since the accident she had been much sadder, sentimental and emotionally remote. She had the worst case of eczema of the scalp, like a cradle cap from edge to edge of her entire scalp; thick, crusty, white with little red scabs mixed in. She had it since she was few months old. Loved to sleep for long hours and napped when she could. She found sleep a relief from other stress of her life.

Her father smoked pot daily for 25 years.

Cannabis indica 200. She needed repetition once.

Amy ROTHENBERG discusses another case of a girl 13-yrs age who suffered from sadness, depression. On the totality presented she was given *Medorrhinum*. There was much improvement but not total. She wanted to kill herself. *Aurum*. Few weeks ago she took a knife and made four marks, not very deep, on her chest. Few months later she reported of random depression; that she seemed to forget things that are asked of her, basic things, forgets what she's thinking. "When I'm in conversation with somebody, I can leave and space out really badly. All of a sudden I'm clairvoyant, I know what people are thinking, what they are about to say, what's about to happen." She's not paranoid, her perception of time and space are fine. Fearing insanity. Father's history of Marijuana use. *Cannabis indica* 200. She did well.

7. Faut-il jeter aux Orties la mort du père? (Must the death of the father be attributed to the Nettle)
ZALA, Michel (CGH, 35, 1/1998)

In July 1995 in an article "*Urtica urens* and the death of the father", Didier GRANDGEORGE observed that *Urtica urens* could correspond to those patients who have never accepted the death of their father, a hypothesis which is to be confirmed by other clinical cases. In September 1995 Jean-Marie TRIBOUILLARD presented a case of a person treated with *Urtica urens* based on the death of the father, a probable confirmation of the above hypothesis. In this article Michel ZALA presents his observations on *Urtica urens* prescribed right from the time a patient mentioned "after, death of the father". He presents six cases in which he prescribed *Urtica urens* based on the above symptom. There was no change in one patient, in three of them there was a partial impact. There was a deep action in two of the patients.

This is followed by some of the characteristic symptoms in the Materia Medica. The author's observations:

1. The prescription of *Urtica Urens* is not systematically effective for "after death of the father".
2. In the above cases *Urtica urens* was not the simillimum; though the amelioration was complete it was only transitory.
3. There were however some common points:
 - the rapidity of the death of the father, more than the rapidity it was the regret at not being able to talk to the father or say good-bye.
 - the refusal to talk about it.
 - an "internal boiling"
 - two of the fathers had died of a digestive cirrhotic haemorrhage
 - two of the patients had pruritis
 - and a particular phobia
4. The most consistent results were obtained by Didier GRANDGEORGE.
5. What is important now is that this etiological hypothesis must be tested without prejudice by the homœopaths.

Even if *Urtica urens* has this particular vulnerability after the death of the father, it cannot be the only remedy for it. For example: in the Synthesis Repertory, Ailments from death, parents or friends, of: Calc, **Caust**, **Ign**, Nux-v., Plat., Sep. etc are given. Such a shock can trigger many types of reactions and hence the possibility of many remedies. The doctor must be able to distinguish *Urtica urens* from other remedies possessing this sensitivity. Noting some of the following things will help us to differentiate the remedies: the conditions of the death; slow or rapid, agonizing, how the father faced his death, the reactions of the family, etc.

8. Petits remèdes tirés de derrière les fagots (Small remedies - personal experiences)
GRANDGEORGE, Didier (CGH, 35,1/1998)

The author describes some rare indications which, aren't found in the repertories for some rare remedies.

Bombyx processionnaire: When his group in Fréjus-St Raphaël proved this caterpillar, one of the provers was a young intern of a hospital who attended the course out of curiosity, without truly believing in homeopathy. He volunteered to prove the remedy, and note the symptoms which appeared. But four days later he called up and said that he could not proceed with the proving as he had to be operated for a torsion

of the testicle. But what was strange was that though this intern objectively presented a picture of torsion of testicle, on surgery there was no torsion, just a big local inflammatory reaction.

Some months later the author received a small boy with severe pain, very strongly indicative of torsion of testicle. At that moment something struck the doctor and he asked the boy if he had touched caterpillars, to which the boy replied that in spite of his father having forbidden him to do so, he had played with caterpillars in the garden. *Bombyx processionnaire* 30 CH was given, and within a few minutes there was no pain and there was no necessity for surgery. Even the inflammation had disappeared. Some hours later the child left the hospital stating he was cured.

Another case of a boy of 17 years with asthma, who in the past lost one testicle following torsion. He received *Bombyx processionnaire* and had an all-around improvement, both physically and psychologically. An amelioration on all the planes when the right remedy is given.

Symbolically the caterpillar is a larva, an incomplete, crawling being. The torsion of the testicle is an auto-castration, a loss of a part or the whole of virility. Would this be the remedy of individuals who feel psychically castrated, who have only stereotypic behaviour, copied from others, without any creativity, and one sees in certain social environment? And it is here that one sees this small remedy take on unsuspected dimensions...

Castoreum: A young boy of 10 years came for a phimosis, for which he had already been operated twice. He also had a developing preputial sclero-atrophic lichen. It seemed like a *Staphysagria* case when the mother said that the boy yawned in his sleep. In Kent's repertory *Castoreum* is the only remedy under this rubric. In the materia medica it says that *Castoreum* is the secretion of the preputial sac of the beavers. *Castoreum* was prescribed. Six months later he had an eczema of the genitals, his behaviour was better, his lichen on the gland was gone, urination was normal, the dilatation of the urinary meatus which had been planned was not necessary. A year later he was much better and his parents regretted not knowing about Homœopathy earlier. Some time later another patient with phimosis, impossible to retract and eczema of the thorax. *Castoreum* was prescribed, four months later there was no more problem, and another 3 months later the phimosis had softened and retraction was possible. Though in Clarke's Dictionary phimosis hasn't been mentioned, now always consider *Castoreum* when there has been an history of phimosis in men and coalescence of the labia minora in women.

Ornithogallum-umbellata: Boy six years old with frequent bronchitis. Interrogation revealed only common symptoms. The only important history was pyloric stenosis operated in the first few months of the child's life. In Murphy's Repertory the two remedies listed are *Aethusa cynapium* and *Ornithogallum umbellata*. After a few doses of this remedy the child had no problems.

Similarly there was another child who consulted for anxiety, compelling him to sleep with his mother, bed wetting, jealousy. This boy too had an operation at the age of 3 months for a pyloric stenosis. After this remedy the child started sleeping better and got over his anxieties.

In Clarke's Dictionary pyloro-gastric cancer is described under this remedy.

Oleum jecoris aselli: This remedy should be thought of when the idea of ankylosing spondylosis appears. A boy of 11 years consulted for growth retardation, and lumbalgia which was diagnosed as ankylosing spondylarthritis. In the repertory in sacro-iliac pain and small stature *Calcarea phos.*, *Oleum jecoris* and *Sulphur* were the remedies. The author's attention was directed towards *Oleum jecoris* by the fact that the boy after every dose of Vitamin D had an aggravation of the bone pains. Four doses of *Oleum jecoris* in 15, 18, 24, 30 CH were sufficient to relieve the boy of this invalidating problem.

Similarly in another boy of 14 years, who had strong pains in the right hip which was relieved by *Aurum metallicum* 15 CH. But the patients complained that he was not growing well, this child had also been frequently given Vitamin D. *Oleum jecoris* was given with good improvement.

There is no small remedy, for the one who suffers, the effective remedy is a big remedy.

9. *Rhus glabra* and Abuse TUMMINELLO, Peter (HOM, 74, 1999)

With the help of a case the author brings out the essence of *Rhus glabra*. The prominent theme in *Rhus glabra* is:

- Compensatory activity that is needed to counter the abused feeling
- Haughtiness and authoritarianism in an attempt to escape the feeling world, the body.
- Fear and oppression by authority,

A book **Rhus glabra, A Portrait of Abuse** has been prepared as a complete rendition of all the information available on *Rhus glabra*, which is available by mail order from Sydney College of Homœopathic Medicine, 92-94 Norton St, Leichhardt NSW, 2040, Australia, cost \$19 including postage or from Minerva Books, London. Tel: 0171 385 1361.

10. *Materia Medica - Tarentula Hispanica*

RYAN, Chris (NEJH, 8,1/1999)

An analysis of *Tarentula hispanica* into cycles and segments.

- a keynote cycle segment of *Tarentula hispanica* involves the need to move – the inability to
- be still characterizes this remedy type.
- an important remedy for hyperactive children in constant motion, fidgeting, picking at things, tapping, frequently fighting, kicking, biting, struggling against any attempt to corral them.
- the second theme is the equally intense need for rhythm.

11. *Culex* Repertory Rubrics

WRIGHT, Peter (SIM, XII, 2/1999)

A listing of all the rubrics under which *Culex musca* is listed. All the rubrics have been taken from Kent's Repertory.

12. A Propos du *Cantharides* (Apropos - *Cantharis*)

(CGH, 35, 10, 1998)

This article is a translation of the chapter from the Canon d'Avicenne (Zararith) and Hippocrates's Regime in Acute Illness.

Cantharis according to Avicenna:

- animal similar to bugs, red in colour
- one of the species lives and proliferates in wheat
- *Cantharis* of multiple colours, with transverse lines on the wings, are the most powerful. Those of single colour are feeble.
- on rubbing, deroots warts
- applied on the limbs, they are beneficent for the nails.
- on rubbing with vinegar - cures vitiligo and albinism
- rubbing, crushed with mustard, makes hair grow
- on rubbing, dissolves cancerous tumours
- can be used for scabies and impetigo
- it is said that it makes pterygion disappear
- *Cantharis*, in small quantities, is a good diuretic and useful in anasarca.
- it also stimulates menses
- it also aborts
- Some say that *Cantharis* gulped down is useful against intractable disease of the bladder.
- Some claim that the wings and limbs are the antidotes to *Cantharis* poisoning.
- It is said that if one drinks "a mithqal" (1/7th of an ounce) of *Cantharis*, the body becomes oedematous, urine bloody, and dies the same day.

Hippocrate's Régime in Acute Diseases

Potion for Hydropic

Take 3 Spanish flies, remove the head, the wings, the hair, crush the body in 3 glasses of water; when the one who has drunk the medicine suffers, make for him an oily unction, then, hot affusions; the potion must be drunk on an empty stomach, then one eats hot bread with butter.

13. Die charakteristischen Symptome von *Ignatia amara* nach Clemens von BÖNNINGHAUSEN.

JANSEN, A. (ZKH,43,2/1999)

Within the scope of an edition of different manuscripts of Clemens von BOENNINGHAUSEN available in the **Institute for History of Medicine** of the **Robert Bosch Foundation, Stuttgart**, a transcription of *Ignatia amara* and its Genius is presented.

III. THERAPEUTICS

1. The Dreaded Flu
CASTRO Miranda (HT,18,4/1998)

The author says that every year 10,000 to 20,000 persons die in the U.S. from complications of the flu, mainly Pneumonia. The remedies for flu including *Oscillocochinum* are discussed.

2. A chronic case with an unusual remedy
ABBOTT Vicki (HT,18,4/1998)

A 42 year-old lady, with epigastric pain, headaches; right-sided Sciatica and sacro-iliac pain with pain in her right anterior and lateral thigh and right knee; irregular menses; chilly. While *Sepia* gave good relief, it was *Tellurium* which gave complete cure. The author remarks that it was *Tellurium* which not only cured her Sciatica but also cured the Peptic ulcer disease and Insomnia. Also her peculiar sensation that the area under her bra was too tight was found in both HERING and CLARKE: "Constrictive feeling, as if strapped together".

3. Balancing a Child's Behaviour
BELLO Lia (HT,18,5/1998)

A 12-year-old girl was throwing tantrums, angry at her siblings, contemptuous, offended easily, used shockingly explicit abusive words, etc. Desired sweets, was worse from it. She recently spoke of suicide!

Nux vomica 12 b.d. and as she improved to make it once daily and go on tapering according to improvement; then to take "when needed".

4. Homo Anxiens
KOTHARI M. & MEHTA L.(NJH,8,1/1999)

The No.1 issue of NJH 1999 is about Anxiety. In their no-nonsense style, the authors KOTHARI and MEHTA describe anxiety as another of the fads and fetishes created by the Americans, whom they call the Big Scientific Brother. And rest of world has no problem imitating this brother. The definition of Anxiety in the Oxford Companion to Medical Sciences and the listing of the various anxieties with their latinised names in the Psychiatric Dictionary is enough to confuse and scare one. Anxiety is to nurse the vanity that circumstances are under your control, and then to nurse the guilt that you are not doing what you ought to do. And the anti-anxiety agent is a sense of humility, a yea-saying to life, a conviction that whatever it is, is right. Though it is of late that anxiety is as old as man.

5. Treating high blood pressure
TAYLOR Will (HT,18,10/1998)

The author stresses the need for correct reading of the blood pressure; it is also necessary that the cuff must be appropriate to the circumference of the arm.

6. A Surgery avoided
MALERBA Larry (HT,18,11/1998)

Hernia is considered a 'surgical' case, although the old homœopathic literature has many cases cured by medicine. The author reports the case of a boy of 14 months with diagnosed left sided inguinal hernia. On the basis of the 'generals' *Calcarea carbonica* 200 was given and it was reported three weeks later that the surgeon opined that there was no hernia but only a hydrocele and surgery was still said to be required. The case was reconsidered and *Silica* 200 was given which cured.

7. Vaginal Infections
BELLO Lia (HT,18,11/1998)

The author discusses vaginal infections and the remedies generally indicated in it. The best insurance against infection is daily washing with plain water and avoidance of vaginal deodorants, perfumed soaps, contraceptive creams, prolonged use of tampons, and wearing underwear made with synthetic fabric. Half the discomforts and the money spent to alleviate vaginal infections could be cancelled out if women would forego wearing tight jeans and pantyhose - to get a little more fresh air to the area.

8. Eine geheimnisvolle Entsprechung - Homöopathie und Familienstellen (A mysterious meeting - Homœopathy and Family states)
BURKHARDT-NEUMANN, C. (AHZ,244,2/1999)

Homœopaths wishing to gain additional psychotherapy-qualification have to be aware that the phenomenological approach of Homœopathy is in contrast to psychoanalytic assumptions of unconscious causes. A newly developed phenomenological way of psychotherapy, using family constellations (according H.HELLINGER) offers surprising analogies to Homœopathy (drug proving, HERING's Rule) and is very suitable to enhance the effects of homœopathic treatment and to give homœopaths psychological insight into "love's hidden symmetry".

9. Familienstruktur als homöopathisches Heilungshindernis (Family structure as obstruction to a Homœopathic cure)
APPELL, R.G. (AHZ,244,2/1999)

The certainty of healing mentioned by HAHNEMANN may be impeded by pathogenic family structure. The different aspects of these hindrances are shown and possibilities of handling them are discussed through a case.

10. Der Synergismus von Homöopathie und systemischer Therapie (The synergism of Homœopathy and Systemic Therapy)
MEYER-KÖNIG, P. (AHZ,244,2/1999)

HAHNEMANN describes in his book **Chronic Diseases** the difficulty to heal an activated **Psora** under the influence of chronic grief and anger. Disorders in the relationship of a family on the emotional level can induce identifications, parentifications or other troublesome dynamics. They cause chronic grief and anger on a subconscious level. The systemic therapy of a family according to Bert HELLINGER's feature gives often a good opportunity to finish such troubles. After such a harmonisation of the emotional situation, the antipsoric treatment will give better results.

11. Zum Stellenwert der homöopathischen Therapie bei Sterilität (The place of Homœopathic Therapy in Sterility)
SCHMÜCK, M. (AHZ,244,3/1999)

The indication of homœopathic therapy in infertility patients are shown after taking into account infertility in its historical-cultural context and the possible impact on couples affected, especially in this time where assisted reproduction is available. In the course of this, the connection and dividing line between homœopathic therapy and psychotherapy becomes apparent. With the help of a detailed case presentation of a successful homœopathic treatment course, the effects of a homœopathic drug on psychological processes are shown.

12. Morbus Bechterew
ZEEDEN, M. (AHZ,244,1/1999)

54 year-old, well-built man; apparently a perfectionist. Since 1970 back pain. Since 1981 diagnosed Morbus Bechterew. The pain proceeds from between the shoulder blades and in the neck radiating to head and is of pressing nature. Wet and cold agg. the pains and hence change of weather from warm to cold uncomfortable. The pains began every day late afternoon. Thirst increased. The peculiar symptom that came up from thorough case taking was the 24 hour periodicity of arrival of the pains. The pain began exactly at 1700 hours. *Cedron* 30 was given but with some amelioration. The remedy was then given in 200, but still not complete relief. *Mercurius* D1000 was given because of stitching, pulsating and

synchronised pains of the right parietal region and nightly frequent urination. This was not effective. Again *Cedron* D1000 few doses. Pains were completely relieved.

13. Ershöpfungsdepression, Neurodermitis (Weakness and depression, Neurodermatitis)
ROTH, R. (AHZ,244,1-2/1999)

29 year-old Nurse. Since recently feels very weak and depressed. Forgetful, irritable, angry with her work. Feels beaten down and sad. Unhappy with everything. Weeps at home without any reason, feels better after that. Even with her children she is not agreeable.

She was one of four children. In childhood was repeatedly sexually misused by her father. She also recalled vaguely of being sexually abused by other men too. She felt very much humiliated and helpless by these experiences. She came to know her present husband at 18 years and married him. She wanted children but only boys since she did not want her children, if girls, to undergo the same abuse she suffered! She had two sons and her third child was a girl who died at six months age from 'sudden infant death syndrome'; this was shock for her, and she suffered from severe guilt feelings. She became pregnant and it was quite problematic. However, she delivered a healthy son and her depression began then. She was on psycho-therapy which helped her overcome her guilt feeling but she has not got back her energy and courage.

From her childhood she suffered from severe Neurodermatitis, particularly on the right upper eyelid, sometimes on the right elbow, the skin there is dry and itchy. Stress and anger aggravate. When she is angry and under stress she gets stomach cramps.

Single dose of *Staphysagria* C200, and immediate improvement began. She was restored to health rapidly and remained well.

14. Neurodermatitis
ILLING, K.-H. (AHZ,244,2-3/1999)

14 month old girl baby with Neurodermatitis which began at 3 month age. At 8 month she was in hospital for a month for treatment of "Herpes". The skin is very dry, desquamating due to much scratching. When she was at the North Sea resort last year she suffered severe reaction and she scratched herself until it severely bled. When she was brought she still itched but lesser than when at the sea resort. The itching was worse in bed. She could not tolerate milk and so was on milk-free diet. She wanted to be only lightly dressed. Sweat more nights, occiput, cervical region.

Sulphur 30 one dose, and she began to improve; the remedy was repeated in C200 four times at long intervals for ailments that appeared after immunisations, etc.

15. *Sicarius* (Six-eyed Crab Spider): A homœopathic treatment for Ebola haemorrhagic fever and disseminated intravascular coagulation?
RICHARDSON-BOEDLER, C. (BHJ,88,1/1999)

Extensive literature on the symptoms and signs of envenomation by *Sicarius* (six-eyed crab spider) suggests that it may be an effective homœopathic remedy in Ebola fever. Similarities with *Crotalus horridus* are also discussed. "the venom of *Crotalus horridus-horridus*, which acts mainly by mimicking detrimental intravascular activity of thrombin, is to be differentiated from the venom of *Sicarius albospinosus* which appears to directly deactivate Factor VIII and trigger the subsequent coagulation disorder, thus more closely resembling the pathology of Ebola haemorrhagic fever. The lethal species of *S. hahnii* and *S. albospinosus* should be of curative value also in other forms of haemorrhagic fever and in disseminated intravascular coagulation. The well-established remedy *Crotalus horridus* should still be considered in these conditions."

The author also suggests that in geographical regions prone to be affected by the Ebola virus, a prophylactic administration of the potentized *Sicarius* spider may be beneficial.

[This spider venom should be 'proved'. Since this venom is said to deactivate Factor VIII, it may perhaps be of value in Haemophilia too. Profession is requested to try. = KSS]

16. How to prescribe *Medorrhinum*: the frequency of symptoms and signs in homœopathic patients.

MERCALDO, M (BHJ,88,2/1999)

Medorrhinum is an important, but under-prescribed homœopathic medicine. This paper discusses how to prescribe *Medorrhinum* on the basis of symptoms, signs and family history.

The author draws copiously from reliable literature and from his own experience with 963 patients. He says that he has prescribed this remedy many more times than by simply following the KENT Repertory. He says "many signs and symptoms are much more frequent than we would expect, sometimes astonishing, as in 'Mind, delusions, hear voices', which appeared in 62% of the subjects, and usually, is not mentioned by most people with this symptom. I believe the frequency of the warts in the patients, 44%, is so high, because of the sycotisation produced by vaccines and allopathic drugs.

[Attention is drawn to the author's earlier article on this nosode in the BHJ,85/1996 = KSS]

17. How will you handle this case? What Will You Do Next?

PARTHASARATHY, V. (NJH,8,1/1999)

The case of a newly married girl with evening rise of fever, who was cured very quickly with just counselling. It shows how a right advice at the right time does wonders.

18. Situational Anxiety

Dr. RANGAKRISHNAN (NJH,8,1/1999)

Case 1: A 23-year-old man doing his Masters in Business Administration started becoming anxious, with a lot of desperate thoughts occurring to him and many delusions too. A history of a very dominant, strict father who expected a lot from him. The doctor saw it as an anxiety which lead to depression and which in turn led to delusions; there was intelligence, timidity and apprehensions and also a determination which all pointed to *Silica*. The repeated confusion of mind indicated *Alumina* and so *Alumina-silicata M* was prescribed.

Case 2: This is the follow-up of a case which was reported in NJH, 3, 1/1994. A doctor with severe burns which were treated with *Radium bromatum*, now was in a depression, panicked over small things and she felt sorry for not having a child. *Aluminium-silicata M* single dose helped her. She later adopted a girl child.

19. Can you afford to be down in dumps?

SHAIK, Neelofer (NJH,8,1/1999)

This is the case of a young girl whose marriage went sour and she got a divorce just six months after her marriage; she developed itching, perspiration of the palms and soles, *Natrum muriaticum* 10M a single dose helped her.

20. Can We Give Birth to Anxiety?

ANSARI Aqsa (NJH,8,1/1999)

Case 1: A 35-years-old man with warts on his face and neck, migraine since 14 years, hypertensive, cervical spondylosis, and also the anxiety that his parents cared more for his sisters than for him. *Staphysagria*, *Rhus-tox*, *Natrum-mur* and finally *Carcinosin* helped him.

Case 2: 7-years-old boy very insecure, could not bear to be separated from his mother, also had recurrent colds and coughs. The mother's anxiety and insecurity (she had already undergone three miscarriages) during the pregnancy had brought about the insecurity in the boy. *Argentum-nit.*, *Lycopodium*, *Stramonium*, *Nux-vom* were the medicines give to him.

21. Gold(en) Remedy for Anxiety with Suicidal Disposition

SUNDARAM, V. (NJH,8,1/1999)

Aurum metallicum helped a woman in a severe depression because of her husband's extra-marital relationship.

22. I want Mama!
MANKANI, M. (NJH,8,1/1999)

The case of a 25-year-old mother of two who had not yet come out of her dependency on her mother. The case was watched closely and was only given placebo over a long period as nothing marked could be elicited. Then came the clinching indication: intense anxiety and chest pains when the patient's parents had gone out of town. The doctor quotes Dr.Gary WEAVER: "My experience has led me to conclude that when an individual is at the lowest ebb, what is exhibited is the true state, i.e. The disposition in a Mental and Physical Totality." In the Synthetic Repertory in p.608 was the rubric: "Inconsolable, anxiety about his family while on a short journey, from," with only *Petroleum*, which surprisingly also covered all the striking aspects of the case. One dose in 50 M reduced her anxiety. This was followed by active counselling and some more appropriate homœopathic remedies and placebo.

23. Encounters of the Hysterical Kind
HARIHARAN, Rama (NJH,8,1/1999)

Case 1: 65-year-old woman with an undercurrent anxiety which surfaced after months of physical disturbances. *Alumina*, *Pulsatilla* and *Argentum nitricum* were the remedies which got her out of her physical discomforts and her anxious states.

Case 2: 53-year-old woman with an anxiety which caused a lot of inconvenience to her and her family. She progressively improved under the following remedies given as and when they were indicated *Argentum nitricum*, *Dysentery-co*, *Aconite*, *Theridion* and other remedies.

24. Anxiety Neurosis: An Hypothesis
MEHTA, A (NJH,8,1/1999)

A man in his early forties had severe anxiety about his job, worried what he would do if he lost his job. Many remedies were tried without success. The doctor thus reasoned: Anxiety neurosis is a result of excess Lactic acid in the blood. Artificially injecting Lactic acid into the blood can create a state of Anxiety Neurosis. The Materia Medica recommends *Natrum-phos* as a remedy for conditions arising out of excess of Lactic acid. *Nat-p* was given and it worked.

25. Why I could not achieve?
PARTHASARATHY, V.(NJH,8,1/1999)

A man with severe panic attacks: how the main symptoms of the case were identified and then the rubrics selected and finally the zeroing down to the remedy *Lycopodium*.

26. Spectrum of Hepatobiliary Diseases - A Homœopathic Perspective(A Hospital Study)
PAREEK, Alok & PAREEK, R.S. (NJH,8,1/1999)

Pareek Hospital and Research Centre has documented 186 cases of Hepato-biliary disease: acute hepatic failure, infective hepatitis, chronic persistent hepatitis, cirrhosis with portal hypertension including Indian childhood cirrhosis and persisted Hepatitis B, antigenaemia. The following conclusions were arrived at:

1. *China-off*, *Hydrastis*, *Lycopodium*, *Mercurius sol.*, *Magnesium-mur.*, *Nat-sulph.*, *Nux-vom*, *Phosphorous* and *Sulphur* were the most general constitutionals with positive response. Potencies used 200C, 10M
2. *Carduus-mar.*, *Chelidonium*, *Myrica* and *Andrographis-paniculata* were the most useful clinical remedies. They were used in mother tinctures and drop doses.
3. *Andrographis* and *Calcarea-ars* helped in the younger age group of patients, especially in Indian Childhood Cirrhosis.
4. *Hepatitis B* nosode was helpful in Chronic Persisted Hepatitis, in an intercurrent dose when there was a history of blood transfusion, surgical procedures. Depression was noticed in all cases which benefited by *Hepatitis B* nosode.

A few cases treated are also presented:

Case 1: of fulminant hepatic failure: *Opium* brought the patient out of the very jaws of death, *Carduus marianus* was the organ remedy and *Phosphorus* the constitutional remedy helping the patient to a harmonious recovery.

Case 2: 10 year old girl with persistent fever, icteric eyes, bloating of abdomen and diarrhoeic stools, S.Bilirubin was 8.4 gm/dl with a history of blood transfusion for anaemia. *Mercurius solubilis* brought down the fever. *Andrographis* was the Organ remedy. Finally she was given *Hepatitis B* nosode for the persistent positive Australia antigen.

Case 3: A 45-year-old man presented with a laboratory report of positive Australia Antigen but was asymptomatic. History of jaundice two years back and a steroid injection for a shoulder pain. *Lycopodium* was prescribed based on accompanying flatulence, bloating and anorexia, followed by *Carduus marianus* in the mother tincture. As the Australia antigen was still positive after three months, *Hepatitis B* nosode was prescribed and two months later the report showed Australia antigen negative.

27. A potpourri of Cases
RAO, Sheila B. (NJH,8,1/1999)

Case 1: of a six-month-old baby with frequent offensive blood-tinged stools, with cyst of *E-histolytica* in the stool, was given *Calcareo carbonica*.

Case 2: Anxiety in a 42-year-old woman after her mother's death from cancer of the breast was cured with *Carcinosin*.

28. Anxiety and Anxiolytics
RAJU, K. (NJH,8,1/1999)

Three cases of anxiety who respectively needed *Stramonium*, *Picric acid* and *Syphilinum*.

29. Arthritis: Yet-One-More-Tower of Babel
KOTHARI, M. & MEHTA, L. (NJH,8,2/1999)

The authors begin with "The inherent flaw in the theme of this issue [the theme of the Mar-Apr. issue is Arthritis] is: The term arthritis has been dictionarily declared wrong for, more often than not, there is no inflammation nor infection. So, arthritis rather becomes arthrosis, or a little more comprehensively, osteoarthropathy. They conclude: "Arthritis, to borrow Churchill's telling words, continues to be "a riddle wrapped in a mystery inside an enigma." Allopathy has lost and gone mechanical. [Perhaps] Homœopaths could lead the world out of the arthritis chaos.

30. *Sepia* and Rheumatoid Arthritis - A Case Study
MANKANI, M. (NJH,8,2/1999)

In her usual precise and clear manner Dr.Mankani presents this case of severe excruciating pains of all the peripheral joints in a 24-year-old man who was regularly on intra-articular corticosteroid injections supplemented by oral anti-inflammatory analgesics. The most distinguishing features of the case on which she based her prescription were:

Anger from contradiction, Violent motion ameliorates, Ravenous appetite, Desire for cheese, Dryness of the mouth with thirstlessness and Inclination to uncover feet. *Sepia* was clearly indicated. *Sepia* first in M potency then 10 M and later the 50M brought about great relief: in fact after 7 months of treatment and at the time of reporting the case there was no pain.

31. I was not their Real Daughter
KASAD, K.N. (NJH,8,2/1999)

A detailed report of the case of a woman with severe excruciating pains of the joints. After many detailed interviews the picture was clear, on the physical plane it was *Magnesium phosphoricum* that was needed, and from the core of the case came up the repression and rejection which again clearly indicated a Magnesium group. *Magnesium sulphuricum* was indicated from the totality: the fibro-muscular structure, a dominant sycotic miasm, hot humid weather aggravation, cramps and spasms. *Magnesium sulphuricum* M

was repeated very often. *Thuja M* was also given as an intercurrent. The doctor concludes: "The case showed remarkable palliation under homœopathic treatment. Cure appears remote as the immediate environment at home is not congenial..." [The comments of the Editor of NJH: "The bold and remarkable use of high potencies with frequent repetition till the point of amelioration, is the course to be followed in such severe pathology. Here single doses will not prove adequate." One cannot 'prescribe' repetition in all severe pathologies; the homœopath who handles the case should use his judgment in respect of each case. = KSS]

32. An Advanced Case of Rheumatoid Arthritis
TIWARI, N.L. (NJH,8,2/1999)

Case of a 46-year-old lady with pain in all small joints, and swelling and stiffness, deformity of right proximal metacarpal joint, a cold and dry cough diagnosed as interstitial pulmonary fibrosis. She was on Ayurvedic treatment and on corticosteroids. *Calc-fl.* 30 was given daily. Cortisone was slowly tapered. She also needed during the course of the treatment *Ant-ars, Coccus-cacti, Kali-bi, Thuja*.

33. Can Still's Disease (JCA) be cured by H...?
ANWAR BAIG, Mirza (NJH,8,2/1999)

Presents two cases of **Juvenile Chronic Arthropathy (JCA)**.

Case 1: of a 11-year-old diagnosed with JCA with cardiomegaly, and declared incurable. *Pulsatilla, Aurmet, Thuja, Sulphur, Bacillinum, Carcinosin, China* over a period of a year gave relief from the pain, and improved the extremely weak state in which the patient was when the treatment was first started.

Case 2: 6-year-old boy diagnosed to have **Juvenile Rheumatoid Arthritis** on corticosteroids and analgesics. At the age of 3 the child developed pain in both knees, with fever, rashes and stiffness of joints. The child was treated for plague as there was an epidemic of plague there. He was injected Gold Salt. Thereafter the child developed anorexia, dropsy and deformity of joints. After corticosteroid therapy he has also developed moon face. The remedies that helped him slowly improve were *Calc-carb, Aurmur., Nat-mur, Merc-sol, Pulsatilla, Sulphur, Hyocyamus* and *Iodium*.

34. Casual Remarks led to Similimum
HARIHARAN, Rama (NJH,8,2/1999)

Two cases where the doctor says she was directed to the similimum by a casual, spontaneous remark of the patient.

Case 1: of 26-year-old driver with pain knees, elbows, shoulders and hips. The intensity and character of the anger and sensitivity to remarks of the patient along with his trying to always be a gentleman, and his remarks about missing his wife and burning during urination indicated *Staphysagria* which brought about a very good relief.

Case 2: 52-year-old woman was treated for 2 years with no improvement. Her casual remark about a sensation of her stomach being full of water indicated *Kali carbonicum*.

35. I Worry about Health!
GOVINDRAJAN, Raji (NJH,8,2/1999)

44-year-old woman with pain left knee. Her anxiety about her health and that of others, early arthritic changes, loss of sleep and complaints because of it, travel sickness indicated *Cocculus indicus*.

36. Life a Balancing Act
PARTHASARATHY, V. (NJH,8,2/1999)

63-year-old woman consulted for cervical spondylosis, pain in the knee, shoulder, hip, elbow and wrist joints. On repertorisation of the symptoms *Natrum mur* was the remedy selected. *Thuja* was given as an intercurrent. The doctor justifies her prescription thus: "Here *Nat-m* was a clear choice: the helpful nature, even to a great extent of educating her best friend, the equanimity to bear grievous monetary losses, which a *Lach.* would have found impossible; and the consistent helping which even a *Phos.* would have found

difficult. Balancing her life's ups and downs is a great art, which a well-balanced *Natrum* can do better than anyone else."

37. RA: The Price to Pay
KULKARNI, Ajit (NJH,8,2/1999)

55-year-old woman with Rheumatoid Arthritis of knee, shoulder, wrist, elbow and phalangeal joints. *Kali carbonicum* was the chief constitutional remedy and *Rhus-tox* was determined as an acute remedy, *Thuja* and *Tuberculinum* as intercurrent remedies.

38. Trimestrum primum
KOTHARI, M. & MEHTA, L.(NJH,8,3/1999)

Poem warning about the dangers of taking drugs during the first trimester.

39. How will I survive this month?
PARTHASARATHY, V (NJH,8,3/1999)

36-year-old woman, second para, hyperemesis, preferred to lie on her knee chest position, craving for ice indicated *Medorrhinum*. *Arsenicum album* and *Phosphorous* were the other remedies that the woman needed.

40. Is it Vicarious Menstruation?
KUMAR, Praveen (NJH,8,3/1999)

24-year-old woman came with epistaxis at the time of menses. Vicarious menstruation was considered. She also developed nausea and vomiting and pregnancy was suspected which turned out positive. *Sepia 200* was indicated and helped her, but the patient went in for an MTP because of a malformed foetus, but in later pregnancies too *Sepia* helped her and she gave birth to healthy babies.

41. Two cases of Habitual Abortion.
DAPTARDAR, B.G. (NJH, 8, 3/1999)

In the first case the woman was diagnosed to have 'under-developed Uterus' and the doctor felt that the late periods in this woman were probably abortions. In the second case the woman had aborted thrice. In both the cases *Viburnum opulus* helped the women give birth to healthy babies.

42. A Case of Griscelli Syndrome: The Silver Baby BAIG, Mirza Anwar (NJH,8,3/1999)

Griscelli Disease is a congenital immune deficiency syndrome due to genetic mutations, maps to chromosome 15q21. Those suffering from this disease show abnormal antibody response to antigens. The bone marrow is unable to produce RBCs, WBCs and platelets.

The case reported is of a child which was brought to the doctor when the baby was 24 days old, and at the time of writing this case the child was 7 months old. The baby's brother had died of the same disease in 1998 at the age of 3 months; this baby was also treated by the doctor.

The second baby was brought to the doctor on the 24th day for recurrent attacks of pneumonia, bronchitis, fever with enlarged spleen and liver and jaundice since birth. *Arnica*, *Silicea*, *Phosphorous*, *Syphilinum* were the remedies which helped the baby. According to Dr.Mirza Anwar Baig the cause of this problem could be Inherited Tuberculosis.

43. A Negligible But Highly 'Valuable' Guiding Symptom to Cure
NARASIMHAN, V. (NJH,8,3/1999)

Case 1: A 59-year-old man known diabetic NIDDM for 35 years, emaciated with extreme prostration. On repertorisation *Lac-def.* and *Plumb-met.* came up, but *Lac-def* was preferred based on frothy saliva during conversation.

Case 2: In a chronic hypertensive of 15 years, there was this symptom of sensation of formication in the palate with itching and *Arundo* was prescribed and helped the BP become normal.

44. Four cases from Zagreb

MONTANI, Marion (HOM,72/1999)

Case 1: Anorexia nervosa: A 20-year-old girl with loss of appetite and weight loss of 14 kgs in a year; she had also stopped menstruating. She was given *Gaertner(Bach)* 30c. In seven months she had gained 9 Kgs, had a good appetite, regular menstruation, and was mentally and emotionally more stable.

Case 2: Angina pectoris: 72-year-old farmer was suffering from palpitations, irregular heartbeats and pericardial pain, and pressure in the chest with laboured breathing. During the attacks she has weakness of left arm and a feeling as if her heart would 'jump out of her chest'. Face feels hot during palpitations. She had a past history of nephrectomy, hysterectomy and cholecystectomy. She was given *Glonoine* LM1, one drop a day.

Case 3: 38-year-old woman with: different fears and impulses, restless, fear of narrow spaces, tunnels, of crossing the road, fear of being alone. Impulse to jump out of the window. Her complaints started after the death of a close friend. She also had frightening dreams. She also had recurrent conjunctivitis and diarrhoea when she anticipated any event. There was a family history of tuberculosis and multiple cancers. The first remedy given to her was *Carcinosin* 200 to clear out the fundamental hereditary root of the disease. After a month there was much improvement. *Argentum nitricum* 200 was given. Six months later she needed a dose of *Tuberculinum* 200. With these three remedies the patient was well and free from symptoms.

Case 4: Arthritis and conversive psychoneurosis: 40-year-old woman with rheumatic pains since three years. She had burning pains in both elbows and knees with swelling; better from motion. She also had burning spinal pain in her neck. *Ignatia amara* 200 was selected on the basis of the grief of her father's death that she still carried in her. She had fears regarding her children and husband. She had frequent sighing and a feeling of lump in the throat, changeable mood and various fears typical of the remedy.

45. The Mountaineer's Remedy

HEIN, Oze Christine (HL,11,2/1998)

Two cases of *Erythroxylon coca*. One was of Asthma in a male, and another was of vaginal infections, bulimia in a woman. All the symptoms used for selection of the remedy are 'mental'!

46. Hechtel, Homœopathy as a Lifestyle

SNEEVLIET Annette (HL,11,2/1998)

The author gives an impression of the Homœopathic Training Centre in Hechtel, Belgium, organised by Dr. Alfons GUEKENS, in the light of her experience for three years during her training period. She also reports seven cases. Three of them needed *Mancinella*, one *Hura brasiliensis*, one *Anhalonium lewinii*, one *Lyssinum*, and one *Lac caninum*.

47. Case of Lung Abscess

GEUKENS Alfons (HL,11,2/1998)

This is a transcript of a case recorded on video. The case was presented at the International Congress, Berlin in April 1997. The entire case as recorded is presented so that one would follow the author's methodology.

47-year-old man, with "Inflammation of lower lobe of lung (left) with Pleuritis". who had been given few days earlier *Rhus toxicodendron* 200 and then M without appreciable benefit.

An 'educative' case. The author concludes from this case that (1) it is a case of a miasmatic flare-up of a sleeping tuberculinic state and (2) when the symptoms change more constitutional symptoms appear.

One must carefully study the entire transcript. It is educative.

48. Behavioural Disorder

WELDEMANN Doris (HL,11,2/1998)

A six-year old boy with behavioural disorder was cured with *Asarum europaeum*.

49. Pains like Electric Shocks

WEUDENABB Dirus (HL,11,2/1998)

37-year-old lady working for a bank at the Stock Exchange, with complaints of trembling of hands and fingers while writing, since 1981; the longer she writes the more the trembling; letters are shaky in shape and get bigger the longer she writes. After taking a detailed case, *Natrum muriaticum* and later *Sulphur* over a long period did not give full recovery. The case was reconsidered and *Cimicifuga* given which restored her. The clue to *Cimicifuga* was from CLARKE's **Materia Medica** wherein it has been given "The pains of *Actea racemosa* are like electric shocks here and there, lancinating in various parts. . ."

50. The Case of the Missing Patient
ELLIS, David (HOM,72,1999)

The author ponders over what could probably be the medicine for a patient who did not turn up for her appointment based on her peculiar behaviour.

51. Fascinating cases of challenging kids
RICHENBERG-ULLMAN, Judyth
(SIM,XII,1/1999)

17-year-old girl; an adopted child; tough looking, overweight; Has ADD. She liked social life. Gets distracted, starts something and gets distracted and moves on. Her birth mother was 14, and had had prior abortions, even before 14.

She did poorly at school; didn't do her homework or attend classes regularly. She tested positive for Marijuana. Temper tantrums. She throws things at her mother, hits her. Has hard time focusing. Always liked junk foods. She stole money from home. Nosebleeds off and on since she was a toddler. She likes snakes; hates spiders. She acts like a mother to a friend who is pregnant. She is quite warm, but it's warm outside, she's really cold. She is a night owl. *Crotalus horridus*.

52. Confusion, identity, as to his, sexual - *hydrogen*.
GRAY, C.Alistair (HOM,74,1999)

Case of a 37-year-old man with genital warts. He repeatedly had them 'burnt off', but they recurred. History of suicidal tendency. At the age of 15 appendix burst. Trouble with men who are authoritative and impose their will by violence. Dreams of changing shape, change into male or female or hermaphrodite. His mission is to teach around gender sexuality. Had his penis removed surgically, and underwent depression for five years following the operation and one year of alcoholism. Sexual perversions. Was under hormonal replacement therapy for some years. After *Staphysagria*, *Thuja*, though the warts disappeared temporarily there persisted a confusion about his sexual identity. Finally after *Hydrogen* there is a steady visible improvement in self-esteem, love of *herself*, and the clarity of *her* condition.

53. Irresolution, followed by prompt execution
ROUKEMS Wim (HL,11,2/1998)

Case 1: 10-year-old boy with complaints of pain abdomen around the umbilicus; pain keeps him sleepless; worse in early-morning or in the evening. Never in daytime. Difficulty in reading and writing; reads the words back to front - 'nam' if it is actually 'man'; diagnosed by Neuropsychiatrist as Dyslexia.

Yielding, honest, slow in everything, needs lot of encouragement. Very cautious in physical games, afraid of falling

Warm blooded; Desires chicken, sprouts, vegetables; Faints from injection; Cracks middle of lower lip.

Magnetis polus arcticus 200. Four years follow-up: he remains well.

Case 2: 5-year-old boy has attacks of acute Otitis media with pain in the left or right ear. Sometimes watery discharge. His immunity seems to be poor. He doesn't fight back, but crumples if another boy picks a fight with him, says that he's not strong enough. Likes to sing and to be read to. Likes to play with older girls, they take care of him, boys are too rough. Likes to collect insects in the garden. Fear of failure. Cautious in new surroundings. Aversion red things, like tomatoes and peppers. Has diarrhoea on his birthday. Swelling in his neck. As a baby he slept for a long time on his knees, and was grinding his teeth during sleep.

Magnetis polus arcticus 200. After three months the remedy was repeated for an acute ear infection and they disappeared altogether; his hearing improved. All round improvement.

54. The World is upside down
LANGOSCH Angelika (HL,11,2/1998)

32-year-old woman with a Lumboischialgia with incomplete paresis of the peroneal nerve, and a depression with compulsory thoughts. Just been discharged from hospital without any results. Since half a year pains in the lower back and extension to outer left leg, down to the big toe. The big toe feels 'frozen'. Severe pains day and night, definitely worse at night. Lowest level of pain between 5 and 7 a.m. Depression. She had the urge to cut herself with a knife. At that stage the door opened and someone came in. Since then she is on anti-depressant. Must work and clean constantly, cannot leave the slightest particle of dust. If she tries not to do so, she feels a strong constriction in her throat and heavy weight in her sternum. This constriction is so dreadful that she prefers to clean up, and then the constriction soon fades away. Compulsive behavior. Prefers to be alone. She feels quite uneasy about her own behavior, but cannot do anything about it. From her point of view her emotional distresses began in June 1992. Her 2 year-old daughter underwent an abdominal surgery for a tumour. The child had a heart arrest during the operation and she was informed that the child probably may not survive. The child however, survived and is well.

Syphilinum XM. Repeated thrice over a period of eight months. She went on improving, but later she came with changed symptoms, after careful consideration *Syphilinum* XM, then 50M. There was severe aggravation of the emotional symptoms, but after that she became normal. For the physical symptoms that still remained she was given *Rhus toxicodendron* M, then 50M. Three years follow-up: remains well.

55. I have to defend myself

SHERR Jeremy (SIM, XII, 2/1999)

30-year-old male. Diagnosed **Bornholm's disease**, a virus, an inflammation of the muscles and veins of the rib cage. It feels like a hole in my lungs, like a punctured tire. The pain is sharp, in the front of the chest, breastplate. Feel like going to suffocate. Has to rest a lot which is unlike him. It happened first at 3 a.m. worse when deep lungful air is taken or when leaning to left or right, felt better when he took mind off it. Skin itches a lot.

A photographer, cinematographer. Feels that he has to depend on himself; competitive and passionate. Very passionate. An optimist and very positive.

As a child (6 - 10 year age) recurring dream of a big dust storm, a puddle would turn into the desert. As an adult he dreamt of the Egyptian God Anubis. He was injured when he was little; a thorn straight in the eye.

Dreams somebody punctured him with a stick.

Androctonus amoreuxii hebraeus (*Scorpion*) 2 doses.

After hearing that *Androctonus* was his remedy, the patient showed a tattoo of scorpion on his shoulder. Six weeks later: "Happy and well". Pain went away in two days. Six months later the patient wrote that he remained well.

In the 'discussion' part Jeremy SHERR tells how he came to find *Androctonus* as the remedy for the patient. The whole justification seems to be a doctrine of signature.

[Personally I am unable to accept the justification. The patient used the word 'punctured' many times and that represented an attack by Scorpion's tail and the theme of pinpoint constriction. Mythological character of Anubis in the patient's dream is connected to anthropological interpretations of Scorpion. The dreams also are interpreted. I do not know whether without sufficient knowledge of Egyptian Mythology, one would arrive at the remedy as *Androctonus*. And for how many remedies can one, an ordinary practitioner, find the signature and mythology - and which mythology - Greek, Hindu, Egyptian, or the many others. And if has all this knowledge, is it homœopathic symptom similarity. =KSS]

56. A Case of Liver Cancer

EVERY Robert (HOM,74,1999)

A 39-year-old lady with secondary adenocarcinoma of the liver, spleen and gall bladder seen in November 1995; the oncologist had predicted that she wouldn't live for more than a few days. Under homœopathic treatment she continued to live for another year and nine months before she died. This case shows the quality extensions to life that homœopathy can provide to such patients. The patient died in her own time and in peace. She needed many low potencies and mother tinctures, showing the need for such support in cancer.

57. An Acute Remedy for Chronic Conditions

HARDY Jonathan (HL,11,3/1998)

The author narrates four cases in which the curative remedy was *Lyssinum*. Ailments caused by intense fear is a strong feature. Some of the 'mind' rubrics are cited.

58. The Value of repeating High Potencies.
LINMANS Jo (HL,11,2/1998)

63-year-old woman with terrible rheumatic pains. This case demonstrates that we have to give high potencies, for a longer period.

59. Nosodes also used in acute diseases?
KASTINGER-MAYR, Christa (HL,11,3/1998)

A child of four year-age with repeated attacks of Pneumonia was treated with *Tuberculinum* LM VI potency; few weeks later she again develops Pneumonia and receives *Carcinosinum*. This remedy is repeated twice over a period, and the child remains well.

[Dr.S.C.GHOSH of the famous book **Drugs of Hindusthan**, has narrated a series of cases of Pneumonia in which he used *Tuberculinum* 200 in high fevers and obtained favourable results in all the cases. Use of Nosodes in acute diseases is not uncommon = KSS]

60. Cancer, a deeper understanding
SMITS Tinus (HL,11,3/1998)

This is an interesting essay. SMITS says in his experience he found *Carcinosinum* as a very important Nosode which is required more often now-a-days. He also reveals that there are *Carcinosinum* prepared out of 48 different tumours, and gives a list of the pharmacies from where he obtained the information. He also feels that probably this is the reason for someone getting a particular result while someone else does not get that result, but may be something else. He then goes on to report two cases, in detail. He concludes with the reliable symptoms of this remedy.

61. A mischievous Boy
HUMRANWALA Parinaz J. (HL,11,3/1998)

The author reports of a boy who was restless, mischievous, treated with *Agaricus muscarius*.

62. Cure of a beginning MS
De GEEST Johan (HL,11,3/1998)

46-year-old cleaning woman with back and neck pains, stomach and abdominal pains; vertigo and nausea; palpitations; dim vision; loss of memory; fibroma of uterus; cysts in left ovary and left kidney; hypothyroid since two years treated with Propylthiouracyl. She has cold and tingling left hand and leg; searches for words; coldness of left hand. On the mental level Loquacious, Fear of Cancer, Sighing. Cerebral CT Scan reveals a parietal lacunus picture. NMR points to a diagnosis of Multiple Sclerosis.

Agaricus muscarius over a long time cured.

63. Morbidly inquisitive
HARDY Jonathan (HL,11,3/1998)

Three cases of *Agaricus muscarius*.

64. I feel hard and dark inside
SHERR Jeremy (HL,11,3/1998)

Female, born 1946 has had long term homœopathic treatment with no results. She feels totally self-obsessed, selfish. Always thinking about herself, cannot think of anything else. Feels trapped in her own mind, like a prison. Feels guilty all the time. Serious and cannot enjoy things. Feel hard and dark inside. With sex no emotional connection, no enjoyment. Recurring dream of being attacked. Dreams of being cut off and isolated. Recurrent dream of being locked in a room with a sensation of terror and panic.

Germanium 30 repeated few times over 18 months. Remains well. The author selected the remedy on the basis of the experience he had by his 'proving' this remedy.

65. A Sensation of Isolation
DOYLE Marie (HL,11,3/1998)

60-year-old female suffering from Chronic Fatigue Syndrome and severe depression for over two years. In this case too the remedy was *Germanium* which the author had just then studied this remedy with Jeremy SHERR.

[Many new provings have been made and many of them like *Ozone, Hydrogen, Germanium, Neon*, etc have even found their place in the latest repertories. But where is the Proving details of these remedies and their Materia Medica? Most of the common homœopaths don't have access to the Materia Medica of these remedies published in UK, etc. Apart from the high cost involved there are difficulties in procuring it from abroad. Except feeling fascinated by these case reports, they are of no practical value unless the 'Provings' and Materia Medica (not the 'themes' constructed by any individual), and of course genuine medicines are available = **KSS**]

66. I do not want to be seen
GLANTZ Camilla (HL,11,3/1998)

This is also a case of *Germanium*. The sense of 'isolation', guilt feeling, seem to be main 'themes' of this remedy.

67. Quick Bytes
EDSON, Lysanji (NEJH, 8,1/1999)

These are the cases discussed on the NESH Student Bulletin Board.

Case 1: Case of a cat which had difficulty urinating, and it kept pacing the room and with difficulty passed a few drops of blood or bloody urine. The cat went around and around pacing, he'd stop suddenly and lick his inflamed penis then back to his pacing. *Apis* was the remedy.

Case 2: After the author volunteered to get herself 'strapped' for the demonstration of a taping technique during an Osteopathic class, she developed an allergy/chemical burn to the adhesive used to make the tape stay in place or the tape itself, which she left in place for two days as the tape on her back was soothing for her back pain. Her back was inflamed, swollen and covered with tiny fluid filled vesicles. With severe stinging and burning pain with amelioration from very cold application. *Apis* was the remedy.

68. Cases
(NEJH, 8,1/1999)

Case 1: Monkey Baby (GREEN, Jane): of a 42-year-old woman during her second pregnancy (the first pregnancy ended in an abortion when she was in her early 30s.). She was constantly hungry and no matter how much she ate, she never felt full. She could not 'recognize herself' when she looked at herself in a mirror. She believed that her baby inside her was a monkey (in a scan it was seen that the baby had extra fingers). *Thuja occidentalis* 200C one dose helped her.

Case 2: Toes like Sausages (EDSON, Lysanji): 53-year-old woman with a debilitating arthritic condition; rheumatoid factor was negative; she had swollen extremities, huge ankles, toes like sausages, joints hot and swollen; a shuffling gait; her eyes were mildly protruded and her hands trembled slightly as did her voice and lower lip, she stammered. History of having used Cortisone cream for an eruption on the back. She was diagnosed to have Cushing's syndrome. Her highly sycotic nature, and the extreme swelling of her ankles and feet, and loving the night, sensitivity of the soles of the feet and craving for ice cold drinks led to *Medorrhinum* 200 with a dramatic effect.

Case 3: A case of Suicidal Depression (PRIDE, Anita): 20-year-old woman suffering from suicidal depression. *Thuja* (based on: not feeling herself, of not knowing herself, of not liking herself, or something moving in her abdomen, of perfectionism, and she is chilly, has headaches located in her left temple, and does not like onions and garlicks) and then *Crotalus cascavella* (based on: panic attacks with pounding heart, choking, along with the suspiciousness, aggravation from sleep, menstrual issues, and worrying

about ghosts, right leg involvement and skin rashes) helped her to some extent. But finally it was *Mancinella* (obsessive, rigid thoughts which possessed her and from which she could not rid herself; to distract herself she kept busy, by going to school and watching funny movies) which helped her and she was able to do well in her studies and helped her sleep better.

Case 4: The Need to Fill Up (LEDERMAN, Tamar): A six-year-old girl with behavioural problems. She had been adopted when she was four days old. Upto the age of 18 months she was a no-problem baby; at eighteen months when she was taken on a hay-ride on a tractor, she started screaming and kicking as soon as the tractor started. Since then she had fears and other behavioral problems. The progress of the child after starting homœopathic treatment is shown through the photos of the sandplay of the child. *Hyoscyamus* was the remedy for the child.

Case 5: I Laughed So Hard I Wet My Pants (GREENBERG, Alan): A 13-year-old girl with urinary incontinence. It happened when she laughed or when she was nervous in social situations. Her lack of confidence with the conscientiousness about trifles, fastidiousness, obstinacy, disposition to contradict and her loquacity and involuntary urination led to *Baryta carbonica* being prescribed. Though she had an affinity for *Baryta carb.*, it obviously wasn't her remedy, and she then improved on *Hyoscyamus*.

Case 6: Diamonds on the Soles of Her Shoes - A case of *Adamas* (SHERR, Jeremy): 40-year-old extremely rich woman who had a feeling of no self-esteem or self-worth. *Adamas* was her remedy.

Case 7: How Well do you Know your Friends? (George KEELER III): A 47-year-old man with a fear of Multiple Sclerosis. His mother died of MS and he had been having some symptoms, his spinal fluid protein test were also positive for oligoclonal bands of MS. His irresolution and indecisiveness, disposition to masturbate, pain in the forehead, dim and blurred vision, objects seem large, raises his foot unnecessarily high in stepping over small objects when walking led to the prescription of *Onosmodium*. 14 months later a MRI scan showed no new lesions and some return of "white matter."

Case 8: A Case of ADD (MARCHAND, Jonathan): 12-year-old boy with undefined pains in his ankles and lower legs for several weeks, and his chronic asthma, allergic rhinitis with violent bouts of sneezing, recurrent sinusitis, school-going abdominal pains and ADD for which he was on Ritalin for four years. *Mercurius solubilis* helped the boy. The author describes the *Mercurius* picture using Herscu's cycles and segments.

Case 9: An *Aurum metallicum* Case (LIEBENDORFER, Kerrie): A 49-year-old man with severe depression since early childhood. His depression makes him want to sleep, yet he is unable to sleep because of worries about making a living, how to provide for his children, and how long he can go on like this. He was so depressed that he was barely able to get to the appointment, felt that it was too much effort. *Aurum metallicum* corresponded to his depression/suicide, suppressed anger, insomnia and his cycle, which helped for some time. Later he however required *Stramonium* with his depression and self-destructiveness. After this there was tremendous improvement.

Case 10: A Case of Childhood Depression (KALADISH, Robert): 8-year-old boy with depression, low self-esteem and temper problems. The case was a clear-cut textbook case of *Stramonium*.

Case 11: Sitting On The Floor - Understanding the Elusive *Carcinosinum* (HELBERG, Pam): In all the above cases the remedy has been found using Paul Herscu's Cycles and Segments. In this case the author describes briefly his idea of Cycles and Segments: "This concept may be difficult to grasp initially, especially after most of us have learned remedies by pattern recognition. But the Cycles and Segments approach gives a more whole or complete view of each remedy. Dr.Herscu's theory is that every remedy has a cycle, and the cycle has segments or parts. All the symptoms of any remedy (or patient!) can fit into a particular segment that represents the same idea. For example, irritability and sensitivity to noise may go together in another segment. Once we have symptoms grouped together accordingly, we can start to see that one set of symptoms leads logically to another set of symptoms. For instance, fear may lead one patient to violence, thus representing two different segments for that patient. Fear may lead another patient to desiring company — one segment the same for these two patients but the following one, different. When we only see one part of the patient, or one group of symptoms, and do not understand how one set of symptoms leads to another, we are misled, and often give the incorrect remedy. This approach therefore influences case-taking: we ask the patient, what does this symptom make you do? Or what leads you to develop this symptom? By so doing, our patients' symptoms have context and we can see the whole person in a more integrated way."

This case was of a thin, very soft-spoken blonde woman in her late twenties who felt insecure and was very timid; her biggest problem was the repressed emotions, specifically repressed anger, she was angry much of

the time, and felt like the anger needed to come out. *Staphysagria* and *Thuja* did not help her. It was finally *Carcinosin* which worked.

Case 12: Thrombocytopenia: When Close Does Not Count (HOOVER, Todd): 40-year-old woman with a history of Multiple Sclerosis since 9 years and Idiopathic Thrombocytopenic Purpura since 2 years. She was first given *Natrum muriaticum* with no improvement. *Carcinosinum* helped for some time. After *Phosphorous* the platelet count increased. [In my experience too, in the case of a Cancer patient, the platelet counts increased after *Phosphorous* was given. In another case *Hydrastis canadensis* did the same = KSS]

69. Exceptionally Homœopathy can cure Cancer with Metastasis
BERGHE Franz Vanden (HL,11,3/1998)

67-year-old man with Carcinoma of the Bladder. He had a massive Cancer metastasis around the iliac blood vessels and between the Aorta and the Vena Cava. He underwent Chemo-therapy and radiation. He still had painful frequent urination and very cloudy urine mixed with blood. He also started getting very strong pain in the bladder extending on one side to the glans penis and on the other side to the abdomen. The urologist could only give painkillers.

The central characteristic of *Stannum metallicum* - pain appearing gradually and disappearing gradually, fitted the patient's complaints and he was given *Stannum metallicum* 200.

The pain started to diminish immediately after this medicine and after 14 days there was a relapse and the medicine was given in M potency and for the following 7 months he stayed free from complaints. He then had nightly urging urination, headache. *Stannum metallicum* 200 helped. Three months later he felt dizzy when he rose from sitting and complained of periodic difficult respiration. *Stannum* M one dose restored. Another three months later a dose of *Pulsatilla* M,

He needed *Stannum* twice later, and remained without complaints until two years later.

70. The Natural Treatment of Hayfever
EDSON, Lysanji (NEJH,8,1/1999)

A brief look into what diet, nutritional supplements, botanical medicines, hydrotherapy and lifestyle and environment can do to help reduce hayfever attacks.

71. A case of the Industrious Outsider
HERSHOFF, Asa (SIM,XII,2/1999)

Depression in a woman, with intense anger, irritation, sensitiveness. *Tarentula hispanica* M helped her, but was not enough. She then needed *Apis mellifica* (based on: a central feature of her whole personality was concern with how she functioned in the group, if she was acceptable to others, or conversely, if she was suspect or an outsider; she was also not a pleasant person to be with, having an unmistakable "buggy," or irritating quality; she wanted to belong, or be a part of something or someone, though her presence irritated others.) which helped her ("It seems to be right remedy for this "queen bee" who describes her powerful, Amazon women friends as part of her hive, with the men - male drones - as servants to their needs.)

72. As a girl I had to Work
Harry van der ZEE (HL,11,3/1998)

73. I could only see the back of my father
KÖNIG Peter (HL,11,3/1998)

Two cases of *Rhododendron chrysanthum*. In the first case the patient a woman, felt that as a female she was not given due respect as was being shown to boys. There was the 'key note' - sensitive to thunderstorms. In the second case the patient, also a female, had the "characteristic theme of *Rhododendron*, the absent father".

74. Overweening pride
SHAH Jawahar (HL,11,3/1998)

With a case from his practice the author shows that the 'small' remedy *Gratiola* is as much useful in cases of 'pride' as *Platina*, *Palladium*, etc.

75. A successful treatment with *Rhus toxicodendron*
ROGIERS Patrick (HL,11,3/1998)

76. A Case Of Asthma And Metrorrhagia
HELLER, Daniel (SIM,XII,2/1999)

A 31-year-old mother of three with allergic asthma and metrorrhagia. She had asthma for two years with difficulty in breathing, her chest gets tight, and she can't laugh without coughing; wheezing is worse at night trying to go to sleep, lying down, and in certain homes and other places. For instance, she is unable to clean out certain closets of her house, especially those where fabrics are stored. She is much worse in libraries and book-stores. Incense, fabric stores, and cigarette smoke will provoke an attack. Worse in winter. She bleeds every day, and estimates that there may be four or five days a month when she does not bleed. The following symptoms were repertorised: Ameliorated by seaside air, Metrorrhagia after exertion, Menses copious, exertion aggravates, Feet, soles hot uncovers them, Asthmatic worse at night, Winter aggravates. *Pulsatilla*, *Sulphur*, *Sepia*, *Lycopodium* and *Natrum muriaticum* were the remedies which came up. *Pulsatilla* came through the strongest, and it was also confirmed in the second visit, when it was given. Within a month of taking it she was better, she had very slight bleeding and cramps, no wheezing too. And she also had a positive pregnancy test. Her pregnancy proceeded well and she now has a seven-month-old baby.

77. A Case of Bipolar Disease
HELLER, Daniel (SIM,XII,2/1999)

43-year-old woman with bipolar disease. She was given *Natrum sulphuricum* as she had elements of both *Natrum muriaticum* and *Sulphur*. She improved a little and she later needed *Medorrhinum* but the improvement was not complete as the patient continued to have varying mood patterns. She stopped homœopathic treatment and went back to her previous medications. But she continued to keep in touch with the doctor. A year later she reported to the doctor that in spite of having stopped the medications that she was on, she had not had the dramatic mood shifts. The author remarks: "I suppose it could be questioned whether the remedy did anything in this case, as there was an interval of several months and much powerful, possible antidoting medication in the interim. While there is no sure way to answer this question, I believe the remedy was a primary factor in the patient's recovery. Important things did change in her life: moving from a meaningless job to a meaningful school life; living in what felt like a more supportive community. ...I don't know of another therapy, apart from prayer, that could possibly effect a shift from a bipolar to a non-bipolar state. It is possible that, had the patient waited a little longer before going back on medication, she would have experienced the benefits sooner."

78. Onion "Miasm"
POPEN, Andre Y. (SIM, XII, 2/1999)

63-year-old man with asthma which he had since he was three years. For 60 years he had been taking steroids without any benefit. Along with other symptoms he had an aversion for onions, which was there from his third year of age. After repertorisation of the symptoms, the remedy *Sabadilla* came up and over a period of 10 months he was given *Sabadilla* from LM1 to LM3 potencies and he was free from asthma, his vision improved and he also did not have heartburn or liver area discomfort.

79. Two Cases of Leucoderma
WADIA, S.R. (CCR,7,3 &4/1998)

Case 1: 15-year-old girl with leucoderma, on both eyelids, corners of mouth, both jaws, throat pit, left ankle outer malleolus for 4-5 years. *Thuja*, *Alumina*, *Tuberculinum*, *BCG*, *Ferrum metallicum*, *Cuprum aceticum*, *Calcarea phosphorica*, *Phytolacca*, *Pulsatilla*, *Hepar sulphuricum* were the remedies that she required.

Case 2: 40-year-old woman with white spots all over the body particularly forehead (a big spot), lips, hands, legs and breast. Itching on legs. The remedies that she needed were *Sepia*, *Terebinth*, *Nitric acid*, *Tuberculinum*, *Ignatia*, *Natrum muriaticum*.

80. Few Cases From My Clinic

MISTRY, D.E. (CCR,7,3 & 4/1998)

Case 1: Non Specific Itching: 30-year-old woman with itching all over the body for many years in the evening upto 9 p.m. and also on awaking in the morning. She was first given *Tuberculinum M*, and then later on as the symptoms indicated *Benzoic acid*, *Pulsatilla* and *Rhus-tox*.

Case 2: Eczema: 34-year-old man with eczema on the dorsum of the left feet and pain in calves, arms, thigh and tendoachilles. His wandering pains, Chronic coryza, Thirstlessness, Suppressed eczema and Fear of ghosts led to the prescription of *Pulsatilla*. The pains improved with increase in the itching. *Carcinosin* (there was a history of cancer in the family) helped clear the miasmatic block and cleared the eczema.

Case 3: Non-specific Itching and Anal Fissure: 47-year-old male with itching on body and anal fissure with bleeding and pain and concomitant piles and itching around anal area. *Ratanhia*, followed by *Sulphur*, *Chelidonium* and then *Nitric acid* and *Natrum mur*. were the remedies.

Case 4: Eczema: Eczema over the left leg and right thigh since a injury few months ago. As there were no strong symptoms to start with *Carcinosin* was given with little improvement. *Graphites* was finally the remedy which helped.

Case 5: 6-year-old child with horny warts on the nose and below the eyelid since few months. *Silica* was given with bleeding and drying up of only one wart. After *Sulphur*, followed by *Antimonium crudum* the warts began to fall off.

Case 6: 10-month-old baby with rashes on both feet after vaccination. *Thuja* cleared the rash.

Case 7: Infantile Eczema: 12-year-old girl with eczema of the cheeks, bends of elbows and popliteal region from the third month of life. *Arsenicum album* and *Tuberculinum* were the remedies that she mainly needed. *Syphilinum* was also given once. *Sulphur* given in small doses intercurrently also helped.

Case 8: Myalgia and Ringworm: 35-year-old woman with pain both limbs. After *Pulsatilla* her knee pains, though better continued to persist. *Carcinosin* was given which brought out an eruption, which was then treated by *Bacillinum*, *Sepia* and *Calcarea carb*. There was no pain but some amount of itching remained.

81. Fruitless Activity

HARDY Jonathan T. (HL,11,4/1998)

44-year-old female patient; Obesity, Mood swings, Anxiety, and indigestion. She suffered from severe compulsory neurosis. She loves knitting. Also obsessed with washing. Couldn't keep her hands from working, if nothing, over and over the same thing. She sleeps on her abdomen. Extreme fear of cats, marked fear of lifts. Terrific craving for Coffee, drinks 20 to 30 cups a day. *Theridion* restored her to good health. Long-term follow-up.

A peculiar thing that came up was that after her second dose of *Theridion* a patch of white hair, measuring 4 cm. wide appeared right across the left side of her head. This has remained, but as her hair has grown it has come through with her normal brown colour again.

82. The Up and Down Snake

SERBAN Gabrielle (HL,11,4/1998)

A woman in her 30s, with acute emotional crisis, accompanied by Cystitis which had not responded to Antibiotics. She had studied classical Homœopathy and "her intense desire had been to get the Nobel Prize for Homœopathy". She loved gardening and worked in the garden along with her neighbour since they shared a two-family house. Her neighbour told her that she was pushing too far with gardening; this our patient felt was a big shock, a great disappointment, "I thought she was on a high level. I considered her my sister. Now she is nothing. I cannot forget that". She felt "humiliated, mortified". She was the best of the students while at school. She put everything into her studies and scored high. She developed relationship and felt that she should put everything into relationship, and slid down in her school grading. This relationship broke and she "slid down into an abyss".

Elaps M.

83. A Few Cases From My Practice

SHINDE, Prakash (CCR, 7, 3 & 4/1998)

Case 1: Multiple Sclerosis: 42-year-old woman coming from a farmer family had weakness in both her hands and fingers and weakness of the right eye muscles. Steroids were taken without much improvement. Soon Central scotoma and paralysis of right lower limb followed. Diagnosed to have Multiple sclerosis. Within a few months she was paralysed in both lower limbs with rectal and bladder paralysis. *Plumbum metallicum* 200, then M, was given. Two and half months after the treatment was started the patient began to walk with the support of a stick. The treatment is continuing.

Case 2: Rheumatoid Arthritis: 45-year-old woman with recurrent joint pains and R.A. positive, dependent on painkillers and minimal steroids. The disease had so progressed that if she missed a single analgesic she could not leave the bed. *Sulphur* M, later 50M was given which brought out a diarrhoea which gradually came under control without any medicine. Then *Psorinum* was given which ultimately gave relief from the joint pains.

Case 3: Hypertension, Diabetes mellitus, Coronary block: A retired veterinary surgeon had severe chest pain extending into left hand with profuse perspiration. Diagnosed as Myocardial infarction and while at hospital was also found to be hypertensive and diabetic. After the condition was stable he was discharged from the hospital but had another episode of angina and was diagnosed as myocardial infarction evolved from unstable angina. There was atherosclerotic coronary artery occlusion and distal LCA disease. He was advised to undergo Coronary Artery Bypass surgery. Under homoeopathic treatment he was first given *Kalmia* 200 and a month later *Crataegus* ø 5 drops b.d. and then again *Kalmia* M. four months later a dose of *Lycopodium* M. 8 months after homoeopathic treatment when he was reviewed by the cardiac surgeon the surgery was cancelled as there no longer was any indication for it.

84. Secondary Sterility Logic or Pathology

VARMA, P.R. (CCR,7,3 & 4/1998)

Secondary sterility in a couple who had lost a 2-year-old child. The wife was given *Natrum muriaticum* and the husband *Belladonna*. The second month after treatment was started she was pregnant.

85. Homoeopathic Cardiac Medicines and Cases.

HILTNER, Richard (CCR,7,3 & 4/1998)

This article has been taken from JAIH, 87, 2/1994 issue.

86. A Precious Work Of A Precious Metal

KUMAR, Praveen (CCR,8,1 & 2/1999)

A pious, religious lady of 42-year-old woman suffering from vaginismus for more than 8 months. The following symptoms were taken into consideration: Religiousness, Taciturn, Sensitive agg. noise, Mental depression and Weak memory for fatigue and Vaginismus and *Platina* 200 was given.

87. Cameo Cases

MISTRY, D.E. (CCR,8,1 & 2/1999)

Case 1: During homoeopathic treatment for burning soles, headache and varicose veins and dysmenorrhoea, a woman developed severe vulvo-vaginitis with *Candida albicans* as the incriminating organism. She was in her 8th month of pregnancy. *Candida albicans* 30 was given with relief from the symptom.

Case 2: A small boy developed pain during micturition with passage of some drops of blood after urination. *Phosphorous* 200 was given. Later *Sarasaparilla* 30 was given in repeated doses. A week after *Sarsaparilla* the urine was clear and the boy also did not have pain.

Case 3: A baby came with complaints of chronic loss of appetite and chronic constipation with flatulency. Various medicines were tried without much benefit. He periodically had various problems like cough, coryza, fever and vomiting and colicky pains in the abdomen. She was given Bowel Nosode *Bacillus*

gartner 200 C. with remarkable improvement. The nosode needed to be repeated thrice. She subsequently improved on *Calcarea-carb.* and *Tuberculinum*.

Case 4: A dry cough on talking and lying improved after *Manganum aceticum*. *Pulsatilla* was then needed.

Case 5: A person came for pain around the Rt. great toe from a shoe bite after he had the nail of the great toe removed by the surgeon for an ingrowing toe nail. The ingrowing toe nail again appeared. He was given various remedies for the other complaints that he had. But the nail did not heal and continued to discharge pus. So a few doses of *Silica* were given and after this the patient developed a left sided tonsillar swelling which shifted to the right. Even though *Merc-iod-rub* is inimical to *Silica*, it was given and the tonsillar swelling subsided. The ingrowing toe nail finally succumbed to *Magnetis polus australis* 200.

88. A Few Cases From My Practice

JAMES, K.J. (CCR,8,1 & 2/1999)

Case 1: Migraine: Middle aged lady suffering from Migraine for the last three years. *Arsenicum album* based on her state of avarice was given.

Case 2: Cough cured by Cedron: A woman came for cough since one week. She had a strange symptom since years: if she wakes up any night at a particular time due to any reason, then all the subsequent night she will wake up precisely at the exact time when she woke up for the first time, without change even in minutes. Based on this PQRS: Clock Like Periodicity *Cedron* 30 was given with immediate improvement of the cough.

Case 3: Allergic Rhinitis: The patient had itching in the eyes with severe sneezing. She was worse in cloudy weather and clear fine weather when the sun appears bright after a cloudy weather. *Rhus-tox* 200 was given.

Case 4: Lumbago: 40-year-old woman was suffering from backache agg. from standing. She also had a peculiar symptom: Sensation of coldness between the scapulae which is an important symptom of *Ammonium mur.*200. It relieved her back ache.

Case 5: Ailments after Fright: 21-year-old man got frightened after seeing thieves in his house at about midnight. From that day this man stopped speaking, wept like a child, was very anxious when alone. A few doses of *Pulsatilla* cured him in a fortnight.

Case 6: This patient had 24 loose motions with vomiting, weakness, sweating and palpitations. He was admitted in a hospital and his vomiting stopped but not the diarrhoea. Stools were green in colour and gushing in nature like water from a hydrant. *Gratiola* 30 a few doses cured him.

Case 7: Tachycardia: 28-year-old man came with numbness of upper and lower limbs. Palms increasingly sweaty, dyspnoea and Tachycardia. *Adrenalin* 6 a few doses two hourly cured the patient of all his symptoms.

89. Random Thoughts on Key-Note Prescribing

KULKARNI, Ajit (CCR,8,1 & 2/1999)

This article is on whether keynote prescribing is as valuable as it is made out to be and whether it is to be used frequently or only rarely.

90. Heilungshindernis durch falsche Potenzwahl (Wrong potency a hindrance for cure)

WEGENER, A. (ZKH,43,1/1999)

In some cases a 30th potency did not cure, but a higher potency of the same remedy cured. The problem of potentization in Homœopathy is discussed. A rule is also searched for the find the most efficient potency in a case. Cases from practice are cited.

91. Die Heringsche Regel und ihre Auswirkung auf die Hierarchie der Symptome (The HERING's Rule and its application in the order of Symptoms)

FREI, H.(ZKH,43,2/1999)

In patients with symptoms which cannot be fitted to a single homœopathic remedy, HERING proposed according to his Rule, that the latest symptoms have to disappear first, if a patient is to be cured definitely -

a procedure favoring the latest symptoms. The case is thus resolved layer by layer. This is illustrated with a case history.

92. *Palladium* und der Wert der lokalisierten Empfindungen (*Palladium* and the value of the localised symptoms)

WEGENER, A.(ZKH,43,2/1999)

In KENT's hierarchy of the symptoms, the changes of spirit and state of mind are in first place, followed by the 'General' symptoms, i.e., feelings and modalities, which concern the whole person, in last place, the local symptoms should be taken into consideration. It is an erroneous impression that the characteristic local symptoms are of minor importance to KENT. KENT meant something different by local symptoms ("particulars"). For him, the "particulars" were not localized feelings which contain obvious signs for the patient, but rather objective symptoms of a disease, the location and organopathological changes. With a case of *Palladium* as it is demonstrated that localized feelings can be important key symptoms.

93. Die homöopathische Krebsbehandlung - Teil 4 (The homöopathic treatment of Cancer - Part 4)

KLINKENBERG, C.R.(ZKH,43,1/1999)

Homöopathic remedies have a limited range of action upto the so-called the stop-spot. When drugs are chosen, a homöopathicity must be established also to the disease process. Drugs which have repeatedly proven their effectiveness in the case of Cancer diseases, often show a rather local effect on the Tumor and are supplemented during treatment by deeper acting remedies. Some of these so-called "Cancer drugs" are mentioned and it is pointed out, that other drugs should not be generally excluded from the list of remedies to be considered. The use of Nosodes and organ-specific drugs in the treatment of Cancer is discussed. Finally the special aspects of the homöopathic anamnesis to the case of Cancer patients are discussed. [The earlier three parts on the homöopathic treatment of Cancer, by KLINKENBERG appeared in the ZKH,42/1998 - please see QHD, XVI,1/1999. Readers may send in their comments = KSS].

94. Exudative Pleuritis

FUCKERT, M. (ZKH,43,2/1999)

An extended Exudative Pleurisy was successfully treated by two doses of *Sepia* in high potency.

95. Primär-chronische Polyarthrit - Ein Behandlungsverlaug (Chronic Rheumatoid Arthritis - A Case)

KLUNKER, W. (ZKH,43,2/1999)

With a case from his practice the author explains the methodology of homöopathic treatment in a case of rheumatoid arthritis.

96. Diagnostique, dialogue, thérapie (Diagnosis, dialogue, therapy)

RASQUEZ, Fernando (CGH,35,10/1998)

Read in the 51st congress of LMHI, Capri, 3rd October 1996. The importance of diagnosis, the patient-doctor dialogue and therapy right from the time of Sydenham to modern day are discussed.

97. Die Verwendung der C- und Q-Potenzen in HAHNEMANNs Pariser Zeit (The use of the C and Q Potencies in HAHNEMANN's Paris period)

OOMEN, G. (ZKH,43,3/1999)

Q-potencies (50-millesimal potencies) are considered to be the most important innovation of the sixth edition of the **Organon**, the revision of which had been concluded by February 1842. It is shown that upto this time HAHNEMANN had not yet gained much experience with the Q-potencies. Only beginning of March 1842, they are used increasingly, often alternating with C-potencies.

IV. REPERTORY

1. Einige Unklarheiten/Fehler in den Repertorien (Some confusions/errors in the Repertories)

SRINIVASAN, K.S. (ZKH,43,1/1999)

Errors and confusions which are noticed in the different repertories in daily practice are listed, commented upon and corrected as far as possible.

2. Fehleintragungen und Mittelverwechslungen im Repertorium (Wrong entries and and remedy alterations in the Repertories)
ANDERSCH-HÄRTNER (ZKH,43,2/1999)

Wrong entries and some errors in the Repertories currently in use are listed.

3. *Alumen* und *Alumina* in den Repertorien (*Alumen* and *Alumina* in the Repertories)
SRINIVASAN, K.S. (ZKH,43,2/1999)

A random review of the 'Mind' Chapter of the Repertories reveal much confusion in the entries of *Alumen* and *Alumina* due to confusion in the use of abbreviations for these two remedies. The author calls for a thorough examination of the entries of these two remedies.

V. PHARMACOLOGY

1. How big is big? How small is small?
WINSTON Julian (HT,18,3/1998)

This is regarding the 'poppy seed size' laid down by HAHNEMANN as the 'size' of the single LM potency pill. What exactly was the size of the poppy seed of his days? This is discussed. The conclusion is: pellet with a diameter of 0.91 mm. should be the right size of the LM pellet!

2. All mixed up
CASTRO Miranda (HT,18,5/1998)

Miranda CASTRO writes a column regularly in the **Homeopathy Times** under the title Everyday Magic. In this issue 5/1998, she writes about polypharmacy, mixtures of homœopathic (?) medicines for certain specific diseases. She seems to reconcile to this un-ethical practice, since "they work". [For that there are many other therapies, techniques that work, like the main school medicine; can they all be "homœopathic" therapy? I feel that we are "illegal" indeed if we practice polypharmacy or mixtures. Merely because 70% of sales are such mixtures it doesn't become right or legal = KSS]

3. Verreibungen aus flüssigen Vorstufen (Triturations from liquid stage)
SAKMANN, A. (AHZ,244,1/1999)

The direction 7 in the HAB (the Homœopathic Pharmacopœia of Germany) for preparation of triturations from liquid state is studied. This must be clearly prescribed since a good quality trituration is not ensured by the current directions. The author suggests the prescription of use of mortar and pestle and triturate for at least ten minutes. The dilution D2 should be prescribed for the trituration process. A standard deviation of 2% is suggested.

4. Ice Crystals in extremely dilute solutions
ULLMAN Dana (HL,11,3/1998)

The writer refers to the experiments carried by a 'group of California scientists at the American Technologies Group' and discovered, identified, and characterized a unique type of stable (non-melting) ice crystals that maintain an electrical field. The new research by Dr.S.LO and the various other scientists who have confirmed it seems to verify the experiences of two centuries of homœopathic physicians. Dr.LO calls these ice crystals, IE crystals ('I' stands for ice, and 'E' for the electrical field that is emanated from them). Dr.LO notes, "There seems to be something unique in water that undergoes extreme dilution, and we now have the laboratory evidence and even the photographic evidence to verify it." Dr.LO is further quoted as saying "The homœopaths were definitely onto something, but our discovery of IE crystals may help their medicines become even more powerful, and these IE crystals will also probably have significant industrial application, energy transfer benefits, cleansing uses, and ecological protection."

5. Minerals, Plants and Animals in Homœopathy: on their relationship
BRUNNER Heidemarie (HL,11,4/1998)

This is an interesting article on the similarities between remedies drawn from Plants, Animals and Minerals.

VI. VETERINARY

1. De *Sulfur* à *Alumina* (From *Sulphur* to *Alumina*)
SPILBAUER, J.P. (CGH, 35, 9/1998)

Case 1: Generalised Eczema in a male cocker spaniel - itching in the chin, frequent abscess of the anal glands, sensitivity to warm air, sneezing from strong odours, worse while riding in a car, desire for sweets and no eruption in spite of scratching, lead to the prescription of *Sulphur*.

Case 2: A breton Spaniel - diagnosed to have Pyodermatitis of allergic origin. Congestive patches with crusts on the abdomen extending to the limbs, had a very offensive odour, aggravated by heat, anxious in the presence of strangers, did not like to be alone, was polyphasic, and could not lie in one position, was restless throughout the consultation. After *Ambra grisea* and *Sulphur*, *Carbo vegetabilis* cured the dog.

Case 3: A German Shepherd suffered from Chronic Dermatitis. *Lachesis* based on the playfulness of the dog with extreme jealousy and a wild look in the eyes helped the dog.

Case 4: A female German shepherd with osseous troubles: stage 1 bilateral coxo-femoral dysplasia and urinary incontinence, pyometra after an induced abortion was treated by total hysterectomy; and skin troubles: acute eczema, allergic dermatitis to flea bites, and pyodermatitis. *Sulphur*, *Phosphoric acid* and *Silica* brought about a temporary amelioration but no lasting relief. Finally based on Starting about trifles and Fear, approaching him, of others led to the prescription of *Petroleum* which brought on a lasting improvement in all the planes.

Case 5: A male Yorkshire with severe pruritis was cured by *Alumina*.

The author concludes: Polychrest or small remedy? My response is actually simple: the medicine prescribed does not matter, from the time it gives correct results, i.e. spectacular and durable. Never forget that a polychrest is just a remedy like others, the indications of which are always as precise as that of the lesser used remedies. If a prescription does not produce the expected homœopathic effects, useless to take refuge behind a polychrest: one must continue to search (for the correct remedy).

VII. RESEARCH

1. Klinische Forschung zur Homöopathie - eine kritische Bewertung (Clinical research in Homœopathy - a critical evaluation)
ALBRECHT, H. (AHZ,244,2/1998)

The problem of clinical research on Homœopathy is discussed including the meta-analysis of all randomized trials on Homœopathy until 1995, the meta-analysis of trials on certain conditions and the randomized trials published until the end of 1998. The results are critically analyzed. The suitability of randomized double-blind study for the proof of effectiveness of Homœopathy is discussed as well as the significance of observational and outcomes studied.

2. Statistical analysis of adaptive response in sister chromatid exchanges in human lymphocytes after treatment with very low and extremely low doses of N-methyl-N-Nitroguanidine using a study design to control variability
ANDERSON, D., EDWARDS, A.J., FISHER, P., and LOVELL, D.P. (BHJ,88,1/1999)

Previous studies have been interpreted as suggesting that low concentrations of N-methyl-N-nitroguanidine (MNNG) have an adaptive effect in the cultured lymphocytes of responsive donors (that is, the cells are protected against the mutagenic effects of a subsequent challenge with a higher concentration of MNNG). The objectives of the present study were to investigate, under stringent experimental

conditions whether a protective effect exists at a very low and extremely low doses of MNNG (10^{-8} and 10^{-24} M, respectively).

Peripheral blood lymphocytes from a donor considered responsive in a previous study were stimulated to divide and were cultured under standard conditions. Pre-adaptive treatments were dilutions of MNNG were added to the cultures repeatedly before a challenge treatment with MNNG. Bromodeoxyuridine was added at the same time as the challenge treatment and following mitotic arrest, cells were differentially stained so that the number of sister chromatid exchanges (SCEs) could be counted. The study was designed to address potential criticisms of earlier studies which did not include replicate cultures. Samples of blood were divided into two identical batches for independent processing. Five replicate cultures were prepared for each combination of pre-adaptive and challenge treatments in each batch. The complete experiment was repeated to provide a further test of the consistency of results. Five replicate per treatment combination were chosen in an attempt to provide an experiment of adequate statistical power. Considerable precautions were taken to minimise the effect of factors outside experimental control on the results. Scoring was done by three scorers. In order to minimise inter-scorer variation, 240 cells were scored at each treatment observation (five cells per scorer, three scorers per culture, four cultures per batch, two batches per experiment and two experiments). The study was designed in this way to take account of the sources of variability to ensure that any response obtained would exceed that obtainable by experimental variability alone. A high level of quality assurance monitoring was undertaken throughout the investigation. Two measures of SCE induction were used: (i) the mean frequency of SCEs; (ii) proportion of cells with at least 20 SCEs. In both experiments, the challenge concentration of MNNG significantly increased SCE frequency. There were, however, highly significant differences between the two experiments. The proportion of high frequency cells (HFCs) in Experiment 1 was increased significantly; the proportion of HFCs was also increased in Experiment 2, but the increase was not statistically significant. The pre-adaptive concentrations of MNNG included an extremely low dilution of 6.8×10^{-24} M and a very low dilution of 6.8×10^{-8} M in Experiment 1 and 1.4×10^{-7} in Experiment 2. The various pre-adaptive concentrations used had no consistent protective effect against the SCE-inducing capacity of the challenge concentration of MNNG of 6.6×10^{-6} M.

It is concluded that an adaptive response to the alkylating agent MNNG could not be demonstrated in cultured human lymphocytes. Neither a very low nor an extremely low dilution of MNNG elicited an adaptive response in terms of SCE induction (measured either as SCE frequency or as proportion of HFCs). This is in contradiction to previous reports published by us and other groups. This study was carefully designed with large numbers of replicates, a preliminary statistical power calculation, predefined comparisons and extensive quality assurance of each treatment administration. Despite these precautions the variability between scores and between batches was much larger than anticipated. This resulted in some statistically significant differences but these are likely to be false positives. Our findings indicate the need for such methodological refinement in human and cell adaptive response studies.

3. Homœopathy in HIV Infection: a Trial report of double-blind placebo-controlled study RASTOGI, DP., SINGH, VP., SINGH, V., DEY, SK., and RAO, K. (BHJ,88,2/1999)

The objective of this was aimed to evaluate the immuno-modulator role of homœopathic remedies in Human Immunodeficiency Virus (HIV) infection.

Methodology: A randomized double blind clinical trial was conducted to compare the effect of homœopathic remedies with placebo, on $CD4^{+ve}$ T-lymphocytes in HIV infected individuals, conforming to Centre for Disease Control (CDC) stage II & III. 100 HIV^{+ve} individuals between 18-50 y (71% males) were included in the study 56 cases conformed to CDC stage II - Asymptomatic HIV infection, and 50 cases to CDC stage III - Persistent Generalised Lymphadenopathy (PGL). Cases were stratified according to their clinical status and $CD4^{+ve}$ lymphocyte counts. The randomisation charts were prepared much before the start of the trial by randomly assigning placebo and verum codes to registration numbers from 1 to 50. A single

individualised homœopathic remedy was prescribed in each case and was followed up at intervals of 15 d to one month. A six months study was performed for each registered case. Assessment of progress was made by evaluation of $CD4^{+ve}$ lymphocyte counts, which was the prospectively defined main outcome measure of the study; the results were compared with the base line immune status.

Results: In PGL, a statistically significant difference was observed in $CD4^{+ve}$ T lymphocyte counts between pre and post trial levels in verum group ($P < 0.01$). In the placebo group a similar comparison

yielded non-significant results ($P = 0.91$). Analysis of change in the pre and post trial counts of CD4⁺ve cells between groups was also statistically significant ($P = 0.04$)

In asymptomatic HIV infection, differences in absolute CD4⁺ve lymphocyte counts between pre- and post trial levels were not significant. Analysis of changes in pre- and post trial CD4 levels of place and verum groups for combined strata of asymptomatic and PGL groups was also not significant.

Conclusion: The study suggests a possible role of homœopathic treatment in HIV infection in symptomatic phase, as evidenced by a statistically significant elevation of base line immune status in persistent generalised lymphadenopathy.

4. Reduction of alcohol induced sleep time in albino mice by potentized *Nux vomica* prepared with 90% ethanol
SUKUL, A., SINHABAU, SP., SUKUL, N. (BHJ,88,2/1999)

Male adult albino mice were administered potentized *Nux vomica* 30c (*Nux v*). The drug was mixed with sterile distilled water at 0.05 ml/2 ml water and given at 0.05 ml/individual. Control consisted of blank ethanol solution. Ethanolic extract from the seeds of *Strychnos nux vomica* L was mixed with 90% ethanol 1: 100 and sonicated for 30 s at 20 Khz. This was further diluted and sonicated in 30 steps to produce *Nux v* 30 c. Six hours after treatment mice were given 25% ethanol i.p at 4 g/kg body wt. The duration of sleep time starting from the loss of righting reflex until its restoration was recorded for each mouse. The duration of sleep time with ethanol was recorded in four sessions for the same group of mice with an interval of 10 d between sessions. Treatments: session 1 with control solution, 2 with *Nux-v*. (oral), 3 with control solution and 4 with *Nux-v*. (i.p.). *Nux-v*. (oral) produced the shortest sleep time as compared to other treatments which did not differ from each other significantly with respect to sleep time. In another experiment *Nux v* 30 c was prepared with distilled water and pure absolute ethanol by the above process of successive dilution and sonication. These two preparations together with *Nux v* 30 c prepared with 90% ethanol was effective in reducing the sleep time in mice. It is concluded that the solution structure of ethanol/water mixture carries the specificity of the *Nux-v* at ultra high dilution. It is further concluded that the effect is mediated through oral receptors.

5. Où Êtes-Vous, Dr.Conte?
MILGROM, Lionel (HOM,72,1999)

Rolland R.CONTE, a 61-year-old French international economic consultant whose field of expertise is macroeconomics, e.g. strategic planning and the forecasting of product consumption, commodities and equities has written a book: **Theory of High Dilutions and Experimental Aspects** in which he claims to scientifically explain how homœopathic remedies work. CONTE and his eclectic team including mathematician Henri BERLIOCCCHI, scientist and medic, Yves LASNE, and computer engineer, Gabriel VERNOT have tried to 'insert the high dilution properties into the corpus of science.' They say that potentised solutions are observably different from solutions that have simply been diluted and this difference can be measured using Nuclear Magnetic Resonance Spectroscopy by measuring a parameter called the **spin-spin relaxation time T2** which CONTE claims, being constant for water under well-defined conditions, goes haywire for succussed remedies. The chaotic changes in T2, probably a measure of the subtle magnetic interactions between spinning hydrogen nuclei in water molecules, by using a mathematical averaging process give reproducible data on the succussed solutions.

CONTE also claims that the process of succussion induces low-level microwave β -radioactivity which can be measured using Liquid Scintillation Counting (LSC), a technique which can also be used to analyse human body fluids for diagnostic and therapeutic purposes. The actual value of the count in this technique is also dependent on the potency. This should make it possible to characterise any given homœopathic remedy at any given potency by its LSC spectrum. The beating of our hearts similarly potentiates our bodily functions, so that they too should give an LSC spectrum. Intriguingly, the low-level radio-activity spectrum from a homœopathic remedy is said to match spectra taken from the saliva of people requiring that remedy. Thus a person can simply run a sample of saliva or urine through an LSC and match it to the LSC of a remedy, to find out his remedy.

This is all still far away as CONTE's work though being reproducible, the model and the mathematical methods that have been used to explain still contain errors. Homœopaths need neither feel overjoyed that

finally an answer to how their medicines work has been found nor fear that making the selection of a remedy so mechanised takes away the art from Homœopathy.

The author concludes: CONTE is not the first, nor will he be the last to try to meld homœopathy and science. Whatever his shortcomings, and regardless of whether he is right or wrong, CONTE offers unusual insights which homœopaths would do well to understand.

6. Clinical Researches in Homœopathy
GOPALKRISHNA, K (CCR,8,1 & 2/1999)

This article talks about the failure of double blind trials done with homœopathic remedies without individualization.

VIII. HISTORY

1. The Early dissemination of the Homœopathic Healing Art
FARR Richard (HT,18,5/1998)

Chronological history of the early spread of Homœopathy through the world.

1812: **Germany** (Leipzig). HAHNEMANN's first students: STAPF, GROSS, FRANZ, HARTMANN, HERMAN, LEHMANN, RÜCKERT, WISLICENUS, MÜLLER.

1818: **Brazil**: Dr. FRANCIS used Homœopathy at this early date but there was no formal conversion until 1840 when it was used by Dr.ESTRADA.

1819: **Austro-Hungarian Empire**: Dr.FLEISCHMANN (Vienna), Dr.MARENZELLER (Prague)

1821: **Denmark**: Hans Christian LUND, pupil of HAHNEMANN.

1821: **Italy**: Dr.NECKER (originally from Austria, he settled in Naples and converted Drs.ROMANI, MAURO, and deHORATIIS)

1823: **Russia**: Dr.ADAM (St.Petersburg).

1825: **United States**: Hans Burch GRAM. Studied with LUND in Denmark.

1827: **Great Britain**: Frederick Foster Hervy QUIN. Converted by NECKER.

1829: **Belgium**: Dr.deMOOR (Alost).

1829: **Spain**: ZUARTE, a layman and friend of NECKER, was first to use Homœopathy.

1830: **France**: Dr. des GUIDI (Converted by ROMANI in Naples. Practiced in Lyon).

1838: **Portugal**: Introduced at Lisbon

1839: **India**: HONIGBERGER, a pupil of HAHNEMANN (Calcutta)

1842: **Canada**: James LILLIE, a pupil of VANDENBURG in NY, settled in Toronto.

1847: **Uruguay**: Homœopathic practice introduced at Montevideo.

1851: **Australia**: Introduced by Mr.BERGNY, a "non-qualified" man.

1853: **Mexico**: Drs.NAVARETTE and CORNELIAS.

2. The Early Work of Dr.Edward BACH
LEARY, B. (BHJ,88,1/1999)

The work of Edward BACH, prior to his discovery of the Flower remedies, is described. He demonstrated non-lactose fermenting bacteria in patients' stools. These were later used as the basis of some of the Bowel Nosodes.

3. Zu den Auseinandersetzungen um die Institutionalisierung von Naturheilkunde und Homöopathie an der Friedrich-Wilhelms Universität zu Berlin zwischen 1918 und 1933
(Discussion about the Institutionalisation of Natural therapy and Homœopathy in the Friedrich-Wilhelm-University of Berlin between 1918 and 1933)
WERNER Petra (MedGG,12/1993)

After the November 1918 Revolution the Government, supported by strong pressure groups, made several attempts to establish Naturopathy and Homœopathy as subjects at the Prussian Universities. Thus in 1919, a decision of the Prussian parliament to install a "Chair of General Therapy" led to fierce discussions between representatives of the Government on the one hand and members of the medical faculties on the other. In 1927, a "Chair in Homœopathy" was created, which also led to several controversies. The full Professors of the medical faculty of the Friedrich Wilhelm University in Berlin strongly rejected the idea. They were supported by their colleagues in other universities. Their motives seem to have been both financial and scientific.

4. Medizin für Nichtmediziner: Die Popularisierung heilkundlichen Wissens im Mittelalter
(Medicine for Non-medicals: The popularisation of medical knowledge in the Middle Ages)
RIHA Ortrun (MedGG,13/1994)

The history of the tradition of medical texts written in the vernacular in the Middle Ages, in particular the strict synchronic study of manuscripts, reveals that we are not dealing with specialized knowledge for experts but with information which was available to anybody who could read. The medical layman and with him the potential patient thus shifted into the centre of interest. The study of these texts illustrated the medieval concept of "knowledge" and the understanding of "reality". It emerged that empiricism in our sense played an important, but not the most important role. Trust in the world order led to the application of principles of analogous magic and faith in the truth of classical Latin tradition and the authority of the ancients went almost unbroken. However, the decisive factor is that the same degree of "reality" was attributed to humoral pathology as is to cellular pathology today. As to the significance of the texts, this means that they conveyed both theoretical intellectual knowledge and concrete practical knowledge from which experts and amateurs were able to benefit in different ways. Whereas our ideas are usually developed inductively, medieval arguments were conducted deductively, that is, based on natural philosophy not on natural science, and followed therefore the tradition of classical antiquity. In the final analysis it is this factor, which in spite of differing standards, unites learned and popular medicine.

5. "Auf Collegen, zum fröhlichen Krieg". Popularisierte Bakteriologie im Wilhelmschen Zeitalter (Popularising Bacteriology in the Wilhelmina era in Germany)
GRADMANN Christoph (MedGG,13/1994)

The text analyses KOCH's Microbiology and its rapid success within the context of the intellectual history of Wilhelminian [1888-1918] Germany. Studies of visual and verbal popularisation of Microbiology show that scientific theory of Microbiology, by communicating in the political language of its age, was followed by an equally specific popular image of the same topic. This included both popularisation of Microbiology in militaristic metaphors and the analogous use of microbiological concepts as popularisation of imperialistic and aggressive concepts of politics. Thus, the development and success of Microbiology is linked to the development of the political language of the age.

6. Zur Geschichte der Homöopathie und alternativer Heilweisen (History of Homœopathy and alternative therapeutic ways)
JÜTTE Robert (MedGG,13/1994)

Nachweis von 681 Q-Potenzen in den französischen Krankenjournalen Samuel HAHNEMANNs (Proof of the 681 Q-potencies in the French Case Registers of Samuel HAHNEMANN)
ADLER Ubiratan (MedGG,13/1994)

The deciphering of Hahnemannian Q potencies in Samuel HAHNEMANN's French Medical diaries, which are owned by the **Institute for the History of Medicine** of the **Robert Bosch Foundation** in Stuttgart, 681 prescriptions of Q-potencies, (50-millesimal potencies) complying with the findings of the 6th edition of the **Organon**, were identified and listed. The first of these originates in 1838, the last in 1843. This corresponds with HAHNEMANN's statement that he had gathered four to five years' experience with his "modified, new, perfected method" (dynamization method). According to his data, HAHNEMANN prescribed *Sulphur* three times more than all other medicines put together, followed by *Calcarea* as the second most prescribed substance. No higher potencies than Q 8 could be determined. By far the largest number of prescription of Q-potencies are to be found in the as-yet unpublished case books 13 and 14.

7. Zur Geschichte der Homöopathie und alternativer Heilweisen (History of Homœopathy and alternative Healing methods)
DINGES Martin (MedGG,14/1995)

The process leading to doctors becoming professional were not until recently compared on an international scale. There is, however, still no such comparison for doctors practicing alternative medicine. The national homœopathic doctors' association of Germany and that of the United States of America are taken as examples to examine the similarities and differences on the road to recognition and influence. The respective institutional frameworks of these two medical markets have a considerable effect on the possibilities of Homœopathy and for those practicing Homœopathy to organize themselves as a recognized profession.

8. Die Homöopathie im Königreich Bayern (Homœopathy in the Kingdom of Bavaria)
STOLBERG Michael (MedGG,14/1995)

This article traces the relatively early and successful establishment, institutionalization and professionalization of Homœopathy in the kingdom of Bavaria. Prevailing antirationalist and antimaterialist tendencies in "romantic" Bavaria made Homœopathy a particularly attractive option among parts of the clerical-conservative and aristocratic ruling elites. Building upon their support in the administration and in Parliament, Bavarian homœopaths were largely able to ward off the legal restrictions advocated by their allopathic opponents. The first (honorary) German professorship for Homœopathy was established in Munich and a homœopathic hospital prospered. In contrast to other German states, however, a homœopathic mass movement failed to develop, presumably due to the relative weakness of bourgeois culture and to the enduring predominance of traditional "folk" medicine as the major alternative to academic medicine among wide sectors of the population.

9. Zur Geschichte der "Vereinigung homöopathischer Aerzte Rheinlands und Westphalens" (History of the "Union of homœopathic doctors of Rheinland and Westphalia")
STAHL Martin (MedGG,14/1995)

This work represents a series of homœopathic doctors who were associated with the lay-doctor Clemens von BOENNINGHAUSEN (1785-1864) in the area Westphalia and introduces "Vereinigung homöopathischer Aerzte Rheinlands und Westphalens" which was founded in 1849. This is followed by biographical sketches of the Chairmen until 1921.

IX. GENERAL

1. The Problem Child
PAUL, Priscilla & KARNAD, Sudha
(NJH,7,1/1998)

Parents are concerned when their child behaves erratically in an abnormal manner. The question now is: what is normal and what is not?

2. Biotypology 1: Scope and History
MARTIN, F. (BHJ,88,1/1999)

From ancient times, the principal medical cultures tried to classify individuals according to their morpho-functional characteristics in order to study and understand their tendencies in terms of health and sickness. In the last two centuries, in Europe and America, a number of academic schools emerged whose theoretical concepts and ideas were important theoretically but had relatively little practical application. By contrast, in France and Italy, there was the joining of biotypological schools and Homœopathy, which permitted the correlation between biotypes and their relevant homœopathic remedies. This article outlines the evolution of biotypological thinking and the results of the above said merger.

3. Community Hospital Homœopathy Clinic: Audit of the first 12 months activity.
NEVILLE-SMITH, N. (BHJ,88,1/1999)

The aim of the study was to examine the activity of a new service providing a Homœopathy clinic at a community hospital. This was initiated in a limited way and was served by a relatively inexperienced practitioner. A range of presenting complaints, treatments and outcomes are described. Funding has been maintained by the Health Authority and referrals have continued to be made by the local eligible General Practitioners. The outcomes have been quite good but the default rate has been disappointingly high.

4. Post Retirement Blues - An Avoidable Life Hazard
KASI VISWANATHAN, T.K. (NJH,8,1/1999)

Some of the problems retired persons go through are the thrashing the ego gets when all the power, status and money that comes with a high placed job goes away, the feeling of not being useful any longer, the 9 - 5 habit of going to the office which has to change, the modern day problems: of rise in health/hospital expenses, of being far away from the NRI daughters and sons, of course the anxiety of losing a spouse. But there must be a way out of lessening this anxiety, accepting the inevitable. The author proposes some solutions: change in our attitude towards retirement, even before retirement actually begins; finding re-employment, if not possible structuring our time learning yoga, reiki etc.; maintaining good health by healthy living styles and good food habits, exercises etc. It is better if the person starts preparing for the inevitable retirement from the age of 40 yrs.

[It has been my advice that one begins to develop whatever special talent one had right from 45 years age. For example if one was very good in Mathematics he should develop it; or music or writing and so on. So that at retirement he is ready to enter another profession for the love of it and also that it pays too. I have found this advice work well. = KSS]

5. Prescribing from an energetic perspective
WATSON, Ian (HOM,72,1999)

This article is taken from the transcript of a presentation given at the SOH Conference in September 98 at Keele. He ponders over the decline of homœopathy in the beginning of this century. According to him there is an underlying cause: the underlying miasm - something like a paradigm clash; the collective conscious at that time was not ready for homœopathy which was way ahead of time. When HAHNEMANN developed homœopathy, there wasn't the kind of holistic world view in place at that time which supported homœopathic practice in the way that the holistic ancient Chinese world view supported the development of traditional Chinese medicine. In fact on the contrary, HAHNEMANN's system of healing was developed *in reaction against* the existing world view. Whereas Allopathy is allowed and encouraged and supported by a world view, and allopathy makes sense only if you already take on board a certain set of assumptions about the universe: a materialistic view-point, the reductionist idea that we can look at individual parts and understand the whole.

He also talks of the impossibility of being an unprejudiced observer: "...its almost like I should be this OK person that is totally sorted and I should be able to sit there and watch with detachment this person suffering in pain and hear their story and then I fix them up, right... yet in reality, a person comes in, they share their story. And what I notice happens is that it touches me, it moves me, I feel something in response to it. So already I have my prejudices out and my unprejudiced observer is out of the window and I become a participant... so in my own work now I've replaced the ideal of objective observer, the

unprejudiced observer, and what I strive to be is a self-aware participant. In other words, to bring awareness to the way in which I am participating in this therapeutic interaction.”

“...Homœopathic practice has become very object-based... ...find the remedy is what it is about. Which is something outside of ourselves. Finding the remedy is almost more important than healing the patient. Sometimes we can get into that mode of thinking. One of the things that my patients have repeatedly taught me is that the healing interaction is actually more important to them. The therapeutic relationship, the fact that we build up a relationship of trust which is healing in and of itself, is more important to people that come to my practice over the last few years, than whether or not I find ‘the remedy’.”

“...the idea that remedies can have an action on each other, this again is a misperception based on the idea that they are objects, that they are independent things. Have you ever thought about one remedy antidoting another? That’s a ridiculous idea, remedies cannot antidote one another, remedies can only affect living systems. So if I take a remedy and something happens and I take another remedy and whatever was happening for me disappears, that remedy did not antidote the previous remedy... Antidotes do not exist, they are an abstract, they are a concept. There is no such thing as a remedy being inimical to another remedy. Remedies don’t have relationships to each other!”

6. An Interview with Jonathan SHORE
CHURCHILL, Nick (HOM,72,1999)

This interview took place when Jonathan SHORE was in London to give a Seminar on bird remedies. He answers some questions on provings, the influence of group consciousness during provings, symptoms experienced by those provers who haven’t taken the drug, the necessity for new provings, the doctrine of signatures etc. He says: “...why even some people who don’t take the remedy nevertheless experience symptoms. ...when I first experienced it I decided I had to investigate it for myself. I had a couple of cases of *Radium bromatum*..., it was also a remedy which had very clear, well-known physical symptoms, but few mentals. I reasoned that if these same physical symptoms appeared in the proving then they would verify any new mental symptoms that came up. So I met with two of my colleagues to design the proving, and when the seminar started, we divided everyone into three groups. In the first group were those who felt they had experienced unusual symptoms before they even arrived at the seminar. In the second were those people who wanted to take the remedy and try the proving and the third group consisted of those who didn’t want to take the remedy. The group was given something that Jeremy SHERR had written about *Plutonium*, radioactive stuff. We said read this, and imagine that you had taken the remedy, and see what happens. The each of these groups met for a couple of hours a day, and we asked them not to discuss anything that they felt with the other groups. On the last day when the symptoms were presented...: ...each of the three groups produced very similar pictures, but the most intense and the most precise came from those who didn’t take the remedy. The least clear were those who just ‘imagined’ the remedy, though nevertheless what they imagined was in line with the others.”

[It is well known generally when one reads a tragic event that one is affected by sadness; generally quiet and gentle persons when in an unruly ‘crowd’, also behave in an unruly manner. The ‘crowd’ psychology or consciousness affect him. We also see that there are ‘seasons’ when some remedies come to be used most often after some heard it explained in a Seminar, e.g. *Staphysagria*, *Hura*, *Stramonium* etc. All these, I am afraid, are due to the prescribers’ ‘mind-set’. Some persons reporting ‘mind’ symptoms without even taking the remedy cannot be reckoned as a medicinal proving. This is straying too far. A medicine proving should elicit symptoms in all levels - mind and body. To attribute only ‘mind’ to a remedy is reductionism = **KSS**]

“...if you see a clear manifestation of the doctrine of signatures it becomes very important. One should not take the doctrine of signatures into account at all until it appears. The real signature is an essential quality for the thing, not some abstract concept, and if that essential quality emerges, then you ignore it at your peril.”

[I am afraid that this is also a very vague statement. The ‘essential quality’ is the ‘genius’ of the remedy? If so, we agree. No careful homœopath would ignore it = **KSS**]

7. Interview with Alfons GEUKENS
VAN DER ZEE Harry (HL,11,2/1998)

This is an interesting Interview. It will be useful to read in full; however, an abstract is given:

What motivated GEUKENS to take to Homœopathy? He had good experience in surgery in Zaire and before that during medical training as a nurse in Intensive care unit. After his return from Zaire he set up practice. He had a trainee whose Migraine had been cured by a single homœopathic tablet which GEUKENS felt was 'incredible'! He enquired, read KENT Lectures and Repertory, then VITHOULKAS and proceeded to make homœopathic cures.

Regarding his 'motivation', he says it is certainly still the same - to cure. "More and more I am convinced that there is only one rule to cure, which is the homœopathic law of healing. . . . Because of suppressive therapies I believe that it is much more difficult to practice Homœopathy now than it was fifty or sixty years ago. Now it is often difficult to differentiate between the actual symptoms of the patient and the proving symptoms belonging to an allopathic remedy."

GEUKENS has cured some very severe cases. Since every symptom is based upon a reaction mechanism of the patient, every symptom means something and all the symptoms together must provide the clue to the right remedy. There is no need to fear to cure acute cases nor fear about high potencies. However, one must read and work and discuss enough with colleagues. No need to fear aggravations. Aggravations are only the reaction mechanisms of the patient. The bigger the aggravation the better, but your remedy must be correct. If you get the right remedy you usually don't get an aggravation. But if a patient is able to react in this way, it must be correct. So, when the reaction is too strong, give a higher potency, make that more strong, this is what works in practice. The more acute the case, the more frequent the repetition, and the higher you go with your potency. The repetition of high potencies is for old people who are incurable, bad cases like Cancer, e.g. giving *Conium* 10MK three times a day for the last two months of patient's life. Also in cases like lymphoma's who have had radiation. Generally we give one dose and wait for the reaction. In 99% of the cases we do it like this, but there are exceptions. Exceptions according to the disease and the age.

What about proper training? One who wants to learn must be enthusiastic. Learning never ends. Enthusiasm and being serious and being dedicated as a doctor are very important.

About the 'direction' we are going GEUKENS says that we need to know more of what KENT knew. He feels that we have not reached the level of KENT's time.

About the new Provings, he has doubts about many of them. He also feels that we can manage with the remedies we already know well.

[Once again, I would recommend that we read the whole interview carefully, the views of a dedicated homœopath = KSS]

8. Clinical training in Classical Homœopathy - Conclusions and suggestions from experience
BERGHE Fons Vanden (HL,11,2/1998)

Homœopathy has been growing and in Europe many clinical training centres have been opened. It is George VITHOULKAS who established the first school for full-time teaching academy in Athens in Greece. The Centre being run by Dr.Alfons GEUKENS in Hechtel, Belgium is a model. The author discusses and lists the essential features, infrastructures, etc. for running a quality Clinical Homœopathy Training Centre.

9. Group and Proving Phenomenon
NORLAND Misha (HOM,72,1999)

Some of the observations of Misha NORLAND from the provings conducted within groups of the school of Homœopathy since 1991. The experience of a proving is analogous with that of becoming ill and both illness and proving are learning experiences. We learn to respect the power of healing agents. A prover learns more about himself during a proving. The partners of the provers are also profoundly affected by the proving. He says: "I hold the proving phenomenon to have a similar dynamic to epidemic contagion. In both instances the influence overwhelms individuals, and personal idiosyncracies are temporarily submerged under the common symptoms of the disease/proving. In so far as this is the case, a proving group reacts as if it were one. While each individual reveals only some aspects of the proving, the totality reveal most." and more about the influence of the group consciousness on the proving symptoms.

10. An Interview with Rudi VERSPOOR & Patty SMITH
GRAVETT, Janice (HOM, 72, 1999)

VERSPoor and SMITH talk about the **Organon**.

11. The Energetic Nature of Disease
WILLIAMSON, Bray (HOM,72,1999)

The author talks about the energetic nature of disease and how it affects the vital force, and where these energetic forces come from. Homœopathic remedies are proof that everything that exists has a vital energy and hence can be infected by the vital energy of anything in existence. Disease occurs from the energy interactions of man with that which surrounds him. Disease occurs because it is in the nature of things. To cure we must understand disease in its true energetic form as a part of the natural world in which we live.

12. The Publication of Cured Cases
FRASER, Peter (HOM,72,1999)

The author writes about the increasing introduction of new remedies into our Materia Medica and the paucity of supporting information from cured cases for these remedies. There are a huge number of symptoms brought out by the new provings, but it remains to be seen if they are really new symptoms or just new ways of expressing them etc. Many things have to be taken into consideration while proving, the susceptibility of the prover, whether the symptoms proved really belong to the remedy taken or were the symptoms previously experienced by the prover or the own symptoms: a reaction to the proving state rather than an expression of it. He also talks of the huge number of remedies which have entered the Materia Medica through partial, inconclusive, dream and meditational proving and stresses on the importance of confirming of these symptoms. He says: "if the profession is to move on and be able to heal in an age when the spirit and diseases are different it must have a mechanism for fully integrating new remedies and for keeping old ones in tune with the times. The ideal way in which to do this would be to comprehensively prove all new remedies and to fully reprove the old ones." One way to see that the new provings are constantly confirmed would be to publish cured cases. He recommends the electronic publishing of these cases through the internet which would increase the capacity and availability of these cases.

13. Computer Workshop
WARKENTIN, David Kent (HOM,72,1999)

This new column will explore a range of issues that relate to analyzing cases, and the tools we use to do it. This issue discusses polychrests. They are the remedies that we know well; the ones that appear most often in analyses. A myth around polychrests: they are more likely to act than a rare remedy. According to the author, the polychrests are grotesquely over-represented in the Repertory and Materia Medica. For example, in Kent's Repertory, **Sulphur** is found in 8,789 rubrics, and **Silica** in 5,470, while **Hecla lava** is found in only 21. However Hecla is a very useful remedy, similar to **Sulphur** and **Silica**.

14. Homœopathy & Eczema - Interviews with Robin LOGAN & Kate DIAMANTOPOLOU
MACDONALD Clare & RUBIN Purdy
(HOM,74,1999)

Robin LOGAN says: I am a repertory practitioner. I don't rely on my knowledge of the Materia Medica very much. I don't have that kind of memory. There is simply too much to know. You can overlook remedies you don't know if you rely on your knowledge. You will recognise polychrests but not small remedies. I have always been a repertoriser. However, I have developed Materia Medica knowledge through my repeated use of the Repertory. ...a very popular belief among homœopaths is that vaccination is a major cause of eczema. This has to be a factor but I see so many people who develop eczema who haven't been vaccinated. ...you could lessen the likelihood of an aggravation by using low potencies. I am reluctant to open a skin case with a high potency. In fact I nearly always start with a low potency in eczema cases.

Kate DIAMANTOPOLOU says: I see eczema as a sign of the increase in children's health. I would rather see an increase in eczema. At least the child is reacting and the vital force is strong enough to push things out on to the surface of the body. ... I see eczema and psoriasis as signs of anxiety in children. The child may well be healthy constitutionally, but there is something unresolved on a mental or emotional level.

Because the children are insecure, the grief comes out on the skin and in the gastro-intestinal system and the lungs which is why remedies like *Natrum muriaticum* and *Pulsatilla* work really well on eczematous children... I think vaccinations play an important role as, to my mind, they make the system more allergic. Our social conditions are undervalued. Our pace of life has changed and more and more children are put into playgroups and nurseries at younger ages. These children are not ready for the stress and hype this entails. Eczema is a useful way to drawing attention to yourself, a parent can't just ignore eczema as the nature of illness is to itch and scratch. ...you will see that eczema relapses before it improves. Ascending potencies reduce aggravation in my opinion.

15. From the Cooper Club to the Society and Colleges of Homœopathy.
WHITNEY, Jerome (HOM, 72, 1999)

The author traces the origin and development of the Society and Colleges of Homœopath, and the origin of 'British Classical Homœopathy' to the monthly meetings of Drs. BURNETT, COOPER, SKINNER and CLARKE which became known as the Cooper Club. He describes how Drs. SKINNER and BURNETT continued the work of Dr.HERING in the field of nosodes; the entry of Kentian prescribing into England – in 1903 at the meeting of the Faculty of Homœopathy when the concept was introduced, it was denounced as being 'non-Hahnemannian' but with CLARKE as its strongest supporter, Kentian prescribing stayed on. CLARKE also encouraged and supported the study of homœopathy by those who were non-medically qualified (the nature of British Common law is such that anyone can practice any therapy on humans, but not on animals, as long as they do not claim to be able to cure cancer, TB, AIDS etc.); soon lay-homœopathy grew in strength and around the time of the II World War the primary input into spreading the knowledge of homœopathic prescribing became centered in a small but dedicated circle of non-doctor homœopathic practitioners; in 1946 about three hundred such dedicated persons met to form the Institute of Homœopathy; in 1970 Thomas MAUGHAN, John DAMONTE, Edwin TOMPKINS and others met to form the Society of Homœopaths; in 1978 the South and North London Study groups joined together and the constitution of the The Society of Homœopaths was signed; an educational institution was also set up and in 1978 The London College of Homœopathy took on board its first class of students.

16. Commentaires sur un écrit de HAHNEMANN: Les obstacles à certitude et à la simplicité de la médecine praticienne sont-ils insurmontables? (A commentary on a work of HAHNEMANN: Are the obstacles to Certainty and Simplicity in Practical medicine insurmountable?)
LABORIER Bruno, (CGH,35,2/1998)

This article by HAHNEMANN was inspired by Hippocrates and one of the contemporary doctors Dr.HERZ. It was published in Hufeland's Journal in 1797. The author in this article:

- compares the medical and sanitary history of the era with personal evolution of HAHNEMANN in 1797
- Explains the notion of simplicity and certitude in medicine according to HAHNEMANN.
- describes the evolution of notions of certitude and the simplicity in medicine in the publications of HAHNEMANN.
- analyse the practicalness of the notions of certitude and simplicity in medicine from the case records of Samuel and Melanie HAHNEMANN in Paris.

17. Case Analysis: Finding a Balanced Perspective
OLSEN Steve (SIM, XII, 2/1999)

This is 'loud thinking' of some of the modern teaching that are influencing the homœopathic community. One is the doctrine of 'Kingdoms': plant, animal, mineral. Another is the metaphysical associations: then Doctrine of Signatures: e.g. Bees are busy, so this explains why *Apis* people are too industrious.

Yet another: Coincidences during a Proving. e.g. the dogs had puppies while I was doing the proving of *Lac caninum*. "A light bulb broke; the filament of the bulb is made of Tungsten, and this occurred while I was supervising the proving of this metal."

Another teaching: Historical experience: e.g. Arsenic has been used for centuries to poison people, and so this is why in the proving there is the symptoms "Fear of being poisoned." In all these, if you carefully

go through the relevant rubrics, there are far more remedies which do not fit in with these groupings, than the few who fit in with.

18. Threat to Prescribing, or a Challenge to make an Imaginal Leap?

NORLAND, Misha (HOM,74,1999)

As many remedies are becoming banned from usage in countries like France, Misha NORLAND suggests that we should perhaps try out prescribing to patients through words and thoughts, just like how some remedies are proved by thinking or meditating about them.

19. A Brief Review of the History of Revolutionized Homœopathy

SEHGAL, ML (HOM,74,1999)

This article has been taken from the most recent edition of Dr.SEHGAL's Rediscovery of Homœopathy series.

20. An Interview with Sanjay and Yogesh SEHGAL.

CHURCHILL, Nick (HOM,74,1999)

The sons of Dr.M.L.SEHGAL, both of them doctors and practicing the revolutionized homœopathy introduced by their father, talk to Nick Churchill.

21. Defining Cured Symptoms in Provings

FRASER, Peter (HOM,74,1999)

To have healthy provers is very difficult now, though disease may not be more widespread than in the days of HAHNEMANN, as there are a large number of vaccinations, antibiotics, steroids, etc. which are freely available and which subtly alter a man and many diseases are now being suppressed. So in a proving how to distinguish between proved symptoms and cured symptoms. "For a symptom to be classed as curative it needs to follow not only Hering's law of cure, but should also be covered by HAHNEMANN's definition of cure: that it be rapid, gentle and permanent. If the symptom is not completely covered by these criteria it must be assumed to be a primary action and taken at face value until such time as clinical experience proves otherwise."

22. Soziale Ungleichheit vor der Cholera und ihre Wahrnehmung durch Zürich Ärzteschaft (1850-1870) (Social inequality in Cholera and its perception by the physicians of Zurich (1850- 1870)

MATHIEU Jon (MedGG,12/1993)

The Cholera epidemics of the 19th Century have recently received much historiographic attention. One of the major questions raised by that discussion concerns the social stratification of the Cholera victims. This paper contributes to that discussion by giving an analysis of the epidemics of 1855 and 1867 in Zurich, Switzerland. Sources are a great problem. Therefore a definite answer to the question of the social status of the cholera victims is only possible for the later, more serious outbreak of cholera. The problem of social stratification is connected with the problem of poverty. How is the usage of this term and its meanings determined by the actual social inequality of the cholera victims? The medical doctors in Zurich were interested in the relationship between poverty and Cholera, albeit from different perspectives: the doctors of the 1850s regarded poverty primarily as a moral problem. Their advice on public health measures centred on traditional ideas of quarantine and (moral) education of the poor. In contrast, the doctors of the 1860s thought of poverty as a social problem. They hoped that sanitary reforms would be the answer to the social problems of Zurich. [The problem does not appear to have been resolved still. Whenever there is Cholera, in India at least, measures are taken to clean the sewers, chlorinate the water more, advise the people to boil the water well before drinking, etc. The poor who are mostly affected do not have sufficient fuel to prepare their food, what to speak of boiling water, as an old lady living in insanitary conditions in the slum told the young doctor who had gone with the volunteer medical team to Nicaragua few years ago. Did not HAHNEMANN say that poverty was itself a disease? = KSS]

23. Sanierung der Volkskultur: Massenmedien, Medizin und Hygiene 1850-1900
(Reconstruction of the Peoples culture: Mass media, Medicine and Higiene 1850-1900)

MATHIEU Jon (MedGG,12/1993)

With the rapid increase in literacy during the second half of the 19th Century, impersonal and variable sources of information were added to the oral discourse on health and cleanliness for growing segments of the population. Based on a Swiss example of seventy popular journals and calendars, this article analyses the historical context, the means and effects of this process. It argues that the texts on medical hygiene in popular literature confirmed the social values of Bourgeois classes and, at the same time, formed a cultural force of their own. Producing a somewhat diffuse knowledge, they changed prevailing attitudes. Over lengthy periods of time, this “opened” culture could combine with traditional modes of behaviour.

24. Der Niedergang der Geburtenzahlen und der Aufstieg der Ärzte in Deutschland und Frankreich bis zum Ersten Weltkrieg (The fall of Birthrate and the rise of Doctors in Germany and France upto the I World War)
DIENEL Christiane (MedGG,12/1993)

The widespread debate about the falling birth rate and contraception in Germany and France culminated before 1914. Physicians took a considerable part in this discussion about mental modernization. They were the first to discover and describe the concrete means of reducing births. The liberal reaction to contraception was a ‘laissez-faire’ attitude which dominated medical responses until 1900, in France even longer. A minority of doctors became politically active Neo-Malthusians or even defenders of birth control as a means of improving race. The majority of physicians, however, remained hostile to contraception. Both groups used this issue to improve their social standing. Arguing morally, doctors took over the role of the priest, arguing scientifically, they shared the growing prestige of science, arguing nationalistically, they presented themselves as important advisors the fatherland.

25. Zur Geschichte der Homöopathie und alternativer Heilweisen (History of Homœopathy and alternative Healing methods)
HESS Volker (MedGG,12/1993)

Samuel HAHNEMANN and Semiology: This essay focusses on a moment when in Medicine the prevailing static conception of disease was seen from a temporal perspective and conceived as a developmental process. Included in this discussion was HAHNEMANN’s conception of Homœopathy. His conception combined two traditional systems of reading corresponding signs of illness drawing a direct conclusion from a visible sign to a significant therapy while excluding causal-theoretical reflection about the meaning of signs. The basis of this idea is rooted in the general epistemological structure of the 18th Century, in which knowledge was represented in the relation of a sign with meaning or significance. In contrast to the trinary structure of modern semiotics as exemplified by the Peircian terms “object, representatmen and interpretant”, medical semiotics and knowledge in the 18th Century was instituted by the binary semantic relationship of representation. Thus, HAHNEMANN’s roots in the intellectual world of the 18th Century not only defined his contribution to the discourse, they may also explain his exclusion after the conceptual change of the early 19th Century.

26. Excerpts from: The Faces of Homeopathy - An Illustrated History of the First 200 Years.
(NEJH, 8,1/1999)

Some excerpts from Julian WINSTONS’s book: the division between the low potency users and high potency users; a brief biography of Carroll DUNHAM and H.C. ALLEN and of the historians William Harvey KING and Thomas L. BRADFORD; the Milwaukee Test and the IHA Founding Resolution of June 1880.

27. HAHNEMANN’s Fragmenta de Viribus Medicamentorum Positivis
MORELL, Peter (NEJH, 8, 1/1999)

This short article collects together some of the published material about HAHNEMANN’s little-known and rarely discussed essay of 1805, which presented to the world for the first time the records of his first provings of single medicines, which he had undertaken.

28. PRO-NOUN-SING PLANT REM-EH-DEEZ
HERSHOFF, Asa (SIM,XII,2/1999)

The author claims that though we rattle away Latin names at a rate that 'bedazzles and astounds', when it comes to pronouncing it right we fail. In this article he has discussed the correct pronunciation of some of commonly used remedies which are commonly mispronounced.

29. Modern Trends in Homœopathy
PATEL, B.D. (HL,11,4/1998)

In this thought-provoking article, the learned author expresses his apprehensions about the 'modern trends', like for example, prescribing double remedies, delusions and their interpretations, grouping of drugs like Sodium, Potassium, etc., music therapy, etc. [Doctrine of Signatures which HAHNEMANN kept away, is strongly being taught; while HAHNEMANN and BOENNINGHAUSEN spoke of the 'genius', 'characteristic' of remedies, modern trend speaks of 'themes' based on the mental symptom interpretations. The **Homœopathic Links** appears to be a strong votary of these modern trends = KSS]

30. The Truth About Auto-Immune Deficiency
HOROWITZ, Leonard (CCR,8,1 & 2/1999)

This article has been reprinted from Journal 'Alive' - The Canadian Journal of Health and Nutrition, Issue 194, Dec.1998. It talks of the heavily virus contaminated vaccines and how inspite of knowing that their vaccines are contaminated the Multinational Drug companies promote and sell their vaccines.

31. Vaccination and Immune Malfunction
QUASIM, Mohamad (CCR,8,1 & 2/1999)

Some of the damaging effects of Vaccination: The multiple vaccines that are given in early infancy are mostly injected and bypass the mucosal immune system of the respiratory and gastro-intestinal systems, which can act as cushions for many infections; live virus vaccines incubated in animal tissues are prone to the process of "jumping genes," which means the viruses may incorporate genetic material from the animal tissue in which they are incubated and consequently be introduced into the child receiving the vaccine; live virus vaccines are also subject to viral contamination; the vaccine interaction with the immune and nervous systems is also not favourable; vaccine interfere with natural processes.

32. Troque tracas contre trucs en vrac (or How to render productive the interview with the patient?)
VEILLARD, J.J. (CGH, 35,9/1998)

The author gives 22 tricks that help in the doctor-patient dialogue, some of which are given here:

T1 - Close the repertory. The repertory is no doubt a valuable tool. But before opening the repertory it is necessary that the essential of the person be understood.

T2 - Set the tone of the conversation. Give the impression that the patient can express everything freely.

T3 - When the responses are vague, one can repeat the patient's words by converting it into a question "You are tired?", the patient is obliged to be more precise with his answer.

T4 - Added to the above question are two more questions - "Of what were you thinking when you told me you were stressed?" or "Give me examples which show that you are nervous."

T6 - It is very important to ask the question: "What was your reaction?" "How do you feel about your disease?"

T10 - Learn to ask for permission, for example: "Can I ask you questions regarding your sexuality?" It is evident that he doesn't mind if he answers immediately.

T11 - Respect silences - It is necessary to learn to respect the silence of the patient. Never forget that the consultation room is an isle of peace in a tormented world.

T21 - To break the ice - jokes can sometimes loosen up patients. When there is a lull in the conversation, examine the patient.

T22 - Respect the shyness of the patient in being examined. Whether it is the fear of a child or modesty of an adult, we must understand that it is not easy to be naked before a clothed standing person. This adds on to the already existing fear; fear about his disease. But it is wrong not to examine the patient too. Unless the situation demands thorough examination - minimise the physical examination during the first

consultation, so that you do not lose contact with the patient. In subsequent consultations when the patient's confidence has been gained - the patient can be examined.

X. BOOKS

1. Homœopathic Handbook for Poison ivy and Poison Oak, by Joel KREISBERG, 1887, spiralbound, 52 pp., \$14.95 review by Katherine G.HAUCK (HT,18,5/1998): “. . . Homeopaths who feel compelled to consider miasmatic influences will have to study weightier sources. . . KREISBERG recommends book titles for general reading on the subject. He settles on 30c as a serviceable potency in the hands of home prescribers. . .”

2. Homeopathy: Natural Medicine for the whole Person by Peter ADAMS. Element Publishing, Rockport, MA, 1996, paperback, 131 pages \$9.95

3. Homeopathic Vibrations: A Guide for Natural Living by David DANCU, Sunshine Press Publications, Hygiene, CO.1996, paperback, 221 pages \$19.95

4. Homeopathy in Primary Care by Bob LECKRIDGE, Churchill LIVINGSTON, London 1997, paperback 281 pages.

5. Homeopathic Self-care: The quick and easy guide for the whole family, by Robert ULLMAN, and Judyth REICHENBERG-ULLMAN, Prima Publishing, Rocklin, CA. 1997, paperback, 448 pages \$18. all reviewed by Julian WINSTON (HT,18,6/1998) “. . . all the above books have a common thread: they all concern therapeutics. . . They all approach it a bit differently. The (first) book gives a brief description of Homeopathy as a system and then discusses self-treatment of a variety of illnesses. A brief repertory of illnesses and a brief Materia Medica are included.

The book by David DANCU is more of a general overview of homeopathic philosophy and practice.”

6. Homöopathie und Philosophie & Philosophie der Homöopathie, (Homœopathy and Philosophy & Philosophy of Homœopathy). APPELL, R.G. (Hrsg.), 196 S., geb., Bluethenstaub Verlag, Eisenach 198, DM 58,-. (German) review by SCHWARZ (AHZ,244,1/1999): “The collected volume contain 9 lectures of the 5 International Hainstein-Tagung in Eisenach. . . The authors (Physicians, Literature scientists, Medical historians, Psychologists) throw light on the tradition of Medicine and Philosophy...”

7. Homöopathie an deutschsprachigen Universitäten. Die Bestrebungen zu ihrer Institutionalisierung von 1812 bis 1945. (Homœopathy in the German language Universities. The efforts for institutionalising it from 1812 to 1945) LUCAE, C. 288 S., geb., Karl F. Haug Verlag, Heidelberg 1998, DM 98,- (German) review by APPELL (AHZ,244,1/1999): “Since its beginning efforts have not been wanting to establish Homœopathy in the University. . . LUCAE's study is an interesting piece of history of Homœopathy and University. The study does not limit itself to the German speaking Universities but also covers the Anglo-american scene too. . .”

8. Encyclopaedia of Remedy Relationships in Homœopathy, A.REHMAN, 362 S., geb., Karl F.Haug Verlag, Heidelberg, 1997, DM 148,-. review by GEBHARDT (AHZ,244,1/1999): “. . . The book serves the need in the Homœopathy book market. The author has with his painstaking work collected all known facts and collated them so that the user can quickly find what he wants to. The book is in easily readable English. A German edition would be welcome. The work should be in the hands of every homeopathic physician.”

9. Mitteldetails der homöopathischen Arzneimittel. Materia Medica Synthetica. (Details of homœopathic Materia Medica Synthetica) by A. SEIDENEDER, 3 Bd., geb., zus. 4930 S., Similimum Verlag, Ruppichteroth, 1998, DM. 885,-. (German) review by APPELL (AHZ,244,1/1999): “As against the repertories which in the recent years have been regularly updated and published and would remain expanding, while the collection and compilation of an updated Materia Medica has remained static. This is perhaps because it is easier to make additions etc. to the Repertory than to comprehend and understand the Genius of remedies to be put into a Materia Medica. To fill this gap and also to include the newly proved remedies SEIDENEDER has undertaken this difficult work of making a Materia Medica on the basis of the KENT repertory and from more than 160 different sources. . . The work fulfills a great need.”

10. Homöopathie oder Penicillin bei Mandelentzündung (Homœopathy or Penicillin in inflammation of the Tonsils), NUSCHE, M., 177 S., brosch., Hippokrates Verlag, Stuttgart 1998, DK 68,-. (German) review by LÖNS (AHZ,244,2/1999): “Mrs.NUSCHE has, with her scientifically well documented dissertation on homœopathic research under Prof. Dr. MOELLER of the Eberhard-Karls-University Tübingen, made a good clinical study of the subject. She has made a good comparative study of the so-called alternative therapeutic methods in acute ailments, septic complications, frequent recurrences of the A-Streptococcus tonsillitis in children between 3 to 14 year age. In a study between the period 1994 - 1996, of 51 patients, 29 were treated homœopathically, 22 with Penicillin V. . . . Graphics and Tables . . . To the homœopath the study causes worry, since it shows that the antibiotic treatment of acute stage gives clearly better results . . . A good dissertation.”

11. Die natürliche Verwandtschaft der Heilmittel (The natural relationship of remedies), 208 S., Fagus-Verlag, Grefrath 1997, DM 32,- (German) review APPELL (AHZ,244,3/1999): “An important, informative book. It begins with the animal family including the animal products, Nosodes, Milk remedies, then Plants and lastly Minerals with their sources and organic contents. . .”

12. Klassische Homöopathie, Band 1 Vol.I, Lehre und Praxis (Classical Homœopathy, Vol.I, Theory and Practice), EICHELBERGER, O., 5 Aufl., 956 S., Leinen, Karl F. Haug Verlag, Heidelberg 1998, DM 198,- (German) review by GEBHARDT (AHZ,244, 3/1999): “The book of Mr.EICHELBERGER appears in the 5th edition. . . . The book will be a great help and give tips not only for the beginners but also for the experienced.”

13. Theory of High Dilutions and Experimental Aspects, R.R.CONTE, H.BERLIOCCHI, Y.LASNE and G.VERMOT, Polytechnica, Paris,France. Translated and co-edited by Dynsol Ltd., 1996, F275, ISBN 2-84054-046-0. review Dr.Philip McGENITY (BHJ,88,1/1999): “For the conventional physical scientist, the fundamental problem with Homœopathy is the idea that a material, even when diluted to a point at which not even one molecule of the active substance is present, can yet show efficacy in treating medical conditions.

“Not only is it difficult to envisage any theoretical basis for Homœopathy within conventional science, but the chemist will also argue that if a homœopathic preparation is truly effective, in a way that a sample of the diluting medium is not, then it ought to be possible to measure some property of the preparation which is different from that of the diluting medium. This book attempts to tackle both of these issues. The theoretical basis, which is set out in the early part of the book, is couched in esoteric language of mathematical physics and will, as such, be comprehensible only to those qualified to a very high level in this field. . . . The essence of the theory appears to be that when a molecule of an active material ‘disappears’ by dilution, it leaves behind a so-called ‘remanent wave’, the effect of which is to induce a structure in the molecules of the diluting medium. Much of the book is concerned with a detailed exposition of the experimental evidence which, the authors claim, supports their theory. . . . This book certainly challenges some of the preconceptions of conventional science. . . . A reader might well ponder whether this book will be seen in years to come as a landmark, from which a more serious dialogue between conventional science and Homœopathy will spring, or as simply an esoteric ‘flight of fancy’ fly itself. . . .If ever there is a sequel to this book which presents the same subject matter in a style which is more palatable to a broad range of professional scientists and medical practitioners, and which includes the results of attempts by other scientist to reproduce the authors’ experimental data, it may well bring the authors’ ideas to the scrutiny of a much wider audience and indeed come much closer to the best-seller lists.”

14. Theory of High Dilutions & Fundamental Aspects, RR. CONTE, H BERLIOCCHI, Y.LASNE, G.VERNOT, PolyTechnica, Paris, France. Translated and co-edited by Dynsol Ltd. 1996. F 275 ISBN 2-84054-046-0. review by Eugene KRYACHKO (BHJ,88,1/1999): “It is now more than two hundred years since Samuel HAHNEMANN pioneered the study of high dilutions. Throughout this time, high dilutions have been a very controversial subject. . . . Nevertheless, these authors make a profound analysis of experimental data on high dilutions that might give a key to revising views on this subject, to rethink all data on high dilutions and unite experimentalists and theorists to begin setting up new experiments aimed at gathering pieces of reliable information to build a reasonable physical model. . . .despite many negative

features, I would recommend this book to a wide circle of homœopaths because I think it presents some fresh ideas of interpreting high dilutions experiments that might inspire us to rethink around high dilutions and develop a sound physical model.”

15. Theory of High Dilutions and Experimental Aspects by Rolland CONTE et al, Dynasol Ltd. 1997. review by John LEE (HOM, 72, 1999): “...some who have felt inclined to finish reading it feel that they can perceive something profound amongst the claims, formulae and experimental data. ...however a close and detailed examination reveals that this is a poorly written work. Few scientists will take it seriously and most will lose interest very quickly and not finish it. This does not however invalidate the integrity of the experiments and the data. ...the Conte team has provided a platform for further research and this could lead to a significant breakthrough in a greater understanding of homœopathic potencies. Much research though still needs to be carried out. ...in my opinion this book is unreadable unless you are very committed to it and have a strong background in mathematics or physics. ...further work now needs to be done to confirm my view that the Conte team has acutally achieved something profound.”

16. Signals and Images, Ed. Madeline Bastide, Kluwer Academic, Dordrecht, The Netherlands. 1997. £96. ISBN 0-7923-4466-9. review by Christine ENDLER (BHJ,88,1/1999): “Signals and Images includes 23 full papers corresponding to two GIRI (International Research Group on Very Low Dose and High Dilution Effects) meetings held in Montpillier, France, 1993 and in Jerusalem, Israel, 1994. All the papers published in this book have been reviewed according to the standards of scientific publications and many of them are now published in regular scientific journals. They illustrate perfectly the evolution of the ideas and the new experimental and theoretical approaches of this uncommon research on low dose effects, high dilutions pharmacological activity or homœopathic remedy studies. It becomes obvious that different hypotheses can enlighten the interpretations of these different papers. . . . Without any doubt, this high recommendable book represents a milestone in the dicussion on high dilutions and Homœopathy.”

17. Medicine for the whole person by Dr.Erich K.LEDERMANN, Element Books, Dorset, UK. 1997, £8.99. ISBN 1-86204-056-7 Paperback 184 pp. review by Anton von RHIJN (BHJ,88,1/1999): “**A Critique of Scientific Medicine**, is how LEDERMANN regards his latest book, where he examines the flaws in conventional medicine when viewed from holistic perspective. He emphasizes the relationship between body, mind and spirit, and argues that we need rediscover and awaken the spiritual dimension (conscience) of our existence in order to remain healthy. This three-part book starts by characterizing the realm of the **Spirit**, highlighting the fact that people are considered responsible for creating themselves, their true-selves governed by their conscience and not by adopted psychological models or social laws. He argues that our present society suffers from spiritual malaise, calling for a spiritual-ethical approach and that healing is fundamentally dependent upon on achieved ethical personal freedom. Social spiritual malaise is considered the basis for the alarming prevalence of mental illness, drug addiction, suicide, AIDS and the fact that people have lost the meaning to their lives and ultimately unable to realize their true-selves. Personal freedom to choose and face up to life’s challenge (tests) constitutes the hallmark of a true person. . . The second part of the book looks at physiological holism and natural therapies. . . The third part applies the true-self ethic to human interpersonal relations and explains the principles of true-self group psychotherapy. . . .Successful communication remains the cornerstone of the doctor-patient relationship, and the latter part elucidates the role of the true-self ethic in sharing this spiritual freedom and willingness to enter into each other’s worlds. Thus, viewing illness as a challenge to people’s freedom, doctors are expected to help patients find a true answer to their problems, and accept their real selves. . . The issues raised by the author are clarified by extensive reference to medical and philosophical literature, and by clear case studies. It invites the reader into a personal journey through the growth of an experienced psychiatrist, revealing the transformation from a conventional to a spiritual, holistic scientist. . . True-self psychotherapy appears to be a useful and humane interaction, complemented by various natural therapies and a healthy lifestyle to achieve spiritual consciousness, thus, to be a true person, which may also be defined as the ability to ‘Speak your truth and live your dream’.”

18. Examining complementary Medicine by VICKERS A (Ed), Stanley Thorns, Cheltenham, UK. 1998, £19.00 ISBN 0-7487-3334-0. review by Edward ERNST (BHJ,88,1/1999): “. . .Andrew VICKERS, the editor of ‘Examining Complementary Medicine’, states that criticism is a good thing and that we have too little of it in Complementary Medicine (CM). Is this true? CM is being criticised continuously and, at

times fanatically. But often such criticism is neither well informed nor constructive. . . .Three chapters of the book relate directly to Homœopathy. I think that the book represents an excellent first step in the right direction. . .”

19. Culture, Knowledge and Healing: Historical Perspectives of Homeopathic Medicine in Europe and North America, Ed.Robert JÜTTE, Guenter RISSE and John WOODWARD. Sheffield University Press, UK. £ 29.95. ISBN 0-9527045-7-9. review by Peter MORRELL (BHJ,88,2/1999): “This 328 page book contains eleven essays about the history of Homeopathy in Europe and North America. The essays derive from a conference held in San Francisco in 1994. The book contains a very extensive bibliography, a good index and notes on the contributors,. It was published by the European Association for the History of Medicine and Health (website <http://www.br-online-com/eahmh>). The contributions include some of the ablest contemporary historians working in this field. Of special value are the essays by John H.WARNER, Naomi ROGERS, Robert JÜTTE and Martin DINGES.

The chapters are:

Orthodoxy and Otherness: Homeopathy and Regular Medicine in Nineteenth-Century America, John Harley WARNER (Yale University, USA)

American Homeopathy Confronts Scientific Medicine, Njaomi ROGERS (Yale University, USA)

The Paradox of Professionalisation - Homeopathy: the Dutch Debate in the Nineteenth Century, Marijke GIJSWIJUT-HOFSTRA (University of Amsterdam, The Netherlands)

Homeopathy in Victorian Canada and its Twentieth-Century Resurgence: Professional, Cultural and Therapeutic Perspectives, J.T.H. CONNOR (University of Toronto, Canada)

Homeopathy in the American West: its German Connections, Joseph SCHMIDT (University of Munich, Germany)

The Role of Medical Societies in the Profesionalisation of Homœopathic Physicians in Germany and the USA, Martin DINGES (IGM, Stuttgart)

The Role of Laymen in the History of German Homœopathy, Dörte STAUDT (IGM, Stuttgart)

Sectarian Identity and the Aim of Integration: Attitudes of American Homeopaths Towards Smallpox Vaccination in the Late Nineteenth Century, Eberhard WOLFF (IGM, Stuttgart)

It won't do Any Harm: Practice and People at the London Homeopathic Hospital, 1889-1923. Bernard LEARY, Maria LORENTZON & Anna BOSANQUET (LEARY is a retired general medical practitioner and homeopath; BOSANQUET lectures at the Rochampton Institute in London and LORENTZON is a researcher at Imperial College, London)

These essays are written by historians, largely talking to each other rather than to homeopaths. . .”

20. Manual of Psychiatry, Dr.J P S Bakshi, Cosmic Healers Pvt. Ltd. review by T.K.KASI VISWANATHAN (NJH,8,3/1999): “Dr.J.P.S.Bakshi has written this manual for the Homœopathic students and practitioners. ...this manual is very comprehensive and separate chapters have been devoted to Personality disorders, Anxiety disorders... detailed chapter on child psychiatry is included. Dr.Bakshi has taken great pains in consulting various Repertories and grouping the mental symptoms of drugs under each disorder. Thus the book is a very self contained manual which can be consulted at the bedside... The absense of the clinical experience of the author is keenly felt.”

21. Perfect Materia Medica of Mind, Drs. Yogesh SEHGAL, Sanjay SEHGAL, Preeti SEHGAL, Indian Books and Periodicals Publishers, New Delhi. review by T.K.KASI VISWANATHAN(NJH,8,3/1999): “Dr.M.L.Sehgal's sons and daughter-in-law have now compiled this new Materia Medica of the Mind in which they have attempted to connect the different facets of the peculiar symptoms (which forms the essence) of each remedy into a meaningful whole with a view to give a better understanding of the various remedies.”

22. Perfect Materia Medica of Mind, Drs. Yogesh SEHGAL, Sanjay SEHGAL, Preeti SEHGAL, Indian Books and Periodicals Publishers, New Delhi, 1998, £25, ISBN 81-7467-040-8. review by Adele MILLER (HOM, 72, 1999): “...how truly in the nature of the homœopathic endeavour is this book. The Sehgal's submit an open attempt to extend the utility of the rubrics of the mind and their expression in the remedies we think we know and love! It seeks not your approval but your critique with the aim of improving the next edition. ...the authors have drawn Mind rubrics from the **Synthetic Repertory** and grouped them by remedy, separated into singular symptoms; termed Alone and common symptoms; termed

With others. The additions are the significant 'added value', coming from **Synthesis** and **Murphy** as well as Dr. Sehgal's own work. ...when one reaches for a book of reference to find not only painstaking details, near-completeness but also inspiration, it makes every dip into it a joy and a revelation. ...it is a large volume and weighty; the print quality as so often with Indian books sometimes variable and the paper slightly transparent. The listing of the 916 remedies with page references is logical but sometimes frustrating. ...one accepts these minor defects because the quality of the content far outweighs them."

23. Homeopathy for Musculoskeletal Healing, by Asa HERSHOFF, North Atlantic Books, P.O.Box 12327, Berkeley, California 94712. ISBN 1-55643-237-2, paperback 314 pages. review by Gerard HOMMEME (HL,11,2/1998): "...The layout of this book is influenced by the author's interest graphic arts and multimedia. It is designed and illustrated as a quick guide to find the right homœopathic remedies for a wide range of musculoskeletal conditions. My conclusion is that the book is a useful tool to find the unique symptoms that are necessary to come to a good prescription."

24. AIDS, The Homœopathic Challenge, Jonathan STALLICK, Rubble Pres 1996, Settle, Nork Yorkshire, England. ISBN 0-952853-10-8. review by Jan SCHOLTEN. (HL,11,3/1998) "...The book is a must for homœopaths treating AIDS patients, but it also evokes a rethinking of many of the so called 'rules' in Homœopathy." [The reviewer Jan SCHOLTEN, is well-known for his teaching of application of 'periodic table' of Elements for selecting the curative remedy, as also his 'discovery' of 'combination' remedies - i.e. if a case presents characteristics of two different remedies, like *Magnesium* and *Muriate*, the remedy for that patient is *Magnesia muriatica* - In this review he seems to justify the giving of more than one remedy at a time; and criticises § **Organon**. He also says: 'a chaotic case needs chaotic prescribing'! I think the 'chaos' is in the prescriber's thinking and not in the patient's disease nor in the **Organon**. = KSS]

25. Homeopathic Psychology. by Philip M.BAILEY, paperback 1995, 418 Pages, North Atlantic Books, P.O.Box 12327, Berkeley, California 94712. ISBN 1-55643-099-X. Review by Janita VENEMA (HL,11,3/1998): "...Philip Bailey in his book gives us the personality profiles of 35 major constitutional remedies. Rather than giving us exact symptoms the author describes the emotional world, the way of thinking and acting of patients corresponding to certain remedies. ...not the exact symptoms, nor the simple way of connecting personality features directly to a remedy but revealing something about the spirit. Making you really understand how and why certain ways of living are connected to the central idea of a remedy. A book that broadens the understanding of our major constitutional remedies."

26. ICR - Paediatrics in Homœopathy 1st Edition, Published and Compiled by ICR. Price Rs.60. review by T.K.KASI VISWANATHAN (NJH,8,3,1999): "...this booklet outlines the protocols or approaches to paediatric practice for common problems like diarrhoea, fevers, lower respiratory tract infections, hypersensitive airway disease, pertussoid cough, atopic skin disorders etc. ...this booklet is the quintessence of the clinical experience in Indian conditions and the valuable guidelines and tips contained in this booklet should help practicing Homœopaths immensely in treating the various illnesses of children with confidence and more particularly in aborting the development of the disease."

27. Homœopathy: An Illustrated Guide by Ilana DANNHEISSER and Penny EDWARDS, Element Books 1998, 144 pages, paperback £12.99, 1998. ISBN 1-86204-168-7. review by Dianna DIXON (HOM, 72, 1999): "...the form of this book, a colourful illustrated guide, is appealing and inviting. I would group this book with currently available pictorial introductions to homœopathy such as those by Christopher Hammond, Andrew Lockie, or Robert and Judyth Ullmann. Yet, within this group, I could not rank this particular book very highly, although it does contain some successful components. ...despite the existence of many good books of this genre, I will keep 'Homeopathy: An Illustrated Guide' on my shelf, and will not hesitate to show it to all who indicate an interest."

28. The Mind Defined by Lauro PART and Rebecca PRESTON, Dynamis Books, Malvern, £15 ISBN 1-9011 4700 22. review by Peter FRASER (HOM, 72, 1999): "...this little book, which contains just those parts of Webster's that will be of use to a homœopath, is an extremely valuable tool. It gives Webster's definition for words found in rubrics, sub-rubrics and definitions in the Mind section of Kent's Repertory. It also includes a few words that are found in other books, such as translations of the Organon, where Webster's definition will be helpful to the homœopath. The layout and the printing are excellent

and it is very easy to find the definition that you are looking for. The transcription is accurate and the compilers appear to have looked at the definitions of other forms of the word and added them where appropriate. ...although this book does what it sets out to do exceptionally well, it does not do some of the other things that could have made it even more useful. It does not have the cross references and modern definitions.”

29. Yasgur's Homeopathic Dictionary by Jay YASGUR, Van Hoy Publishers, 1988, Fourth Edition, 422 pages, paperback, price from Amazon.co.uk is £13.46 plus postage. Review by Anna BRYANT (HOM, 74, 1999): “...if you seek only to be informed, there is little to complain of in Yasgur's Homœopathic Dictionary. It is a useful work well done. As far as I am aware it is the only comprehensive dictionary of homœopathic and archaic medical terminology. ...some of the entries are informative although the amount of information seems to depend not so much on a text standard as on the author's own interest in each topic. Clarity and detail mark the author as a competent scientist... Bowel nosodes are described in terms more coherent than I have encountered elsewhere. ...I consider the lack of etymology in the Dictionary to be a significant omission. Medical terminology abounds with difficult words and their origins can serve as aide memoire. ...apart from defining words, almost a third of the book is taken up with various other bits and bobs. There is a list of pronunciation of remedies although there is no guidance offered for speaking the words in the main dictionary. Potentially useful is a section listing other therapies.”

30. Homeopathy A - Z, by Dana ULLMAN, MPH. Published by Hay House Inc., Carlsbad, California, 1999. Hardback, ISBN - 1-56170 573-X. Reviewed by Celia RAWLINGS (HOM, 74, 1999): “...this new self-help book would appeal to absolute beginners and students alike. ...first part of the book gives a history of homœopathy and covers the principle of similars, individualization of the remedy to the person, Hering's Law of Cure, provings and an explanation of the pharmaceutical process including dilution and potentisation. ...Part two of the book lists the ailments in alphabetical order, followed by the indicated remedies and a brief description to differentiate each one. ...There are clear instructions on when and how often to take the remedies, and advice on how long to continue with them, but rarely a suggestion to stop before if an improvement is seen. ...I think this book is a step in the right direction towards educating people about the body's ability to heal itself.

Reviewed by Peter WRIGHT (SIM, XII, 2/1999): “...visually and linguistically, this book is the antithesis of the dense, anachronistic republished tomes with which we began our study of Hahnemannian healing. ...Homeopathy A-Z is divided into three parts: “About Homœopathy,” a concise summary of homeopathic principles; “Homeopathy A-Z,” a therapeutic guide presenting a few common remedies for an array of complaints, from abscesses to warts; and “Resources,” listing homeopathic organizations, pharmacies, and recommended books. ...I can't ignore his defense of combination remedies, which he suggests are as non-suppressive and often effective for treating minor illnesses. ...Although one can readily agree with him that “there are many ways to make homeopathic medicines work,” I would argue that if any and all of the very diverse ways of using potentized substances are lumped together as “homeopathy,” the term simply loses its meaning altogether.”

31. Encyclopedia of Remedy Relationships in Homœopathy, Abdur REHMAN, Haug Verlag, Heidelberg, 1997. Hardbound, 362 pp, £58 ISBN 3-7760-1545-4. Review by Nich CHURCHILL (HOM, 74, 1999): “...after years of having to make do with outdated and incomplete listings of remedy relationships such as those JH Clarke or PS Sankaran, this absolute gem of a book came out and since then it has never strayed far from my reach. ... the most complete account of remedy relationships. He has referenced each observation to its author, giving the user of this book full control in the matter of reliability of sources. The range of information given for each remedy is as complete as the book itself.... ...with thousands of clinical hints from the various authors. ...a substantial index of clinical conditions rounds off the book and enables it to be used as a sophisticated therapeutics tool if you so wish.”

32. Radical Healing - Mind-Body Medicine At Its Most Practical and Transformative by Dr. Rudolph BALLENTINE, pub. Rider, London 1999, £12.99, ISBN 0 7126 7037 8. Reviewed by Nigel SUMMERLEY (HOM, 74, 1999): “...He takes you on a seamless journey from herbs, tissue salts and homœopathy through Chinese and Ayurvedic medicine to nutrition, yoga, chakras and psychotherapy. ...his overview of homœopathy is one of the best and most exciting accounts ever written. It would be an

almost perfect text to take the completely new reader from ignorance to insight. ...his grasp of Ayurveda, Chinese medicine, herbs, nutrition, yoga and exercise will be a revelation for the open-minded homœopath.”

33. Homœopathy - What are we Swallowing? Unmasking the Alternative Health Industry. by Steven RANSOM, **Credence Publications, Uckfield, 1999. £6.99 ISBN 0-9535012-2-1.** Reviewed by Alan CROOK(HOM,74,1999): “This is not a book to read if you are prone to hypertension. The tone of Steven RANSOM’s book is very similar to the attacks on Alternative and Nutritional Medicine by CAHF and Duncan Campbell as described by Walker(in his book **Dirty Medicine**) Reference is made to the ‘multi-million pound industry’ (no mention of the profits of the multi-national pharmaceutical companies presumably it is OK for them to make profits), and the continual inference is that alternative practitioners and homœopaths in particular, are conning the gullible public dishonestly out of all this money for self-interested ends with no evidence that any of it works. Of course there is plenty of evidence, but this is all anecdotal and not based on any serious scientific data. The book is cleverly constructed so as to demolish one by one all the pillars on which the practice public acceptance of homœopathy rests. Thus a thorough demolition job is done on HAHNEMANN’s character and integrity. Debunking the inventor of a system is of course no proof that the system does not work... the success of homœopathic treatment is explained away by the suggestion that the disease it treats are self-limiting anyway. ...Innuendo is rife and references to homœopathy are interspersed with description of primitive medical practice and hocus-pocus... ...generalising from the particular is a major shortcoming of this book. No explanation is offered for homœopathy’s success with conditions that are not self-limiting - this is not even conceded. ...ridicule is heaped upon Jacques Beneveniste and the whole concept of the memory of water... the possibility of any system of medicine apart from Western biomedicine being effective is ruled out. ...This book transparently aims to generate an immense amount of misinformation about homœopathy in the public mind and to deconstruct much of the publicity regarding its benefits as a gently effective system of healthcare.”

34. Carcininum: New and confirmed clinical symptoms: a case collection, by Karl-Josef MÜLLER, **1st edition, 1994 Karl-Josef MÜLLER,Markstr.11, 66842 Zweibrücken, translated by Thomas SCHREIER, M.D.** review by Hanneke SCHRIJVERS (HL,11,3/1998): “In the first Chapter of this booklet Karl-Josef Müller speaks out against prescription based on the ‘essence’. In my opinion he does this on purpose to warn his colleagues of the dangers of taking things easy. . . . I think that both students and experienced homœopaths will find this booklet worth reading. It is easy to follow and fascinating too. I can imagine myself picking up this little book whenever I suspect that a patient might need *Carcininum*.”

35. Complementary and Alternative Medicine: Legal Boundaries and Regulatory Perspectives by Michel COHEN, **Johns Hopkins University Press, 1998.** reviewed by Ann Jerome CROCE (NEJH,8,1/1999) : “...readable and thorough, this book provides tremendous insight into the legal status of alternative therapies today, and it offers reasonable and well-informed suggestions about how the law can shape the future of medicine as a whole. ...It is not a how-to manual, but an overview of the past and present relationship between alternative medicine and the law. This book is full of legal cases which are elucidated clearly in terms of both their content and their implications for the practice of alternative medicine. ...Cohen does remain neutral, a position which is refreshing in contemporary scholarship on complementary and alternative medicine. He is able to do so because he recognizes that biomedicine comes from an entirely different paradigm, or way of thinking, from the one in which complementary and alternative medicine operates. ...Cohen’s detailed treatment of the two paradigms makes clear that the issues in integration are not simply practical, political, and economic, but also conceptual; this rich understanding brings a profound depth to his legal analysis. The book traces specific legal precedents involving a wide variety of healing modalities; chiropractors and naturopaths in particular will find a great deal of pertinent information here. ...Cohen provides a handful of practical recommendations both for legal approaches to cases involving complementary and alternative medicine and for providers to protect themselves from unnecessary litigation. ...Cohen remains optimistic about the future integration of health care through legal change. ...Optimistic and armed with copious facts, Cohen, makes a convincing argument for the possibility of change.”

36. The Faces of Homeopathy: An Illustrated History of the First 200 Years. by Julian WINSTON. Great Auk Publishing, PO Box 51-156. Tawa, Wellington. 6230 New Zealand. Price: \$80(US). Review by Paul HERSCU(NEJH, 8,1/1999) : "...This is a great book and goes way beyond any other homœopathy history book in many ways. I highly recommend it to all students and practitioners of homœopathy. ...Julian establishes and expresses an intimacy with the material that comes with his vast knowledge and his fluid, integrated understanding of the topic. His style invites participation and is accessible, never stuffy. That alone makes this historical account a great book. Julian covers many of the specifics, going into detail on many of the twists and turns and contractions that have been part of our tradition. ...Another thing I like about the book is the chapters about Homœopathy in our time. ...He does this part well, given the politicking that was possible, the wants and desires of competing people, he executes this with the same balance that worked for the rest of the book. ...There is a small chapter on computer use in Homœopathy. ...the book further goes into legal issues, state laws, as well as a brief story of homœopathy in different countries around the world. ...buy it, read it... you will come to feel your place in the tradition of homœopathy and you will enjoy the ride."

37. Homeopathic Methodology, by Todd ROWE, North Atlantic Books, PO Box 12327, Berkeley, CA 94712. Paper bound, 158 pages, \$18.95. Reviewed by Peter WRIGHT (SIM, XII, 2/1999): "...Todd ROWE has produced a workbook to help beginners reduce the length and the difficulty of the initial phase of homeopathic training. The purpose of the book... ..is to provide beginning students with a solid grounding in two of the three pillars: casetaking and the use of the repertory. ...The author does not assume that the student using Homeopathic Methodology is starting out with any special medical training or licensure. The first three lessons cover casetaking. ...Lesson four gives a general introduction to the repertory and its use. While a brief history of repertories is provided, the emphasis is very much on Kent's magnum opus... The critical question of "how to Choose the Most Important Symptoms" is handled in two paragraphs. The thorny issues around evaluating proposed additions to our repertorial data base go unmentioned. ...The next five lessons provide an overview of Kent's Repertory. ...The final lesson, dealing with case analysis, offers a solid introduction to the most challenging part of the initial homeopathic consultation, the phase which leads directly to the prescription."

38. Living on Light - The source of Nourishment For The New Millenium by Jasmuheen, Koha Verlag, Germany 1998. Reviewed by D.E.MISTRY(CCR, 8, 1 & 2/1999): "Imagine a state where one can dispense with food or liquids which at present nourish the body and instead one can get the same basic nourishment by absorbing energy from universal life energy sources. Is this a state possible in a distant Utopian time or is it in existence somewhere in reality close to us? Well, the answer to this, one will find in the above book. ...This book also gives information on physical immortality - natural consequence of allowing the Divine Spark to sustain and regenerate our body cells. To put it simplistically her method entails essentially REPROGRAMMING the body especially the cellular consciousness and its memory to take and absorb Pranic forces DIRECTLY instead of the round about indirect way via food by a process of mind masterly.

39. The Power of Now: A guide to Spiritual Enlightenment - by ECHART, Tolle Publishers Inc. Vancouver, British Columbia. Price \$19.95. Reviewed by D.E. MISTRY (CCR, 8, 1 & 2/1999): "...This book represents the essence of Eckhart's work with small groups and individuals in Europe and North America. ...Throughout two levels are visible in this book. The first level draws the attention by the author to what is "false" in you, meaning "the nature of human unconsciousness and dysfunction as well as its most common behavioural manifestation, from conflict in realtionships to warfare between tribes and nations". On this level the author shows how not to make the false into a "self" and into a personal problem. On another level the book speaks of a profound transformation of human consciousness- not as a distant future possibility but available "now" no matter where or who you are." One is shown how to free oneself from enslavement to the mind enter in to this enlightened state of consciousness and sustain it in everyday life."

40.Die hereditären chronischen Krankheiten (The hereditary chronic diseases), LABORDE, Y.; RISCH, G.: 804 S., 70 Abb. Schriftenreihe der Clemens von Bönninghausen-Akademie Band 20, Verlag Müller & Steinicke, München 1998 DM 175,- review SCHMITZ (ZKH,43,1/199): "...The book makes a clear discussion of the problems of chronic diseases and besides giving the historical consideration

also details the considerations to be taken into account in daily practice. It can therefore be of much use as a reference book for noting the signs of hereditary chronic diseases. The illustrations could make it easy to understand particularly the hereditary Syphilis.”

XI. NEWS & NOTES

I. Seminar - Misha NORLAND, October 24-26, 1998: One of the first topics was about what happens when a person takes a remedy especially in provings. If the prover is open and receptive, they often immediately experience some kind of sensation, followed a few minutes later by some kind of image. Together, the image and sensation yield the mind “landscape” of a remedy from which physical symptoms spring forth. The primary focus of most of the workshop was on case-taking and analysis. An important tip was of removal of one’s bias from the case by being vigilant. The most profound aspect of Misha’s teaching was the analysis of the mental/emotional realm of a case. Rather than focusing on specific key-notes, an emphasis was placed on seeing the whole picture. The center piece of the workshop was the live case. (HT,18,2/1998)

II. How long should one wait before deciding that the remedy given was not working? Will TYLER points out (HT,18,2/1998), to KENT’s **Lectures on Materia Medica** on *Natrum muriaticum* wherein the “pace of the case” is discussed. In the case of a *Belladonna* ear infection with an onset at 3 p.m. the result must be seen by the time the child is taken from your room; in an *Aconite* case the result must be seen as the pellet hits the tongue (in acute case) and in a *Bryonia* mastitis gradual improvement over several hours within the next day; in a *Guaicum* rheumatoid arthritis case, may have to hold your breath for three months after a dose. (Also refer to KENT’s lectures on Second Prescription.)

III. Writing about earaches Miranda CASTRO refers to an article in the JI. of the Am.Med.Ass. (JAMA), Nov.26, 1997 in which reference to research carried out in Holland which recommended not to use antibiotics as first line of defense in ear aches. They suggest watch and wait policy for children for upto three days, as the majority of the ear aches will resolve of their own accord in this time. This has been a routine medical practice in Holland for some time and one that is being adopted in other European countries.

The writer further says about the rapid and safe homœopathic treatment. Cases are given. (HT,18,3/1998)

IV. The **Homœopathic Pharmacopoeia Convention of the United States (HPCUS)**, informs that the Monograph Review Committee approved after review for inclusion in the **Homœopathic Pharmacopoeia of the United States Revision Service (HPRS)**, the following thirteen new remedies: *Adenosinum cyclophosphoricum*, *Adenosinum triphosphoricum*, *Anthrachinonum*, *Ascorbicum acidum*, *Hydrochinonum*, *Malicum acidum*, *Manganum phosphoricum*, *Medulla ossis suis*, *Naphthochinonum*, *Pyridoxinum hydrochloricum*, *Riboflavinum*, *Streptococcinum*, *Thiaminum hydrochloricum*. (HT,18,3/1999)

V. Amy ROTHENBERG in her brief article (HT,18,4/1998) about treating the ‘Hives’ of a 5-year-old girl tells of the girl’s grandfather, a farmer, who narrated of an epidemic disease of hogs - he too was farming hogs as also many in his area - which was decimating the animals putting the farmers to much loss. Someone suggested to mash some of the young hogs who suffered from the disease, may be mashed and some of it fed to the pigs; and lo! it worked. Is this Homœopathy? asked the old man.

VI. Some interesting discussion in the HT,18,5/1998). A correspondent narrates of finger injury which was treated with *Arnica* and all pain relieved. After nearly 8 weeks he observed that the finger somewhat crooked and an x-ray revealed a fracture which was then ‘set’. One doctor mentions in this connection that one of his sons got three of his fingers crushed when the door jammed on them and there were fractures. He set the fracture right and also gave *Arnica*. He makes a very relevant comment “I have no idea why we might need a double-blind trial. If I could do that with placebo I’d be wicked pleased.”

VII.A correspondent writes (HT,18,5/1998) that his 8 year-old son developed some cough which seemed, few days later, to subside with *Phosphorus*. A random check with an MD revealed that there was lingering

'Pneumonia' but the MD agreed to let it heal since *Phosphorus* had helped. At this stage the correspondent recalled that the boy has been using a mouthwash, 'Fluor-Phos'. He suspected that the cough could be due to this mouthwash. The boy stopped it and his cough cleared. [Is this an involuntary 'proving' or a 'patient sensitivity' to the mouthwash? The Editor of HT, Julian WINSTON thinks that it is the latter = KSS]

VIII. Dr.Luc De SCHEPPER, MD., (HT,18,7/1998) has, more than once, been holding a Seminar the collections from which would go to the cause of Homœopathy. That's great indeed! He has donated the money collected from a Seminar he conducted for his patients who wanted to learn Homœopathy for a clinic in India. Next he donated to the **National Institute of Homœopathy**, USA, \$14,580/- earned from another Seminar. Dr.SCHEPPER earnestly urges everyone who holds seminars to dedicate the earnings of one seminar to the 'cause'. [One could certainly follow this example = KSS]

IX. Homœopathy in Honduras: In 1996-97, Homœopathy for a Change gave to the **International Council of Classical Homeopaths (ICCH)** to allow several homœopaths to travel to Honduras and offer homœopathic help. **Homeopathy for a change** is an organization that works to facilitate access to free and low-cost homeopathic treatment and to provide training in front-line health projects. It was established in 1984. Its longest running project, begun in 1985, is based in India. It consists of a mobile homœopathic clinic and children's nutritional projects focussed in the slums of Calcutta. It is run in conjunction with the **Bengal Allen Homœopathic Medical Institute**. In Great Britain **Homeopathy for a Change** works with alcohol recovery programmes, mental health clinics and HIV/AIDS support programmes. It also runs a teaching programme in Cairo - the first Homœopathic Teaching programme in the Middle East - and sponsors of the London College of Classical Homœopathy, Homœopathy Teaching Programme in Bulgaria.

Now **Homeopathy for a Change** has taken up project in Honduras. There are many health problems in Honduras. Honduras is desperately poor. The wealth is held by 5% of the population. The rest have no free enterprise, not even a dream. Most children only go to school until the third grade; only a few make it to the sixth grade. And many fathers feel no responsibility for their children, so the women are left to raise their children as single mothers. The only way these women can get money for their children is to hand wash clothes for wealthier people or to become prostitutes. Under the circumstances the work being done by **Homeopathy for a Change** in Honduras is certainly great (HT,18,6/1998).

X. A correspondent urges (HT,18,6/1998) the homœopathic community to do proving / re-proving of the Nosodes which are much more valuable than the modern provings of *Germanium*, *Eagle's blood*, *Dolphins milk*, *Lac equinum*, etc. which are though interesting yet esoteric items.

XI. Abstract from report on **International Council for Classical Homeopathy Conference** in New Zealand, February 28 - March 1998: (Report by Julian WINSTON, HT,18,7/1998): John OUTRAM from Brisbane, Australia, presented a case of "Floppy-baby Syndrome". The child was diagnosed as having "Prader-Willi syndrome," a neuro-behavioral genetic disorder. John said that he has seen children often born to women who vomit excessively during the pregnancy. The child was treated early on with *Calcarea silicata* and then with potentized *DNA* - based on the descriptions of the remedy found in O.A.JULIAN's **Matria Medica**. The child, now about five years old, is doing well, and is ready to enter school. (Which remedy - *Calcarea* or *DNA* brought about the improvement? How much did *Calcarea* do and how much *DNA*? = KSS).

Pauline WILSON presented a case of a teenager with Eczema and behavioral problems who responded well to *Ozone 30* and four months later 200.

Bruce BARWELL has been practicing Homœopathy in Aickland, New Zealand for over 25 years. He discussed what we can learn about Homœopathy from orthodox text books.

Ulrike KESSLER from Germany presented a case of a 68-year-old woman suffering from severe side-effects of neuroleptic drugs. She was put on neuroleptic drugs after a thigh fracture. She had already received 40 different drugs. She kept insisting that she was not herself, and the "loss of identity" along with the physical symptoms led to the choice of the remedy and she went on to improve.

Julia TWHIG presented a proving of *Latrodectus hasselti*, the red-back spider from Australia. She presented a case of chronic Latrodectism - brought on by the bite of the red-back spider. Among the symptoms that were most striking in the proving were the sensation as if menses were to appear, hysterical

reactions to formication - people searching their beds at night for spiders and very sensitive soles of the feet - some provers couldn't even walk on carpet. There were extreme polarities in symptoms - for example, there were both lassitude and vigor. The menstrual symptoms were so marked that some of the provers thought they were proving a hormone.

Alastair GRAY from Sydney discussed the provings of *Agathis australis* - the kauri tree, and presented a case in which the remedy was prescribed. He said that there were many provings being done in Australia, but none have been published - which is like a pram without a baby.

XII. Dr. Jeffrey STARRE presented (HT,18,7,1998) the *Echinacea* in the Annual Autumn Conference, at Akron, Ohio, October 1997. The *Echinacea* that has been proven for homœopathic use is the not the *purpurea* but the *angustifolia*. According to many experts the traditional purple corn flower really doesn't exist anymore. The *Echinacea* that exists today is most likely the *angustifolia*.

XIII. North American Society of Homeopaths (NASH) - 1st Annual Conference, New North American Society of Homeopaths (NASH) - 1st Annual Conference, New York, April 18-19, 1998.: This was a very well-attended conference. NASH is an organisation devoted to developing a certified homeopathic profession, distinct from, and in cooperation with, other health/medical professions. It certifies those who meet its standards. Notable persons who addressed were: Lou KLEIN: A vision for the Future with case examples; Monica MILLER; Legal and political issues in alternative Medicine; Misha NORLAND: Homeopathic symptoms, separating the wheat from the chaff. Workshops were conducted: Robert STEWART: Minerals, Metals and Crystals; Melanie GRIMES; On the trail of HAHNEMANN; JoDALY: The 23rd Prescription - long term case management; Jane CICHETTI: Interpersonal and family dynamics; Miranda CASTRO and Julie BOYNTON: Suicidal depression; Richard PITT and Gina INEX: Legal and political issues; Vega ROSENBERG: Homeopathic Fire - the essence of perception; Steve WALDSTEIN: Uncommon Uses of Common Remedies; Eric SOMMERMAN: Dialogue on Homeopathic Practice; John MELNYCHUK: Intentionality.

Louis KLEIN said that he didn't believe that Homœopathy cannot cure certain diseases. "There are no incurable cases. Either we haven't been successful in finding the right remedy or the right remedy hasn't been found yet." With this in mind he urged that in addition to proving new remedies, homœopaths should also access the old, "smaller" remedies more thoroughly. (HT,18,7/1998)

XIV. Joe LILLARD writes about his visit to Mexico in November 1997. The impressions can be briefly stated as follows: In Guadalajara, Mexico, he found that demand for Homœopathy has grown dramatically in the past seven years. In Guadalajara there are only two medical schools. The University of Guadalajara (public, with a waiting list so long that years go by before an applicant is accepted), and a private school which only a few can afford. Because these schools offer no training in Homœopathy, another two years of study are required after graduation to become a homœopath. Roughly 10% of the pharmacies and physicians are homœopathic. Approximately 80% of the population in Guadalajara use homœopathic medicines. 20,000 lay homœopaths are the care givers for these patients. Some lay-practitioners are well-trained and some are not, but that's how the bulk of Homœopathy gets done. Homœopathy didn't experience the decline that occurred in the US in the early part of the 20th Century. There was government sponsored training for physicians, and there was always public demand. As this demand grew, the one official school couldn't train enough physicians to keep up with the rapidly growing demand for Homœopathy. A number of unofficial academies, non-medical homœopaths sprang. Most schools offering training in Homœopathy are unofficial and being attended by some medical and largely by non-medical people. However, due to these schools the vacuum created by the lack of homœopathic physicians is no more. It looks like the professional homœopaths will gain recognition in Mexico. They are meeting the need and they have the votes. (HT,18,7/1998)

XV. "The Homeopathic Nurses Association (HNA) is up and running, as a support and professional organization for nurses with an interest in Homœopathy. There are thousands of nurses around the world who are studying Homœopathy and using it in their clients' wellness care and health education. They want homœopathic education, contact with their colleagues and support in integrating Homœopathy into their professional lives..." (HT,18,7/1998)

XVI. 1998 NCH Annual Conference March 27-30, San Diego. Report by Gloria St.JOHN (HT,18,9/1998):

1. Nancy HERRICK presented the Uses of potentized *Ginseng*; A blend of Korean (*Aranea quinquefolia*) and American (*Panax quinquefolia*) *Ginseng* was triturated by HAHNEMANN Pharmacy for the proving. Nancy HERRICK identified the following 'themes' from the Provers' journals:

High Energy	Exhaustion
Calm	Out of control/Wild
Capable	Helpless
Sense of connection	Isolated/Misunderstood
Patient	Irritable
Flowing	Roller coaster energy
Spirituality	Sensuality
Inhibited speech	Free expression

The 'general' symptoms included extreme thirst, dry mouth, craving for chocolate, salsa, and red wine. Provers reported a desire to "indulge" themselves in rather harmless but unusual pleasures such as drinking red wine in the afternoon, buying fine fabrics, and using creams and lotions. Also notable were a strong desire to travel and an urge to be in nature. The color red, in dream imagery and actual experiences, along with feelings of being huge, was found throughout the remedy. Some specific symptoms for *Ginseng* include: tinnitus; tooth problems, specifically upper left molar; jaw pain (trigeminal neuralgia); flu; chills; back pain; nausea; increased appetite and sexual energy; hemorrhoids; pressure and constriction in the chest; joint pains (knee); and sciatica. [No information of the potency used, the number of provers, sex, the time within which the provings appeared, how long the symptoms lasted, etc. etc. all **hallmarks** of a hahnemannian Proving have not been given. Why? How reliable are these information?=KSS]

2. Treating Hypersensitive People Gently with LM Potencies: Presentation by Luc DeSCHEPPER, report by Judith Cassan BOOMER: Dr.DeSCHEPPER is an MD, a PhD and a DTHom. originally from Belgium. He said at the opening that LM potencies are not only for hypersensitive patients - they are for everyone. He chided those who use the single, high, potency and wait and watch protocol as uncaring and unsympathetic because the aggravation that the patient must pass through can sometimes be lengthy. LM potencies are gentler. He gave directions for the preparation of the stock: a single pellet in a 4 oz. bottle, 15 drops of ethyl alcohol, fill with distilled water. Succus the bottle firmly against the palm of the hand 8 to 10 times - to begin with 9 times - take a teaspoon of this into a glass 2 - 3 ounce cup of distilled water and stirred a few times to mix up, then the patient takes a teaspoon of this preparation in the mouth, leaves it there for a few seconds and swallows it. If the person is hypersensitive, then the succussion is only 6, 5 or even 2. He spoke more of the advantages of the LM.

3. The Search for the Holy Grail: Hunting High and Low for the Simillimum - Report on a presentation by Miranda CASTRO and Nicholas NOSSAMAN: This subject was presented as a drama by the two. The Simillimum is stated to be an ideal, a Utopian concept. The Simillimum is a powerful catalyst for healing by virtue of its resonance with an individual's vital force. The resonance can take place when a caregiver asks the right question, a question which leads to a deeper understanding of what ails that individual. In such an exchange, transformation is initiated and another journey begins.

4. The Homeopathic Treatment of Addictions: Report on a presentation by Janet ZAND: Janet ZAND has broad range of knowledge of the subject. She uses a combination of modalities, including Acupuncture, Nutrition and Herbs, but said that it's Homœopathy that has the greatest effect on the treatment of people with addictions and that makes them "their old selves". She discussed the case of a Cocaine addict. 28-year-old man, very successful engineer. He only wanted to be treated for urinary infections and prostate problems. But his wife told the doctor confidentially about the Cocaine addiction. He was very irritable and "lived on" antibiotics. He was impatient. He said that he liked to literally "touch and feel" his engineering creations, rip them apart and then put them back together. He described himself as very intense and energetic without Cocaine and claimed that he actually preferred to be calmer. Craved stimulants and napped in the afternoon. *Nux vomica* and then *Medorrhinum* cured.

XVII. *Sanicula aqua*: In the QHD,XVI,3&4/1999, Peter BARTHEL wrote that the *Sanicula* spring in Ottawa, was no more. A doubt was therefore raised as to the source of the *Sanicula* currently available in the homœopathic pharmacies. It has come as a revelation to us from Randall BRADLEY (Letter to the Editor, HT,18,9/1998) that the *Sanicula* supplied by Dolisos Pharmacy was **not** *Sanicula aqua* but *Sanicula europaea*, a plant remedy! We do not know about the other pharmacies. In Homœopathy it is absolutely

essential that **the correct remedy** is obtained. What control do we have over the homœopathic pharmacies?

XVIII. Homœopathy and the Treatment of People with Cancer - Report on a Seminar by André SAINÉ, February 24-27, 1998, in Costa Rica: The Seminar was directed at advanced Practitioners. He presented an extensive literature review on Cancer and Homœopathy - KENT, who said that while it is incurable, it can be palliated and life prolonged, A.LIPPE, PP.WELLS, TALBOT, and GILCHRIST who all cited numerous cured Cancer cases; Dr.SAWYER boasted of a 95% cure with Homœopathy, while J.H.CLARKE asserted that the more malignant the case the better the prognosis for successful treatment. Edmund CARLETON treated Cancer with Homœopathy, and BOERICKE said that best prognosis comes from homœopathic treatment. SAINÉ said that localized symptoms carry more importance in the treatment of people with Cancer. The location, consistency, size and shape of the tumour are all important. Any odor or discharge will also furnish information. The symptoms of the tumour are simply the expression of the nature of the disease. Physical examination is a crucial part. Peculiar symptoms must be noted. Make sure that you include the localized symptoms pertaining to the Cancer in the total picture. Clues to the case could come from many places. It is important to be persistent in case taking and analysis. The location of warts can be very important for prescribing. It could be a keynote of the remedy. Some remedies have organ relationship like basal cell Carcinoma and *Juglans cinera* or *Hekla lava* and brain tumour. It is common that after a while the patient stops reacting well to the remedy in spite of even higher potency. In such "stalled" cases look for a remedy for the totality **especially of the remaining symptoms that have not changed**. A nosode often helps. For chronic cases 90% of cases will need more than one remedy. The successful treatment of people with Cancer in the past, even in very difficult cases, was directly related to the perseverance and tenacity of the practitioner.

The best prognosis is relative to the amount of experience the doctor has had in treating people with Cancer. Another factor is the malignancy of the disease, the more malignant and faster growing the disease, the better the prognosis. The patient's own vitality is another factor. Sometimes the treatment may prolong even upto five or more years. Be wary of going too fast in treatment. Don't heal faster than the patient can handle. The best homœopathic practitioner will be the best diagnostician - one who is skilled in discerning common from peculiar symptoms, and one who follows the case carefully and always perseveres! (HT,18,9/1998).

2. Edward KONDROT writes in 'A Visit to India' (HT,18,10/1998), about his meeting with Dr.A.U.RAMAKRISHNAN, who has been treating a large number of Cancer cases. Dr.R says something quite different. "His approach to Cancer is very aggressive, often using two remedies: the constitutional remedy and a lesional remedy specific for the Cancer." [Is there such a 'specific'? = KSS]. "He also believes in frequent repetition of the dose and has developed a plussing technique. . . In some cases he has prescribed this alternation of remedies for as long as 3 months. With Cancer he believes there is no time to give one dose and wait: "Cancer is a race against time." [Consider this with André SAINÉ above who speaks of prolonged treatment for even 5 years or more. = KSS]. "Dr.RAMAKRISHNAN also has considerable experience in treating eye problems homœopathically."

XIX. Alize TIMMERMAN in her element, Mountain Lakes, New Jersey. Seminar (HT,18,10/1998): *Lac humanum*: two cured cases illustrated a few lesser known symptoms: Both patients demonstrated an identifiable *Lac humanum* mental state with feelings of isolation, estrangement, and detachedness, both possessed strong cravings for ginger, and most peculiarly they both rocked back and forth, or side to side during the consultation. According to ALIZE plussing 30th and 200th potencies work quite well, as opposed to higher potencies which have not been curative.

An interesting observation made by ALIZE: She and her colleagues were frustrated with some of their paediatric cases where the children, mostly adopted, suffered from varying types of attachment disorder, with symptoms focussed around the issues of abandonment and separation. Often *Magnesium* remedies have not been successful. Interestingly one of the main constituents the Cuckoo bird feeds on is *Oxalic acid*. In Netherlands they have found great successes with *Oxalic acid* in such cases; of course one must have some other confirmatory symptoms of *Oxalic acid*.

XX. The First Australian Case Conference, July 25-26, 1998, report by Julian WINSTON (HT,18,11/1998): Ken D'ARAN, the organizer of the Conference and the Vice-President of the Sydney College of Homeopathic Medicine, opened the Conference. Peter TUMMINELLO discussed the remedy

Rhus glabra, proved by him. Although the remedy had a proving in the past, it was only with one prover who reported mostly physical symptoms. The present proving found the “desire to bash, hit, and slap around”, dreams of prison riots, fear of going out and being mugged. Violence at the slightest provocation or perceived offence was a leading indication. Some of the provers felt protected and could stand up to abuse. Three cases were presented.

Julia TWOHIG discussed the proving of *Latrodectus hasselti*, the red-back spider. The provers showed a lot of violence, and all the mental symptoms had a corresponding physical symptom. Dreams of a sexual nature, nakedness, fights, violence, murder, danger, courts, etc. It was interesting that three provers who had fear of spiders were rid of that fear after the proving. One prover grew a spot of white hair; and in a case where a woman patient was prescribed this medicine, found her hair starting to become black again. Julia said that taking part in a proving changes for ever how you perceive the repertory rubrics/

Alastair GRAY discussed his proving of the New Zealand Kauri tree - *Agathis australis*. The remedy cured following symptoms in a young woman: She felt that her boy-friend cheated her since he had sex with other girls. Her story revealed sibling rivalries, and she blamed every member of her family for everything that had happened to her. She swam 3 km. a day; she had a water fetish. She yearns and longs for family and relationships but nothing lasts. With a 30 potency she had a marvellous improvement; the potency lasted eight months. This remedy has been proved in a Seminar in 1993, a full proving in 1994 with five provers and again a Seminar proving in New Zealand in 1995. The signature of the remedy is “separation, light to the world, longing for what is gone.”

VANNIEKERK stressed the need to prescribe on observable symptoms with no conjectural assumption. The pathology is not needed to make the prescription but forms the basis of establishing a prognosis and an understanding of what is characteristic of the disease. Discussing several cases of Otitis media and gave the following tips:

If the tympanum (ear drum) is red, do not give *Pulsatilla*. However, if the tympanum is straw-colored and the earache does not bother the child, then give *Pulsatilla* 30.

If you make a noise and can't attract the child's attention and there is a grayish exudate from the ear or whiteness on the tongue, then give *Kali muriaticum* 30.

If the child is not thriving and there are chronic earaches, give *Tuberculinum aviare* 9.

If the parotid gland is painful to pressure, give *Capsicum* 3.

If both the parotid and mastoid are painful give *Aurum metallicum* 200.

Philip ROBBINS presented a case of *Phascolarctos cinereus* (extract of the chest scent gland of the male Australian Koala). It was used in the LM potency. The patient was a heroin addict.

XXI. An unusual “medicinal proving” was done by some students in Scotland. They wanted to know the effects of highly powerful Organ-phosphate-Pesticide and to know the time since when the side effects would show up. They took this stuff. The acute toxic effects or organic phosphate connection indicate an organ relationship to central and autonomic nervous system and covers paralysis, confusions, headaches, nausea, perspiration and vision defects. A report shows how toxic these substances are. (**R.HARLING, in the Brit.Med.Jl. 317, 1998**)

Dietary substances indicate Organphosphate association, R.CHAUDHURY, et al. (Brit.Med.Jl. 317, 1998): 60 men took a particular meal from kitchen in which pesticide had earlier been sprayed. The toxicological results agree well with the above mentioned. One patient died 10 days later from heart failure. In the discussion, it is stressed that the growing children and households should be suitably warned about the pesticides.

XXII. T.JEFFERSON writes in the **Brit.Med.Jl. 317,1998** about the association of Sudden Infant Death Syndrome, Asthma, Autism, Inflammatory intestinal diseases, Brain damages, Type 1 Diabetes. In the Editorial he says that a clear proof for this is difficult to be shown. Long-term adverse effects have not been proved. However, the profession should think of remedies for such potential adverse effects.

XXIII. Acute Neuropathy after exposure to sun in a female patient treated with *Hypericum*: (Lancet, 352, (1998) 1121-1122): A female patient was taking *Hypericum* 500 mg. per day for slight Depression. Four weeks later she developed stitching pains on face and back of hand on parts exposed to sun. The pains were worse on exposure to sun rays. Pains could begin from minimal light touch and draft. Cold

agg., while warmth amel. Three weeks after the *Hypericum* was withdrawn the ailments began to disappear and fully disappeared in two months.

Although the photodynamic action of *Hypericum* is well-known, this remedy is related generally in the repertory to nerves. Appropriate entries should be made in the repertory. (AHZ,244,2/1999).

XXIV. Biliary heavy metal concentration in patients with Gallbladder Carcinoma (Br.Med.Jl.317,1998. 1288-1289): *Cadmium sulphuratum* is known to affect left sided upper abdomen ailments and is considered as an indication in Carcinoma of the stomach. *Chromicum acidum* is linked with right hypochondrium. In the above study the 96 patients with Gall bladder diseases and 38 out of them had a histologically confirmed Carcinoma of Gall bladder and in the Carcinoma group increased amount Cadmium, Chromium and Lead were clearly observed in the gall flow. The study was carried in Benares in India, on the banks of the river Ganges which has been severely polluted. These toxicological information are relevant to the remedies *Cadmium* and *Chrom.* (AHZ,244,2/1999).

XXV. A Consensus Conference for Homœopathic Medicine Provings was held on 22May 1998 during the course of the 150th Annual conference of the German Central Association of Homœopathic Physicians (der 150 Jahrestagung des Deutschen Zentralvereins Homöopathischer Ärzte (DZVhA)). The participants included J. BECKER, G. BLEUL, F. BONNSCH, W. GLÜCK, M. HEGER, F. KÖNIG, A. KUMMER, H. MÖLLINGER. A.SCHÜTTE, F.WIELAND. This was the first of such conference and seven 'experts' were invited. The aim was to prescribe a minimum standard for future for homœopathic medicine proving, to lay down criteria. Points discussed included: aim of the medicine proving, what substance to be proved, documentation of the proving stuff, potency for the proving, demands on the prover. Conditions in which the criteria do not apply were decided, as for example, those below 18 year age, those under continued medication, pregnancy or lactation, etc. Legal aspects, proving course, placebo, protocol, understanding the difference from proving symptom, proving report, list of repertory entries. (AHZ,244,3/1999)

XXVI. The substance Dithranol is well-known since 80 years as an effective remedy for Psoriasis. The substance is obtained from the tree *Vataireopsis ararobea*. It is a tree 20 to 30 m high growing in the atlantic forests of east Brazil. This remedy does not find entry in our Materia Medica. The rain forests are being exploited and the forest area is dwindling. It is necessary that the trees are saved from destruction. (R.K.LISTER, B.D.SCHRIRE in *Lancet* 353 (1999) 848. AHZ,244,3/1999)

XXVII. (i) Indications of the seven main snakes in vascular pathology:

- * *Bothrops* is unreliable in thrombosis and is more indicated in cerebral haemorrhages.
 - * *Cenchrus* is used in thrombosis, with the classical therapy by Heparin
 - * *Crotalus horridus* and *Elaps corallinus* are indicated in acute haemorrhages
 - * *Elaps* is also used in strokes due to arterial thrombosis
 - * *Lachesis* is the great remedy of purpura
 - * *Naja tripudians* has a specific action on the myocardium and is indicated in angina and myocardial infarction
 - * *Vipera* corresponds to superficial thrombosis and varicose pains; it could also be a remedy for hepatitis
- (Dr.Maurice GUERS in *L'Homéopathie Européenne* 1998: 3: 6-16 in the BHI,88,1/1999)

(ii) Ocular diseases in rheumatic disorders and autoimmune diseases: The author describes the different rheumatological disorders and autoimmune diseases; she mentions the different homœopathic remedies which are useful in these diseases.

Uveitis associated with rheumatoid arthritis may respond to: *Bryonia*, *Rhus toxicodendron*, *Mercurius solubilis*, *Kali bichromicum*, *Clematis erecta*, *Nitricum acidum*, or *Kali iodatum*.

The mucous dryness of Sjögren's syndrome can be improved by *Bryonia*, *Alumina*, *Nux moschata*, *Sanguinaria*, and *Natrum muriaticum*.

The systemic lupus erythematosus may be palliated by *Apis*, *Arsenicum album* or *Bovista*, which act on oedema, and *Causticum*, *Alumina*, *Rhus toxicodendron*, or *Abies nigra*, which act on dryness and sclerosis. DNA-RNA 9cH may act on the production of autoantibodies.

This ophthalmologist concludes by stressing the polychrests and the search for miasms, in particular sycosis, treated with *Thuja*. (Dr.Odette DUFLO-BOUJARD in **L'Homéopathie Européenne 1998: 3: 26-33** in the BHI,88,1/1999)

(iii) ***Solanum tuberosum***: *Solanum tuberosum* (potato) can be dangerous when it is green or sprouted: it causes vertigo, diarrhoea, dilated pupils, cramps and collapse. *Solanum tuberosum aegrotans* is the rotten potato due to mildew. The main symptoms are great irritability, feels wretched and thinks a lot about the future; dreams of witchcraft, of eating human flesh; cephalalgia as if the brain would burst; oedema of the face; stomatitis; constipation or diarrhoea with great pains and distension; anal prolapse; stiffness of the nape of the neck and violent dorsal and lumbar pains; reddish urine with mucus; the pains are worsened by pressure, sleep and cold water. (Dr.Micheline DELTOMBE in **L'Homéopathie Européenne: 1998:4**, in the BHI,88,1/1999)

(iv) **The Vegetable Garden in Homœopathic Doses**: This article describes four clinical cases cured by dynamised vegetables. The first is a boy, 14 year-old with nocturnal enuresis. He was quarrelsome in his sleep and dreamed of quarrels. *Raphanus sativus* 200 (Radish) cured him. The second: a baby one month old with regurgitation and colic. *Asparagus* 5cH was given on the basis of the Mind symptom "excitement afternoon" and "rocking amel." The third, an 8 year-old girl with Asthma; *Lactuca virosa* 200 cured. Wild lettuce has an excellent effect on some cases of Asthma, when we find anger, feeling of being forsaken, difficulty in speaking, and nightmares, such as being attacked by soldiers. (Dr.Eric LORENZ in **L'Homéopathie Européenne:1998:4** in the BHI,88,1/1999).

(v) **Integration of homœopathy in the health systems**: Homœopathy and its components: the patient, the remedy, and the doctor and health; the situation of Homœopathy in France and other countries especially in Great Britain, United States, and Brazil is described. The necessity for clinical evaluations is stressed. Concludes with various propositions for a better integration of Homœopathy into the western health systems: a better knowledge of the costs and how homœopathic medicines work; an improvement of the quality of the practice; a development of clinical and fundamental research; a development of a critical teaching of Homœopathy and the preservation of humanism of homœopathic practice. (Bernard POITEVIN in **Homéopathie Européenne; 1998; 5: 22 - 31** BHI,88/1/1999)

XXVIII. (i) *Ambra grisea*: This remedy is often described in a too restricted way; besides being withdrawn, shy and depressed patient, some hyperactive, exuberant, and seductive cases respond. *Ambra grisea* needs to please and to hide, and has a very bad self-image. This is the remedy for people who have failed. Sometimes, behaviour is very hysterical because the patient wants to hide; a very shy patient. There is premature ageing, both physical and mental. Some peculiar symptoms are: lack of reaction in acute danger, in nervous people, nervous asthma in children, nervous cough, painful warts on the hands, tennis-elbow, metrorrhagia at the least cause, such as a long walk or the evacuation of a hard stool. (Dr.Jacques LAMOTHE, in **Cahiers du Groupement HAHNEMANNien 1998:5:176-183**, in the BHI,88,1/1999)

(ii) *Ocimum canum* 5cH was prescribed for right-sided renal colic; an attack of asthma responded to *Carboneum sulfuricum*. A classical case of *Pulsatilla* precedes a case of occipital headache cured by *Onosmodium*. A last clinical case (abdominal pains following vexation, in fact due to a Cancer of the Colon) reminds us we must always make a diagnosis before giving a homœopathic remedy. (Dr.Jean Marc PITTON, **Cahiers du Groupement HAHNEMANNien 1998:4:153-160**, in the BHI,88,1/1999).

(iii) **The Gardens of the Hisperides: *Citrus limonum***: After a historical survey of the lemon family, the author sets out the toxicology of the lemon and its homœopathic Materia Medica.

The most characteristic toxicological symptoms are: delusion he is crippled, erysipelas, convulsions of the face, painful dental caries, heartburn, stomach pains, feeling of suffocation, febrile convulsions in infants, stabbing pains in the limbs with need to stretch them, vesicular eruptions, oedema, restless sleep sometimes due to itching, intolerance of heat and shivering.

The homœopathic indications are: chronic digestive diseases, fever with oedema, oedema of renal or hepatic origin with a regular and strong pulse, chronic itching dermatitis. (Dr.J.BAUR in **Cahiers du Groupement HAHNEMANNien 1998:4**, in the BHI,88,1/1999)

XXIX. (i) *Sepia*: Several types of *Sepia* are described: the witch-prophetess-magician (visionary, dreams); the gipsy dancer (dancing desire); the courtesan (eccentricity, libertinism); the shrew (anger from contradiction); and the Cinderella-skivvy, who becomes depressed.

The well-known physical symptoms are recalled: less-known symptoms are also quoted:

- * external throat: aggravation by clothing
- * larynx: feeling of a plug
- * fever before and/or during the menses

The main delusions are described, for example:

- * suspended in the air
- * intoxicated
- * sees phantoms
- * she could easily strain herself

(**Revue Belge, 1998:2:3-9**, in the BHI,88,1/1999)

(ii) *Sepia* and Physiotherapy: The main Physiotherapy symptoms are radiculitis of the third cervical nerve on the right side; great sensitivity of the left supraspinatus muscle; sensitivity of the left kidney region; tension of the right latissimus dorsi; ischialgia on the right; blockage and torsion at the level of the second and the third dorsal vertebra, in the standing posture, the left foot is more abducted than the right, weakness of right piriformis muscle.

Different types of *Sepia* are described: the child, the young girl, the women (the female *Nux vomica*, the spiritually inclined *Sepia*, the dwindling *Sepia*, the washerwoman).

Some clinical observations are also made. (Dr.DeGROOTE in **Revue Belge, 1998:2:21-32** BHI,88,1/1999)

(iii) Iridium metallicum: This remedy has been studied afresh by Jeremy SHERR and Jan SCHOLTEN. This article is an attempt to synthesize these studies with the earlier one in the *Materia Medica* of BOERICKE. *Iridium* seems close to *Platina*. We find the sexual excitement, paresthesiae, pains in the left ovary, the delusions of larger or taller than in reality, to see things smaller than the reality. *Iridium* has high ambitions, but is afraid to lose, and does not have the arrogance of *Platina*, even if he has a very increased self-confidence *Iridium* wants to communicate and has an empathy which is absent in *Platina*. (Dr.Philippe COLIN in **Revue Belge, 1998:2**, in the BHI,88,1/1999)

(iv) Some ENT cases: Case 1: acute sinusitis, with a sensation of air in the ears, a sensitivity of the breath to open air, and a diarrhoea during hot weather. The remedy was *Mezereum*.

Case 2: Chronic otitis with the following symptoms: ailments from grief: delusion of failure; delusion of wrong doing; contemptuous of self; contradictory, disposition to contradiction, is intolerant of eating, ameliorates mental symptoms. The remedy was *Aurum*.

Case 3: sero-mucous otitis media, cured by *Stramonium* (childish behaviour, attempts to escape, fear of being alone, fear of dark).

Case 4: recurrent tonsillitis, cured by *Silicea* (timidity, appearing in public; easily offended; anger from contradiction; obstinate; pain in throat on becoming cold).

Case 5: recurrent tonsillitis, cured by *Calcarea carbonica* (fear of poverty, anxiety about health, despair of recovery, ailments from cares, fright, anger; stitching pain in throat when swallowing, extending to ears).

Case 6: laryngeal polyp, cured by *Argentum nitricum* (fear of high places, fear of narrow places, fear of losing self-control).

Case 7: recurrent laryngitis, cured by *Lachesis* with the following symptoms: cough, touching the ear canal, aggravation; fear of thunderstorms, fear of water; sympathetic; despair of open air, but draft aggravation; desires fruit. (Jean ALAERTS in **Revue Belge, 1998:3:3-16 31-34** in BHI,88,1/1999)

(v). Digitalis purpurea: The pharmacological properties, toxicology and materia medica are described: depressed, dreams of unsuccessful efforts, and is afraid of death. The remedy has a marked action on the heart, the liver and the gastro-intestinal tract, and the prostate. There are also eye troubles: things appear yellow or green, or the patients see only the lower half of objects. Several clinical cases illustrate the above symptoms. (Laurent HEMANS in **Revue Belge, 1998:3:17-30** BHI,88,1/1999)

(vi) For a better understanding of homeopathy: The author reflects on homœopathic therapy: the art of healing and living, the importance of lifestyles and diet of the patients, meaning of disease, life and health, and the role of the homœopathic remedy. (Vanden EYNDE in **Revue Belge, 1998:3: 35-68** BHI,88,1/1999)

XXX. Polycystic Ovary Syndrome: The picture *Pulsatilla nigricans* described by ALLEN and CLARKE resembles the Polycystic Ovary Syndrome (PCOS). This is the rationale for this trial involving 36 women of reproductive age (mean = 24.3y). The inclusion criteria were Amenorrhoea or Oligomenorrhoea, venous stasis (pelvic or lower limb) and the mental symptoms of *Pulsatilla* (in particular timidity), as well as enlarged ovaries with cysts diagnosed by ultrasound.

Pulsatilla 6c was given 4 hourly throughout the day for 2 weeks after the end of menstruation. This was repeated for 4 consecutive cycles. A positive result was defined as the complete disappearance of all the inclusion criteria, including the cysts, and the production of normal ovulating follicles. This occurred in 30 women (83.3%). A further 4 women became clinically asymptomatic (asymptomatic = 94.4% in total). (J.SÁNCHEZ and P.GUZMÁN-GÓMEZ in *Boletín Mexicana dde Homeopatía* 1997; 30 in the BHJ,88,2/1999)

XXXI. (I) Intestinal Parasitosis and *Carbo vegetabilis*: Describes the good results achieved in the treatment of intestinal parasites, in particular pinworm (also known as Oxyuriasis), caused by *Enterobius vermicularis*, and Giardiasis (*Giardia lamblia*) with material doses of *Carbo vegetabilis* based on the cumulative experience of two paediatricians, Drs.GIÚDICI and NÓBILE with 14000 patients. It is noteworthy that the treatment is cheap and non-toxic.

Oral doses of activated charcoal (the type used after drug overdoses) is employed. The positive surface-charged particles of the charcoal stick to the negatively-charged surface of the parasite and block nutrient uptake. In addition there is a stimulatory effect on the reticuloendothelial system. It deals with the adult forms, but as is also the case in other treatments, not with the cysts. The charcoal must be pure, additives act as electrical insulators, negating its action.

The treatment is especially useful for pregnant women, and in patients with Hepatitis or Infectious Mononucleosis. Suggested doses are 300 mg for ages 1-2, 500 mg for ages 2-5, 1g. for over 6s, and 3-6 g for adults, taken with plenty of fluids as a single dose or up to 4 split doses.

A success rate of up to 80% is claimed, although repetition every 15 -30 d may be necessary to achieve this. There is also a discussion on how this treatment is not suppressive, as it does not interfere with the body's reaction to the organism. (M.C.DUBERTY in *Homeopatía* 1998:62 in BHJ,88,2/1999).

(ii) Dreams in Case Analysis: The importance of dreams, both in acute and chronic conditions is highlighted. Dreams, delusions, and delirium are taken as comparable, since they all arise from the subconscious. Dreams are helpful whether they appear as a repetitive theme, have been experienced in the past, or have occurred only once but make a strong emotional impact, for example, grief, anger, etc. (use 'ailments from' rubrics). A variety of approaches are possible.

1. **For differential diagnosis:** For example, Juan José, age 7, with Asthma for two years. *Calc-c.* or *Sulph.* are the choices. When pyrexial, he is delirious and shouts that he is being crushed by a wardrobe. Not found under MIND, Delirium, but in DREAMS, *Sulph.* is the only remedy.

2. **Paucity of Symptoms** For example, Adelaide, age 30, with no mental or general symptoms, but with conspicuous dreams of fire, that she must die, and of vertigo. Given *Sil.*

3. **Confirmatory:** For example, Fabio, age 42, allergies, dry cough and hoarseness for three months. Coincided with starting to dream of nakedness. Rubric with three remedies (Kent) including *Rumx.*

4. **Evaluate the progress of the case after the remedy.**

Possible patterns are: starting to remember dreams, distressing dreams stop, and dreams start to change. For example, Emma, 72 yrs, dreamt of dirty houses which she had to sweep, and would wake up exhausted. After treatment, started dreaming of clean and tidy houses.

5. **Assess the predominant Miasm.**

For example, syphilis: dreams are destructive, with suicides or homicides.

Many other examples given. (M.MOIZÉ in *Homeopatía* 1998; 63: 15-20 in BHJ,88,2/1999)

(iii) Drunkenness: An overlooked rubric: The case of a 24 year-old who was homosexual and had a perianal wart 12 cm in diameter was presented. *Thuja* and *Nitric acid* failed to cure after constitutional analysis. On deeper questioning, it was found that he always cries when he gets drunk. Under Drunkenness, weeping or being sentimental, *Lachesis* and *Causticum* are the only two remedies. *Lachesis* fit the case, was given and the wart disappeared completely in due course.

Drunkenness is a rubric that is often forgotten. The symptoms that arise during intoxication, irrespective of the level of alcoholic tolerance, can be invaluable in the search for the simillimum. (A.G.MINOTTI, *Homeopatía* 1998: 63 in BHJ,88,2/1999)

(iv) Proving of *Oenanthe crocata* in domestic cats and dogs: A triple-blind study with six cats and five dogs. For each animal a normal behaviour profile was established by supervisors who have lived with the animals for a number of years, and who were lecturers in homœopathic veterinary medicine and animal behaviour. *Oenanthe crocata* 30c and 12c were used.

Clear behavioural changes were observed. 19 proving signs were collected, mostly with the 30c potency. The most frequent were being affectionate and desire for company. Opposite signs such as affection and aggression, as well as neurological signs were noted. In animal provings, careful and accurate observation is essential as subjective symptoms are not available. (F.MONCAYO, **Homeopatia 1998:63** in the BHI,88,2/1999) [See *Oenanthe Crocata* Proving in the QHD,XVI,2/1999 = KSS]

XXXII. (i.) *Helicobacter pylori* nosode Three remedy pictures are outlined: *Dysentery co. Gaertner*, and *Helicobacter pylori* (not been published before) which includes:

Mentals: obsession, apprehension, anxiety, hurry and worry.

Head: left-sided headaches.

Gastrointestinal: halitosis, dyspepsia, nausea, vomiting, bloating and distension, heartburn, ameliorated by eating, acid reflux, pain in epigastrium and left hypochondrium, dysphagia, hiatus hernia, oesophageal stenosis, melaena, stomach and pancreatic carcinoma, lymphoma.

Musculoskeletal: joint pains, especially small joints. Pains in lower ribs, especially left-sided, radiating to the dorsal region, pains in thoracic spine, left elbow and left sacroiliac joint, osteoporosis, left-sided sciatica.

Cardiovascular: dyspnoea, angina and myocardial infarction. Cyanosis of fingertips, hands and feet, Raynaud's syndrome.

Skin and extremities: tense, thick or oedematous skin, with loss of normal skin folds on finger joints. Painful, recurrent, chronic ulcers on fingertips. Contractures of muscles and tendons. Dupuytren's contracture, trigger finger, telangiectasias, subcutaneous calcification, scleroderma, plantar warts.

Generalities: strong affinity for gastrointestinal tract, left-sidedness.

(J. URRUTIA in **La Homeopathia de México 1998: 67: 126-133** in BHI,88,2/1999)

(ii) Oxalalsuccinic acid, -acetoglutaric acid and idoxuridine as remedies The first two being metabolites of the Krebs's cycle, when given for the treatment of diabetes mellitus there was good control and also the perineal warts which the patient had improved. This inspired the use of the two remedies in other cases of condylomas, papillomas, warts and hyperkeratosis anywhere in the body, whether diabetic or not. Results with *α-acetoglutaric acid* were disappointing. Of the 21 treated with *Oxalalsuccinic acid* (6x and 12x) showed surprising results. In diabetic patients there was improvement in the glycaemic control.

As *Idoxuridine* could create cellular defects, resulting in inappropriate production of antibodies, the essence of autoimmune diseases, it was given to 15 cases of juvenile rheumatoid arthritis. 12 were completely cured, one improved partially and two were lost to follow-up. Results with classical rheumatoid arthritis (non-juvenile) were not as good or as predictable. Good results are also presented in cases of ulcerative colitis, relapsing chronic stomatitis and chronic herpetic stomatitis. (G.Montforth ULLOA, **La Homeopathia de México 1998:67** in BHI,88,2/1999)

XXXIII. The remedy for life: The author examines the concept of a "single remedy for life" and concludes that he has never met "the remedy for life" in his 15 years of paediatric homœopathic practice. He also defines five criteria of inclusion of a symptom in a remedy symptom picture:

1. therapeutic effect directly linked to the remedy;
2. removal of the symptom within a period according to the chronicity of the case;
3. curing the disease within a period markedly shorter than the natural evolution;
4. initial homœopathic aggravation;
5. evolution according to Hering's law.

(Dr.MOREAU in **Les Echos du Centre Liégeois d'Homéopathie 1998; 67: 14-23** BHI,88/1/1999)

(ii) The mask: A clinical case of bilateral facial paralysis associated with a chronic fatigue leads to the prescription of *Stannum metallicum* 200K, then XMK.

The themes of this remedy are recalled: the control is the main theme: the patient wants to hide his feelings by means of the facial paralysis. The fatigue occurs when he has no more activities, nothing more to control. The death is another theme, with dreams of dead babies, with the feeling as if would die on the scaffold. *Stannum* is inflexible and pushes the body beyond its limits; therefore this remedy evokes the

problem of perseverance and of foresight. (Dr. DEROCHE in **Les Echos du Centre Liégeois d'Homéopathie** 1998; 67: 4-6, 36-39 BHJ,88/1/1999)

XXXIV. (i) In the HL,11,1/1998, Peter KÖNIG has written about the need for a uniform criteria for case presentation and papers (see reference to this in the QHD,XVI,3&4/1999 Section IX, General, No.12, page120). In response to this Dr.Marc BÄR, Switzerland writes (HL,11,2/1998), agreeing with Peter KÖNIG. BÄR says: "I agree. . . alterations should be seen in different levels of the individual. The mental, the general and the physical shape should all be in a better state. Only with this pre-requisite we can talk about a totality of healing. . . . I have patients who went well for more than three years with the wrong remedy. Thus I propose to demand an observation time of at least four years prior to presentation. . ." [According to Constantine HERING who has, of course, only explained HAHNEMANN's directions, an individual will remain 'cured' if his/her disease has been cured in the reverse process of its appearance; otherwise the individual will be returning again and again like "a half paid debtor". It must be noted that, von BÖNNINFHAUSEN has, while reporting cases scrupulously ensured that he reported only after the cure of a chronic disease remained for about 4 years. He has also advised homœopaths to beware of hastily reporting 'cures'. - Case No.25 in his article **Fehl und Treff Curen** - see K.-H.GYPSER's **Bönninghausens Kleine Medizinise Schriften, 1988, P. = KSS**]

(ii) B Rainer DIDIER, Germany (HL,11,2/1998) has suggested certain remedies for certain 'allergy' conditions:

Allergy to	Remedy
Strawberries	<i>Carcinosinum</i>
Dogs	<i>Phosphorus</i>
Cats	<i>Phosphorus</i>
Hazelnuts	<i>Phosphorus</i>
Glutamate	<i>Phosphorus</i>
	<i>Natrum muriaticum</i>
Bananas	<i>Phosphorus</i>
Asparagus	<i>Carcinosinum</i>
Carrots	<i>Phosphorus</i>

XXXV. A correspondant reports of a "little known remedy." *Tradexantia* appears to be able to clear a radiation miasm.[How many miasms? = KSS] (SIM,XII,1/1999)

XXXVI. Homœopathy Opening Up - Report on the 53 Congress of the International Homœopathic Medical League, 25-29 April 1998, Amsterdam, The Netherlands. Report by Rob JANSEN (HL,11,4/1998): Homœopathy opening up, was the theme: opening up to each other as homœopathic doctors, opening up to practitioners, researchers, pharmacies, veterinarians, and other professionals who contribute to the further development of Homœopathy throughout the world. And opening up to colleagues of conventional medicine with a programme specifically developed to the Dutch General Practitioner. In the open atmosphere, we learned a great deal from our creative thinkers. Jan SCHOLTEN spoke about the plant kingdom. Massimo MANGIALAVORI said that there are no 'small' remedies, there are only 'lesser known' remedies. Jonathan SHORE and David RILEY spoke of 'Proving's'. Alfons GEUKENS and Annette SNEEVLIET said that we must make full use of our well-known 'big' remedies before embarking upon studying and using the lesser known remedies! Klaus LINDE and Roel van WIJK spoke about their 'researches'. The question whether Homœopathy offers value for 'money' can be well answered positively if the practitioner documents his case well before, during and after the treatment, said Annette SNEEVLIET; we can show the rapid recovery under homœopathic treatment. From political point of view one of the most important achievement of the General Assembly of the LIGA was the vote for equal rights for all participating countries, no matter how many members are present at a Congress.

XXXVII. "One day a 9-year-old blonde "*Pulsatilla*" girl reported with classic symptoms: greenish, odoriferous discharge from the ears, recurrent ear infections with pain which had been treated repeatedly with antibiotics . In disposition she was a typical "daddy's girl". Daddy came into the office to pick her 200C "*Pulsatilla*" (liquid) to be taken orally.

Two days later her Dad called incredulous that the remedy had worked. There was no more discharge and no more pain. He then asked "Should I keep putting the drops in her ears?" So much for rituals.

When the simillimum resonates, the dispensation is inconsequential. . .”(Danny QUARANTO, HT,18,5/1998)

(ii) “Dr.Richard MOSKOWITZ tells the story of giving a patient an envelope containing a few #10 granules of a remedy. The patient asked what it was and in explaining it to her he told her how dilute it was by mentioning something about “a drop in a bathtub”

The patient went home, drew a warm bath, sprinkled the few granules into the bath and got in. The remedy acted well! (Julian WINSTON, in HT,18,5/1998).

-----**LIST OF JOURNALS**

Full addresses of the Journals covered by this Quarterly Homœopathic Digest are given below:

1. **AHZ** - Allgemeine Homöopathische Zeitung, Karl F.Haug Verlag, Hüthig GmbH, im Weiher 10, 69121, HEIDELBERG, Germany.
2. **BHJ** - British Homeopathic Journal, 2, Powis Place, Great Ormond Street, LONDON, WC1N 3HT, U.K.
3. **CCR** - Homeopathic Clinical Case Recorder, Phule Road, Maliwada, AHMEDNAGAR - 414 001, INDIA.
4. **CGH** - Cahiers du Groupement Hahnemannien du Docteur P.Schmidt, Médecin et Hygiène, 78, avenue de la Roseaie, Case 456, CH - 1211, GENEVA 4.
5. **HL** - Homeopathic Links, Homeopathic Research and Charities, ‘Dinar’, 20 Station road, Santa Cruz(w), MUMBAI - 400 054.
6. **HT** - Homeopathy Today, National Centre for Homeopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 22314, USA.
7. **HOM** - The Homeopath, Journal of the Society of Homeopaths, 2, Artizan Road, NORTHAMPTON NN1, 4HU, U.K.
8. **MedGG** - Medizin, Gesellschaft und Geschichte, Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart.
9. **NEJH** - New England Journal of Homeopathy, 356, Middle Street, AMHERST, MA 01002 USA.
10. **NJH** - National Journal of Homeopathy, Milan Clinic, Saraswathi Road, Santa Cruz(W), MUMBAI - 400 054.
11. **SIM** - Simillimum, The Journal of the Homeopathic Academy of Naturopathic Physicians 11231 SE Market Street, PORTLAND, OR, 97216, USA.
12. **ZKH** - Zeitschrift für Klassische Homöopathie, Karl F.Haug Verlag, 6900 HEIDELBERG 1, Germany.

Part - II

(This section contains condensations/extracts/whole of selected important articles)

1. How big is big? How small is small?
WINSTON Julian (HT, 18,3/1998)

HAHNEMANN, in the **Organon**, specifies the granules used in making the LM potencies [see page 2 for more on LM potencies]. He says they are "the size of poppy seeds."

The question was raised recently on the Lyghtforce Internet list when Virginia Downey mentioned that she had ordered an LM potency from a pharmacy and found "...I opened the vial and saw that the LM remedies were on #35 pellets (the BB sized pellets). They are supposed to be on poppy-seed sized pellets *only*." [Note: For non-LM potencies, #35 tends to be the most common pellet size available from US pharmacies and retail outlets. #10 is the smallest pellet size typically available and often must be specifically requested from the pharmacy when ordering; if unspecified, pharmacies usually fill orders with #35 pellets.]

To which Tam LLEWELLYN, a homeopath from the UK replied:

"How big is a poppy seed? More to the point, how big was a poppy seed in Germany 200 years ago? Not an unimportant question. When I am not doing Homeopathy I grow poppies as a pastime. There are hundreds of different types these days and the seed size varies considerably. How big did HAHNEMANN think poppy seeds were? I suspect that in his time in Germany they were very small - smaller even than our 'standard' LM pellets."

Several years ago, when the same question was asked, I procured a jar of poppy seed from the grocery and measured them. Since the size/number of the granule is determined by how many millimeters long ten granules are when they are laid out in a line, I laid out a series of ten poppy seeds, and measured them. The smallest group was about 7.3 mm, the largest group was 9.3 mm - with the average being about 8.6 mm. Therefore, a "poppy seed-sized" granule would be a #8.6 - a bit smaller than a #10.

The most definitive answer to the question was posted by Chris KURZ, in reply to Tam LLEWELLYN's posting;

"Apart from comparing his pellets to the size of poppy seeds, HAHNEMANN also gave us other clues:

"Footnote 'e' to Para 270: '...then they are put through a strainer with holes through which only those weighing 1 grain per 100 can pass.'

"Given the density of cane sugar, this specifies exactly the size of one globule.

"Footnote 'f' to Para 270: '...because 500 of such globules cannot completely absorb one drop.'

"That should be enough to end all speculation.

"The question regarding the correct size of those 'poppy seed sized' sugar pellets didn't let me sleep.

Here is the mathematically correct answer:

1. Start with HAHNEMANN's prescription that 100 pellets weigh 1 grain.
2. Add that 1 grain = 0.0648 g.
3. Then look up the density of sucrose (cane sugar): $\rho = 1.5805 \text{ g/cm}^3$
4. Mix (1) and (2) to deduce the ideal weight of 1 pellet: $W = 0.000648 \text{ g}$.
5. Then procure the knowledge that the weight of a sphere, $W = \rho * 4 * \pi/3 * r^3$, where 'r' is its radius.
6. Stir everything together on the back of one envelope and solve for 'r'.
7. Et voila, Mesdames et messieurs! Serve hot and garnish to taste...

"The radius of the ideal pellet turns out to be 0.46 mm, making its diameter 0.92 mm. Therefore HAHNEMANN's pellet were of size '9.2', slightly smaller than size 10. Given Julian's earlier post, where he compared the size of commercial poppy seeds, HAHNEMANN's poppy seeds are within the range of today's commercial poppy seeds, a bit on the bigger side.

"Lest you think that this be but idle speculation and of no consequence, remember that the size of a pellet is instrumental in establishing the correct dilution ratio between successive stages of the LM potentization sequence.

"To illustrate: if you use the slightly larger size 10 pellets, your dilution ratio will be 1:42,373. Stick to the smaller '8.5' size and you dilute by 1:58,824. Both are quite a way off from the required 1:50,000."

This was countered by John LEE who said:

“In the Künzli translation of the **Organon** there is a note to paragraph 270 which states that HAHNEMANN would have used the Nuremberg weights system where 1 grain = 0.062 g rather than the 0.0648 g which corresponds with our metric system. I can find no reference to this in the Boericke, O’Reilly, or Dudgeon translations although it may be tucked away somewhere. If Kunzli is right, which pellet size is now closest to 1 in 50,000?”

To which Chris replied:

“The pellet diameter changes from 0.92 mm to 0.91 mm if 1 grain is converted to 0.0648 g. or 0.062 g, respectively. If you assume the 0.92 mm size is correct, the slightly smaller pellet size of 0.91mm results in a dilution ration of 1:51,104, or a difference of 2% to the nominal value of 50,000.

“So now we have a *definitive* and accurate reply to the query! The LM granule is a number 9.1!”

2. *Culex Musca* Proving - James T. KENT, MD

(SIM, XII, 2/1999)

(Reprinted from Transactions of the International Hahnemannian Association, 1886)

(The insects used in the proving were procured when they were free from blood, and tinctured in alcohol.)

Provers

Nos. 1 and 2. - J.G.Gundlach, 34, 10 cent.

No. 3. B.Smith, male, with nasal catarrh.

No. 4. E.S.Lavat, 30th

No. 9. Mrs.E.Cory, 6th

No. 5. Dr.J.H.Sutfin, 30th

No. 11. Dr. J.H.Sutfin, 200th

No. 12. J.E.Sutfin, 30th

No. 7. William J.B. 6th

No. 8. Mrs. R.A.,30th

No. 10. Mrs. R.A., 6th

No. 17. Miscellaneous observations

No. 18. Miss M.B., 23, 6th (and CM Swan)

No. 19. Joseph Lally, 18, 30th

No. 20. Dr. R.B.Johnston, 6th and 30th

The following provings were made under the supervision of Dr.William Jefferson GUERNSEY, Philadelphia.

No. 6. Dr.W.J.G., 30th

No. 13. Rober G., 38, 30th

No. 14. Alfred W., 32 (coloured), 30th

No. 15. E.S.Breyfogle, 30th

No. 16 J.V.Allen, 30th

MIND

Want of energy. (1)

A feeling of gaiety comes over me quite suddenly, whistling and singing while reading (1)

In the morning a fear or feeling as though I was going to have a spell of illness, which gradually passed off as I moved about. (Felt so bad took a dose of *Nux.* which helped). (1)

Great impatience, quarrelsome, could not allow any kind of foolishness. (5)

During the whole proving felt tired, as if I could not remember the subject, and could not study. (5)

Anxiety and fear of death. (9)

Cannot remember anything. (11)

Cannot remember his lessons as well as formerly has to study harder. (12)

Disinclination for all work. (3)

Thinks he is going to have some sickness (2)

Thinks something is going to happen to him (2)

Intense vertigo, seems to be located in a spot over the right eye. (20) (30th)

SENSORIUM

Vertigo and staggering in the afternoon. (5)

Vertigo when blowing the nose. (3)

Vertigo. (13, 20)

So dizzy she had to go to bed and lie quiet. (18) (CM Swan, one dose, second day.)

INNER HEAD

Dull frontal headache in evening. (1)

Dull frontal headache on awaking at 5 a.m., which passed away after lying awake for a time. (1)

Boring as with a gimlet in the left temple at 3. P.M.

Pain, fullness and pressure in forehead, getting worse by spells, after the boring in the temple and extending to outer part of right orbital ridge, extending through to the occiput, accompanied by nausea and last till evening. (5)

Fullness in left half of cerebrum at 10 a.m., growing worse by spells. (6)

Frontal headache began at 2 P.M., with heat of the face. (5)

Some of the head pains go from the cerebellum to forehead or right temple. (5)

Sensations of fullness in right temple and right forehead. (5)

Pain in nape passing into occiput, then to the forehead and right eye, then sensation of fullness of right side of head. (5)

Strange feeling in the head. (9)

Dull pain in the vertex extending to the forehead and finally to the forehead and right temple with nausea.

Headache in left forehead after a ride in a carriage, lasting two or three hours. (7)

Boring pain in temples coming on several times a day. Pain comes and goes across the forehead just above the eyes. (11)

Occipital headache on rising. (3)

Sensation of fullness over the left eye, lasting 5 to 10 minutes. (2)

Dull frontal headache on awaking in morning. (2)

Sharp cutting pain from malar bone through to temple (right), better in open air. (2)

Dullness in forehead. (15)

Rending pain in back of eyeballs and in top of forehead. (18)

The headache began in morning on waking, lasting until the next day at noon; ceased suddenly. (18) (this came on 1, 15, 21, 36 and 43 days.) The headache made worse by the least motion. (18)

OUTER HEAD

Itching and stinging of the scalp.

EYES

A small hard lump appears on the left upper lid as though a sty would form, with a feeling causing a desire to pick at it; a little crust formed on it which was picked off and a sticky exudation followed. Inflammation of margin of lids; worse in the morning, with a discharge of sticky fluid; the lower lids worse. (1)

Like the beginning of a sty on the right upper lid with inflammation of conjunctiva, with dull pain in eyes and forehead. (1)

Sensation of tightness and fullness in the forehead and eyes, not painful. (5)

Feeling of fullness in the right eye, extending soon to the parotid gland, and then to the sublingual and finally involved the right side of face and head. (5)

Margin of lids sore and crusted over. Eyes feel tired. (4)

Stye on the upper left lid three days after ceasing the drug and cured by *Pulsatilla*. (52M)

Rending pain in the eyeballs, behind the eyeballs and in top of the forehead. (18) (CM Swan) (Second day)

Red, sparkling before the eyes. (18) (CM Swan)

She could not keep the eyes open, yet it pained worse to keep them shut. (18) (CM Swan) (Second day).

Water in the eyes when coughing. (19)

Eyelids inflamed, sty-like ulceration. (20) (30th)

EARS

Swelling of the parotid gland, sore on pressure. (1)

Swelling of both parotids. (5)
 Pain in left parotid, as if going to have mumps. (11)
 Pain in the ears when belching. (3)
 Roaring in the ears once every day. (3)
 Sharp pain in both ears followed by watery discharge.

NOSE

Watery discharge from the nose. (1)
 Bloody scabs inside the nose. (1)
 No soreness, only the lower edge seemed swollen and sore, with some itching, which felt good. (1)
 Some dry and also some moist small bloody scabs come from the nose mixed with greenish matter. (1)
 Could not resist picking at the nose which made it bleed. (1)
 Shining redness of the tip of the nose, like a rum blossom; the nose is swollen; tender on pressure, with dull pain over the eyes, nose and in forehead; as the swelling went down itching just like a mosquito bite occurred, which felt pleasant when gently rubbed, but made painful by pressure or hard rubbing, and the more I rubbed it the more I had to rub. Pain in posterior nares and pharynx as from a sore or inflamed spot when swallowing. (5)
 Dryness of nose. (5)
 Dryness in the posterior nares (left). (5)
 Head feels stuffed up and there is a copious thick light-coloured discharge of mucus. (7)
 Thick white mucous discharge. (11)
 It has cured green scabs in posterior nares.
 Eruptions on the nose like insect bites containing a clear, colourless fluid. (12)
 Epistaxis morning and night; once when in bed; once when just going to bed. (3)
 Epistaxis when blowing the nose. (3)
 Epistaxis from left nostril. (3)
 Scabs from the nose. (3)
 Nose lined with fine scales. (3, 5)
 Stinging tickling on nose. (3)
 Passed a polypus as large as a bean. (3)
 After the removal of a scab, bleeding of the nose. (3)
 Itching inside and outside of nose so much that he could not desist from rubbing; then the nose would burn so that he must stop rubbing and scratching. (2)
 Redness like erysipelas on right side of nose, shining red and sore to touch, extending next day to both sides of nose and face. (2)
 Swelling and heat of left cheek with redness of the surface (second) lasting three days (24th cent.). He would not take any more.
 Nose obstructed. (6, 13, 14)
 Crusts in nose. (6, 13)
 Thick, tenacious mucus from nose. (6)
 Ineffectual desire to sneeze. (16)
 Burning in right nostril, causing lachrymation. (16)
 One violent sneeze. (16)
 Obstruction of the nose, with constant desire to sneeze, which passes away while getting ready. (30th)
 Constant sneezing. (20) (30th)
 Nose filled with dry crusts, bleeding when removed. (20) (30th)
 Nose red externally and sore to light pressure, better from punching. (20) (30th and 60th)

FACE

Pain over right malar bone, beginning at 10 a.m., of a dull, aching character, lasting until 10 P.M, better when mind was occupied. (1)
 Dull aching in malar bone as if it was sore, felt at various times during the proving. (1)
 Burning over left malar bone at 7:30 a.m., only on the surface as though from red pepper on a spot the size of a silver quarter. (1)
 Dull pain in the right malar bone in the evening, with shooting pain to temple and forehead, occasionally worse by setting the jaws together. (1)

Submaxillary gland swollen and tender on pressure. (1)
 Heat of the face, with frontal headache. (5)
 Swelling of the submaxillary glands. (5)
 Swelling of the sublingual glands. (5)
 Eruptions between the eyes and on the face like insect bites, containing a colorless fluid. (12)
 Swelling and puffiness under the eyes and in the canthi. (1)
 Swelling under the eyes lasting three days. (2)
 Sore, bruised feeling in the right side of the face, with swelling and redness. (2)
 Soreness deep in the malar bone lasting three days, with darting to right temple. (2)
 Swelling of the right side of the face red and hot.
 Pimple on the lower lip sore to touch. (16)
 The lips are dry, he wets them constantly and they become sticky. (7)
 Face becomes red during the cough. (19)

MOUTH, TONGUE, TASTE

Bad taste in the mouth in the morning, so that he had to wash it out; this generally disappears after breakfast, but not always. (1)
 Accumulation of bad-tasting, whitish saliva on waking.
 Red fissure in the tongue. (1)
 Pappy taste in the mouth all day. (1)
 Tongue coated white. (1)
 Accumulation of saliva and mucous (1)
 Salivation (5)
 Saliva tastes as if he had drunk hot mineral water.
 Tongue dry, swollen and thick on waking. (5)
 No saliva; mouth dry on waking, but about 7 a.m. saliva begins to flow freely and the swelling of the neck and sore throat seem to be made better. (5)
 Stickish saliva. (11)
 Bad taste in the mouth in the morning during the whole proving. (2)
 Tongue coated. (2)
 Bad-smelling breath. (2)
 Small sore pimple in the tongue. (16)
 Numbness of the tongue (16)
 Periodical attacks of salivation for many months after the proving. (5, 11)
 Foul odour from the mouth. (1)
 Salivation every night so that the pillow was wet all around. (Cured with the 6th)
 Entire edge of the tongue covered with a double row of small vesicles, very painful. (20) (30th)
 Stiffness of tongue; numbness after scarlet fever, with ulceration of tip, very painful. (20) (30th)

THROAT

Dryness and huskiness of the throat compelling him to swallow. (5)
 Accumulation of mucous and saliva, causing continual swallowing. (5)
 Profuse expectoration of mucous in the morning followed by dryness in the throat, he must drink water. (5)
 Expectoration of greenish mucous. (5)
 Burning and dryness in the throat. (5)
 Soreness in the throat and posterior nares when swallowing. (5)
 Sore throat with dryness and burning.
 On rising in morning, hawked up a dark-green scab and strings of tough mucous tinged with dark blood. (5)
 Sore, bruised feeling in the throat when swallowing.
 Right side of throat sore. (5)
 Difficult swallowing (5)
 Rawness from the fauces to the middle of the sternum (7)
 Swallowing anything is painful. (7)
 Expectoration of mucous which seems to come from posterior nare. (7)
 Constant inclination to swallow. (7)
 Green scabs hawked out of pharynx and coughed out of trachea.

She coughed up a large green crust. (18)
 Sore throat. (3)
 Pain as from a sore or inflamed spot in posterior part of throat when swallowing. (5)

DESIRES AND AVERSIONS, APPETITE, ETC.

Desire for smoking increased. (1,2)
 Appetite for breakfast increased. (1)
 Appetite good, but food does not seem to digest, and it sours in the stomach. (1)
 Ravenous appetite, could not wait for the food to be prepared. (5)
 If a little late for dinner, a faint, all-gone feeling in the stomach. (5)
 Metallic taste in the mouth in the morning. (11)
 Cannot eat beef, but can eat any other kind of meat during proving.
 Burning in the stomach after a mouthful of beef. (11)

NAUSEA AND VOMITING

Great nausea 3 to 4 P.M.
 Constant nausea day and night. (9)
 Deathly nausea; the thought of food brings on nausea.
 Constant gagging and violent attempt at vomiting. (9)
 Retching yet no vomiting.
 Every ten minutes deathly nausea.
 Nausea every morning. (11)

STOMACH

Burning in the stomach after a mouthful of beef. (11)
 Terrible burning in the stomach and no relief until he eructed a few mouthfuls of bitter, hot substance, which put the teeth on edge as if it were acid.
 Empty, hungry, faint feeling in the stomach, and he could not wait a minute for breakfast; must eat at once. (11)
 Sour eructations.
 Pains in the stomach, sickening; qualmsiness, eructations of much offensive gas. Appetite gone. Thirst for cold water, which causes burning in the stomach, with urging to stool, followed by a loose stool and much tenesmus, continuing for several days and gradually subsiding into a painless diarrhoea. (2) (6th)

HYPOCHONDRIA

Dull pain in left kidney, moving up to the shoulders; pain at its maximum from 5 to 7 P.M. and then diminishes, although some pain all night when awake. Dull pain on the right side in region of kidney extending up the back to occiput. (5)
 Fullness in region of liver. (5)
 Pain in region of right kidney at times. (5)

ABDOMEN

A blotch, the size of a 25 cent piece, itching and, burning like a flea bite, and little pimples on it. (8)
 Cramps in the abdomen during stool. (9)
 Stitches in the epigastrium after stool. (7)
 A hernia protruded in the left groin which was painful. (4) (She was ruptured in childbirth, 11 years ago, but it never had troubled her since until now.)
 Pain in the bowels. (3)
 Rumbling in the abdomen. (3)
 Much offensive flatus passed. (16)
 Colic every day at 10 a.m., lasting one to three hours. (13)

STOOL AND ANUS

The usual morning desire for stool is absent and continued during the proving. (1)
 Scanty, lumpy stool expelled with effort. (1)
 Stool at first hard and then soft. (1)

Stool scanty and required great effort. (1)
 Burning, itching of the anal region at 5:30 P.M., scalding hot, raw as from a fly blister. (5)
 Constipation. (5,3)
 During stool cramps in abdomen. (9)
 Drawing, puckering feeling about the anus. (5)
 Stitches in epigastrium after stool. (7)
 Great constipation, so that she had to stop the drug and take *Nux.* which relieved. (4)
 The hard stool scratches the anus, causing great pain.
 Great effort to pass a hard stool, followed by pain in eyes, from the straining. (3)
 After stool feels as if not through. Itching of the anus. (3)
 Epistaxis when straining at stool. (3)
 Stool at first hard, then lax. (3)
 Stool hard, dry, with scratching at the anus, lasting several weeks. (3)
 Bowels constipated, with no desire. (2)
 Painless diarrhoea. (6)
 Stools loose, dark, with much tenesmus. (6)

URINE

Offensive, strong-smelling urine. (5)
 Scanty urine. (5)
 Burning in the urethra during and after micturition.
 For some time after stopping the drug, strong-smelling urine appeared once a week. (5)
 Desire to urinate but had to wait a long time before the urine would start. (3)

MALE SEXUAL ORGANS

Distressing burning in the glans penis. (5)
 There seems to be a strong-smelling discharge from the glans. (5)
 Prepuce dark-red, with three or four rows of round, dark-red pimples, which had nearly disappeared by morning. (5)
 Burning of the upper part of the penis. (5)
 Swelling and itching of the scrotum, spots like bee stings not relieved by *Apis*; cured by *Culex* 30th. (2)

FEMALE SEXUAL ORGANS

Stitching of the labia majora worse from rubbing. Stinging, burning after rubbing. Warm water gave no relief, but cold water relieved after a while. (10)
 Ichorous, bloody water from the vagina, lasting one day.
 Sensations in the labial fissure like the biting of a flea, which she looked for but found nothing. (10)
 Profuse flow of black blood; gushing. (9)
 Several times when taking the drug at night the flow came on before morning. This occurred several times during the inter-menstrual period. (9) The proving was followed by suppression lasting two months, but one dose of the drug brought on the flow before morning, with profuse black clots and violent pains in the uterus, compelling her to go back to bed, lasting the forenoon. (9)
 On the third day she passed large clots from the uterus. (4)
 M.B. took the 6th cent. and suffered most excruciating torture, with itching of the vulva, as if she could tear it to pieces, which returned periodically for years every two or three months. *Culex* CM, Swan, gave prompt relief.

LARYNX

Hoarseness so that he could hardly speak a word. (7)
 Hoarseness on waking in the morning. (7)

BREATHING

Breath foul all day and it seemed that I could smell it myself. (1)
 Frequent desire to take a deep breath. (1)
 Sighing breathing. (2)
 Deep breathing. (2)

COUGH

Cough with pain in the chest. (7)

A burning pain in the chest causes the cough. (7)

Dry hacking cough from tickling in the trachea. (11)

Whistling cough with smothering sensation in the chest. (11)

Burning in the trachea during cough. (11)

Strangling, choking cough. (11)

Dry, hacking cough day and night which lasted many days.

A dry, teasing cough of long standing.

Dry, teasing cough, very loud, coming on the third day, shaking the whole body. (19) (30th)

Loud, long-lasting, rattling, choking cough; face became red and eyes water when coughing. (19)

Expectoration white, yellowish. (19)

Cough mostly in the morning. (19)

When coughing a feeling as if I would vomit (19)

Pain low down in the back when coughing. (19) [He pointed to the sacro-iliac synchondroses. - Kent]

One constant, racking cough, lasting for fifteen minutes, ending in a long loud inspiration, with blue face and protruding eyes, followed by great languor and sweat. (20) (30th)

A boy of seven years of age having whooping cough of four weeks' standing, went into the woods and was bitten unmercifully by mosquitoes. Hands and face one large blotch. Eyes were swollen; nose inflamed, with constant ineffectual desire to sneeze. Without any medicine the mosquito poisoning passed away and with it the whooping cough, which was followed by a diarrhoea (as described under bowels) (20) *Culex* 30th cured.

Constant desire to cough and sneeze alternately, discharge of globs of mucous from the throat which does not relieve the inclination to cough.

LUNGS

Sore pain in apex of right lung, aggravated by deep breathing or raising the right arm. (5)

Feeling of oppression and anxiety in the chest with frequent desire to take a deep breath and then expire with a sigh during the forenoon. (1)

Dull pain through the lower part of right lung occasionally. (5)

Feeling of fullness in right lung, sore when stooping or leaning forward or raising the right shoulder. (5)

Soreness in right lung. (5)

The right lung felt as if a rubber band was drawn around it. (5)

When first moving to get up felt as if something tight were drawn around it, and this continued for some time after, but gradually wore off (in right lower chest). (5)

Sensation as if soreness and weight in chest with slight pains in left axilla. (7)

Drawing, clawing pains in right lung which sensation changed over to left lung and remained there; this occurred for several hours each day. (11)

Rawness and sore bruised feeling in right chest. (11)

Sharp, lancinating pains in upper part of left lung.

Sudden, cutting pains running up and down and lasting about one minute.

Pain in chest.

Cold sensation in upper portion of right lung. (6th)

Cold sensation in lower half of right lung. (5, 11)

Gripping pain like colic every day in the forenoon, with pain in right lung.

HEART

Cutting pains in the heart. Sharp, cutting pains in muscles of chest; worse on left side. Pains running at right angles with ribs. (20)

OUTER CHEST, MAMMAE

Pain in right pectoral muscles on motion. (5)

Pain and soreness in intercostal muscles. (14)

NECK AND BACK

Lymphatic glands of neck swollen and tender. (1)
 Burning pain in neck. (5)
 Dull pain in nape of neck. (5)
 Heavy aching in left side of lumbar region running up to the scapulae. (5)
 Right side of neck swollen. (5)
 Backache. (3)
 Lameness in back. (6)
 M.B. Sore pain across the back from hip to hip (CM Swan, second day), with sensation of a vacant space in the region of sacrum.

UPPER LIMBS

Fingers began to burn as if frozen and the pain was so severe that I could scarcely stand it. (5)
 Burning in palms and on the thumb. Felt as if rubbed against nettles. (5)
 Itching and burning in palms and fingers. It seemed as if I would have to tear the flesh to get relief; could not sit still on account of the suffering. (5)
 Back of the hands felt as if recovering from frost bite; cold, benumbed feeling. (5)
 Burning in the elbows. (5)
 Rose-red coloured eruption, burning worse from heat, on left arm. (8)
 Arms and hands asleep and prickling. (9)
 Formication on the hands, worse while shutting them.
 Pricking on the left hand. (9)
 Left shoulder sore to touch. (7)
 Slight pain in left shoulder on moving it. (7)
 Rheumatism of anterior muscles of both arms from elbows halfway to shoulders, especially in the right. (7)
 Eruptions on upper limbs as from insect bites, filled with colorless fluid. (12)
 Hands hot and dry. (3)
 Right hand cold; left warm. (3)
 Lameness of the shoulders. (6)
 Itching between the first and second fingers. (16)
 Wheals on the right arm which burn after scratching.
 Fire-red rash on the left wrist. (16)
 Lameness in both shoulders; deltoids feel bruised. (20)

LOWER LIMBS

Limbs feel heavy and have a sort of uneasy restlessness and feel better in the open air. (1)
 Feet feel tired all day, yet no special pain; better in open air; no energy to go out. (1)
 Limbs tired, heavy and restless; did not know where to put them. (1)
 Felt weak as from a long walk. (1)
 Had been walking all day and suddenly felt a dull pain in knee, which was not very severe at first but became more intense as I walked along, and finally, I was compelled to limp. It still became worse and I could not bear my weights on it. This was relieved as soon as I stopped walking. It came on again as soon as I began to walk. I was quite lame when I arrived home at 4 P.M. The pain at that time was so severe that I had to keep the limb quiet. The cold wind of the evening made it worse, but it felt better from warmth and when semi-flexed; but the next morning the left knee was stiff from keeping it so long flexed, for it seemed that I felt the pain all night when I moved it and tried to straighten it out. After being up and about an hour or two the next morning it felt better, although pain continued all day. (1)
 Dull pain in the lower limbs. (1)
 Stiffness not affected by motion. (1)
 From the knees down a terrible burning in the blood vessels rather worse by sitting and from 6 to 7 P.M. The clothing sticks to the skin and the parts burn like fire after tearing it away. (5)
 Pain in the first joint of great toe (left), worse at 2 a.m. (5)
 Limbs feel as if plunged into boiling water, could not bear it. (5)
 Stinging in the shin on left leg. (9)
 A blotch on inner surface of left thigh as large as a 25 cent piece, with itching and burning flea-bite, with little pimples on it. (10)
 Feet burn. (3)

Rheumatic pains in the knees, the left especially. Legs from knees down, especially the ankles, ache and he cannot keep them stiff, no position is easy. (3)
 Soreness as from a bruise in the quadriceps extensor, so bad that he could not bear the least touch. 96)
 Soreness of quadriceps extensor. (14, 16)
 Soreness of toes; between the toes excoriated; intense itching on top of feet; soles tender to pressure. (2))

SLEEP

Restless and tossing about in sleep. (1)
 Waking frequently. (1)
 Troublesome dreams not remembered. (1)
 Dreams of fighting in which he comes out best. (1)
 Dreams that his antagonist is on the other side of the room and he could easily reach across and hit him. (1)
 Every little noise awakes him which is unusual. (1)
 Awoke at 5 a.m. with a desire to rise; tried to lie and sleep as usual, but could not. (1)
 After going to bed at night could not sleep; tossed about. (1)
 Did not feel refreshed after sleep. (1)
 Dreamed he was in a vault or cellar full of human skeletons, but did not feel frightened. (1)
 In the morning on waking felt as though he was going to have a spell of sickness, which feeling passed off as he moved about. (1)
 Dreamed of the dead; of being wronged; troublesome dreams. (5) Disagreeable dreams about gathering the dead, and such characters as are not met with in decent society; murderous acts, etc.
 E.B.T. dreamed that his old friend who had been dead many years came to him and provoked a quarrel; a struggle followed, resulting in the death of his friend, whose body he tossed over the fence with entire absence of feeling in the matter. (17C)
 Broken, restless sleep. Sleep does not refresh. (2)
 Troublesome dreams of fighting monsters; of committing murder. (2)
 Wakes at 5 a.m. and must get out. (2)
 Dreamed he murdered one of his friends; that a friend many years dead came to him and they quarreled and the friend was killed. (2)

CHILL, FEVER, SWEAT

Dry heat at night at times. (5)
 Hot flushes as if a chill would follow. (5)
 Dry heat all at once. (5)
 Hot flushes followed by warm perspiration. (9)
 Hot, oily, sticky, strong-smelling perspiration. (11) (10th to 20th day.) Cold and chilly in the P.M.

SKIN

Burning, itching, maddening, about 5 P.M. (5)
 Heat and burning during the whole proving. (11)
 Eruption like hives or an insect bite, filled with colorless fluid. (12)
 Urticaria, itching and burning. (17)
 Burning and itching all over the body. (20)
 Large wheals, yellowish-white; intense itching; both better while scratching, worse after scratching. (20) (6th)

GENERALITIES

Feel strangled all over as if poisoned. (9)
 Sharp, stinging pains all over the body like needles; lightning-like darting here and there. (9)
 Seem to feel better in the open air, but not much difference any way. (1)
 Head, nose and limb symptoms seemed to get worse till 7 o'clock P.M. Then I drank some tea; went to sleep and woke up perspiring and feeling better. Symptoms generally worse in a warm room. (5)
 Symptoms began to abate about 8 P.M. and are generally gone in an hour or two. (5)
 Symptoms seem most severe from 6 to 7 P.M. (5)
 General soreness when moving at night. (5)
 Is tired; can scarcely move, must lie down.

Symptoms better after 4 P.M. (3)
 Feel very weak and tired, cannot walk straight. (3)
 Symptoms worse morning and evening.
 Better in the open air, worse in a warm room.
 Sore and aching all over. (6)
 General soreness (3)
 Lassitude. (14)
 Lameness. (15)
 So extremely nervous that she cannot keep still; cannot hold hands or feet still. She felt as if she must fly.
 (18) (with CM Swan.)

DISCUSSION

The President: I suppose the introduction of this remedy, like the introduction of *Apis*, *Lachesis* and *Sepia*, will meet from some homœopathic practitioners with the most determined opposition. It took a number of years to introduce *Lachesis* and the same with *Sepia*; and so it may be with *Culex*, which will be received with a good deal of sneering.

Dr.Brown: I rise to approve of this proving and of the efforts made by the chairman of this bureau of Materia Medica to introduce this new animal poison about which we all know more or less. Now, I would like to ask Dr.Wells at which extremity this mosquito is going to work?

Dr.Wells: He is not committed to my care.

Dr.Brown: Is it possible for a mosquito to convey disease from one person to another?

The President: Certainly it is possible. And flies may do the same thing.

Dr.Brown: I saw in some of the symptoms read in this proving a similarity between them and disease I have encountered. The similarity in some instances was very marked. I wouldn't say that the mosquito was always poisoned by coming in contact with that disease, but that disease does certainly produce those symptoms. There may, it is true, be a distinct poison belonging to the mosquito that casues these troubles in those susceptible; because you know some persons are not affected at all by a mosquito. I only say that we must distinguish between these. Some are made susceptible by a former disease, and that may be developed by this contact with the poison from the mosquito. How these green scales and green discharges may be developed by the sting of a mosquito in some subjects and not in others we are at a loss to say; or whether it is conveyed by the mosquito directly, or whether its sting develops the latent poison in the system producing these scales and discharges. I want to say that the chairman has done nobly in spending four years in giving us this remedy, for I firmly believe that our best remedies are among the animal poisons.

Dr.Gee: I want to speak of one thing which has been said of our Society. The members are often said to do nothing. They stand still and do nothing for the medical world; they are of no benefit to the school. They develop no new remedies; in fact they do nothing of a practical character. We are preeminent in the work of a therapeutic character - the healing of the sick. If the members of this association will combine in trying to develop these remedies and find their curative sphere and report next year or as soon as we have found the curative sphere I am sure we will have a better reputations with the profession, even if we can only confirm the provings of these two remedies.

Dr.Wells: I feel very grateful to the chairman of our bureau and his associates for their labor in preparing for the introduction of this subject to our attention. A number of years ago when on a visit to Dr. Hering he expressed to me his sense of the importance of the poison of the mosquito in medicine, but he couldn't get at it; couldn't get enough of it to make a beginning and he never did. It is interesting now if you look at it a moment from our standpoint as believers in dynamized medicinal substances. See the analogy between this, minute as it is, and that of the *Lachesis* or the *Crotalus*. The serpent has an apparatus as you know which secretes the poison that is deposited in a sack at the root of the hollow fang. Now it happened some years ago at my house when the late president of the American Institute was an inmate of my family, and he and my oldest son were very much interested in microscopical investigations, by an accident they made a most perfect dissection of the apparatus of attack of the mosquito. It was beautiful. Here was the gland which secreted the posion and its receptacle; the duct which conveyed it to the piercing instrument, that instrument was hollow. The whole thing was laid out with the muscular apparatus which operates the

instrument of attack. The analogy between that and the snake poison apparatus is certainly interesting to us. If anyone is weak enough to sneer at this because the animal is small, that sneer is smaller than the mosquito.

The President: I meant to say they they sneered at *Lachesis*, not because he was small, but because they couldn't get enough of him.

Dr.Sawyer: It seems there was a pain in the head that settled in the right eye. I have had a case of that kind to treat and have been hunting unsuccessfully for that remedy in the *Materia Medica* for the last three months. So this proving is to me peculiarly interesting, and I want some of that drug to try. I cannot find any other remedy causing pain all over the head that invariably settles over the right eye.

Dr.Brown: Dr.Wells speaks of the smallness of the mosquito and still he speaks of an apparatus which must secrete some kind of poison: that apparatus must be material, small as it is. I cannot make out a dynamis connected with any remedy, either animal, vegetable or mineral, except by the motion that follows when put in contact with a patient. That is all I can think. It produces a change when put in contact. So it is with all the poisons. It is very clear to me that if the mosquito does carry any other disease poison from one individual to another we must distinguish it.

Dr.Swan: Referring to the smallness of the poison or of the quantity, Dr.Saulsbury – the beefsteak-and-hot-water doctor – told me that he had discovered in coryza a baccillus – one of these microscopic insects exceedingly small; that he had found it in a number of cases. I potentized that, and cured those attacks of coryza quicker with that than with any other remedy. It never fails where there is running from the nose, eyes, with sneezing and tendency to discharge from the posterior nares. That remedy is called *Athmatos ciliara*.

Dr.Carleton: Might I suggest to the gentlemen that it would not be amiss to investigate the blood changes produced by this ferment, so that we can compare them with the other blood changes.

Dr.Wells: Regarding this matter of difference between the machine and the dynamis. We have all seen machinery – every one of us – the object of which is to develop electricity. I want to know Mr. President, if you can distinguish between the electricity and the machine. That is all I have to say.

Dr. Kent: I would like to hear from Dr.Guernsey as to his experience with the *Culex*, as he has also made provings of it.

Dr. Guernsey: I have nothing in particular to say except that one of the symptoms, the soreness of the anterior part of the thigh, I have verified in several cases; but nothing further than that.

The President: There was one symptom in the head and nose that I have been looking for about 18 months. In our voluminous provings I found it under two or three remedies, but only to give temporary relief to a patient suffering with vertigo from blowing the nose; this was the general symptom, but that which was peculiar was that this was almost invariably from one nostril only; a violent blowing from that nostril would produce vertigo so that she is compelled to sit or lie down for some time before she is again quite sure of her equilibrium. As I said I have found that symptom under, I think, three different remedies, but only to give temporary relief. Possibly *Culex* is what I am after.

Dr.Curtis: I have watched carefully for the mosquitoes carrying disease and have no doubt of this truth. I have no doubt that the mosquito's poison varies according to its previous habits and manner of life. We find that some mosquitoes from some localities will poison, while mosquitoes from other localities will not. I think that the different effects of the mosquito's sting upon different persons is caused by the disease condition of which the mosquito has last partaken in some of his recent depredations. He wouldn't produce the disease of a person previously attacked, but his sting might have every effect that be modified by that experience. That is one reason why I am always cautious in using the nosodes, because we don't find that products of disease pure. If we did then we could have the substance potentized and proved according to the methods laid down by our school.

Dr.Brown: I think discussion of this kind more important than anything else in the proceedings of the Society, because in this way we attempt to teach each other, and of all things I think no member of this Society should be afraid to express his opinions even in the presence of Dr.Wells, who has a happy faculty of answering every question. Seven years ago I had three cases of the worst form of erysipelas, and two of the cases died. Upon investigation, I found at a short distance from the house, a horse lying in a putrid state. One of these cases I traced directly to the sting of a horsefly. I expressed this opinion to some of the family and to one of the physicians, and he laughed. When called to a case of this nature I have formed the habit of looking for some localized spot or place – for some local injury from insects carrying poison; and that is the reason I introduced that subject here in connection with Dr.Kent's paper.

Dr.Curtis: That is just the point I tried to make a moment ago. Granting it is so about the horse poison causing the erysipelas, and taking this proving of *Culex* into consideration, I think then there is evidence that this poison was modified by the decaying horse, and yet you don't know whether the horse died of erysipelas or not.

Dr.Kent: I am talking now of the *Culex* – the horse doesn't enter into this proving. I was so cautious with my preparation that I observed every one before it went into the bottle, that it was pale and white and not engorged with human or any other blood.

Dr. Ballard: I think the remedies presented bid fair to be very important ones. They will give us weapons to overcome that which we have been unable to handle. We should therefore not attempt during the coming year to increase the number of remedies, but let us take the three that have been presented here today and verify the symptoms.

The President: That is a matter that lies entirely with the Bureau of Materia Medica.

Dr.Kent: The object of carrying on these provings is apparent. But there is another thing. We are using today the same *Lachesis* that we proved. If you want to get the same set of symptoms, or if you want to cure the same symptoms like those mentioned in this paper, you would naturally have to make your selections from the substance from which this proving was made, and not go down into Africa and get a mosquito as big as an ox. It has been my practice to hunt out the substance of these original provings and follow them.

Dr.Ballard: I meant that same preparation which has been proved shall be again re-proven and see if we can verify these symptoms.

The President: In behalf of the Bureau of Materia Medica I would like to make this suggestion to members. It is very easy for members to make suggestions as to what the bureau shall do, but it is a very different thing to get down to the work ourselves. I have been at work for over six years on *Secale* with the attenuations, and I have found it to be a most difficult thing to get a proving. Let every individual member of this Association do his duty and we will have plenty of verifications.

Dr.Biegler: I wish to express my gratification at the work that has been done and presented here by this bureau this afternoon. It seems to be a distinctive and reliable work that has been produced. I know it is. It is the best work, the grandest work that I have met with in any association with which I have been connected. Now as regards the sneers that we may receive because the mosquito is proved. I would not have the least hesitation in giving this proving to any reasonably high-minded, well-educated old school physician and he would give us credit. He would appreciate it. The sneers can only come from some that are not here with us; from men who profess to be Homœopaths, who believe if they treated their patients homœopathically they would die. That is the class of people from whom we may expect to get the sneers.

Dr.Hawley: It has been said that the members of this Association were do-nothings. I just want to say that the persons who make such statements have never been inside of this Association and know nothing about what has been done, nor have they read the transactions of this Association. I have had the transactions of the American Institute for a good many years, and I must say that I wouldn't give the first volume of the transactions of the I.H.A., published two years ago, for all the transactions of the American Institute that I

ever saw. There is one article in that volume on haemorrhoids, by Dr.Guernsey, that is worth a mint, and if this society never did anything else but to collect and arrange it, it has demonstrated its right to exist.

When You Look At It You Don't See It

When you don't see when you look
is called the unobtrusive.

When you don't hear when you listen
is called the rarefied.

When you don't get when you grasp
is called the subtle.

These three cannot be completely fathomed,
so merge into one;

above is not height, below is not dark.

Continuous, unnameable, it returns again to nothing.

This is called the stateless state,

the image of no thing;

this is called mental abstraction.

When you face it you do not see its head,
when you follow it you do not see its back.

Hold the ancient Way

so as to direct present existence;

Only when you can know the ancient

can this be called the basic cycle of the Way

Tao Te Ching.

PART - III

(While Part II features articles from other journals, Part III contains the editor's own contributions and other original articles.)

BOOK SHELF

1. **Boenninghausens Leben - HAHNEMANNs Liebling Schüler**, Friedrich KOTTWITZ, O. -Verlag, Boenninghausenerg am Starnberger Sec, 1985. (German)

This book - "Boenninghausen's Life - HAHNEMANN's favourite Student" by Friedrich KOTTWITZ is the first detailed biography of the great homœopath Clemens Maria Franz von BOENNINGHAUSEN (1785 - 1864). Whatever we have so far had, in any language, have been very brief. This is the first book that gives greater information on the life and works of HAHNEMANN's 'pet' student.

The birth and childhood period, the professional life in Holland, his occupation as District Commissioner, then Commissioner of Law Registration, as a Botanist, as an Agronomist, as homœopath, von BOENNINGHAUSEN's relationship with Samuel and Melanie HAHNEMANN, von BOENNINGHAUSEN and the poetess Annette von DROSTE-HÜLSHOFF, and BOENNINGHAUSEN's memory in the minds of the folks in Münster, are all covered in about 150 pages.

This is followed by an Appendix which contains the geneology of BOENNINGHAUSEN, a 'time table' detailing the different works, publications and their chronology, etc., list of the letters and other communications for publication, Index of the sources from which the work under review has been made possible, index to the foot notes (612 FOOTNOTE numbers) and lastly some pictures.

We learn from this book that BOENNINGHAUSEN's education as Jurist and also more about work as botanist; a plant first mentioned by him *Galeopsis bifida* has been named after him "*Galeopsis bifida Boenninghausenoenn.*" and is known so even today.

Dr.Carl Ernst August WEIHE (1779 - 1834) who was also a botanist was a friend of von BOENNINGHAUSEN.

In the Autumn 1827 two well known physicians diagnosed BOENNINGHAUSEN suffering from consumption. Hopes of cure were given up. von BOENNINGHAUSEN wrote a 'fare-well' letter to his old and unforgettable friend Dr.August WEIHE who was the first homœopath in Westphalia which BOENNINGHAUSEN did not know then. WEIHE was deeply moved by this condition of his dear friend and immediately wrote him asking for the symptoms which BOENNINGHAUSEN furnished. Dr.WEIHE prescribed *Puls.* 30 one dose, followed 4 weeks later by *Sulphur* 30 and with this BOENNINGHAUSEN began to recover. The rest is homœopathic history: BOENNINGHAUSEN studied Homœopathy, tested medicines on himself and with his sound knowledge of botany and extracting medicine from plants became a great homœopath and a trusted, valued, dear disciple of HAHNEMANN.

The book discusses further contributions of BOENNINGHAUSEN, quoting copiously from sources.

BOENNINGHAUSEN experimented with poly prescription; he experimented with different potencies but ultimately remained classical practitioner in the true sense, i.e. the single remedy.

It is a well written refreshing book and personally I got lot of hitherto unknown information.

K.S.SRINIVASAN

2. **Rabindranath TAGORE and his Medical World**, by Ashok K.BAGCHI, Konark Publishers Pvt. Ltd., A-149, Main Vikas Marg, Delhi - 110092. pp.70., h.b., 2000, Rs.150/-

Hearing the name of Sri. Rabindranath TAGORE conjures up before our eyes, his kind face WITH flowing beard and of course his poetry especially "Where the mind is without fear and the head is held high..." which in my school days was sung with fervor and feeling in the morning Assembly Hall. This was before India attained Independence. Many of us were inspired to read his 'Gitanjali' (translation in English) in our teens.

Very recently my friend Prof.R.Rajagopalan, I.I.T. Madras, who has acquired some 'readings' of Sri.TAGORE's poetry by the poet himself, on CD, played it for me. Although I could follow only little Bengali TAGORE's voice and his poetry thrilled me. Incidentally I recalled the late Sarojini NAIDU and her brother late Prof. Harindranath CHATTOPADHYAYA who were great poets and patriots. Where has

all the literary genius of Bengal gone now? Evidently the freedom movement spawned great poets, and now-a-days there is no such high motivation.

It is well known that Homœopathy was strongly rooted in Bengal and almost every Bengalee was well aware of Homœopathy and many of them had their domestic medicine chest.

In the latter half of the 19th century Homœopathy became honored by Dr.Mahendra Lal SIRCAR, M.D. who publicly abandoned completely allopathy and began his practice of Homœopathy. Dr.M.L.SIRCAR was introduced to Homœopathy by Babu Rajendra Lal DUTTA, and thus came a lineage of tall figures of homœopathic doctors in Bengal.

In this milieu it is little surprising that Sri.Rabindranath TAGORE was an ardent follower and practitioner of Homœopathy.

Although this was known, not much has been written on Sri TAGORE and his practice of Homœopathy. This book under review, which falls much below one's expectation however fills to some extent this gap. Perhaps one may be impelled to delve deeper and bring out a more well researched material.

The author says that Samuel HAHNEMANN who founded Homœopathy was "an allopathic physician from Jena in Germany." This is wrong. HAHNEMANN was born in Meissen in Saxony and studied Medicine in Vienna.

"Dr. R.L.DUTTA was not a renowned contemporary physician who persuaded Dr.Mahendralal SIRCAR". Dr.R.L.DUTTA was an aristocrat, highly learned, philanthropic and a homœopath.

Dr.M.L.SIRCAR did not take a 'fancy' to homœopathy, as Dr.Asoke BAGCHI refers to it. His conversion was scientific and complete.

Names of eminent homœopaths are spelled incorrectly (p.17) and in passing, e.g. Lippe (not Lupi), Cowperthwaite (not Cowperthroat), Dewey (not Dewi). Father Mueller of Mangalore is referred as Father Mueller of Manpalox.

An interesting anecdote is given in p.37: Sri.Rabindranath TAGORE while sailing in the river Padma one day saw a figure lying in the island. He sent his boatman who rescued the man and brought him aboard TAGORE's boat. TAGORE learnt that the man who was more or less dead had been abandoned by his master as he was seriously ill with Cholera. TAGORE treated the man with Homœopathy and restored him. The man was then appointed by Sri.TAGORE and he lived long in the household of TAGORE.

Another incident when TAGORE rescued a nearby dead woman from the river into which she had jumped with intention to commit suicide. He treated her with Homœopathy and restored her.

One recalls Constantine HERING saving (on December 15, 1827) a man lying seriously ill on the road side, near Paramaribo.

Although this is not by any means a well-written book, it sheds some light on Gurudev Rabindranath TAGORE's interest in and practice of Homœopathy (and later Schussler's Biochemics) As such the book is welcome.

-K.S.SRINIVASAN

3. H.GARTEN: Akupunktur bei Inneren Erkrankungen, 2., überarbeitete und erweiterte Auflage, Hippokrates Verlag; Stuttgart 1999, DM 89- This is the second edition. 1st edition: 1993. 2nd edition is enlarged, revised in the light of the author's experience.

Although there have been other books on the subject these 2 editions of this book has been called for.

Dr.GARTEN who besides being a practitioner is also a teacher says that he has taken care to adopt the correct nomenclatures.

This is a text-bbok on Acupuncture. It is about the treatment of what in Traditional Chinese Medicine is known as "internal diseases". It enables the application of the Traditional Chinese Medicine (TCM) to apply in practice Acupuncture in Western System. In his Introduction to the 1st edition the author says that in this book it is taught how the Physician after a clear Western Medical diagnosis decides to treat with Acupuncture, slips into the role of the Chinese Physician with a good grasp of the disease with his five senses, can obtain good results.

Acupuncture can be combined with other allopathic or natural therapies, procedures, as also with Homœopathy. However, the best compliment to the Chinese Acupuncture is the Chinese Physiotherapy.

The book can also be used for good training in diagnosis and treatment according to TCM.

The book follows the teaching standards of reputed Chinese Acupuncture Colleges in China. The theories of YIN and YANG and the Five Changing Phases (WU XING), the so-called basic substances, the

clinically relevant aspects of Physiology of Organs (ZANG FU) of TCM, as also the causative factors of the disease, are explained. However, these must be studied in greater depth in other relevant books.

The Meridian points with their Syndrome actions are detailed. The TCM diagnosis is thoroughly depicted. The ZANG FU syndrome is systematised in Western Diagnosis.

The book is divided into four main sections: 1. Fundamentals, 2. Diagnosis, 3. Therapy and 4. Appendix.

The 'Fundamentals' deals with the theories of YIN and YANG and the five substances - QI, ZUE, JING, JIN YE, SHEN (BING YIN), functions of the lead points (lung, colon, stomach, etc.) are given in detail.

The 'Diagnosis' deals with (i.) the four methods of examination (SI ZEHN) - Interrogation, Inspection, Palpation, Auscultation and Olfaction; and (ii) the eight diagnostic criteria (BA GANG, BIAN ZHENG). These are explained thoroughly. Since the tongue would tell a lot, clear color pictures teaches it beautifully.

The 'Interrogation' (WEN ZHEN) Schema is typically as in Homœopathy. What is the main ailment? Where is the ailment localised? When has the ailment begun? How are the ailments characterised, how is the character of the pain? What modalities better and worsen the ailments (warmth, cold, massage, rest, motion, pressure, touch, daytime, nights)?

Section III details the 'Syndrome diagnosis for therapy', disease picture, and repertory of the important therapeutic principles.

The 'disease picture' covers all the disease states, e.g. acute bronchitis, acute asthma, chronic bronchitis/asthma, gastritis, diarrhoea, morbus crohn, skin diseases, cardiac disorder, gynaecological diseases, urologic diseases, paralysis etc. etc.

This section carries many case examples (model cases) which a student may work upon.

This section ends with a brief repertory.

Lastly Section IV discusses the Psychic Aspects of the Functional zones.

The book is copiously illustrated with Acupuncture points, tables, diagrams.

Printed on good quality paper, easily readable font.

Those with a reasonable knowledge of German language will benefit from this book. Warmly recommended.

K.S.SRINIVASAN

I love this lake,
Basin of heavenly tears,
Tilted from lunar pull
Jostling its shore.
I love these mountains,
Stark rock outcroppings,
Sculpted by the oceans.
Lifted at some unknown time,
Isolated in a field of vetch,
Cleaved by silver falls.
A sentinel owl regards me unblinkingly,
And beyond, alpine forests form a cadence
To a distant moon.

The earth is overrun by investigators and engineers. The wilderness is made vulgar with the noise of tourists. We don't need their thermometers and saws. We don't need bridges and monuments. In the context of Tao, this is to violate the earth with human ambition and to crawl over the landscape like flies over fresh fruit. Instead we should simply walk through this mysterious world without being a burden to it.
-DENG MING-DAO, in Daily Meditations.

COMING EVENTS

1. 2nd Asia Pacific Conference on Acupuncture, Oriental & Alternative Medicine, 3, 4, 5th Sept., 2000 at Kota Bharu, Malaysia. Program: Surgical cases cured by Homœopathy, Ayurveda, Herbal, Chinese Medicine and other Complementary Medicines on brain tumor, fibroid, cysts, etc; Role of Traditional and Complementary Medicine on Psychiatric and Psychological Disorder etc. Those who wish to present scientific papers are requested to send the material for printing before June 30. All papers must be written in English and must be neat. Registration: Before August 15th US \$ 250.00, Accompanying person US \$ 150.00. After August 15th/On the Spot Registration: US \$ 300.00 and Accompanying person: US \$ 150.00. This fee includes Congress Fee, Free 3 days and 2 night accomodation at Hotel Perdana (sharing room basis), 3 lunches and tea breaks. All payment must be made by Bank Draft payable to The Faculty of Homeopathy Malaysia, Address: Batu 5 1/2 Lorong Masjid Kg. Chicha, Kubang Kerian, 16150 Kota Bharu, Kelantan. Tel: 09-7643349 or 09-7440440 Fax - 09-7437400 or 03-2983242. Email: drnik@acupuncture.com and mnri_acupuncture@yahoo.com.

2. The Millenium Bombay Seminar 2001 Organised by Homœopathic Research and Charities from 9th to 14th January 2001 at Birla Mathusri Sabhagar, 19 New Marine Lines, Near Bombay Hospital, Mumbai 400 020. Speakers are Dr.Rajan Sankaran, Dr.Sudhir Baldota, Dr.Jayesh Shah, Dr.Sujit Chaterjee, Dr.Sunil Anand and Dr.Divya Chhabra. Contact: Homœopathic Research and Charities, 201, Dinar, 20 Station Road, Santacruz west, Mumbai 400 054, India. Tel: +9122 6050914 Fax: 9122 6045637 email: seminar@homœopathyindia.org

3. Revolutionized Homœopathic Seminar by Dr.Sehgal's School of Revolutionized Homœopathy. Three day seminar with Drs.Sanjay and Yogesh Sehgal (Introductory level) and Dr.M.L.Sehgal (Advanced Level), on the 15th, 16th and 17th September 2000 at Indian Social Institute, 10, Institutional Area, Behind Sai Baba Mandir, Lodhi Road, New Delhi 110 003. Tel: 4622379. Fees: For Introductory lecture: Rs.150 (For Doctors), Rs.100 (for students). For Advanced level: Rs.1000 (for Reception committee Members), Rs.600 (for Doctors), Rs 400 (for Students). Cash to be sent by M.O. in favor of Dr.Preethi Sehgal. By Cheque (please add Rs.10 for outstation cheques)/DD in favor of Dr.Sehgal's School of Revolutionized Homœopathy to the following Address: 19-A, Pocket - A, Mayur Vihar Ph- II, New Delhi - 110 091. (For Accomodation inform before the 15th July as only 20 beds on twin sharing basis are available) Enquiry contact: 011 2474751, email: Sehgalrh@ndf.vsnl.net.in

4. A two day International Conference, 22-23 February 2001, London, UK. Improving the success of Homeopathy 3: Reuniting Art with Science, organised by Royal London Homœopathic Hospital. Register online at: www.rlhh.org.uk/conference or fax back to: +44(0)20 7833 7212 or Vina Owen, Academic Unit, The Royal London Homœopathic Hospital, Great Ormond Street, London WCIN 3HR, United Kingdom.

5. Lions Club of Kottayam, Round Table of Homœopathy, Institute of Homœopathy, Kerala, Kottayam branch organise the Continuing Medical Education (CME) programme for one day audio-visual-computer seminar on the following subjects with Dr.R.P.Patel at Shree Prabhudas Patel Memorial Hall, Lions Club, Kottayam.

17.09.2000: Understanding the application of Homœopathy in the treatment of Cancer patients with the presentation of cured cases. Discussion.

21.01.2001: Dr.HAHNEMANN's Concept of Chronic Miasms and their application in day to day practice with cases. Discussion.

18.03.2001: A concept of Expert system in Homœopathy and its practical application in acute as well as in chronic diseases with cases. Discussion.

Delegate fees: Rs.50/-(includes vegetarian lunch and tea) for one subject. Please send M.O. to the

Secretary, Lions Club of Kottayam, Child Welfare and Development Centre, Near Kottayam Rly. Station,
KOTTAYAM - 686 001. Kerala, INDIA.-----

OPEN INVITATION FOR OPINION POLL - A SURVEY

Is it possible to have **automatically** the following achievements for Homœopathic repertorization through mind or mechanical means (Card system, Strip system or any Computer program) at one go as soon as you enter in the program the patient’s symptoms one or all the symptoms at a time which you have selected for repertorization **in any order or haphazardly?**

1. **Analyse or classifies symptoms** - Mentals, physical generals, particulars in hierarchy.
2. **Evaluates symptoms** - Will, emotion, intellect, memory, physical general, particular, common, peculiar etc. in hierarchy. (Dr.HAHNEMANN. Para. 210: Dr.Kent)
3. **Classifies miasm of each symptom(s)** - Psora, Sycosis, Syphilis and their latent symptoms in order of their prominence/predominance. (Dr.HAHNEMANN, Dr.Allen, J.H.)
4. **Evaluates miasmatic medicines** - anti-psoric, anti-sycotic, anti-syphilitic or mixed one.
5. **Gives consolidated result of medicines(s)** - with total marks and % and frequency of symptoms cover with % by each medicine according to Dr.HAHNEMANN in two cases mentioned in M.M.Pura. Part 1, PP. 20, 21, 22, 23.
6. **Evaluates only** “more striking, singular, uncommon and peculiar (characteristic) signs and symptoms” according to Dr.HAHNEMANN (Para. 153).
7. **Compares instantly** all repertorial methods whatever you follow.

OH! NO! How is it possible? It is possible really?

Please give your opinion in,

YES: Possible _____ (Write your reasons, how?)

NO: Impossible _____ (Write your reasons, why?)

Your name and address, please

Write to: Dr. R.P.Patel, HAHNEMANN House, College Road, Kottayam, - 686 001, Kerala, INDIA.

Angustra vera

The Bridge

This is a remedy for rheumatism with cracking joints in hypersensitive individuals who are characterized by their great desire for coffee (Nux vomica).

As studied by E.VALERO, the *Angustra vera* subjects are people afflicted with vertigo when passing over water, with fear of sinking. The bridge symbolizes the passage from one shore to another, the transition between two states or two desires in conflict (“make it or break it”). They must pass over the river of daily selfish desire to reach the other side, which is paradise. They need their coffee for stimulation so they can go out and meet this challenge.

For MASI, *Angustra vera* doubts the power of mind over the voluntary muscles. These individuals would like to attain bliss through their natural powers, which fail them (blocked by osteoarthritis, for example). They thus turn to stimulants (coffee), which they abuse.

These are people who are always disappointed as soon as they reach their goals and obtain what they wanted. They must learn that bliss is not reached through achievements in the material world, nor in aggrandizement of the ego, but in fulfilling the true potential of the heart.

The Spirit of Homeopathic Medicines, Didier GRANDGEORGE, North Atlantic Books, Berkeley, California

2. QHD, VOL. XVII, 3 & 4, 2000

Part I. Current Literature Listing

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, 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.

I. PHILOSOPHY

1. HAHNEMANNs Miasmenlehre - aktuell bis heute (HAHNEMANN's Miasm theory - Actual until date)

BAIERL, H. (AHZ, 244, 4/1999)

This is a contribution to a discussion presently by many groups about the important issue of Miasms. In this article the author goes back to the roots of the teaching of Miasms, to the original writings of HAHNEMANN, and particularly wants to show the practical implications of the teaching of Miasms. The pragmatic HAHNEMANN, to whom everyone finally refers in all matters, has shown us with his irrefutable clarity and unprejudicial gift of observation, the most valuable therapeutic instructions on how to treat chronic diseases. (The Editors of the Journal have given a Note at the end that on Forensic grounds the homœopathic physician in Germany must treat acute Gonorrhœas and Syphilis by Antibiotics. It will be necessary that carefully documented cases treated homœopathically are documented.)

2. Einige kritischer Gedanken zur Psoralehre aus heutiger Sicht (Some critical thoughts on Psora theory with reference to current view)

STER, A. (AHZ, 244, 4/1999)

In a brief article the author discusses the Syphilis, Sycosis and Psora of HAHNEMANN's times and his theory based on them vis-a-vis the modern development of these pathologies including the vaccination-induced disturbance of the Immune System.

3. Die homœopathische Behandlung von Verbrennungen und Erfrierungen und das Prinzip der Ähnlichkeit (The homœopathic treatment of Burns and Frostbites and the principle of Similarity)

LANG, G. (AHZ, 244, 4/1999)

The homœopathic treatment of Burns and Frostbites is based on very old and reliable experiences and should be scrupulously followed as laid down by HAHNEMANN in **Organon** so exemplarily. Clinical experiments are suggested.

4. Die moderne Behandlung der chronischen Krankheiten (The modern treatment of chronic diseases)

SPINEDI, D. (ZKH, 43, 4-5/1999).

The treatment of chronic diseases according to KÜNZLI in the tradition of HAHNEMANN and KENT as well as P.SCHMIDT is presented. Analysis of KENT's statements with respect to the particular time they were made. About the little importance of the 'Mind' symptoms for the choice of remedies and the different conditions of homœopathic medicines to heal chronic diseases. Reflection on Miasms of HAHNEMANN and their confirmation by recent findings in Microbiology.

5. Em busca da medicina positiva: positivismo e homeopatia no inicio do seculo XX (In search of positivism and Homœopathy in the beginning of the 20th Century)

SIGOLO Renata Palandri (RH, 64, 1-4/1999)

Homœopathic medicine used several legitimization strategies all along its history in Brazil. One of them was the approximation which in the beginning of the Century, spread within the Brazilian intellectuality.

6. Alchemistische Grillen?
(Alchemistic Fancies?)
APPELL, R.G. (AHZ, 244, 5/1999)

In § 28 of the **Organon** HAHNEMANN dismisses scientific explanation of the fact that a weaker dynamic affection will be extinguished by a stronger one applied, if there is similarity in their manifestations. An explanation would have meant an acknowledgment of the knowledge of hermetic and alchemistic tradition, which was well-known to HAHNEMANN, especially the concept of elective attraction, which became obsolete during his time. By denying these occult sources, they have remained till date for us to ponder over.

7. Cura Homeopática e a Racionalidade
Médica (Homœopathic Cure and Medical Rationality)
PADILHA Denise O. (RH, 64, 1-4/1999)

An epistemological approach is proposed for education and research in Homœopathy.

8. The relationship between Homœopathy and the Dr.Bach system of flower remedies: A Critical appraisal
VAN HASELEN (BHJ, 88, 3/1999)

The relationship between Homœopathy and the Dr.BACH system of flower remedies is explored. A historical perspective is given, doctrinal similarities and dissimilarities between both systems are discussed and the relationship between remedies used in Homœopathy as well as in Dr.Bach's system of flower remedies is explored. It is concluded that although both systems are clearly different, some common ground exists and that both systems may have a complementary role which is perhaps insufficiently recognised.

9. The Doctrine of Signatures: a historical, philosophical and scientific view (I)
RICHARDSON-BOEDLER,C. (BHJ, 88, 4/1999)

The evolution of the Doctrine of Signatures is presented, with reference to a physical as well as mental/spiritual mode of relating nature's medicinal substances to the human symptoms. Symbolism, intuition, biological observation, and the study of the medicinal properties serve as guides in the Doctrine of Signatures; modern science offers additional dimensions by relating physiological processes to physiology of disease.

10. Dreams and Homœopathy
DAM, Kees (HL, 12, 3 & 4/1999)

(This is an English translation of an article from the Dutch-Belgian Journal for Classical Homœopathy 'Simillima' (May 1992). This is about the importance of dreams with regards to provings, and to finding and evaluating remedies. Based on the experience of several dream provings with well known remedies we can see that taking a particular remedy brings out clearly discernible core themes of that remedy in our dreams. Some examples of dreams that came up under the influence of a remedy are given.

A dream is a very subtle, sensitive biological activity which gives very precise indications on what is happening in the subconscious, what is being processed and which direction this process is taking. Dreams can be the first indication that a remedy is working, although it can never become the ultimate criteria for evaluation. Through dreams we can know if the 'core' of the person has been touched by the remedy. Many examples of dream interpretation are given.

11. The Alchemy of Homœopathy - An Interview
JANE Cicchetti (SIM, XII, 3/1999)

The interview gives a good insight of the relation between Alchemical texts and the Organon, the relation between Alchemy and dreams, practical implication of Alchemy in the practice of Homœopathy,

although alchemy may be helpful in understanding a specific remedy, it is only by closely sticking to **Organon** and **Chronic Diseases** this can be obtained.

12. A Question of Similars.

TAYLOR, Will (HT, 19, 2/1999).

The author explains that, Cure by similars is not exclusively a property of the minimum dose or the dynamized remedy. Many substances that are effective in crude doses act as simillima, there is a great anecdote of medical history in this regard. A French Physician, DuFresnoy witnessed a cure of a herpetic eruption of six years standing when the patient accidentally gotten into the plant (*Rhus toxicodendron*). The medicinal disease (Rhus poisoning) was certainly not a gentle cure, but DuFresnoy began employing it rather successfully in treating herpetic eruptions. Crude substances induce a medicinal disease. If this medicinal disease is homœopathic to the natural disease of the patient, it can act curatively. If this is dissimilar to the natural disease of the patient, it can displace the natural disease, but only in a palliative or suppressive manner. Only a similar disease can act curatively. Refer to the **Organon** (6th edition), paragraphs 22-71.

Destructive pathology such as non-union of fractures are included in the sphere of action of a remedy only from clinical observation. HERING and BOGER argued regarding what value our materia medica should place on symptoms gathered from Clinical experience vs. Symptoms from provings.

13. The Deeper Meaning of Homœopathy.

WARKENTIN, David Kent (HT, 19, 2/1999).

(Address delivered in the tenth annual Society of Homœopaths Conference in UK)

The lecture gives us the lesson that relates to our growth as much as our prescribing. Homœopathy is the art of transformation : transformation of our patients, transformation of the society, and of course, though perhaps subconsciously, transformation of ourselves:

Materialists may opine that we are not prescribing an actual medicine and may further say that it only gives placebo effect. In the placebo effect the person is somehow able to activate their healing powers to cure themselves. We have an extremely sophisticated way to consistently stimulate the natural healing mechanisms.

Symptoms are a major way that our subconscious uses to get our attention, our goal is not to eliminate symptoms but to empower people.

Cure does not mean to relieve the aches and pains but to go deeper and improve the way our patients feel in the world, softening their anger, strengthening their confidence and soothing their fears. Real cure is only as insightful as our level of wisdom.

The universe is providing the Cure and we are only a handy tool of it. Any healing comes as grace; it is given when the time is ripe and not before. A person who is ready to be transformed will find whatever they need to transform them. If we are an appropriate vehicle, they'll end up at our door.

Healing is by learning our tools, our remedies, so thoroughly that they become familiar so that we can perceive both the remedy and the patient as completely as possible. We have to have a wide vision to perceive the true essences within! Our involvement with Homœopathy is healing us as much as the remedies are healing our patients.

Finally the author encourages us to be aware of our level of fascination as we listen to the speakers. Learning, skill, growth and love depend on fascination. We are at the tip of an unfolding universe - and we should keep our eyes open for the coincidences that are coming our way.

14. Is the **Organon** still relevant?

TAYLOR Will (HT, 19, 3/1999)

In this article the author answers the question. Are the ideas presented in the **Organon** still relevant to us? HAHNEMANN's writings endure, and today we find ourselves looking to them as a perspective on disease and healing to provide an alternative to a very changed "old school" medicine; one that defends itself squarely in the much advanced sciences of biochemistry, molecular genetics, and physiological pathology.

One of the guiding principles of Homœopathy that comes under contemporary criticism is the HAHNEMANNian definition of disease and cure, as described in the **Organon** in aphorisms 6-18. The practical edge of this is grasped in aphorism 8, where HAHNEMANN states: "It is not conceivable, nor can it be shown through any experience in the world that, after lifting of all the symptoms of the disease and of the entire complex of perceptible befallments, anything else besides health remains or could remain such that the diseased alteration in the interior would be left unexpunged".

The author gives the example of a patient who had chicken-pox at the age of 2 developed "shingles" at 43-years of age where the organism remained dormant in the dorsal root ganglion and brought out by some emotional stress. So what is happening with this patient for the past 41 years ? If we look back at aphorism 14, "There is nothing curably diseased nor any curable, invisible disease alteration in the human interior that, by disease signs and symptoms, would not present itself to the exactly observing physician for discernment ..." But for 41 years there have been no blisters, no pain, no sign of "shingles". The clue resides in the above aphorism, and it is what distinguishes our art from that of conventional medicine. HAHNEMANN used the term "genau beobachtenden Ärzte" - "meticulously observing medical practitioner". In our recognition of disease as a dynamic disattunement of the vital force of the organism, we have a basis for appreciating many aspects of our patient that conventional medicine can only shrug off as peripheral, we have a basis for appreciating our "meticulous observations" of the patient.

15. Dynamic Medicine : The Substance and the Patient.
ULLMAN-REICHENBERG Judyth, ULLMAN Robert (HT, 19, 5/1999)

An interesting article which deals with the nature and form of the substance, the characteristics of the three kingdoms (animal, plant, and mineral) and the more specific understanding of the categories within each kingdom, as a very useful aid to finding the remedy. It is important to realize, though, that this is just one tool among many in discovering the simillimum.

The relationship of substance to remedy can be seen in a variety of ways. The form and colors of the substance, its behavior, its physical and chemical properties, and especially its effect on people who are exposed to it, brought out both subtly and grossly by provings and toxicology. The suspicion of the snake remedies, the self-worth issues and need for nurturance of the milk remedies, the extreme behavior of the psychoactive plant mania remedies, the exaggeration of qualities, confusion and dis-orientation of the drug remedies, the performance issues of the metals, and the relationship issues of the mineral salts can all be discerned from some aspect of the qualities of their respective substances. [None of these can be relied upon; these are all speculations. HAHNEMANN has said quiet clearly and unambiguously that the **pure** action of each medicinal substance can be ascertained only by investigation on the human body itself - "Proving" as it is termed in Homœopathy. The HAHNEMANN's 1796 "**Essay on a New Principle for ascertaining the Curative Powers of Drugs**" = KSS]

II. MATERIA MEDICA

1. Der Wert der Nosodes (The Value of the Nosodes)
PTOK M. (AHZ, 244, 5/1999)

Nosodes in homœopathic practice are toxins and disease causative agents, potentised according to pharmaceutical rules. These are very powerful, and irreplaceable remedies and have been in use since the times of HAHNEMANN. Except in the case of the heritage Nosodes, the information we have about the others are incomplete. Till today the indications for these not well-proven Nosodes have been only clinical experience. Some further Nosodes are mentioned in this article with their uses in daily practice. Proper homœopathic provings must be carried out in respect of these remedies so that they find their rightful place in the homœopathic Materia Medica.

2. *Cardiospermum halicacabum*
HÜBNER G. (AHZ, 244, 6/1999)

Cardiospermum halicacabum introduced into the homœopathic Materia Medica only few decades ago has proven to be an important constitutional medicine. It is helpful in Psoric disorders by its action on the

constitutional factors of *Diphtherinum* and *Tuberculinum*. Besides the indications so far given, particular attention may be given to the effects of *Cardiospermum* on the Myocardium, Trigeminal nerves, as well as on the malignant and benign tumours where the Diphtherinum factor is of fundamental pathogenic importance. [A Proving of *Cardiospermum halicacabum* appeared in the ZKH, 34, 3&4/1990 = KSS]

3. Estudo Quimico du *Causticum*

(*Causticum*: a chemical study)

FREITAS Eliandro Guerra, FERREIRA Rinaldo, (RH, 64, 1-4/1999).

The authors carried out a research on *Causticum*, a medicine introduced by HAHNEMANN in the **Homœopathic Materia Medica**, within the context of physico chemical features.

Causticum identification in the homœopathic pharmacies is suggested. (see QHD, also for researches on this medicine = KSS.)

4. *Niccolum metallicum*

HAHNEMAN,A., KRUSE, D., GUNDLACH, E., von FRENTZ Raitz., RÜGGE, I., SEANNER, S. (ZKH, 43, 4/1999)

Niccolum is a remedy not often prescribed. The authors present two cases in which the remedy was found through small rubrics. In both these cases a strong symptom was the patient's strong reaction to injustice. The authors wonder whether in the light of their experience, this symptom may be taken as a definite differentiation.

5. *Agaricus muscarius* - eine seltene

Indikation (*Agaricus muscarius* –

A rare indication)

ILLING K.-H. (ZKH, 43, 5/1999)

A 25 year-old male complained of twitching of the right under-lid since years. He felt that the twitching came from a scar in the under-lid as a result of an injury in his childhood. He had no other symptom whatever. There are many remedies in the KENT Repertory, but since the patient had no other symptom, it was decided to look into the 'small' remedies. *Agaricus muscarius* was selected and given in 30 potency and there was rapid relief. However there was need to repeat this remedy twelve times over a period of about 18 years and each time the relief held for longer and longer period; the last dose of C 30 was on 10.12.1998.

Interestingly his 10 year-old son complained from twitching of the right upper eye-lid, since "some time". *Agaricus muscarius* 30 gave rapid relief. It was repeated nine months later. This boy had received earlier for various ailments *Sulphur* 30 and it relieved him of those complaints but not the twitching of the eyelid although *Sulphur* is given in the highest grade in the Repertory!

6. Materia Medica - *Natrum sulfuratum*

ZAUNER, B. (ZKH, 43, 5/1999)

The first proving was published in the 'Stapf's Archiv' in 1838 by an anonymous' translator (French to German). KLUNKER made a critical translation and found many errors in the Stapf translation. KLUNKER's clarified and corrected translation was published in the ZKH, 39, 2& 4/1995 (see QHD, XIII, 1, 1996).

In the present ZAUNER further clarifies that there were four Provings during HAHNEMANN's time: the first one by HAHNEMANN's friend CROSERIO (which was the one corrected and published by KLUNKER) had 216 symptoms and 94 symptom from remaining three provers (E.ANTRAIGER, DUNFORD, Adolph STRAUB). Dr. ZAUNER has now compiled a 'Head-to-Foot' scheme of the Provings, so that the material would be available to the Profession for application.

7. Die charakteristischen Symptome von *Belladonna* nach Clemens von Bönninghausen

(Characteristic Symptoms of *Belladonna* according to BOENNINGHAUSEN)

JANSEN A. (ZKH, 43, 6/1999)

A handwritten manuscript of von BOENNINGHAUSEN in the possession of the **Institute for History of Medicine** of the **Robert Bosch Foundation, Stuttgart**, has been studied. This appears to be BOENNINGHAUSEN's manuscript for drawing out a picture of the characteristic symptoms of *Belladonna*.

It would be valuable if these are added to the future publication of BOENNINGHAUSEN's **Materia Medica and Repertory**.

8. Einige Fehler und Unklarheiten in unseren Materia Medicas und Repertorien (Some errors and confusions in our Materia Medicas and Repertories)
SRINIVASAN, K.S. (ZKH, 43, 5/1999)

In the ZKH, 42, 6/1998, ANDERSCH-HARTNER pointed out certain errors in respect of the remedy *Aqua Marina*, in the Mind chapter of the Repertories.

In the present article the author compares the proving symptoms given by the prover Dr.P.SANKARAN and published by him, and O.A. JULIAN's Materia Medica. Serious errors have been observed which need to be corrected in the current copies of the Materia Medicas and Repertories.

9. Physical, Chemical and Biological essay of *Tylophora indica* mother tincture - a comparative study.
MINATI Nandi (BHJ, 88, 4/1999)

Successful use of homœopathic medicines is related to the purity and quality of crude and finished products. To maintain the quality of *Tylophora indica* mother tincture, a comparative study on physical, chemical and biological assay of five samples (reference laboratory and market) of *Tylophora indica* was carried out. The market sample showed different chromatographic characteristics and may have been prepared from a different species. *Tylophora indica* has antispasmodic and hypotensive properties.

10. *Candida albicans* - A Proving Report and a Case.
RIEFER Marco (HL,11,4/1998)

The author has given a kind of 'synopsis' of the 'proving' but not the actual Proving. According to our understanding, a Proving report should mention the source of the substance, how it was prepared for the homœopathic Proving, the dosage proved, the day/datewise appearance of the symptoms in the language of the 'prover', etc. The 'Master Prover' may give his 'summing up' and clinical applications after these. Unfortunately we are given straight away a synopsis of the 'themes' (a word coined by the neo-teachers of Homœopathy, never used by the pioneers of Homœopathy) and are asked to accept it.

O.A.JULIAN's Materia Medica of the Nosodes contains a brief article on *Candida albicans* or *Monilia albicans*). Many of the 'clinical' conditions mentioned by JULIAN seem to agree with this article.

11. *Aconitum napellus*
BOERICKE, William (HL, 12,1/1999)

This is a lecture given in February, 1916 at University of California Medical School. Some extracts: The name *Aconite* is derived from Aconai, a place near Heraclea where Hercules descended to the infernal regions and where the plant abounded and where it was produced by the foam scattered about by Cerberus, the watch dog of the infernal region, when brought up on earth. The virile poisonous character of it is thus easily accounted for! ...In 1796, HAHNEMANN, in a paper in **Hufeland's Journal**, described the well-known poisonous effects of Aconite on the healthy body. His great proving was made in 1805. The drug was subsequently re-proved by the **Austrian Society of Provers**, not only confirming HAHNEMANN's, but also his therapeutic inferences from his own meager provings, showing his masterful insight. ...very different does *Aconite* manifest its effects upon the body. Suddenly and violently it enters the arena. No tissues changed, no organs greatly disarranged, no secretions altered, yet the whole organism is suddenly subjected to a violent nerve and circulatory storm, that drives the blood through the system at a terrific rate, raises its temperature, producing mental anxiety and fear that destruction is certainly at hand.

...*Aconite* patient is always hot, they are apt to be complaining because of their uncomfortable bodily condition, usually restless, and their first and last thought is for water; allow the *Aconite* patient all the water he or she will drink, make no restriction. They have anguish of body and mind but the *Aconite* case is always temporarily relieved after taking a large draught of water.

...*Aconite* effects are soon exhausted. Therefore we repeat the doses rather frequently and expect to see results promptly.

...it is NOT the remedy to every kind of fever. Why? Because its symptoms portray only simple inflammatory, catarrhal and rheumatic fever. It is worse than useless to give it in typhoid or hectic or even in the fever that is symptomatic of acute local inflammations... the very method of *Aconite* disease is characterized by general circulatory disturbance, by suddenness and violence, acuteness of development, conditions just to those found in the fevers depending on some septicemic cause. It is the plethoric, healthy individual, that is taken suddenly and violently after exposure, or from some mental cause; fright for instance and shows symptoms like those produced by *Aconite*. The weak, careworn, exhausted individuals never taken suddenly, is rarely a case for *Aconite*. The *Aconite* fever is neurotic not toxaemic.

...it develops very few symptoms of localised disease, and so it will do very little when local deposits have taken place. ...*Aconite* causes only functional disturbances. There is scarcely any evidence of power to produce tissue change - its action is brief and shows no marked periodicity, no blood changes.

12. The Essence of *Carcinosinum*

STEINER, Hansueli (HL, 12, 1/1999)

The author directs the reader's attention to what he considers a popular pitfall in a Homœopath's endeavor to formulate an objective picture of the essence of *Carcinosinum*. He proposes that it is the homœopath's own emotional 'burden,' his fear of death, destruction and loss of control, which prevents him to see a side of Cancer which in fact seems to correspond with prevalent homœopathic thinking. He uses the ideas of Monika WIEDEMANN-BORNE, as well as his own ideas to create a deeper understanding of Cancer. She says about Cancer: "Some one who becomes ill with Cancer has not been living his own life but that of someone else, and they have given up hope of ever living their own life" and "and thus the craving for a true life, this real longing has moved inward, the shadow of the body, has curled into a ball under the enormous pressure (repression?) and it grows and develops and is called an evil. ...the tumor is made up of UN-lived vital energy, UN-lived because to live it would have been bad." The author says: "Cancer cells to me represent the real 'me' in a person when the rest of the organism has betrayed his soul. Cancer cells are the organism's last stand in its effort to give expression to the soul, to give substance to life. Why should we be prejudiced against cells because they are undifferentiated, 'primitive' and overly creative? After all, aren't we in awe of our similarly primitive and undifferentiated and creative reproductive cells? ...I see the essence of *Carcinosinum* and of the tumour cells as the total and oblivious devotion to give the organism a means of expressing his soul, a desperate means by which to achieve true life."

13. Information and Synopsis of a new proving - *Helodrilus caliginosus*

KLEIN, Louis (HL, 12, 1/1999)

This is a proving of the Earthworm. Earthworm has been used for hundred years in Chinese medicinal concoctions. The current trend is to potentise intense substances such as venom's etc. for consideration in aggressive and egocentric patients. But most people don't feel poisonous and aggressive but rather small. They feel as small as a worm, or worm like, vulnerable: the reasons for choosing to prove the earthworm. The particular earthworm used in the proving was found by a specialist. It was carefully classified prior to potentisation. The entire worm was macerated with milk sugar and then potentised to the 30 potency by Michael QUINN of the HAHNEMANN Pharmacy, San Rafael, CA. The remedy is available from them.

14. *Maiasaura lapidea* - Bone of the

Dinosaur

HERRICK, Nancy (HL, 12,1/1999)

This is a reprint of the chapter on Dinosaur from NANCY's recent book on provings '**Animal Mind, Human Voices.**' Seven provers took the remedy in a C30. Each participant, blinded totally as to the

substance, was mailed a vial of the remedy, together with a proving booklet to record each new symptom for a period of three weeks. A proving meeting was held at the end of three weeks. The particular fossil used in this proving was discovered in Southern New Mexico. It was found on a paleontological dig and professionally analyzed as to its content. The individual responsible for its discovery is Zachary KRUG. The fossil used for the proving is a small, pinkish, rough piece that is not identifiable as to body part..

15. The toxicology of *Latrodectus mactans*
BONNET, Michel (HL, 12, 1/1999)

The aim of this article is firstly to complement the provings of *Latrodectus mactans* by adding the toxicology of this animal as reported in the medical journals. Secondly, it is to add biology and natural history to the homœopathic picture. Thirdly and most importantly, this article is the first of a short series of three which will act as the basis for comparing the toxicology of the three black widow spider species known to Homœopathy.

16. I'm Alone in the Whole Universe - The *Camphora* state discussed AVEDISSIAN, Keith
(HL,12,2/1999)

With the help of four cases the author discusses the theme of *Camphora*. There is an underlying great feeling of aloneness, an emptiness, a desolate feeling of coldness. Their depressions, their fears will be centered around this aloneness. The emptiness of *Camphora* feels like hell and that's what they want to avoid. There is usually a positive side to these patients which is a hope that things will be better soon. They can be violent, aggressive and very demanding of your attention. In extreme cases you see the 'shrieking for aid' as their symptoms intensify. Their reactions can become quite 'acute' almost frenzied in nature having fears of the dark, danger or evil. He has also compared *Camphora* with *Pulsatilla*, *Stramonium* and *Platina*.

17. 'Deadly Romance' - a Homœopathic Proving *Latrodectus hasseltii* - Redback Spider
TWOHIG, Julia (HL, 12,2/1999)

The decision to prove a substance indigenous to Australia grew out of an increasing need to see some of Australia's unique flora, fauna and elements represented in the Repertories and Materia Medicas. The proving protocol, the process of proving, the provers, information about the red-back spider, the envenomation etc are all given in great detail. But only some examples of the symptoms from the proving are given. [See BHJ, 88,1/1999, The toxicology of *Latrodectus hasseltii* by M.S.BONNET= KSS]

18. Nature's Drug Addict? A proving of *Phascolarctos cinereus*
ROBBINS Phillip and the Northern Rivers Homœopathic Study Group, Australia
(HL, 12,2/1999)

A proving of the Australian *Koala*. Only the themes from the proving are given.

19. An involuntary proving of *Capsicum*
FUCKERT, Manfred (HL, 12, 3/1999)

An account of the symptoms that developed within an hour after peeling away the seeds from the fruit of *Capsicum*, despite having thoroughly washed the hands afterwards. Also symptoms after inhalation of the smell of *Capsicum* from a distance. A conclusion the author draws from this proving: *Capsicum* could be indicated for people who are tired of their daily routines ('fed up,' 'sick of it') and therefore are always looking for new excitements and thrills, be it food or experience.

20. The Full "Mind" Picture of *Carbo vegetabilis*
SPRINGER, W. (HL, 12, 3/1999)

From the Lindau seminar, June 12-15, 1997, by Heinz WITTEW, Switzerland. An attempt to sketch the full picture based on repertory rubrics and the doctrine of signatures.

21. Random Notes on Practice
KRISHNAMURTHY, V. (HL, 12,4/1999)

Calcarea carbonica is the remedy for 'easy relapses, interrupted convalescence.' Parents often say: Doctor, he gets a cold and fever almost every month. We give some medicine and it is cured. But the attack saps his energy and his health is going down hill. We give tonics or nutritious food and he slowly recovers in a month. By this time, another attack comes on and again it takes away all the regained health of the child.'

22. Ruminations on *Ruta* - A Good Luck Herb
BOHLE, Theresa Maria (HT, 19,1/1999)

HAHNEMANN mentions *Ruta* for housemaid's knee; the worker continues to irritate that same spot in his daily job. Joints feel weak and give out. Periosteum injuries, sprains. Pain from contusions, shooting in loins, pains in limbs as if beaten, wrenching pains in shoulders. It is a remedy for heat and redness of the eyes, for eyestrain while reading or using the computer. Also useful for stress headache, miscarriage, metrorrhagia or corrosive leucorrhoea. The author also gives details about the plant and some of the signatures which emerge in the proving.

23. *Bothrops lanceolatus*
HERSCU Paul (NEJH, 8, 2/1999)

Bothrops lanceolatus is represented very scantily in our repertories. The remedy is generally thought of as specific for thrombi, strokes and heart attacks, during, as well as after, the attacks.

However, the author presents a larger picture in the light of clinical experience and information's from colleagues. He discusses it in the "Cycles & Segments" fashion.

[Sec R. RÖMER's article on *Bothrops* given in QHD, 3, 4/1986 = KSS].

24. *Natrum-mur* Child
T. K. KASIVISWANATHAN (NJH, 8, 3/1999)

Paul HERSCU says "the following observations have been verified in practice many times and though the information is incomplete, it represents the major essential points upon which one may prescribe *Natrum-mur* in pediatric population.

1. Will have clean clothes, hair is meticulous and well groomed. May pick matching clothes and demand to dress themselves.
2. Reserved in groups, shy and boisterous in a small crowd.
3. Sit with crossed leg and folded hands in examination room, particularly girls. In the clinic, if questioned will look at parents to answer.
4. They tend towards perfectionism. Become depressed or hysterical if they do not get good grades in exam.
5. Self-conscious, much concerned about opinion of others about them. Can't bear being laughed at or ridiculed. Sensitive to reprimands.

Dr. Catherine COULTER states *Natrum-muriaticum* grievances often stem from family relations; a consequence of poor relationship with one or both parents which breeds resentment or guilt. The polar opposite equally true; have abundance of sympathy and devotion to parents and have extra-close relationship with them.

6. Often dislike being handled or interfered as toddlers. Later in life aversion to consolation.
7. Fear of evil, heights, public speeches, robbers, dark, thunderstorms, of being alone, and snakes. Anxious about family, something awful will happen.
8. Develop eruptions around the margins of the hairline. Skin, dry, cracked, develops eczema in hands, elbows, margin of hair or behind the ears. Skin greasy with a tinge of green.
9. Asthma of children with dry, barking cough, shortness of breath < exertion, dust, evening, open air, cold summer and Fall.

10. Children are small and emaciated, slow to talk and walk.
Discussion by Catherine COULTER about the mental symptoms of the children are quite interesting.
25. ***Eryngium maritimum*** (Sea Holly)
EVANS Jo (HOM, 75/1999)
The Materia Medica of *Eryngium maritimum* is built up with reference to its application in Herbalism as also on the "signature" of the plant.
26. Study of ***Natrum***
JAIN Ramesh (NJH, 8, 4/1999)
This article gives a detailed information about the normal values, sources, daily requirement of the salt, and the patho-physiology when there is disturbance in the sodium and water metabolism. Common symptoms of *Natrum* group are discussed with reference to remedy affinities.
27. Group Study of ***Natrum***s.
KULKARNI Ajit (NJH, 8,4/1999)
Natrum arsenicosum, *Natrum carbonicum*, *Natrum muriaticum*, *Natrum phosphoricum*, *Natrum sulphuricum* are tabulated and their dominant miasm, characters, typology, mind, thermal state, discharges, tongue, taste, food and relations of drugs are listed out. Helpful to make out the differentiation and similarities among *Natrum* group of drugs.
28. Left Alone to Die of Hunger - ***Natrum iodatum***
RODRIGUES John (NJH, 8, 4/1999)
Common indications are listed out:
1. Pathological conditions like hyperthyroidism, chronic bronchitis, bronchial asthma, laryngitis, pharyngitis, heart ailments and syphilis.
2. Intense restlessness
3. Develops fear of poverty as they have not received proper food and nutrition since childhood.
4. Feel that they have been denied their basic rights for survival, they get the feeling of "I am left alone to die of hunger!".
A 22 year-old male patient with cold, cough and wheezing was treated with *Natrum iodatum* M based on his mental symptoms.
29. ***Natrum arsenicosum***
TARKAS P I & KULKARNI Ajit
(NJH, 8, 4/1999)
The symptomatology of *Natrum arsenicosum* with the regional affection, mental and particulars with relationships and modalities are given.
30. ***Natrum*** -sodium
RAJU K (NJH, 8, 4/1999)
A list of natrums used in Homœopathic and Allopathic field of medicine are given followed by 3 cases where *Natrum* salts helped the patients.
31. ***Vanadium***
TARKAS P I (NJH, 1, 5/1999)
The remedy is used for malnourished conditions, degenerative conditions like softening of the brain, fatty liver, heart, arterial coats, sclerotic conditions etc and for the respiratory conditions. Relations are also mentioned.
32. ***Hydrogen***
Ch. SCHEPENS (RBH, 51, 4/1999)
Hydrogen was proved by Jeremy SHERR.

The symptoms are :

Mind

Detachment vis-a-vis with the reality

Hurry

Slow

Apprehension

Desire for solitude

Death

Grandeuer, distance, detachment

Irritability

Paranoia

Homosexuality

From the **Synoptic Materia Medica** of J. VERMEULEN :

Aversion to company, when alone amel.

Delusion :

Separated from the world

Everything is strange

Everything seems unreal

Near death experience

Spaced out feeling

Everything seems ludicrous

Laughing at serious matter

Difficult concentration while calculating, driving, working, writing.

Mistakes in speaking, spelling, writing, in space and time.

Interested in esoteric subjects, astrophysics.

Problems of having to live in the world on account of a sensation of universal consciousness and enlightenment.

No boundaries or painful experience of earthy restrictions.

Confusion about sexual identity

Dreams of death

Symptoms of one-side

< left side

< **Right side**

Desire and inclination to lie down

Lassitude after eating

Tremendous weakness

<open air, but < becoming cold and tendency to take cold

Aversion to spices, highly seasoned food

< **sleep, morning on waking <daytime**

Night and morning (9 p.m. to 9 am)

Pain burning; cutting; stitching

Dryness; face; mouth; throat; nose

Annual periodicity

Vertigo in waves

Vertigo during headache

Headache; frontal; above eyes; Right eye; extending to root of nose.

Nasal catarrh

Discharge in morning; clear; copious; flocculent; green; thick; thin; watery; white; yellow.

Obstruction of nose in morning on waking.

Sneezing after tingling in nose.

33. ***Elaps corallinus***

A S MANN (JH, 3, 1/1999)

Many singular rubrics in the "Mind" section from **Synthesis Repertory** are given with reference to the "**Encyclopaedia of Pure Materia Medica**" by T. F. ALLEN; and some physicals by PHATAK, J.H.CLARKE, W. BOERICKE.

Two cases of *Elaps corallinus* are discussed where the “fear of robbers (rowdies), of alone and some robber will come in the house and injure them” and “something horrible is going to happen” was very prominent, and that is the theme of *Elaps*.

34. Dr. Jan SCHOLTEN's Homœopathy
and Elements Seven Series
SCHOLTEN Jan (JH, 3, 1/1999)

The central themes of each element, the field where each element finds its implication, the age of each element are given.

The Hydrogen series (*Hydrogen to Helium*)

“To be or not to be” in this world. The theme could be described as “whether or not to incarnate” in this world. *Hydrogen* experiences the world as a whole, there is no division between self and other in the same way that a foetus doesn't feel this division. But later on this sense of unity is gradually lost and they begin to feel that they are separate from the rest of the world.

The Carbon series (*Lithium to Neon*)

This level represents the development as an individual and questions such as “Who am I?, What am I worth for?, What is the value of the world?, What is the meaning of life?” The age that corresponds to this phase of development is that of the toddler.

The Silicum series (*Natrum to Argon*)

This is the level of relations, first within the family, then gradually including other people later on. This is the age of the teenager.

The Ferrum series (*Kali to Krypton*)

This is the level where abilities start to be developed. They have to learn to fulfill certain tasks. In order to do this they have to be schooled by another person, either a master or a teacher, a school or the parents themselves. This is the phase of becoming an adult and the area is of the village or the tribe where the individual knows the whole group and starts to determine his own position within this group.

The Silver series (*Rubidium to Xenon*)

The theme that belongs to this group is Art. The passing on of ideas and images through paintings and sculptures, poetry, theater, music, speeches or through channeled information from other spheres. Usually developed in middle age and the area is that of the Province.

The Gold series (*Caesium to Radon*)

Power is the central theme, leadership goes hand in hand with a feeling of responsibility. Phase of maturity and the area extended to include the whole country or even the whole world. Eyes are associated with the gold series.

The Uranium series (*Francium to Plutonium*)

These are magicians, the people who know how to reach their goal through the power of intuition and the power of thought. Work with invisible forces, no limits to the area on which they focus their powers. This is the time of very old age.

35. Dr. Jan SCHOLTEN's Homœopathy
and Elements - Important themes
(JH, 3,2/1999)

Themes given by Dr. Jan SCHOLTEN are simplified by the group of ASRH and the important ones are given and the members of ASRH are working on this pattern and are getting very good results.

36. *Niccolum metallicum*
MANN A S (JH, 3, 2/1999)

Niccolum has very strong singular delusion on which one can rely for prescription and it has been verified by presenting a case that has been cured based on this delusion.

37. An Abstract from Dr. Jan SCHOLTEN's Theory *Natrium* and its Combinations
MANN A S (JH, 3, 3/1999)

A brief study of What are *Natriums* and what their themes are.

38. *Carcinosinum*

JAGPAL Ramakant (JH, 3, 3/1999)

The author gives some of the common Mind rubrics and the picture of a *Carcinosinum* child.

III. THERAPEUTICS

1. Avaliacao do tratamento homeopatico em portadores de lesoes por esforcos repetitivos (Homœopathic therapeutic appraisal in repetitive strain injury sufferers)
DE NOVAES Ana Rita Viehra, DE SOURA Lia Tamara Machado, ROHR Roseane Vargas (RH, 64, 1-4/1999).

The authors point out the homœopathic treatment in repetitive strain injury patients in a specialized Public Health Service.

2. Die moderne Behandlung der chronischen Krankheiten (The modern treatment of chronic diseases)
SPINEDI, D. (ZKH, 43, 4-5/1999)

This two part essay is very interesting. It is a scholarly treatise on the subject. The treatment of chronic diseases according to KÜNZLI which is the tradition of HAHNEMANN and KENT as well as P.SCHMIDT, is presented. KENT's statements with respect to the particular time they were made is relevant. Mind symptoms is of less importance for the choice of remedies and the different capabilities of homœopathic remedies, to heal chronic diseases. Reflection on Miasms of HAHNEMANN and their confirmation by recent findings in Microbiology.

3. Die Rangordnungen der Symptoms von HAHNEMANN, BÖNNINGHAUSEN, HERING, KENT, evaluiert anhand von 175 Kasuistiken (The ranking order of Symptoms according to HAHNEMANN, BOENNINGHAUSEN, HERING and KENT, evaluated with 175 cases). (ZKH, 43, 4/1999)

Different eminent authors beginning with HAHNEMANN himself, and following him BOENNINGHAUSEN, HERING and KENT have laid down certain ranking of the Symptoms for purposes of diagnosis of the homœopathic remedy in a case. The author discusses these. He has picked 175 cases from his practice and analyzed the outcome of following a particular ranking method. The conclusion he has drawn is that the HAHNEMANN-HERING group showed higher outcome scores, while KENT's was lower. The probable reasons are discussed. HAHNEMANN said "follow me, follow me exactly!"

4. Leitlinien zur homöopathischen Krebsbehandlung (Guidelines for homœopathic Cancer treatment)
KLINKENBERG, C.R.(ZKH, 43,6/1999)

The special features of Cancer have lead to the fact, that many homœopathic physicians have modified their methods of treatment in the case of Cancer during the course of their medical practice. With the aid of the homœopathic literature of the 19th and 20th Century the different methods of the choice of drugs and dosology in Cancer are discussed. The different approaches for treatment and their common tendencies are worked out. This includes the relatively frequent administration of drugs, the good experience with high potencies and Q potencies as well as the administration of Nosodes. The essential parameters of the course are shown and important aspects of the assessment of the course and the prescription of consecutive remedies are explained. We consider the use of intermediate remedies, adjuvant drugs and drainage remedies. Finally the obstacles to healing, the importance of nutrition and of psychological care of the patient are made clear.

5. Morbus Crohn: *Lycopodium clavatum* (Crohn's disease: *Lycopodium clavatum*)
KLUNKER, W. (ZKH, 43, 6/1999)

The homœopathic cure of a Crohn's disease with *Lycopodium* is reported. The "psychic" symptoms that were there with the physical symptoms were taken as such without giving any interpretations or theoretical explanations, which are never found in the provings. When conditions for scientific healing come together it will be realised (**Organon** § 3), cito, tuto, et jucunde.

6. LM potencies: one of the hidden treasures of the sixth edition of the **Organon**
DE SCHEPPER, L. (BHI, 88, 3/1999)

50 millesimal(LM) potencies have great advantages for all patients, not just those who are hypersensitive because of their great power to heal without major aggravations. Before discussing their advantages this paper describes what LM potencies are, and how they are administered, then addresses two questions: why do we want to avoid aggravations if most homœopaths look for aggravation to know if the remedy is working? And if LM potencies are indeed superior, why are they still relatively unknown and unused?

7. Paget's Disease - A Case of *Calcarea* BIANCHINI, Roberto (HL, 11, 4/1998)

50-year-old man with intense pain in the left knee and also pain in the left ankle. An x-ray taken five years back showed osteoporotic changes. He was anxious and full of cares. Mind, anxiety, business about, Mind; anxiety, money matters and Sleep waking 3 - 5 a.m., thoughts from activity of were considered and *Calcarea fluorata* 200 was prescribed with dramatic improvement.

8. Helicobacter pylori gastritis - A Case of *Ammonium causticum*
PAYRHUBER, Dietmar (HL, 11, 4/1998)

37-year-old woman had been diagnosed to be suffering from Helicobacter pylori gastritis. She had a sharp burning sensation in the stomach immediately after eating. She was afraid of Cancer, since her mother had suffered from gastric ulcers and had later died as a result of carcinoma of the stomach. There were indications - obese, repressed anger seen in the facial expression, a sense of dissatisfaction as if she would bear some resentment - that pointed to *Ammonium* and those - the patient's occupation in the area of social services showing her interest in the welfare of other human beings, her desire to help other people, neuralgia on the right side, the joint pains in the lower extremities, her dark, honest eyes, showing she is open, not devious or underhand and her capacity of being rebellious - that pointed to *Causticum*. Hence *Ammonium causticum* LM IX, later LM XII was administered. In a very short time she was cured, and a laboratory test performed as part of a check-up one year later was negative for Helicobacter pylori.

Dr.PAYRHUBER says: "...the overall picture of the symptoms does not lead to *Ammonium causticum*. ...On the physical level, of course, the symptoms of *Ammonium* and *Causticum* are most strongly represented in this area... Focusing too closely upon the physical symptoms would bring many remedies into consideration, but we would never arrive at a differential diagnosis."

9. Hodgkin's Disease - A Case of *Ferrum iodatum*
PAYRHUBER, Dietmar (HL, 11,4/1998)

30-year-old woman with Hodgkin's disease; enlarged lymph nodes in the right inguinal region and in the abdomen. She first had a tumor in the right thigh. She had recurrent inflammations for four years prior to the appearance of the tumour, and there was a history of recurrent infections of the throat, bronchitis, slight asthma, strong headaches, otalgia, vaginitis with strong itching and discharge, etc and three weeks prior to the appearance of the tumour she suffered from colitis with thick yellow discharge and very strong itching, for which she underwent suppressive treatment. She was given many remedies with some relief. During the course of the treatment she also became pregnant and delivered a baby by Cesarean section. Then in view of this woman's capacity to withstand stresses: the disease, the pregnancy, the cesarean section, her daughter's illness etc *Ferrum* (firmness, standing one's ground, perseverance) was thought off. From the physical level: for the lymph nodes *Iodium* was thought of, and *Ferrum iodatum* was prescribed. 10 months after this hospital records indicate: "a spontaneous remission of the inguinal lymph nodes has again taken place", completely ignoring any remark of the patient about Homœopathy.

10. *Calcarea arsenicosa*

SPRINGER, Wolfgang (HL, 11, 4/1998)

35-year-old woman with panic attacks, which consisted of violent palpitations, pressure in the chest with pain into the left arm and fingers and an immense fear of death. She was given *Calcarea arsenicosa*, as she had clearly characteristic features of both the constituents of that remedy. On one hand she has a down-to-earth-personality which is typical of *Calcarea*, but during her panic attacks she is overcome by a fear of dying, like *Arsenicum*.

11. I redeem with the creation of Life

GLANTZ Camilla (HL, 11, 4/1998)

A 50-year-old woman with Psoriasis since the birth of her first two babies. Feeling of worthlessness, not wanting to be seen (because of the Psoriasis?), desire for potatoes, agg. on cloudy days, amel. from sunshine.

Adamas 200 removed almost all her mental pathologies and her Psoriasis also improved. As at the time of reporting the case the Psoriasis is yet to be cured. [Unless the Psoriasis is also cured, there is no value in reporting the case of Psoriasis. One should wait for a good length of time before reporting cure = **KSS**]

12. I want to put a paper bag over my head

SHERR Jeremy (HL, 11, 4/1998)

32-year-old woman, with skin eruptions; black moods; worse in winter, on grey days and in the cold, better in the sun. *Adamas* M.

The author has proved *Adamas* and therefore selected the remedy on the basis of his own knowledge. [The 'old' proven remedy *Cimicifuga* would have been selected by those who do not have *Adamas*. = **KSS**]

13. A Few Cases From My Practice

RAO, Veerabhadra (CCR, 8, 3 & 4/1999)

Case 1: A Case of Pyrexia: 30 year-old-woman with fever since 2 months. As the symptoms were very meager the **Boger-Boenninghausen's repertory** was used and *Aconite* 6 was prescribed and the fever came down. Dr. RAO quotes George ROYAL: "*Aconite* is always indicated at the beginning, the very outset of a disease. Even the exception is more apparent than real e.g. a condition which called for the remedy years before but which has not changed, will yield to the drug."

Case 2: A case of Mixed Miasm: 12-year-old boy with hard, rough, sessile warts on back of fingers. The warts developed insidiously. About 11 prominent symptoms of the patient was taken into consideration and *Sulphur* 0/1 was prescribed without any change. Seen after 15 days. The boy also had stricture urethra and taking this into consideration with the warts *Thuja* 200 was prescribed and the warts disappeared. A year later the boy returned with a diagnosis of Idiopathic Paresis of urinary bladder and a distended urinary bladder. He had been advised self-catheterisation as nothing more could be done. A fresh probing of the case only came up with the old symptoms. So *Sulphur* 0/1 first, and then *Sulphur* 0/2 was prescribed and the patient became symptom free.

Case 3: A Case of Hemiplegia: A one-year-old male child had paralysis of both right limbs since birth. The child could not sit and could crawl on the left side of the body. He was a post-mature baby delivered by cesarean section. From the time of birth there was strabismus of right eye, paralysis of both right limbs. After repertorisation *Phosphorus* 0/1 was prescribed with very little improvement. So *Arnica* 200 one dose was given and then *Phosphorus* with very good improvement.

Case 4: A Case of Hyperthyroidism: 42-year-old woman with swelling of thyroid gland and change in voice aggravated by talking. After *Sulphur* 0/1, 0/2 and 0/3 there was much improvement in the other symptoms, but the swelling of the thyroid continued. On further questioning she revealed that her problem started after an attack of Malaria which lasted for one month. So *Malaria officinalis* was given and there was remarkable change.

Case 5: A Case of Hypothyroidism: 25-year-old woman who did not conceive for four years after marriage. No abnormality was seen and when she conceived she aborted in the 5th month. In the next

pregnancy she was given regular doses of progesterone injections. She also had to undergo a premature cesarean section. After delivery she put on much weight, became dark in complexion and her sweat diminished. After about two months of treatment (*Lachesis* 0/1, 0/2 and 0/3, 0/6) all her complaints seemed to return and she was given *Sulphur* 200. But then it was seen that it was only an aggravation of symptoms and she was put on placebo and a T4 level showed normal levels.

Case 6: A Case of Haematemesis: 11-year-old boy with haematemesis which developed very suddenly. There was also a reeling sensation and tendency to fall towards right side. If he does not vomit when he has nausea he has severe pain behind the sternum. After repertorisation *Calcarea carb* 0/1 was given and then *Arsenicum* 0/1 and then *Camphora* 200 and then *Ficus Religiosa* Ø with just symptomatic improvement. Finally it was *Sulphur* 0/1 and 0/2 which cured the boy.

Case 7: A Case of Under-developed Uterus: 22-year-old woman with repeated abortions. *Pulsatilla* 12 was given with only a sense of well-being. Then *Pulsatilla* 30 and then *Pulsatilla* 200 was given after which the patient did not return. Through the relatives it was learnt that she had become pregnant and that she had delivered two male babies at full term.

Case 8: A Case of Respiratory Allergy: 15-year-old girl with recurrent attacks of sneezing and breathlessness since 2 years. She was first given *Arsenicum album* 200 with good improvement. But she continued to have mild attacks. As she was allergic to Paracetamol, she was given *Paracetamol* 30 and then *Sulphur* 200. Dr.RAO says: Though Homœopathic drugs are sufficient to correct the reaction of allopathic drugs occasionally Tautopathic drugs are needed to cure the condition.

Case 9: A Case of Rheumatoid Arthritis: 23 year-old-woman with pain in small joints of all limbs since 20 months. *Phosphorus* 0/1 came up high in the repertorisation and she improved very well on the remedy.

Case 10: A case of Wryneck: 9-year-old girl. She was delivered by breech presentation. 15 days after birth it was noticed that the baby kept the head bent to the right side. A small nodule was seen on the sternomastoid area. A surgery was performed when she was two years old and another one when she was 5 years old with no improvement. On the contrary she developed contracture of the Sternomastoid muscle which is seen as a thick cord. After repertorisation, *Bryonia* was selected and given first in the 0/1 then 0/2 and 0/3 potencies.

Case 11: A Case of Thromboangitis Obliterans in a 46-year-old man. Darkening, swelling and coldness of left little toe. Vasodilators and stopping smoking did not help. As the vitality of the patient was very low *Pulsatilla* 6 was given. He improved and the potencies were gradually increased to 12, 30 and then 200. The patient steadily improved.

14. A Few Cases From My Practice

SHINDE, Prakash (CCR, 8, 3 & 4/1999)

Case 1: Acute Myocardial Infarction with Chronic Gastritis: 40-year-old man with severe epigastric pains causing him to toss about in bed in agony. A month before he had suffered acute myocardial infarction and was on allopathic medication of Aspirin, Isosorbide and Lamoprazol. *Sulphur*, *Pulsatilla*, *Lycopodium* and *Sepia* came up on repertorisation. But it was considered that the vasoconstriction of the patient was due to the occasional beedi (Tobacco smoked rolled in a dry leaf) that he smoked and his symptoms also matched *Tabacum* in the **Guiding Symptoms** and *Tabacum* was prescribed. His epigastric pains cleared up.

Case 2: Acute Urinary Tract Infection: 9-year-old girl with fever for three days. *Belladonna* was given first with a little improvement. Then *Cina* was given and fever came down. But there was albuminous urine and she wept on urination. *Pulsatilla* was given without much improvement. The girl wept during micturition and was scared of urination due to her suffering. So *Calcarea carbonica* was given.

Case 3: Chronic Urticaria: 65-year-old man with urticaria since 20 years. Asthmatic attack since 20 years, heartburn since childhood relieved by cold milk and aggravation evening. *Caladium* was his remedy.

Case 4: Right Sided Sciatica: 30-year-old man, a bus conductor had severe pain in left lumbar region, extending to the left lower limb, aggravated by sitting erect even for 15 minutes, relieved by bending forward and walking. The author analyses the case: "I feel the causation behind this problem being occupational. The indentation of left lumbar region corresponded with the position of the conductor in a plying bus, i.e. while issuing tickets it was the exact site of a vertical rod adjoining the seat over which the conductor sits with legs apart indicating a constant hit over that area due to bad road conditions. This reminded me of the remedy *Bovista*." *Bovista* brought about 100% relief.

15. The Disconnected Mother
MEISSNER, Julek (HL, 12, 1/1999)

42-year-old mother of two came down with a profound depression. She had been under homœopathy for various problems including headaches, hay fever, bleeding uterine polyps etc and also depression and had received many remedies: *Calcarea carbonicum.*, *Nat-mur.*, *Aurum* etc. This depression had worsened after the last remedy *Sepia*. The case was retaken and analysed. The patient revealed a very deep sense of social alienation which she had been having since childhood. The proving symptoms of *Chocolate* matched remarkably well with the patient's symptoms. The patient had lasting benefits after the prescription of *Chocolate*.

16. The Significance of Dreams - Two Cases of *Cobaltum metallicum*.
SHAH, Nandita (HL, 12,1/1999)

Two cases in which the dreams helped in choice of the remedy.

Case 1: 37-year-old male with nodules (neurofibroma) on both arms and leucoderma on the right foot. There weren't any physical generals or particulars that could be relied upon for prescribing. His mental state was revealed by a dream showing his fear of being caught for he has done some wrong. *Cobaltum nitricum* (delusion criminal he is and others know it) fitted well with his other symptoms. The remedy not only cleared the spots that had been increasing for three to four years in a time of eight to ten months, but also reduced the man's feelings of guilt.

Case 2: 28-year-old man came with complaints of a receding hairline and backache in the left lower back. He first improved on *Nux vomica* but was not completely better. He then related a dream he had in which he had done something wrong and that the police were investigating and that they were closing in and will catch him. *Cobaltum metallicum* was given with dramatic improvement.

17. High but not so high - A Case of *Cannabis indica*
ROTHENBERG, Amy (HL, 12,1/1999)

34-year-old woman came with headache which had been going on for the previous eight weeks, which had not responded to Aspirin, Avil or chiropractic adjustments. She was also feeling very dizzy, uncoordinated and very spacy. It seemed as if she was on a 'high' and on further enquiry it was confirmed that one of her guest was smoking marijuana on a daily basis. Her symptoms and this etiological factor confirmed *Cannabis indica*. The same day the headache started to subside and within a week she was completely free from the pain and in the next two weeks she could work and play with good concentration, focus and endurance.

18. Pipes, wires, and cords - A case of *Aranea ixabola*
PLANT, Richard (HL, 12,1/1999)

3½-year old boy was brought in primarily for behavioural problems. *Medorrhinum* helped the boy only to a small extent but his restlessness and aggressiveness relapsed. Taking the boy's preoccupation with wire, pipes, and cords into consideration, *Aranea ixabola* was prescribed.

19. A Dead End [A Case of *Maiasuara lapidea* (Dinosaur)]
SHORE, Jonathan (HL, 12,1/1999)

This is a case in which *Maiasuara lapidea* - bone of the Dinosaur, was given with very good improvement. An extract from the proving of the Dinosaur is also given.

20. Recurrent Urinary Tract Infections - A Case of *Calcarea silicata*
AVIS, Sue (HL, 12,2/1999)

The case of a girl who had been having urinary tract infections from the age of 2½ years. Various remedies *Thuja*, *Mercurius*, *Hepar sulphur*, *Hyoscyamus*, *Syphillinum* were given without much benefit. A re-taking and re-studying of the case showed that the most consistent and reliable symptom in the case was

the sensitivity to reprimand and the rubrics Weeps from admonition and weeps from reproaches and weeps when remonstrated was studied. *Calcarea silicata* 200 was prescribed and the case cleared up.

21. Hyperemesis gravidarum - A Case of *Digitalis*

DAVIS, Sue (HL, 12, 2/1999)

A woman in her late twenties was 33 weeks pregnant and had been vomiting from the sixth week of pregnancy. This was her second pregnancy and she had had similar problems during the first pregnancy too. She was not responding to the standard treatments - IV fluid replacement with vitamins and electrolytes and anti-emetics. There were some elements of *Gelsemium* in the case, including the extreme weakness, drooping eyelids, ill effects of 'depressing emotions' and feeling that the heart will stop beating. But it is not known for nausea and vomiting, the person tends to be more dazed and apathetic than panic-stricken and demanding, and there tends to be a dark flush rather than a pale or yellowish face. The feeling that the heart would stop reminded *Digitalis* and the Materia Medica confirmed. When the patient woke up in a panic, saying that her heart would stop, her pulse was only 70 beats per minute, favoring the selection of *Digitalis*.

22. An Unwanted Child - Two *Hura* cases COLLINS, Deborah (HL, 12,2/1999)

Two cases of depression in women, who were neglected by their mothers making them feel unwanted and unloved. *Hura* helped both of them.

23. The 'blood purifier' - Two cases of *Echinacea* AVEDISSIAN, Keith (HL, 12, 2/1999)

Two cases of infection cured by *Echinacea angustifolia*. In the first case the patient fractured his leg and in the hospital for corrective surgery he picked up a multi-resistant Staphylococcus aureus infection. The patient described the way he began to feel unwell: the poison runs back into my system, my system has been poisoned. This infection was cleared up by *Echinacea*. In the second case it was infection of a monkey bite - he was suffering with symptoms of blood poisoning with marked debility in thinking and feeling very tired. *Echinacea* helped this patient too.

24. Healing the wound - A Case of *Echinacea* and *Secale*

EVANS, Gwyneth (HL, 12, 2/1999)

An 84-year old woman with senile dementia. She had an ulcer on her left heel, which had originally begun as a pressure sore. The ulcer was not healing and was turning black - a pre-gangrenous state. Advised amputation. Under bed-sores in CLARKE'S **Prescriber**: 'If the bed-sores themselves become the most important feature of the case, see under Ulcers and Gangrene,' and under Gangrene it says: 'Gangrenous ulcers, *Echinacea* tincture, locally, application of tincture, diluted with equal parts of water. Senile gangrene, *Secale*... *Echinacea* tincture irrigation of the wound and *Secale* 30 was the plan of action. There was a slow and gradual improvement, and three and half months after the first visit the ulcer had completely healed and there was also an improvement in her senility.

25. Responses to the Simillimum: coincidence? EVANS, Gwyneth (HL, 12, 2/1999)

(A shorter version of this paper was presented at the ICCH Case Conference in Wellington New Zealand, February 28 - March 1, 1998). Was the cure a response to the simillimum or just mere coincidence: the author uses three cases to illustrate changes that came about in the inner being of three patients after the homœopathic simillimum.

26. The Miasms of New Zealand

GLAISYER, Mary (HL, 12, 2/1999)

A speculation on the miasmatic history of New Zealanders, and how this helped the author in the treatment of a particular family. According to the author Sycosis and Tuberculosis seem to be the most dominant miasms at least in the Nelson area of New Zealand.

27. I do what I want to do - The Story of *Cactus grandiflorus*
FAYETON, Mary Luc (HL, 12, 3/1999)

Case of Autism cured by *Cactus grandiflorus*. The child was brought for treatment at the age of 2 (1987). She was blind (anophthalmia on one side and microphthalmia on the other), she never reacted to her name, she was diagnosed as autistic. She reacted well to *Antimonium tartaricum* for minor ailments, but not other chronic ailments. After three years (1990) of treatment, she was given *Cactus grandiflorus* with very good improvement. In 1991 the three pediatricians who diagnosed her as suffering from Autism, unanimously decided that they were wrong. She was counting, narrating fairy tales, singing, recognizing all shapes, all sounds. She could narrate to her mother an entire fairy tale!

28. When feelings are neglected by those responsible - A Case of *Bellis perennis* JANSEN, Jean Perre (HL, 12, 3/1999)

Psoriasis, irregular menses, low back pains, migraine headaches and numbness in the arms of a 43-year-old woman was cured with *Bellis perennis*.

29. Reflections on the management of a case over nine years
D'ARAN, Kenneth (HL, 12, 3/1999)

This is about the homœopathic treatment of a girl from her 8th year of age to 16. The author says: What we can observe in cases with years of successful homœopathic treatment is that, instead of the patient gradually moving into chronic disease, we see the occasional acute miasm (acute infecting agent) taking advantage of our 'healthy enough host' which promptly responds to the indicated remedy without any sign of 'never well since.'

30. *Rhodonite* and the horn of plenty
TUMMINELLO, Peter (HL, 12, 3/1999)

The essence of *Rhodonite* - a semiprecious mineral, composed of CaO(9%), MnO(44%) and SiO₂(47%) - distilled after its proving is given along with three cases.

31. *Agasthis australis* - A Case, the signature and the proving of Kauri
GRAY, Alistair (HL, 12, 3/1999)

The essence of the remedy is discussed with one case of *Agasthis australis*.

32. The Father Theme - Two Cases of *Zincum metallicum*
MASTER, Farokh.J (HL, 12, 4/1999)

Two cases, one of Chronic Myeloid Leukemia and the other of Parapsoriasis cured by *Zincum metallicum* based on the theme of the 'dominating fathers.'

33. Gambling and Striking immediately - Two Cases of *Androctonus*
SHAH, Jayesh & SHAH, Prashanth
(HL, 12, 4/1999)

Case 1: 33-year-old man was very irresponsible; he gambled, lied and did nothing to support his family. He was given *Androctonus* 30. The dates are all confusing in this case.

Case 2: 36-year-old industrialist came for chronic cough, cold, recurrent abscess near the anus, depression, anger and lack of libido. He was given *Androctonus* 30. The case is followed by a brief comparison of the *Androctonus* behavior and rubrics: the popular myth about the scorpion's behavior is maintained - slightest provocation makes it angry, it has lots of fears with malice, it is very indolent by nature, comes out only when hungry and it never stays friends with anyone.

34. A Lazy King - A Case of *Cuprum metallicum* NANANDIKAR-PRAJAPATI, Swati

(HL, 12, 4/1999)

8-year-old boy with persistent cough, very similar to whooping cough - in bouts, with fever and dryness of the throat. He also had cramps in his calf muscles and abdomen, with recurrent stomach infections and diarrhea. *Cuprum metallicum M* was given.

35. A Gigantic Black Skeleton - A Case of *Crotalus cascavella*
SHUKLA, Chetan B. (HL, 12, 4/1999)

35-year-old woman with obesity, pain in the legs and acidity. Based on the rubrics sees death as a of a gigantic black skeleton, fancies that someone walks behind him, frightened at night, delusion someone is behind him, fear of being alone and at night, fear somebody is behind him, loquacity *Crotalus cascavella* was given.

36. Elegance - A Case of *Eagle*
BALDOTA, Sudhir (HL, 12, 4/1999)

32-year-old operation analyst in a hotel came with complaints of increased loss of hair and stress related problems. *Haliaeetus leucocephalus* (American Bald Eagle) prescribed. This was based on the patient's desire to rise above all the negative emotions like anger, jealousy, greed, hatred etc., his need for elegance in whatever he did, the need for freedom, breaking through his childhood feeling of claustrophobia and his dreams of eagles and snakes.

37. From the Temple of Homœopathy -
My experience with **three masters**
THAKKAR, Munjal (HL, 12, 4/1999)

The author visited three famous homœopaths of Calcutta: Dr.B.N.CHAKRAVARTHY, S.K.DUBEY and S.P.DEY, and spent time with them in their clinics. In this article he presents a few cases and how the respective doctors arrived at the remedy.

Case 1: *Calcarea fluorica* was given in low potency and repeated frequently for a patient with varicose veins which were present more on the anterior aspect of the leg than on the posterior. According to DR.CHAKRAVARTHY, shrinkage of varicose veins may take two or three years.

Case 2: *Cardus marianus* Ø was given for a case of severe gall bladder colic; pain being so severe that the least aggravation would cause the patient to faint.

Case 3: *Syphillinum* was prescribed for a 35-year-old woman with repeated abortions and a suicidal tendency in the family. The woman conceived in a short time.

Case 4: *Ignatia* cured a rectal prolapse in a man with a history of childhood tetanus and history of hysterical fainting in his mother.

Case 5: A dose of *Medorrhinum* brought about a cure in the exact reverse order of the evolution of the disease.

Case 6: G6PD deficiency in a child with repeated hemoglobinuria and anaemia with a need for repeated blood transfusion was treated with Homœopathy; the name of the remedy(ies) - not given.

Case 7: Similarly, case of tuberculosis sclerosis in a child with repeated seizures and inability to walk and talk was cured homœopathically; remedy(ies) - not mentioned.

Case 8: Haemophilia with recurrent nasal polyp in a patient: after the remedy the nasal polyp disappeared and the also the tendency to ecchymoses decreased.

Case 9: Status epilepticus in a three-month-old baby with about 50-60 convulsions in a day, with opisthotonus. Profuse saliva drooled from the baby's mouth. *Oenanthe crocata* stopped the convulsions in a few minutes.

Case 10: 60-year-old homœopath with cancer at the head of pancreas, and who underwent a choledochojejunostomy and then an operation for obstructive jaundice improved on *Natrum sulphuricum*.

38. The Study of Plant Families - A Case of *Oleander*
DESAI, Rupal (HL, 12, 4/1999)

The author has done a comparative study of the symptoms of the Apocynaceae family; the symptoms of the following remedies: *Apocynum androsemitifolium*, *Apocynum cannabinum*, *Nerium oleander*, *Rauwolfia serpentina*, *Vinca minor*, *Strophanthus hispidus*, *Thevetia nerifolia*, *Alstonia constricta* and *Quebracho*. The common pathophysiological characters of the remedies in connection with the gastro-intestinal tract, the cardio-pulmonary system, central nervous system, skin and other common features are given. The case of a 20-year-old girl with complaints of obesity since puberty, ravenous appetite, perpetual problems of constipation improved after *Oleander* was given.

39. Only Coffee would calm me down - A Case of *Angustra vera*

SHAH, Jayesh (HL, 12, 4/1999)

28-year-old man with severe headaches. He was an extremely sensitive man and was easily offended, and when offended he would get very agitated and excited. He was also very sensitive to coffee. He improved on *Angustra vera*.

40. A Spastic Child - A Case of *Chenopodium anthelminticum*

SHAH, Prashanth (HL, 12, 4/1999)

A two year old child with cerebral palsy with spasticity with right sided palsy and spinal weakness, an enlarged head slanting towards the left side, frequent cold attacks, nystagmus of the right eye and chronic diarrhea. The child in spite of the palsy was quite intelligent, he constantly talked, had a good memory and could remember things that happened even two months back and he could repeat what happened in the same words. He wanted to constantly do something and each timesomething new. He could not sit quietly for even a short while. His need for being busy and having conversation, his sensitiveness to the noise of vehicles on the road were repertorised and *Chenopodium anthelminticum* came up. This remedy in M potency was given every month for 13 months and there was around improvement.

41. Insanity for Suppressed Eruptions - A Case of *Camphora*

NANANDIKAR-PRAJAPATI, Swati
(HL, 12, 4/1999)

45-year-old woman started hearing someone from inside telling her that all that she was doing was wrong. She also lost confidence, weight, developed gestures with her fingers, talking to herself, a delusion that she was dead. All this started after she had applied an ointment for some boils on her face. *Camphora* 200 repeated around once in 40 days brought about gradual improvement in her condition and she continues to improve.

42. Understanding Silence - A Case of *Anacardium occidentale*

BHIDE, Rajesh (HL, 12, 4/1999)

20-year-old male appeared to be very shy, timid and afraid to face people, but this was actually a deep down conflict with his parent. His main complaint of loss of appetite improved after *Anacardium occidentale*.

43. Paragraph 213 of the Organon as applied in clinical practice

KRISHNAMURTHY, V (HL, 12, 4/1999)

Three cases where the mental disposition of the patients was used to treat them.

Case 1: A lady of forty-five with pain in joints for several years. With her "indifferent" answer to the question, What is your age? "Anything you like". Indifference to life along with the joint pains led to the remedy *Phytolacca*. *Phytolacca* 10M one single dose stopped the pain completely and she took active interest in day-to-day life.

Case 2: A patient with lot of suffering in his abdomen with no characteristics or mentals was dismissed with placebo to report after 15 days. Patient got relief as long as he took the medicine (placebo). This was interpreted as "Hypochondriasis", abdominal troubles: *Graphites* 50 M one single dose gave him relief.

Case 3: A diabetic patient by the way he asked medicine for his problem led to the prescription. "Diabetes... look at my pulse... prescribe..." (abrupt, commanding, etc) The equivalent rubric we find in

C.B. KNER's **Repertory** on page two. "Answers imperiously: *Lycopodium*. *Lycopodium* 10M one single dose brought down his sugar and with every relapse which occurred once in 6 months or an year the same medicine in higher potency was given with good results.

44. Two Cases (Migraine) of *Aurum metallicum* McClINTOCK, Liam (SIM, XII, 3/1999)

Case 1: A 51 year-old female had migraine since grammar school, got worse in the last three years. Occurs atleast once per week, with tightening of shoulders, nausea, photosensitivity, and pain behind the right eye. Worse with motion and better in the evening. Very impatient, angered easily, tendency to depression and suicidal ideation, fear of dark, being alone, loves music, craves alcohol and coffee, worse with meat. Her mother committed suicide and her father died of heart attack. Among *Argentum nitricum*, *Aurum metallicum*, *Belladonna*, *Bryonia*, *Natrum muriaticum*, *Natrum sulphuricum*, *Nux vomica* which seemed similar *Aurum metallicum* was selected as she had tendency to depression and suicidal ideation. *Aurum metallicum* 200 was repeated at an interval of a month as she had relapse of the symptoms (The remedy was antidoted by the intake of coffee). After a period of 9 months *Aurum metallicum* M was given and it was once repeated after 2 months. No headaches, started doing yoga, chanting and channeling.

Case 2: A 46 year-old female has had migraine headaches for 20 years. Had atleast one headache per month and lasted for a day. Throbbing in the left temple, worse at night, at the onset of menses, triggered by alcohol, nitrates, processed foods, aged cheese and chocolate. Sensitive to light, noise and smell. Father died when she was 12 years and "holds that grief on a cellular level", tremendous sadness close to the surface. Had exercise-induced asthma worse in the cold air. Allergic to dust, mould and ragweed. Tends toward constipation which is better with menstrual flow. Craves sweets, aversion to vinegar, sour, nuts, peanuts and spicy foods. History of a cyst on the left ovary with ovariectomy on the left, and a cyst removed on the right. Certainly the pathology of the case could be covered by *Aurum metallicum*, but the essence of the case was better covered by *Natrum muriaticum* and hence *Aurum muriaticum natronatum* in 12 was given as daily dose for about 2 months followed by a dose of the same remedy in 200 brought the desired result.

45. A Variety of Asthma Cases
HERRING Pamela (SIM, XII, 3/1999).

Five cases where along with homœopathic medicines, naturopathic therapies such as herbs, vitamins and diet facilitated weaning patients off allopathic medication.

Case 1: 5 year-old boy with weakened immune system had asthma every other month. During his first eight months of life he had eight ear infections with tubes in each ear. He is a blonde, blue-eyed, large-headed child, who perspired profusely on the head, had nightmares of dogs chasing him, fear of the dark, loved ice-cream, cheese etc. Besides a daily dose of *Calcarea carbonica* 12 he was given immune builders like glandulars, beta-carotene, echinacea, zinc, vitamin B6, vitamin C with bioflavonoids in order to eliminate the obstacles to cure. Advised to eliminate sugar from the diet. By 5 months he needed occasional dose of *Calcarea carbonica* 30. His ear tubes removed, hearing normal. No wheezing.

Case 2: A 22 year old boy born prematurely with an encephalocele surgically repaired. During the first two years of life he suffered croup, colic and pneumonia. He had chronic ear infections and was on lots of anti-biotics. The asthma started when he was in high-school and had attacks once a day between 9 and 11 PM. Had severe sneezing, difficult breathing, allergic to dust, mite and horse dander, no exercise, ate fast foods, six or seven pepsi-colas a day. Tired and lazy. Difficulty in concentrating, restless, fear of darkness, heights, snakes, open water, very hot especially feet, intestinal gas. *Medorrhinum* 200 was given. In addition advised to take flax seed meal, cod liver oil, yogurt, fresh vegetables and exercise for 30 minutes, to give up sugary food and drink (Pepsi). A month later 80-90% better and in next summer he sent his friend to see me for asthma as he had his asthma cured.

Case 3: A six year-old child was diagnosed with asthma at age three after a history of chronic otitis media and several episodes of pneumonia. Maintained on five different allopathic medications. Had asthma with every cold, bed-wetting, rashes on buttocks, ground her teeth and talks in sleep as if fighting with someone. Feet hot. Fastidious. *Medorrhinum* 200 was given along with naturopathic immune support: beta-carotene, Vitamin C, lobelia tincture, herbal cough elixir. To decrease dairy, meat, sugar and increase vegetables. After 3 weeks needed several acute remedies like *Ipecac*, *Kali carbonicum*, *Arsenicum album* for cough

and vomiting, with shallow breathing. After this no coughing, bed-wetting reduced by 50%, no nightmares, no grinding of teeth nor talking in sleep. *Medorrhinum* 200 was repeated after 2 months for another recurrence. Though far from “cured” category, Homœopathic remedy and herbal and nutritional support enhances the entire constitution.

Case 4: Ian was irritable, constantly congested with a runny nose (clear to greenish), wheezing, worse in damp weather, loose stools, rash on face, arms, legs that did not itch. He was on five allopathic medications. *Natrum sulphuricum* 30 two doses per day until he was able to reduce his allopathic medications and to reduce the dosage of *Natrum sulphuricum*. Immune support: B-plus, herbs and glandular substances, multiple vitamins for children, buffered vitamin C, acidophilus with fructo-oligosaccharides. Had occasional relapses but responded favorably to *Natrum sulphuricum* 30. His appetite improved, happier and more affectionate. Once the correct homœopathic remedy is prescribed, relapses can occur until the constitution is stabilized and this takes up to a year or more of monitoring.

Case 5: Eight years old Danielle had lots of mucus, loves ice-cream, cheese and eggs; worries a lot about everything; dreams of parents dying; hard on herself; overwhelmed over school assignments; anxiety ridden, cold feet; allergic to cats. *Calcarea carbonica* 200 in August 1996. Was on 4 allopathic medications. After a month, 70-75% better and off her medications. In December, had lots of congestion conjunctivitis, constipation, thirstless, weepy with headache, increased salivation, felt warm. *Pulsatilla* 200. In April, 1997, developed congestion. *Tuberculinum* 200 because of the cat allergy. In June, reported no change in her condition, *Pulsatilla* 200. Did well until October, again had congestions and anxiety which led to *Calcarea carbonica* 200. Until April 1998, did well and had upper respiratory infections and aggravation from cats, *Tuberculinum* was repeated. In October, 1998 came with head cold, yellow mucus, anxiety and dreams of falling and had teeth knocked out, *Medorrhinum* 200. Overall Danielle has done very well and off allopathic medications for two years now. Though allergic to cats, hope it will subside.

As per the instructions of HAHNEMANN, the author stresses the importance to remove the dietary deficiency and the obstacles to cure and puts forward certain things to be looked for:

- * Is it food-related or intrinsic asthma (antigen-antibody stimulation, IgE related)?
- * Is it extrinsic (related to cold air, exercise, infection, emotional upsets, or environmental allergens, including chemicals?)
- * What is the diet like? Is poor nutrition weakening the immune system?
- * Is there an inherited predisposition: allergies, asthma, arthritis in the family?
- * Is there a lot of medication, alcohol or drug use in the child’s or family’s history?
- * Is there something else going on?

46. A Few *Plumbum* Cases.

BENJAMIN Ehrman (SIM, XII, 3/1999).

Case 1: 2 month-old child was given anodynes for colic which was followed by constipation. Cathartics given to relieve constipation, alternate administration of this lead to Jaundice. A remedy which will reach this trio: colic, constipation, jaundice was *Plumbum* 200. 2 doses 12 hours apart relieved his colic. Constipation and jaundice subsided.

Case 2: A man, aged 35 years, suffering with bilious colic. Attacks came on every 5 or 6 weeks without apparent cause. Has habitual constipation, stool like sheep dung, nausea, tenderness of the bowels to the touch and distressing drawing in the bowels to the spine. *Plumbum* 30, relieved him without a repetition.

Case 3: A woman, 40 years suffering with ascites, habitual constipation, stool like sheep dung, urine deficient and a feeling in the abdomen as if somebody had her intestines on hooks, drawing them to the backbone. *Plumbum* 30 and *Sulphur* once or twice as an intercurrent relieved her completely and permanently.

Case 4: A 36 year old man received remedies like *Berberis*, *Sarsaparilla* and *Colocynthis* for the abdominal colic according to the indications but failed to relieve. Several attacks were witnessed when he at one time suddenly doubled up, for he had a sudden drawing in, of the intestines to the spine, that jerked him involuntarily forward, so as to bend him double. This along with habitual constipation lead to *Plumbum*. *Plumbum* 30, 2 doses 12 hours apart relieved him. This confirms the statement of HAHNEMANN and others, that when a true picture of the disease is obtained a good part of the battle is over.

47. Little Boy (Born) Blue

NELSON Betty (SIM, XII, 3/1999).

A four year old boy had “fits”, angry before every fit. Had thrown things, kicked, and tipped over chairs, but it was not like a tantrum. The boy born after 72 hour difficult labour, cesarean section, agitated and cried a lot. Worse breast milk, soy milk. Fits twice a day, afraid after fits, energyless for a day. Restless sleep, headstrong, rages, outgoing and articulate, insecure, very sad and clingy, stuttered, chewed clothes, sings, hums, bright and curious, dull mornings and alive evenings, loves potatoes, broccoli, sweets. recently bronchitis with wheezing and breathless. Ear infection treated with anti-biotics, showed severe reaction to it. *Proteus* 30, *Stramonium* 30, took the patient to certain level but did not complete the case. *Cicuta* did not have any effect. On looking into the Mind section under “Anger, epileptic attack, before”, only one remedy listed: *Indigo* 30 single dose completed the cure. The boy had the strange symptoms of *Indigo*, brain moving in a undulating way expressed as “head hurts” and pressure in ears as trying to “pop” his ears by putting his fingers deep inside and pulling them out.

48. A case of *Cobaltum nitricum*.

ULLMAN-Judyth Reichenberg
(SIM, XII, 3/1999).

A ten year old boy with attention deficient disorder, a fearful, hesitant child who held back, didn't want to try new things, and feared making mistakes was given *Lycopodium* M, *Silica* M, *Baryta-carbonica* 200, *Sulphur* 200. His hesitancy persisted. He feared being unable to live up to his parents' expectations, and was unable to perform in school up to his capability. His hesitancy, shyness, irresolution, timidity expressions of a deeper fear, mother's perfectionism, high expectations of her son, fear that he might suffer serious mental problems like his grandmother made to use the rubrics, “delusion, fail, everything will” and “fear, failure, of” and prescribed *Cobaltum nitricum* M, 10M which helped the boy, his confidence steadily improved.

49. A Case of Pervasive Developmental Delay BRIDGEMAN, Laura (SIM, XII, 3/1999).

A 12-year-old boy diagnosed with pervasive development disorder, attention deficit disorder without hyperactivity, and fetal alcohol effects. Screaming, contradictory, obstinate and demanding behavior, constipation, exostosis in his wrist, physical inactivity, sensitive skin, slow dentition, and slow development was based to select the remedy *Calcarea carbonica* 200. His inactivity and raging comes when he can't cope anymore. After 2 months *Nux vomica* 200 as it has shrieking, screaming in children, oversensitivity, irritability, demanding behaviour, anger from interruption, severe constipation, sedentary habits, sensitive skin, unrefreshing sleep, mischievousness, and desire for fatty food which brought up violent rages. *Silica* 200 which has the lack of stamina, repeated infections, exostosis, slow dentition, sensitive skin and nails, inactivity of the rectum, and unrefreshing sleep was given which did not give the desired effect. The boy's birth mother had four prescription drugs, heavy daily drinker, both grandparents were alcoholic smokers with lung cancer. His mom adopted him at four weeks. Blind from birth until seven months, no eye contact, screamed for unknown reasons, sleeps on stomach or knees, rocked and did head-banging, repetitive activities, has a lot of allergies, thick green phlegm in throat, first reaction to stress is to eat sandwich, low muscle tone and energy level made to think of *Tuberculinum*. *Tuberculinum* 200 twice and a dose of M made things to decline steadily.

50. Projection in the Consulting Room: Pervasive and Significant.
NICHOLAS, Nossaman (SIM, XII, 3/1999).

Projection “is a process whereby an unconscious quality or characteristic of one's own is perceived and reacted to in an outer object or person”. Projection is something we each experience numerous times every day, most of the time without being aware of it. Projection can occur when we take a case. We observe them for objective signs and mannerisms, and the way they say. We are required to focus on the patient and his or her presentation of the individual experience of the illness. Knowledge of human nature includes the awareness of projection and how it can color the conclusions of the homœopathic professional, as he or she witnesses the unfolding of the case. The author gives a detailed description of how the physician gets involved emotionally and his projections are being activated and gives examples. Also he

explains about -Transference - the behaviour of patients, Countertransference - perceptions and behaviour of the physician with examples. Further he goes far in explaining how to minimize the effects of projection while taking the case.

As homœopaths, the more we can be aware of the process of projection in our work with patients, the more effective we can be in our assistance on their course and in our own process of individuation.

51. A Case of *Ustilago*.

IVONS, MaryAnn (SIM, XII, 4/1999).

A 16-year-old male had withdrawn from the family, grades started to slip in school, he and his dad were "at each others' throats", sneak away to his room to masturbate, he felt trapped in this cycle and wanted help. Masturbation, solitude, seeks: *Bufo*, *Ustilago*. Was not a *Bufo* case. *Ustilago* is a remedy for uterine fibroid with excessive bleeding. The themes of feeling alone and isolation, of "stuckness" came through. The outlet is not bleeding, but escape through masturbation. *Ustilago* M helped him and he did not feel the need to masturbate as he had previously.

52. Reversing Rage : An Adolescent with Conduct Disorder.

ULLMAN-Judyth Reichenberg
(SIM, XII, 4/1999)

(From a talk presented at the HANP Case Conference, September 25, 1999 in Portland, Oregon). As a preface more details have been given on how the children become violent and what are the chief symptoms of attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD).

JASON, 12-year-old, was an aggressive male, with defiant and violent nature, challenging authority, absolutely not intimidated by those who were in authority; a striking behavioural (loving, threatening, violent, on and off) resemblance to his birth father and some similarities with his mother (an adult with ADHD), violence combined with kindness, compassion and remorse; the extent of his aggression: ripping down blinds, kicking doors off the hinges, jumping on his teacher's back, kicking his mother, "mouthing off" often. Loves candy, sweets, steak, cold drinks without ice. Aversion to fruits and vegetables. *Agaricus* M which covered the "Fearlessness", "Defiant", "Audacity" etc brought the Conduct Disorder into Order.

53. A Case of Post-traumatic Stress Syndrome, Chronic Alcoholism and depression.

ELMORE, Durr (SIM, XII, 4/1999).

(From a talk given at the HANP Case Conference, September 25, 1999, in Portland, Oregon)

JL, a 46-year-old male with a history of drug addiction for years, an alcoholic was diagnosed with severe post-traumatic stress syndrome. He was in artillery and he carried the guilt of killing many innocent people, depressed when not occupied, angry with himself, had disappointed love, disappointment of not being allowed to compete in State hurdles because he was caught with beer in his locker a week before, hurt by his mother, had insomnia, wakes at 3 AM, gasps for breath during sleep, constant tinnitus, spasm of eyelids, etc. He's lean, very coherent, an intelligent man, craves ice-cream and sweets. Got his tooth pulled without pain medication, had suicidal tendency. *Opium* 10M was given on the basis of ailments from fright, tooth pulled without pain medication, that he gravitated toward drugs, especially opiates. Two months after the prescription, there was a tremendous change though the author does not want to change the remedy, he was of the opinion that the *Opium* layer has been removed and hence wanted to change the remedy. Reproaches himself, ailments from disappointed love, occupation ameliorates, fear of high places helped to select *Aurum* and after two years *Mercurius* was given. Patient's own words ...The homœopathic remedies that you've given me did more than all those damned pills I got from the Veteran's Hospital, and all that therapy I got there.

54. All the World's A Stage: A Case of High Drama and Extreme Mood Changes

STEVE, Olsen (SIM, XII, 4/1999).

(From a talk presented at the HANP Case Conference, September 25, 1999 in Portland, Oregon)

A 50-year-old female had stomach and bowel problems, hiatal hernia, abdominal swelling, pain aggravation from warm drinks. Had chronic Hepatitis intermittently. Bowel problems and constipation started at age two when she was sexually abused by an uncle. Sensitive to milk, spicy food, sugar and meat. Sensation of a thread hanging down throat. Pain in ear in cold air. Loquacity, changing quickly from one subject to another, hysteric, answers irrelevantly, busy, confusion to her identity, as if intoxicated, delusions of smell, abundant ideas, courageous, restless, homesickness and hopeful. *Valeriana* 30 held the patient for quite a long time and *Valeriana* 200 repeated once relieved her abnormal sensations, her bitterness, the hurts and the pains.

55. Bipolar Personality Disorder : A Man with No Will Power.
MEISSNER, Julek (SIM, XII, 4/1999)

(From a talk given at the HANP Case Conference, September 25, 1999, in Portland, Oregon).

A 43-year-old man, suffering from lifelong depression. The patient was born in grief, his elder brother died some years prior to his conception. This added to the pre-existing tensions between the parents, who fought a lot. The patient's father was emotionally absent, while his mother was too available, offering love conditionally, provided he be not only a son, but also her surrogate lover and father as well. Despite his growing distress, his need to protect his mother from unhappiness turned him into a manic provider, while his chronic loss of privacy and paternal love robbed him of his sense of self. By the time he had left his mother's house, he was trapped in the cycle of losing himself for the benefit of intimacy with others. *Anhalonium* M helped the patient to enjoy excellent emotional health. The proving of *Anhalonium Wiilliamsii* conducted by H. Unger on six people, and published in 1958 in **Allgemeine Homeopatische Zeitung** was also given at the end of the discussion.

56. Weakness and Shortness of breath in a patient with Terminal Pancreatic Cancer with Metastasis to Liver.
ROTHENBERG Amy (NEJH, 9, 2/2000)

60-year-old male with Pancreatic cancer with metastasis to Liver with lymphocytic Leukaemia. This case is presented by the author to show how Homœopathy can be very effective to address both physical and emotional concerns.

57. Good Guy, Bad Guy.
MARCHAND Jonathan (NEJH, 9,2/2000).

A Case of *Aurum muriaticum*. 32-year-old woman has many psychological problems. The case is analysed in Paul HERSCU'S "Cycle and Segments" frame.

58. If you hear Hoofbeats, don't think Zebras-A Case of chronic Lyme Disease.
ROTHENBERG Amy (NEJH, 9, 2/2000).

19-Year-old woman with chronic Lyme Disease, since 3 years. Steroids and antibiotics did not improve. High doses of vitamins helped to some extent. Still she suffered from fatigue.

Her mother said that when she was pregnant, her father had died and she was much grief stricken. The Patient's story including her cravings and aversions, sore throats, pains, numbness etc. indicated *Natrum muriaticum*. She began to improve and after some weeks it was repeated and further improvement set in. She was told to call whenever she had any problem.

59. Two Cases (Persistent Diarrhea) of *Natrum carbonicum*
TALOR, Vicki (HT, 1, 19, 1999)

In this article two cases of persistent diarrhea where the remedy which seemed to cover the most peculiar aspects of the case did not clear up all the symptoms and after combining repertory rubrics and getting largest number of remedies which is easy with a computer repertory program the similimum, *Natrum carbonicum* was selected which cleared up both the cases. Also the comparison between *Natrum*

carbonicum and *Rhus toxicodendron* was made clear with the help of proving symptoms from HAHNEMANN's **Materia Medica**.

60. A Case of *Pulsatilla* with a song in her heart. SHORT, Vip (HT, 19, 2/1999)

39-year-old female suffering from manic-depressive disorder had sadness, restlessness at night, insomnia because she had got some stupid song stuck to her head, running over and over. Wanted to be touched, to be held, afraid of darkness and had creative block not able to come up with a song to which she was used to previously. In Robin MURPHY's repertory, *Pulsatilla* is the only drug mentioned under "Sleep, Insomnia, from thoughts; same idea always repeated; melody repeated" which cleared up the case and she is writing more songs.

61. A Case of *Spongia*
MANGIALAVORI, Massimo (HT, 19, 2/1999)

A 41-year-old woman "attached in an aggressive way" to her husband had frightened expression in her eyes, afraid of elevators, crowds, of death and of cemeteries. Fears that her heart is not strong. Thyroid was enlarged. *Argentum nitricum* and *Sepia* took her a short way. Basing on the dwarfishness, the clinginess, the anger, the weeping ameliorates and the fear that her heart is not strong *Spongia* 30 was prescribed. After 3 months the patient called the author and said that she feels more secure and the endocrinologist said her thyroid was decreased. Two years later there was need for repetition of the remedy for sleeplessness.

62. A dose of *China* after a trip to China. MALERBA, Larry (HT, 19, 2/1999).

A 70-year-old female after a trip to the Himalayan mountains that required a total of 14 airplane take-offs and landings at a variety of altitudes developed "ringing in the ears", "deafness", "ache all over", "pulsating" headache that can be covered with the tip of her finger in several very specific locations in front and behind the ear and in the occiput. Nose and sinuses congested with nasty thick yellow/green mucus. Had mild diarrhea and colorless vaginal discharge. Was taking prophylactic course of Mefloquine, an antimalarial drug. *Kali bichromicum* 30 twice daily for two days and there was improvement in her pain after two days. The author wanted to remove the potential damage that might have been caused by the antimalarial drug and hence *Chininum sulphuricum* 30 twice daily for two days resolved the symptoms completely. (As the indicated remedy acts also as an antidote, even without *Chininum sulphuricum* the disorder in the old woman might be brought into order, if the author had waited for some more days = KSS).

63. Three Cases from Mt. Everest
SHACKELTON, Mary (HT, 19, 2/1999)

Case 1: A 22-year-old female became ill with nausea, vomiting and diarrhea on her trek to the Mt. Everest Base Camp. Unable to keep food or liquids and was generally nauseous even after vomiting. Stools foul smelling and producing cramps, had bruised headache. Felt tired and weak, both cheeks were flushed. *Ipecacuanha* 30 every one hour for two days, she continued to improve steadily and was fully back on her feet in two days.

Case 2: A 57-year-old woman on day five of a 13 day trek to Everest Base Camp had a tight muscle cramp of left trapezius and was tremendously ameliorated by a hot water bottle placed directly over the spasm. The pain was knife-like, nauseating pain that interrupted her sleep, caused posture changes. Left trapezius exhibited a large knot mid-way between her glenohumeral joint and T1. *Magnesium phosphoricum* 30 was repeated and the next day she was able to continue her trek.

Case 3: A Swiss climber in his mid-thirties was making a solo attempt on Lhoste - the sister peak to Mt. Everest. On second day his toes became numb and he feared frostbite. Toes were sensitive to painful stimuli and appeared white and non-swollen, cold to touch and tender to palpation. No necrotic tissues nor the toes abnormally swollen. *Agaricus* 200 two doses relieved him and his further trekking remained uneventful.

64. Menopause : a Natural Transition

BELLO, Lia (HT,19, 3/1999).

The author says that Menopause should be accepted as a normal and healthy stage of life and should not be considered an “estrogen deficiency” and be medicated away through estrogen replacement therapy. Prime focus of the article is, what Homœopathy can offer women at this stage of life. Remedies most commonly used during menopause are *Lachesis*, *Pulsatilla*, *Sepia*, *Graphites*, *Sulphur*, *Natrum muriaticum*, and *Platina*. *Aconite*, *Belladonna*, *Capsicum*, *Cimicifuga*, *Calcarea arsenicosum*, *Sanguinaria* and *Veratrum viride* also stand out as remedies very helpful for menopausal symptoms. *Ustilago*, *Bovista* and *Murex* should be researched if there is excessive bleeding or fibroids peri-menopausally.

65. Trouble Nursing

SHEVINS, Jody (HT, 19, 3/1999).

Three months old LILY is an active, alert, vocal infant but often very cranky. Had difficulty in nursing, screams and arches her back, turning her head away from the breast as soon as she finishes. Since the child is non-verbal, the only information the author observed was the arching of her back. Basing this as an outstanding and peculiar symptom *Cicuta* 30 was given for a period of one and half month followed by *Cicuta* 200 once. Since then the baby improved and she no longer fusses or screams with the activity and she doesn't arch when nursing.

66. Difficult Cases - Frustrating ordeals or learning Experiences?

GRUBER Frank (NEJH, 8, 2/1999)

The author says, rightly, that the cases you don't solve with the first remedy often provide the most opportunity for learning. To know what needs to be cured in a patient is not always as easy or obvious as it seems to be. A case is cited.

Paul HERSCU teaches that it helps very much if we approach the patient confidently that the patient is going to tell exactly what is needed to find the correct remedy. This view helps in keeping our whole attention focused on the case and you look deeper. Sometimes the patient may convey by non-verbal behaviour. Observe your own feeling as the patient is telling you. Is the patient intimidating you? Making you angry? Be aware of what you are feeling. The patient is giving you a clue. Patients “speak” to us in many ways.

It is not always that the patient gives all the clues at one time. It may be over time. Each time the patient falls sick, he gives us another piece of his puzzle. The patient can only get sick in two ways: one way is in the basic pattern of their pathology which gives us more information for their chronic remedy. The other is in acute pathology. Pathologies which appear to be acute are actually examples of the chronic pathology of the patient.

The case of a 28-year-old woman is reported to explain this as also the application of the “cycles and segments” technique. The remedy was *Cenchrus contortrix*.

67. A *Cenchrus* case

KEELER George (NEJH, 8, 2/1999)

23-year-old woman with complaints of tiredness, severe bladder pain and pressure, nightmares and restless sleep, job dissatisfaction and nasal allergy. Frequent urination with severe pressure inside the entire lower abdomen. Loud borborygmus. Dreams, violent nightmares; family being mutilated.

Analysis according to Cycles and Segments method. The segments were: Fullness, fear, Weariness and mental symptoms, loquacity amel. from occupation, etc, indicated many remedies including *Cenchrus* 200 was given.

68. Panic in Pregnancy

GREENE, Jane (NEJH, 8, 2/1999)

37 year-old, pregnant woman with Migraine. Migraine began 10 years ago during her 8th month of pregnancy. Had visual changes which lasted several weeks; it was difficult, couldn't judge distances. Diagnosed as painless ocular migraine.

The labor took long hours. She had a divorce case which she managed well and won custody of her daughter. She had many complicated relationships including a short-lived marriage, after that she landed up with her present husband. During this time, she has had five abortions, two miscarriages, none of which caused much emotional pain.

Her migraine is like a vice-grip, neck tight, pain mostly over left eye. With migraine she becomes photophobic, aggravated by light and movement. Her anxiety and insomnia were worse between 3-4 a.m., restlessness and "near panic" wakens her from sleep.

She has had multiple allergies, terrible pre-menstrual symptoms better with the onset of flow, irregular pap smears and multiple life long yeast infections. She had childhood heart defect (at birth) which had surgically been repaired.

Always hot blooded and warm, high sex drive, especially during pregnancy.

She was loquacious, but a closed person when pushed to discuss certain issues. The analysis was done by 'Cycle and Segments'. *Lachesis* 200 one dose was given. There was a severe aggravation and soon relief followed.

She went on to deliver naturally a baby girl, after 5 hour labour.

69. Once Bitten, Twice Shy

RYAN Christopher (NEJH, 8, 2/1999)

44 year-old woman with several chronic problems. One of these was neurologic symptoms particularly in the context of three out of five siblings disabled with Multiple Sclerosis.

This again was a *Lachesis* but seemed at first *Natrum muriaticum*. The case analysis was on Paul HERSCU's Cycle and Segments method.

70. A *Bothrops* Case

GREENBERG Alan (NEJH, 8, 2/1999)

A 72 year-old woman she has a 46 year-old son invalid from a Vietnam War wound.

The 'peculiar' symptom which was picked in this patient's story was that her blood pressure became higher after she suffered a 'stroke'. *Bothrops lanceolatus* has this symptom.

Bothrops lanceolatus 200 cured. (See also R.RÖMER's article on *Bothrops* the QHD, 3, 4/1986).

71. Moving the Refrigerator - a *Lachesis* case GREENBERG Alan (NEJH, 8, 2/1999)

61 year-old woman with constant worries about her family. The worry led to tension, a throbbing or a sudden congestion. She needed to relieve this tension. She did it by working hard like moving a heavy refrigerator in which act she spends lot of energy. This expenditure weakened her *Lachesis* covers these.

72. Aphasia after a Stroke

BEDAYN Greg (NEJH, 8,2/1999)

75 year-old woman had severe Aphasia after a stroke. She still had her thoughts and knows the words she wants to say but has a very difficult time voicing them. Forgetful after the stroke. Confused her right with the left. Also had difficulty swallowing properly, choking when swallowing.

Most of her ailments were of the right side. Standing difficult and needed a wheelchair. Fine motor tasks such as using coins, or fastening her seat belt presented a challenge.

Loved fish, salads, chocolate, and soft foods. Warm-blooded. Had strong opinions and liked to champion the underdog. She did not like when she was 'controlled'.

Bothrops 200 one dose. She improved much; she did her own laundry, for example, and cleaned her own dishes and swept the house.

73. Infertility: Can Homœopathy make it alone? ANDREASSEN Alf T. (NEJH, 8,2/1999)

This patient had some liver problems for which she approached the homœopath. She also had an extra uterine pregnancy and her left oviduct was removed. After that she did not become pregnant however much she tried. The remaining tube had an obstruction and an operation was proposed. It was to be done in the next 5 weeks time.

The patient was very keen in undergoing the surgery, and wanted only that now she be treated for her liver problem.

The whole case was taken and the remedy was arrived at after many hours of work, as *Kali carbonicum*.

The remedy was given in 200, one dose, and 3 days before the proposed operation she was confirmed as pregnant.

It is proposed to put in our reference books *Kali carbonicum* for adhesions, in oviduct; stitching pains in ovaries during ovulation; stitching pains, ovaries, during nausea.

The author raises some questions: Will reflexology, Acupuncture and other alternative therapies improve or block the homœopathic results?

Can lack of essential substances (like hormones, minerals and Vitamins and so forth) be an obstacle to cure with Homœopathy?

Can Homœopathy deal with the side-effects mental, emotional and physical of synthetic drugs and hormones used to treat infertility problems?

74. Case of Chronic Prostatitis

COPPINGER John (NEJH, 8, 2/1999)

55-year-old man; recurrent prostate infections, for the last 5 years. Nocturia two to seven times nightly and is always tired because of lack of sleep. Stream starts delayed, then leg and low back aches, ultimately feeling that he is sitting on a baseball. The urine then comes in a forked, weak, stream with a strong yeasty odour. He has right testicular pain better after ejaculation.

Sudden episodic fatigue. Has suffered repeated Onychomycosis due to which several toe nails have been removed. Had an infected umbilicus and it was excised. Has had carpal tunnel surgery bilaterally. Bilateral knee pains < waking, first moving, wet weather. Fastidious about cleanliness. Spider veins in both legs.

Averse to salt. Fears surgery on prostate because he felt, that he may not then be able to have sex. Has had itchy haemorrhoids. Venereal wart on his buttock. *Selenium* 200, repeated once.

75. Asperger syndrome - What is it ? Can Homœopathy Help?

ROTHENBERG Amy (NEJH, 8, 2/1999)

The American Psychiatric Associations (APA) definition of Asperger Syndrome (AS) as follows:

- A.** Qualitative impairment in social interaction as manifested by at least two of the following::
1. Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze facial expression, body postures, and gestures to regulate social interaction
 2. Failure to develop peer relationships appropriate to developmental level.
 3. Lack of spontaneous seeking to share enjoyment, interests or achievements with other people.
 4. Lack of social or emotional reciprocity.
- B.** Restricted repetitive and stereotyped patterns of behavior, interests and activities as manifested by at least one of the following tendencies:
1. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
 2. Apparently inflexible adherence to specific, nonfunctional routines or rituals.
 3. Stereotyped and repetitive motor mannerisms.
 4. Persistent preoccupation with parts of objects.
- C.** The disturbance causes clinically significant impairment in social, occupational or other important areas of functioning.
- D.** There is no clinically significant delay in language (e.g., single words used by age two years, communication phrases by age 3 years.)

E. There is no clinically significant delay in cognitive development or in the development of age appropriate self-help skills, adaptive behavior (other than in social interaction) and curiosity about the environment in childhood.

F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

People with AS are often described as being on the autistic spectrum, though generally high functioning and with other slight mental retardation, average intelligence, or in fact, superior intelligence. The author discusses the case of a boy with AS. Using Paul HERSU'S technique of Cycles & Segments the remedy *Stramonium* is chosen and improvement of the boy is reported. There is good follow-up. A very interesting article.

76. The Simple and the Complex
MALERBA, Larry (HT, 19, 4/1999)

A 35-year-old woman describes a situation where the pain in the abdomen was so great she fainted and the blow to the head was such a shock that she began to leave her physical body - and she had not quite come back into it yet. Rubrics like "Mind, Dream, as if in a," "Mind, Unreal, everything seems", "Head, Injuries, mental functionings altered, "Generals, Faintness, pain, from", were considered. Though remedies like *Opium*, *Helleborous*, *Nux moschata*, *Natrum sulphuricum* came into consideration, the feeling of "Everything hurts" even six weeks after the injury lead to prescribe *Arnica* 200 which helped to recover from both the trauma's - physical and emotional.

77. Drills in Prescribing
CASE Erastus (HT, 19, 5/1999)

Retention of urine; frequent urging with dribbling of a few drops

Stool difficult although soft; it clings like putty
Pressing pain in lumbar region; relieved by external pressure
Legs weak, tremble while walking
Hands and feet covered with cold sweat
Alumina is the remedy.

78. 1. The Cranial-Sacral Model and the Fulcrum Concept as they relate to the HERSCU Materia Medica Cycle in Homœopathy.
2. Fluid Model of Homœopathy
3. Osteopathy in Real Life and Homœopathy can Help.
SHEPHERD Dane (NEJH, Vol. 8, 2/1999)

The author clearly points out that Osteopathy will help Homœopathy restore the sick to health much faster than by homœopathic medicine alone.

Through drawings and explanations Dr. Dane SHEPHERD make us understand.

[Of all the great names in Homœopathy, only Margaret TYLER, has spoken of the importance of Osteopathy. She said that readjustment of the atlas will clear away many chronic headaches = **KSS**.]

The 'Fluid Model' takes us further on.

The third article point out the cut in costs, quicker healing etc. in post-operative patients, with Homœopathy and Osteopathy.

He asserts that "Homœopathy aids the positive outcome for osteopathically treated patients, and that the rate at which and the extent of success alleviated is significantly higher for those patients treated concomitantly with the osteopathic fluid model and Homœopathy. Homœopathy creates a body state requiring less osteopathic treatment to obtain balance, then, a more successful and rapid return to health."

79. Eating Disorders
SNOWDON Janet (HOM, 75/1999)

This is a small essay on the psychology of Anorexia and Bulimia.

80. Evil

JACKSON Jessica (HOM, 75/1999)

This is about a 'rare' remedy case, *Pediculus capitis*. The 'key' symptoms seem to be 'want of Moral feeling', 'unfeeling', 'cruelty', "itchiness all over". An interesting article.

81. A Case treated with revolutionized Homœopathy.
SANDERS Christine (HOM, 75/1999)

There are certainly many more practitioners of the 'Sehgal Method' now.
The case in this article is, however, straight and simple.

82. I Feel Inferior - A Case of *Nat-carb*.
HUMRANWALA Parinaz (NJH, 1, 4/1999)

A 20-year-old girl had Oligomenorrhoea with short and scanty menstrual flow with periods of amenorrhoea since menarche. She lacks confidence, disappointment in life especially in her studies, aversion to men, had delusions of devils. Desires to eat chicken. Aversion meat. All these symptoms lead to prescribe *Natrum carbonicum* M which brought her periods regularly and she became mentally more confident.

83. Case Studies - Maryleborne Health Centre Action Research Enquiry
PINTO Gabrielle (HOM, 75/1999)

The Maryleborne Health Centre Action Research Enquiry is a multi-disciplinary team trying to provide the best service possible for patients. The cases presented include some simple prescriptions, some complex cases.

Case 1: TONY, 27 year- old with inability to concentrate in his work; music was his favorite pastime. He was an achiever. Mother was very critical of him and if he didn't achieve high in exam she punished cruelly. He kept his feelings quietly. While at university got the first depression. Fear of intimacy with women. "Have abilities but can't work. I get started and cannot continue. I fear failure". *Anacardium* 200. (*Anacardium* is a kind of child abuse. See R. Sankaran **The Soul of Remedies**).

Case 2: JANE, 27 year-old with irritable bowel syndrome (IBS), with history of panic attacks of many years. Anxious about new situations and meeting new people. Sweats on the hands and feet, she is hot and cold, suffered from mouth ulcers. As a child she was constipated and her glands swelled when she was tired.

Remedies given did not do more than partial relief. Her stools were painful, cramps. Sensitive to temperature changes; mouth ulcers. Bleeds after sex and becomes anxious easily. All these were keynotes of *Mercurius* (see Roger MORRISON'S **Desk Top Guide**) *Mercurius* M and she went on to improve steadily. Here the characteristic signs and symptoms were on the physical plane and so a remedy to match it is to be found.

Case 3: 59 year-old woman Mrs. Z suffered a road traffic injury three years ago. Her problems were complex: housing problems and an ailing mother in her 80's with severe arthritis. Her skull has been fractured in an accident. She had severe backache. She was confused, gloomy, fear something bad will happen. She was dependent on the State. Very overweight. History of severe bleeding and hot flushes. Haemorrhoids. Urine incontinence. Profuse sweat at times. *Natrum sulphuricum* M helped her much but her back pain did not improve even after *Hypericum* and *Sulphur*. She needed *Natrum sulphuricum* M twice after this, but her back pain remained. For various reasons the case could not be continued further.

Case 4: 37 year-old woman: Constant attacks of flu since ten months - never fully recovered from one attack before another one comes on. Keeps her feelings to herself. Her husband underwent Vasectomy before marrying her but now he wants a baby. Donor insemination and vasectomy reversal operation have not succeeded. She herself underwent fertility treatment for three years without result.

Reserved, closed, dignified woman with deep grief, desires salt, thirsty and is warm blooded when well. *Natrum muriaticum* M repeated after about four months, again after two months. She now again went for infertility treatment and it was dreadful and her colds were returning. Again one dose *Natrum muriaticum* M, repeated after five months. Remains well and has accepted her infertility.

Case 5: 45 year-old man, with Vasomotor rhinitis. Sneezing worse in mornings. Persistent cough. A quiet, reserved man, and has been in a loving relationship for over 20 years. Sensitive to others and had a strict but happy childhood. Loves the countryside and has never been ambitious at school. Dedicated to his parents. This is another typical *Natrum muriaticum*. The remedy in M repeated in XM once, cured.

Case 6: Chinese woman, 50 year-old. History of anxiety and depression and some paranoid features. Tension headache, dizzy spells, strange dreams and severe bleeding at periods. Fibroids. Dreams of murder. Severe shoulder pains. Felt someone had put a spell on her, someone was doing witchcraft. Chatty and rambling. *Lachesis M*, repeated four times over the year and she improved. The patient continued the treatment for her paranoid feelings.

84. A Case of *Strontium carbonicum*
HENES Nicholas (HOM, 75/1999)

Man with high blood pressure, consequent upon an unfortunate business experience an year before. Perfectionist. Conscientious person with high standards who has been insulted and mortified; wounded honor. He was uncomfortable before elders, before college authority felt intimidated. He considered 'work as an exam'. Using Jan SHOLTEN's technique *Strontium carbonicum* was selected and given in M. The patient improved.

85. Homœopathic prescribing for Benign Prostatic Hyperplasia (BPH)
MUIR Duncan (HOM, 75/1999)

The author did a research on homœopathic prescribing for BPH with reference to the works published in English. 22 remedies with their symptoms in BPH are given.

86. Cute Little Riya and other Cases
NAGAR Rashmi (NJH, 1, 4/1999)

Case 1: 5 year-old RIYA had warts on right side of face and neck. Very inquisitive, restless mind, very confident, smart and talkative. *Lycopodium 200*, M alternated with *Thuja 200*, M cleared the warts within a month.

Case 2: 12 year-old boy had history of periodical attacks of asthma since childhood. < change of season, dust > sitting bent forward. Quiet nature, amicable, thin, tall for his age with long eyelashes and smiling face. *Phosphorus 200*, M and *Tuberculinum 200*, M cleared up the case.

Case 3: 5 year-old SHIVALI had complaints of weekly vomiting ever since birth. Desires cheese, butter and chocolates. Talks and walks in sleep. Very intelligent, strong-willed, talkative and emotional. Her mother's uncle died when she was in the womb, consequently the mother felt insecure with many fears and constant vomiting. On repertorization, *Stramonium* came out to be the drug and *Stramonium 200* helped the child to come out of the problem. Later her mental symptoms with history of renal calculus indicated *Lycopodium 200* which made her overall well.

87. When the Indicated Remedy Fails
By T.K. KASIVISWANATHAN (NJH, 1,4/1999)

The indicated remedy fails either due to lack of correct and complete data of the symptoms or failure to elicit the cause of the complaints. These are few cases treated by Dr. P. SANKARAN, Dr. S.R.PHATAK, Dr. S.K. KOPPIKAR.

Case 1: The patient suffering from headaches with vertigo which started after practicing Shirsasan. Presuming that this might have caused injury to the head, a few doses of *Natrum sulphuricum* was given which cured the patient of his headache. (P. SANKARAN)

Case 2: A 2½ year old child was unable to stand on her feet after a fall in the street while being carried by the father. On history of fall and the interpretation that the child felt better by hanging her legs while standing, *Conium 200* tds. was given. In 3 days the child was able to walk. (S R PHATAK)

Case 3: An insane woman, who used to weep and laugh alternately and without cause, would clap her hands and sing suddenly. 3 years back her child had fallen ill and died on her lap. She could not and did not

weep. Had given birth to another child which very much resembled and reminded her of the earlier child. *Natrum muriaticum* M 2-3 doses cleared up the whole trouble. (S R PHATAK)

Case 4: A man was suffering from diarrhea for over 40 years. The disorder started during his marriage after taking strongly boiled milk. Being in the midst of marriage ceremony, he controlled the urge. From next day he developed diarrhea. Ultimately it responded well to *Sepia*. Rubric chosen "diarrhea < boiled milk" in **Boger-Boeninghausen repertory**. (P.SANKARAN)

Case 5: A christian youth was suffering from epilepsy for several years. He stated that the attacks invariably occurred whenever he went for dance. The exact cause could not be found and, as due to dancing itself, or consumption of alcohol or late nights and excitements. On further questioning, he got the attacks if he kept awake. A few doses of *Cocculus* completely cured the patient. (P SANKARAN)

Case 6: Mrs. M aged 35, was having chronic asthma which was temporarily relieved only by morphine. History revealed that he got the first attack after watching the construction of a house. Fumes from the lime choked him and developed cough and wheezing. Recurred whenever he visited a newly white-washed house. *Calcarea carbonicum* M stopped the asthmatic attacks completely. (S P KOPPIKAR)

Case 7: A sailor had pain in his chest and left arm after lifting some heavy object in the ship. The movement of the arm was severely restricted and he could not raise his arm. Consulted several doctors but to no avail. Based on exciting cause *Rhus toxicodendron* 30 single dose relieved his pain. (P SANKARAN)

Case 8: A middle aged man fell down a staircase and rolled down the step on his back and bottom. Soreness and stiffness were slightly relieved by *Arnica*. One and half month later he felt a sudden twitching of right shoulder < after allopathic medication. Basing the history of fall *Hypericum* M bd, was given and in four days he was completely cured. (S R PHATAK)

Case 9: Mr. SRP aged 48 years, had weakness of right side with speech difficulty. He had an attack of typhoid for which chloromycetin was prescribed. Developed paralysis when was about to be discharged. *Causticum* 200, M did not give satisfactory result. Considering the fact that the whole problem started after taking chloromycetin, the same medicine in 30 potency followed by *Causticum* M gave an immediate and satisfactory result. (P SANKARAN)

88. A Case of Jilted Lover
SONAWALA Sarla (NJH, 1, 4/1999)

Mr. A M 21 years, suffered monthly attacks of tonsillitis with fever along with severe headaches since 2 years. Attacks brought on by anger, concentration, late-night study, physical exertion, change of weather and exposure to rains. Desires fish, sweets and rice with salt. Lips dry in winter, skin peels off. Dreams vivid, frightful, accident to friends or relatives, killing snakes. Intelligent, very ambitious, anxious over trivial matters. Once he was interested in a girl but it broke off 2 years back. **BOENINGHAUSEN's Therapeutic Pocket Book** and **KENT's repertory**, both were used as the case contained much of generals and mentals. *Natrum muriaticum* was selected as the constitutional remedy. *Tuberculinum* was given as intercurrent remedy. The affection of tonsils and the characteristic tongue indicated *Mercurius-iodatum-flavum* as the acute remedy. Over a period of 6 months these remedies were given as and when required and the patient has been well since then.

89. The Sensitive Soul
PATEL B D (NJH, 1, 4/1999)

Miss V, aged 17 years, suffered from severe dysmenorrhoea, since menarche. Pain in uterus and back, lasts for 4 days; flow scanty and dark red. Restless and irritable during menses. Headache with dullness < sun and reading. Sensitive to music, aversion to company, conscientious about trifles. *Natrum carbonicum* M repeated twice at an interval of two months helped the patient wonderfully.

90. She Craved for Affection
RODRIGUES D John (NJH, 1, 4/1999)

Case 1: A 28 year-old female had recurrent URTI since 4 to 5 years. Along with this she had severe bodyache, chest pain associated with palpitation, sweating, weakness, difficulty in breathing and giddiness.

Complaints < lying down, worries, tension > motion, walking about. < from sun, wants open air. Had tendency to constipation. Perspiration on tip of nose, upper lips, palms and soles. Violent anger, irritability, impulsive, reserved, weeps when alone and consolation <. All these and the peculiar dreams pointed to *Natrum muriaticum* which was given in M relieved her ailments.

Case 2: A 17 year-old girl had eruptions behind the ears and the margins of hairline of the scalp. Itching > scratching, cold water, < winter, afternoon. Cracks in heels. Desires eggs, chocolates, aversion to meat. Perspiration on uncovered parts with strong odour. H/o disappointed love, fear of being alone, indifference to work, impatient, hurry, hairfalling. *Natrum muriaticum* M produced complete improvement.

91. *Natrum mur*: The Hidden Agenda
KRISHNAN Ranga (NJH, 1, 4/1999)

Case 1: 18 year-old girl who fell in love with a boy and had increased sexual desire and felt guilty after the boy had touched her once. Menses became irregular. Had persistent unpleasant thoughts, avoided all her friends as the boy did not like their company. She was being insulted by him once or twice. Though medicines like *Ignatia*, *Nux moschata*, *Baryta carbonicum*, *Platina* were given according to the present symptomatology *Natrum muriaticum* M, XM repeated twice helped her to come out of mental state and she passed her exams well and got married at the end of the year.

Case 2: A 4½ year old boy presented with delayed milestone of late in talking though the other milestones occurred in time. Often had colds, aversion to cold food and drinks, hardly mixed with other children, sensitive to rude talk, averse to consolation. *Natrum muriaticum* 200 was given. For an acute attack of cold *Phosphoricum* 30 - 3 doses were given, developed skin eruptions on face and upper body. Had a sensation of boil under tip of tongue since many days preventing him from speaking. *Natrum muriaticum* M one dose was given. The boy slowly improved and was speaking normally in a few months time.

92. Why Me?
HARIHARAN Rama (NJH, 1, 4/1999)

A 40 year-old man was having insomnia, hypertension and a lingering fear of a frightful accident that had occurred 2 years ago. *Opium* M and *Lycopodium* M occasionally helped him. He was anxious about his business and as his wife was in an advanced state of pregnancy, he did not want to share this anxiety with her. Kept brooding constantly. His BP is 180/120. He asked God "Why are you doing this to me?" *Natrum muriaticum* M 3 doses given 12 hourly followed by *Craetagus* Q tds brought his BP normal and he had good sleep.

93. Why My Family Treats Me Badly
SHAIKI Neelofer (NJH, 1, 4/1999)

A 28 year-old lady with breathlessness, continuous cough since 9 years < cold drink, damp weather, night. Eczema since childhood, boils around the genitals, itching < winter. Unsatisfactory stool with straining with gas. The patient's second sister has always been very arrogant and dominating, she insulted the patient and her in-laws and husband. The patient's parents did not support her. Patient says: "What kind of family I have? Mother misinterprets and instigates fights. Why she behaves so indifferently towards me? Sometimes I feel I am not her real daughter". Remedies which relieved the patient from her sufferings were: *Staphysagria* for acute complaints *Natrum muriaticum* for her chronic complaints and *Thuja* as an intercurrent.

94. My Son is Worthless
DOSHI Nina (NJH, 1, 5/1999)

Mr. S, 45 years, had breathlessness and h/o Koch's gland. Convulsions after violent anger. Craves salt, milk. Anger < least contradiction, breaks things. Constantly worries, likes to be alone. Disappointed with his son for financial loss. *Medorrhinum* 200 followed by *Bufo* 200, M gave good results.

95. Nose that Flows
PRABHU Sayali (NJH, 1, 5/1999)

Case 1: 35 year-old man with violent sneezing, watery nasal discharge ending in wheezing. Complaints < from smoke, perfumes, dust, incense sticks etc. His desires and his mental state pointed to *Kali carbonicum*. *Pulsatilla*, *Mercurius solubilis*, *Rhus toxicodendron* were the other remedies used for the acute phase.

Case 2: 31 year-old male had sneezing with watery acrid discharge, which leads to cough and wheezing. Very restless. Very thirsty. Complaints < by cold climate, ice-creams, cold drinks, curd, buttermilk, dust etc. *Arsenicum album* in potencies upto 10M relieved him completely.

96. The Irritable Child

METKAR Sushma (NJH, 1, 5/1999)

1½ year-old male child, had recurrent allergic bronchitis. Craves meat, curd, ice-cream. Obstinate, irritable and jealous. His dominating streak, the temper tantrums needing attention, the fears, the confident look on the face, loud eructation decided in favour of *Lycopodium* with intercurrent as *Tuberculinum* and acute as *Coccus cacti*. Good results ensued.

97. The Yielding Child

LOBO Anita (NJH, 1, 5/1999)

16 year-old male had recurrent colds and running nose. < by cold air, cold drinks; rainy season, dust etc. Wheezing at night, while lying down. Sensitive to external impressions, mild, yielding tendency, fear of ghosts, darkness, changeable moods, thirstlessness, desire for ice-cream, fish, increased perspiration in head and neck pointed to *Pulsatilla* with intercurrent as *Tuberculinum bovinum*; wonderfully relieved.

98. Concert of the Similimum

KRISHNAN Ranga (NJH, 1, 5/1999)

2 year-old twins had “perpetual coughs and colds” . One of them had rashes all over body during the respiratory ailment. F/H of DM and TB. Few doses of *Thyroidinum* M for one with rashes and *Tuberculinum bovinum* M for the other relieved them.

99. The Rapid Cure

PARTHASARATHY Vishpala (NJH, 1, 5/1999)

2 year-old child had allergic rhinitis. Fat, fair, flabby, craves biscuits, butter, and sweets. Profuse perspiration all over body especially head, saliva drooling, wakes up from frightful dreams. Summer and sun <. Clinging and fear; pointed to *Calcarea carbonicum*., Hot *Calcarea carbonicum* = *Calcarea iodatum*. *Calcarea iodatum* as constitutional remedy with *Tuberculinum* as intercurrent and *Mercurius solubilis* as acute remedy gave good results.

100. When Can I Join Business ?

RANA K Satish (NJH, 1, 5/1999)

16 year-old, youth complained of constant sneezing and fluent coryza, followed by nasal block, difficulty in breathing and wheezing. < exposure to dust, strong smells and perfumes. Desires cool open air which >. Great sleepiness, averse to take bath, desires both hot and cold drinks, sweets, candies, sugar. Mile stones delayed. Had skin eruptions > by ointments and injections. Single dose of *Sulphur* 200 completely relieved the boy of his allergic bronchitis and allergic rhinitis. The young man joined his father to do business without any problem.

101. Unveiling a Love Affair

MINI. M O (NJH, 1, 5/1999)

30 year-old male, had recurrent colds since childhood, inspite of long-term Ampicillin. Eosinophil count was 34%. His high standard of living, allopathic medication and increased sexual desire pointed to

Nux vomica which failed to relieve him. On further enquiry, he had love affair but not a sexual relationship with a young and homely woman. Strong in public but timid to his lovemate. *Staphysagria* M 2 doses were given. Eosinophil count came down to 14% followed by its complementary *Causticum* M which brought down the eosinophil count to 2% and the patient maintains good health.

102. Mission of a Homœopath?

BAIG A. Mirza (NJH, 1, 6/1999)

Case 1: Ms ZK, 27 years, had h/o of three episodes of fits during headache and during the third episode she fell and hurt her head. CT scan revealed haemorrhagic contusion in the Left Parietal Cortex. Diagnosed as Venous Angioma producing pressure effect. Surgery date was fixed. Patient sought alternative therapy. *Arnica* for haemorrhagic contusion, *Carcinosin* as constitutional remedy and *Apis mellifica* as acute remedy produced disappearance of the tumour which was confirmed by MRI.

Case 2: A 6 year-old boy got injured while cycling resulting in swelling of right testicle, which developed into a big tumour. When asked about his suffering he shook his shoulders as if to say nothing. *Arnica* followed by *Carcinosin* cured him. *Carcinosin* was given as a constitutional remedy.

103. Bronchitis from Failure of Love

MAMGAIN S K (NJH, 1, 6/1999)

A lady 23 year-old, had bronchial trouble. Her parents forced her to abandon her love affair. This along with other symptoms of the case, *Hyoscyamus* 200 was given. *Natrum muriaticum*, *Tuberculinum*, *Arsenicum album* were given as and when needed.

104. Some Cases of Acids

KULAY F M (NJH, 1, 6/1999)

Case 1: A Patient suffering from cough consulted over phone, even after 10 - 12 days no > . On inquiring further he said that he felt "exhausted" and the eosinophil count raised to 14%, *Hydrocyanic acid* 200 > the cough and the eosinophil count reduced to 2%.

Case 2: An Anaesthesiologist, got > of his sinusitis problem after a surgery but there was always an etherous odour in his mouth. Sleeps on abdomen. *Acetic acid* 200, M in an interval of a month > his problems. Advised to make Vinegar a part of his diet.

Case 3: Mr. SA, 18 year-old boy had rashes all over body - red, itching, which coalesced to form as a single lesion. Burning urination, thirstlessness. Likes milk, eggs, sweets, aversion to fish. Felt very weak and lethargic. *Phosphoric acid* 200/3 doses gave good results.

Case 4: A woman had flushes of heat in the back, < mental exertion. Cold extremities. Head hot, face cold and pale. Violent occipital headaches. Heaviness of limbs, especially the lower. *Picric acid* 10M produced a marvelous constitutional improvement.

Case 5: A lawyer had brainfag, pain in forehead, temples extending to occiput and down, between the shoulders. Nausea, tongue coated with yellow fur. Clay colored diarrhea mixed with greenish slime. Great exhaustion after motion and mental effort, in recumbent posture and open air. "After many remedies apparently indicated had failed, *Picric acid* 9X improved all symptoms from the first dose."

Case 6: A lad of four, after cerebro-spinal meningitis (cured) was left with paralysis of lower extremities. Usual remedies failed. *Picric acid* 12X improved from day one, and in six weeks cured.

Case 7: 30 year male, staggering gait, weakness of lower extremities - could not walk with eyes closed. Had suffered from painful erections, that it seemed as if his penis would burst. *Picric acid* gave a good recovery.

105. Psoric Warts?

CHATERJEE Sumit (NJH, 1, 6/1999)

Case 1: Mr. B aged 17, had horny, large, dry and sessile wart on the back of his right hand. *Thuja*, *Causticum*, *Dulcamara* in various potencies and doses produced new smaller warts on the ring finger in addition to the original one. On "complete" case-taking few more important points emerged. Had worms in childhood, desires sweets, raw vegetables, raw rice. Hot patient. F/H of skin complaints. *Sulphur* in 200 produced remarkable change in two weeks.

Case 2: Master S 1½ year old boy, suddenly was not able to walk and the specialists could not find any neurological defects. *Gelsemium* 200 - 5 doses / 4 hourly. The next morning the father detected a small painful splinter in the sole.

Case 3: The author's own case. Since childhood, asthma and *Arsenicum album* usually relieved him. But once he got sudden oppression in the night and on looking at the clock in the darkness he found it to be 1.10 A M but the usual remedy failed to relieve him. As he was not convinced, got up to verify the time and found it to be 3 A M. *Kali carbonicum* 200/ 2 doses in half an hour interval relieved him. Accuracy of symptom noting is stressed by this case.

106. Concert of the Similimum - Part II
KRISHNAN Ranga (NJH, 1, 6/1999)

Case 1: A 15 year-old boy, had wheezing < rains, fumes of crackers and green nasal mucus with post-nasal dripping. Headache < sunlight. Profuse perspiration. *Corallium rubrum* and *Bacillinum* relieved. Acute phases needed remedies like *Belladonna*, *Causticum*, *Natrum muriaticum*, *Antimonium-arsenicum*, *Influenzinum*, *Mercurius-solubilis*.

Case 2: Mr. V 35 year-old lecturer, determined person, sensitive to cold things, suffered from asthma due to disordered stomach. Had constipation, fissures and was constantly under allopathic medication. *Nux vomica* 200 relieved.

Case 3: A 26 year-old male had problems of sneezing and sinusitis. Sinuses were surgically drained with no > . On anti-allergic drugs. Ever since putting on weight. Desires chicken, fish, sweets, colas. Aversion milk, curds, butter, ghee and vegetables. Profuse sweat. Cold/rainy weather brings on diarrhea and in summer used to have rashes. *Sabadilla* M, 10M gave good results.

Case 4: An 18 year-old boy, had tendency for cold, cough and wheeze round the year. Tall and thin with pimpled scarred face. Myopic. Very careful. Obsessed with seeming disfigurement of Adam's apple. Feels hungry with easy satiety. Desires sweets, snacks, fruits. *Sabadilla* took him on a major way in the path of cure. *Tuberculinum* and *Streptococcinum* were given as intercurrents.

107.A Case of Fever
RAHALKAR Sarang (NJH, 1, 6/1999)

5 year-old boy had fever for 3-4 days with a long-standing respiratory problem for about 20-22 days. Had allopathic medication for about 12 days. Patient had bouts of cough with coryza and felt feverish. Dull, moaning. No desire to drink water. Throat pain < swallowing, expectoration yellow in color. *Pulsatilla* 200 / 5 doses at 8 hourly interval > the complaints and the constitutional drug *Silica* was given based on the totality.

108.I Like to Hide
SHAIKH Nilofer (NJH, 1, 6/1999)

A 4 year-old girl, hiding behind her mother and elder sister, had complaints of recurrent respiratory problems with enlargement of the tonsils, eczema in the right ear with sticky discharge and itching in the anus. Profuse perspiration of forehead and scalp. Desires sweets and chocolates. Very obedient, not demanding. Fond of dressing. Very affectionate, caring and loving, good in studies. *Magnesium sulphuricum* gave her good relief. *Pulsatilla*, *Belladonna*, *Arsenicum album*, *Tuberculinum* were given according to the presenting totality.

109.The Wall Flower
PARTHASARATHY Vishpala (NJH, 1, 6/1999)

A young, lean girl of 28, had Allergic bronchitis. Craves rice, curd, pickles. Clairvoyant dreams. Hyperpigmented patches in the body. Perspiration scanty. Tongue coated thick white in a triangle shape. Her elder sister got divorced and hence the patient became very much dejected and does not want to get married. Particular about everything e.g: cleanliness, keeping appointments etc. Had anticipatory anxiety. *Carcinosin* cleared up the whole case.

110.I Will not Live in Vain if

MEHTA Kishore (NJH, 1, 6/1999)

The author makes reference to many of HAHNEMANN's writings with regard to the quality of the physician and says that HAHNEMANN himself was an example of the physician he depicted in his writings. Therefore only he has a right to say "**I have not lived in vain**". He also gives illustration of a case.

Mrs. X 35 years, had headache since 5-6 years. < in sun, empty stomach, > in AC . Perspiration more on head. Keeps everything in mind. No confidence and afraid when she is alone. Attempted suicide 2 years after marriage. Although aware of the sluggishness she is not able to change, cannot cope because of in-coordination of will, thought and action, thus creating problem for others. *Calcarea iodatum* M one dose gave good result and she did not have a single attack of migraine.

[Those who follow Dr. SEHGAL's method of prescribing on mind symptoms alone have been doing quite well. **Journal of Homœopathy of Northern India** (JH) carries cases prescribed on the mind symptoms alone. It should be clarified that such rubrics as desire to be carried fast, shrieking for aid, etc are all interpretations of the patients expressions like "Please relieve me of this pain quickly," and shrieking for aid is "Help me urgently to overcome this pain." The mental symptoms are the interpretations of the patients expressions, not necessarily in the exact words of rubrics. The following abstracts (Nos. 111 - 146) of the cases from the JH should be read in this way. = KSS]

111.*Belladonna* in Asthma Attack

SEHGAL Yogesh (JH, 3, 1/1999)

Ms. X 24 year-old, had regular Asthma attacks since the age of 2. In her early teen she began to have attacks twice in a year. She took cortisone treatment. At the age of 21, an opaque patch showed up in her chest X-ray for the first time. Took TB treatment for 8 months and at the end of that the patch hadn't disappeared and hence TB ruled out. Further investigation in England concluded that she had Allergic Broncho Pulmonary problem. Large doses of cortisone produced digestive disorder and puffiness of face and certain other complications. Sought alternative treatment. *Belladonna* brought her back to normalcy gradually and gave good hopes. Her mental symptoms and the temperament formed the basis for the selection of the remedy.

112.*Arsenicum album*

SEHGAL Yogesh (JH, 3, 1/1999)

79 year-old man had watering of right eye after a surgery for cataract and continuous fever for the last 3 months. Constipation since many years. All his delusions and the fears formed the basis for prescription. *Arsenicum album* made him mentally and physically strong.

113.*Paris quadrifolia*

MANN A S (JH, 3, 1/1999)

A boy aged ten had chronic otorrhoea, thick yellow offensive discharge from both the ears. < in both the seasons but sensitive to hot weather. Speaks too much, repeats the same thing and one sentence leads to another story. Careless. Speaks about his activities to guests and family members. *Lachesis* 30 with no improvement. The case was re-taken and *Paris quadrifolia* given and the boy showed remarkable improvement.

114.*Kali brom* in Psychiatric Case

SOMAL S. Jaswant (JH, 3, 1/1999)

A patient about 55, a man of words and strong principles developed insanity after a guilt feeling. Developed fear of police and that people are blaming him. Restless and sleepless. *Kali bromatum* 30 single dose cured.

115. *Opium* in Allergic Rhinitis

GUPTA Kishore (JH, 3, 1/1999)

A female aged 28, had Allergic rhinitis, pain in legs and irritability before menses, desires sour things, aversion to sweets and milk. *Sepia*, *Kali carbonicum*, *Tuberculinum* were given depending upon the symptoms without much relief. Complaints started after an incident of an accident to her cousin and that had a great impact on the patient. *Opium* 10M 3 doses at 2 hourly interval relieved her gradually.

116. Two Short Cases

JAYASWAL M P (JH, 3, 1/1999)

Case 1: RD, aged 40 had severe pain in right hip and posterior side of thigh. Great irritability during pain. *Hepar sulphuris* 200 gave instant relief.

Case 2: NA, aged 50, suffered severe urethral burning with frequent micturition. Was swearing and cursing at the past behaviour of his relatives and giving no heed to his poor state of health and home affairs. *Anacardium* 200 relieved.

117. *Anacardium* Case

REKHI Jaswinder (JH, 3, 1/1999)

Ms. US age 34 had itching since many years and joint pains with marked prostration. In spite of the pains which prevents her work, she keeps the house neat and clean. Very restless. Laments about her pains. *Arsenicum album* failed. *Anacardium* relieved her pains and itching.

118. *Azadirachta indica* Case

SEHGAL M L (JH, 3, 2/1999)

Smt. S A 90 year-old, suffered from loss of memory, can't recognize faces, places and towns or cities she lives in, can't distinguish between the voices of her son and his companion. No improvement with allopathic treatment. Diagnosed ALZHEIMER'S disease. *Azadirachta indica* repeated twice improved her memory and she can recognize people and her surroundings but still sensitive to insults, still under treatment.

119. Hemiplegia - A Case Report

SEHGAL Yogesh (JH, 3, 2/1999)

A lady developed hemiplegia after a stroke, indicated her desires by gestures, wanted her relatives and the grandchildren to be around her, felt comfortable only when all the lights in the room are lit up. The other physical generals helped to clinch the remedy. *Stramonium* 30 to M gave some improvement but ceased thereafter. Based on the present symptomatology *Gelsemium* 30 was given and she felt much better.

120. *Veratrum album* vs. God's Messenger

MANN A S (JH, 3, 2/1999)

DP aged 24/M started saying to himself, "I am Bhole Nath (A Hindu God), no body can do any harm. I am the messenger of God. He has sent me on earth". Based on the delusions *Veratrum album* 30 given with good improvement.

121. Two Cases of *Agaricus*

MANN A S (JH, 3, 2/1999)

Case 1: A child of 9 had pain in sound teeth along with caries. No desire for new things. *Agaricus* 30 relieved the pain and the decayed tooth fell off and new teeth came up.

Case 2: RS aged 32 had thick crusts on 3-4 places on scalp. Very fond of dance and music. Very reserved, repents quickly after anger. *Crocus sativus*, *Natrum muriaticum* did not relieve him. *Agaricus* 30 based on singular rubric was given which cleared the skin completely.

122. *Croton tig* Case

MANN A S (JH, 3, 2/1999)

The *Croton tiglium* is very selfish person as indicated by one singular rubric.

Ms HK aged 45 had pain and stiffness in knees and she was very selfish. *Croton tiglium* 30 relieved her pains.

123. *Crocus sativus* in Nasal Polypus

MANN A S (JH, 3, 2/1999)

PK aged 13 was suffering from coryza and nose block. Diagnosed as Nasal polyp and advised surgery. Refused surgery. Gets angered easily, uses bad and rough language but repents immediately and begs apology. Likes music very much and ameliorated by it. *Crocus sativus* 30 repeated twice, no blockage and no sneezing.

124. *Sulphur* Case

REKHI Jaswinder (JH, 3, 2/1999)

SD age 32 with a Blood sugar report of 58 mgm had much prostration, weakness, vertigo, unable to do work, severe pain in back and legs. Along with this, her mental complaints helped to select *Sulphur* 30 repeated once relieved all her complaints.

125.A Case of *Diamond*

GLANTZ Camila (JH, 3, 2/1999)

A female in her menopausal age, had lot of tensions. Doesn't want her problems to be known to her husband and children. Interested in music and art. Feeling of worthlessness, especially in relation to husband who was perceived as powerful, dynamic, energetic while she was "Just a house wife". Desire for potatoes. Complaints < cloudy days > sunshine. *Diamond* improved her greatly both physically and mentally.

126.A Case of *Belladonna*

MONGA Vinit (JH, 3, 2/1999)

A child of 8, who was good natured and jolly became violent and weak after treatment for a severe febrile attack and had desire to hit someone. *Belladonna* 30 brought back his happy mood and his desire to strike also vanished.

127. *Belladonna* in Sexual Sphere

GARG Pardeep (JH, 3, 2/1999)

RS aged 32, had less erection and early seminal emission. Took allopathic medicines but in vain. The symptoms which lead to the selection of the remedy were: Laughing while speaking, desire for light, to be carried fast, hides things etc. *Belladonna* 30 gave happy results.

128.A Case of *Sepia*

GARG Pardeep (JH, 3, 2/1999)

SK aged 60, had pain in her abdomen, dysnoea from slight exertion, dysentery for the last five years. Aversion to company, lies with eyes closed, unable to cope due to weakness, fear of poverty, worries much about the domestic affairs. *Sepia* 30 relieved.

129.A Case of *Ammonium sulph*

SINGLA Naveen (JH, 3, 2/1999)

26 year-old female suffered hysterical fits and sleeplessness. No love relation with her husband and she started losing weight day by day. Husband is a drunkard who doesn't give much care for her and she developed much resentment towards him. *Ammonium sulphuricum* 30, 200, M produced remarkable improvement.

130.A Case of *Stramonium*

SINGLA Naveen (JH, 3, 2/1999)

A child suffering from bronchial asthma had difficulty in respiration and chest congestion. She is afraid of darkness, dogs, objects, shining objects, beggars etc. Clinging to persons and is very obstinate. *Stramonium* 30, 200 gave very good relief.

131.Two Cases of *Azadirachta indica*

SEHGAL M L (JH, 3, 3/1999)

Case 1: A child of 4 years suffered from fever and the fever remained up and down. Based on his desires, delusions, physical and mental symptoms *Belladonna* 6, 3 and *Cocculus* 3 were given which failed to relieve his fever. *Azadirachta indica* 3 thrice a day relieved the boy within 24 hours.

Case 2: A lady around 35, had P.U.O with vomiting, loose stools and extreme prostration. Based on the objective symptoms *Borax* 6 and *Cocculus* 6, were given. The fever persisted. *Azadirachta indica* 3 in half a cup of water one teaspoon to be repeated after every two hours. Completely cured within 5 days.

132.A Case of 3rd Nerve Palsy

MANN A S (JH, 3, 3/1999)

The patient had total closure of his left eye with severe headache < night and desire to strike his head on the wall, > by hard pressure < by noise, wants silence and doesn't like to be disturbed.

MRI Report :

? Cavernous Meningioma

? Cavernous Sinus Lymphomatous involvement

? Other infiltrative Metastasis

? Metastatic Granulomatous disease

? An abnormal lobulated soft tissue signal intensity mass in left parastellar region.

Gelsemium M repeated thrice over a period of 6 months, MRI report showed nothing abnormal and the patient was also relieved of his physical complaints.

133.A Case of Cystic Mass in left Ovarian region

MANN A S (JH, 3, 3/1999)

A female with irregular menses, big red clots and severe pain in the abdomen. U/S showed cystic mass measuring 46x29x40mm in size, oval in shape in left peripelvic area. Gets angered easily but remains silent during anger. Her husband gets angered easily and abuses and insults. *Staphysagria* 30,M made her menstrual cycle normal. Scan report showed no cystic mass.

134.A Case of Thrombocytopenia treated with *Baryta carb.*

NATH Prem (JH, 3, 3/1999)

Miss P 18 years, had fall of platelet count since the age of 7. Treated allopathically. Recurred after 10 years of age. Count falls everytime after her menses. The girl felt that she was ugly and discontented with her appearance. Felt that she was being laughed at and mocked whenever she goes into the street. *Baryta carbonicum* 30/3 doses produced tremendous improvement within 4 months. Platelet count raised from 25000/cmm to 2,67,000cmm. The remedy was selected based on the delusion that she is ugly, small, being laughed and mocked at etc.

135.Thalassaemia Case

MANGLA S P (JH, 3, 3/1999)

Ms S 10 year-old with Thalassaemia was given blood transfusion whenever the Hb level falls since the age of 2. Becomes dull and drowsy, lies down quietly, doesn't desire anything, yielding, recognizes the reality and accepts it. *Cocculus indicus* 6, 30, and 200 brought the Hb level to normal and there was no need for blood transfusion thereafter.

136. Uterine Haemorrhage

SINGH Bhupinder (JH, 3, 3/1999)

30 year-old woman, had continuous uterine bleeding for one and half months after a D & C which was done after a child birth. Felt that she had committed a crime. Was looking sad and wept while talking her problems. *Lachesis* 30 was selected based on "ailments after the death of a child" and "delusion that she had committed a crime" and it stopped her bleeding within a week.

137. A Case of Arthritis

SINGH Bhupinder (JH, 3, 3/1999)

Boy of 9 years had stiffness and pain knee joints. Least movement and jerks < his pains. Very inquisitive, likes to travel, had desire for amusement. *Lachesis* 30 relieved his pains.

138. A Case of *Natrum nitricum*

SINGLA Naveen (JH, 3, 3/1999)

A woman aged 32 had painful tonsillitis and leucorrhoea which troubled her for more than 5-6 years. Did not take proper treatment because of her husband's indifference. Had much resentment towards her husband. *Ammonium sulphuricum* 30 did not give much relief. On further questioning, she said that "there seems to be no joy or happiness and what is left is only restrictions in one way or the other". *Natrium nitricum* 30, 200 relieved her complaints in 8 months.

139. *Psorinum* Case

MANDI B. Mittal (JH, 3, 3/1999)

A woman of 30 suffered itching of the whole body without eruptions since childhood. Treatment by various systems was in vain. Credulous, desires light, desires to be carried fast, attention seeking. *Belladonna* 30 gave hopes to her but did not fully relieve the physical condition. Her desire to remain in bed, despair about recovery and sadness lead to *Psorinum* 30 which relieved her completely within one month.

140. Depression Cured by Jan SCHOLTEN Theory

VERMA Subhash (JH, 3, 3/1999)

Mrs. M K 45 years, developed mental depression after some misunderstanding with her sister-in-law and she muttered "I have not said her anything, why did she do all this to me". At one moment she is laughing and happy and at other moment she started weeping. Dr. Jan SCHOLTEN gave the theme of resentment towards brothers, sister, and friends to be *Ammonium phosphoricum*. It was given in 30 potency and it removed all traces of the depression.

141. *Rhus tox* Case

VERMA Subhash (JH, 3, 3/1999)

Ms. B K age 34 years, had suppression of urine, with swelling and pain in the abdomen. Had fear of Cancer and anxiety about her child. *Rhus toxicodendron* 30 relieved.

142. *Arsenicum album* Case

SINGH Jagdeep (JH, 3, 3/1999)

RK age 32 years, felt an excruciating pain in her back after lifting a bucketful of flour. She was irritable due to pain, was shrieking for help and had repulsive mood, this indicated Ignatia which failed to relieve. She expressed her anxiety about the family and said that things were not in their proper places as she is unwell etc. *Arsenicum album* 30 followed by 200 relieved her greatly.

143. *Belladonna* Case

SINGH Jagdeep (JH, 3, 3/1999)

35 year-old male, lifted a sack of wheat weighing one quintal on his back and on the same midnight he felt intense pain in back. He could not sit or stand but was only able to lie down. He said that when he felt slight relief he becomes hopeful and whenever there was set back he becomes sad. Frivolous and had desire to be carried fast. *Belladonna* 30, 200 relieved the pain without any recurrence.

144. *Magnesia mur* Case

SAINI R S (JH, 3, 3/1999)

A Male of 45 years, had panic and anxiety attacks, sleeplessness after betrayal by his partner in his business and he had been cheated by his friends, parents, sisters, brothers, sister-in-laws etc. Desires salt, fish, chicken, rice, cauliflower and peas. Hears old sad songs with romantic theme. Dreams of being lost in jungles. *Magnesium muriaticum* 30/3 doses made him free from all his problems.

145. A Case of *Arsenicum album*

SONI Rishi (JH, 3, 3/1999)

Ms. MP age 22 years, was suffering from pimples in the face. Had much anxiety about her health and about the future. Eruptions < during menses. *Arsenicum album* 30 gave relief and all the old scars also disappeared.

146. An Acute Dysnoea Case Cured on Present Mental State

MANN S. Manpreet (JH, 3, 3/1999)

A lady aged 22, had severe difficulty in breathing, felt that her disease will not be cured and wanted to run away from the situation and commit suicide. *Hyoscyamus* 30 relieved the problem within 20 minutes after taking the medicine.

147. Zigzagging toward cure... or Chasing the remedy ?

TAYLOR, Will (HT, 19,1/1999)

This is quite an interesting discussion on a subject which is relevant to every homœopath. When one does not find the most similar remedy (if not the elusive 'simillimum'), but only a remedy for some of the symptoms it is then necessary and there should be following remedies. Some may be able to 'cure' with 3 or 4 remedies, some may go on and on and reach a cure. Is this 'zig-zagging' or 'chasing' the remedy?

Will TAYLOR calls attention to the fact that HAHNEMANN had long ago solved almost all our problems, only that we should take the trouble of reading his works. Attention is invited to § 173 of the **Organon**, BÖNNING - HAUSEN's concordances in his Therapeutic Pocket book, and also KENT's 'Second Prescription' in his Lectures on Homœopathic Philosophy.

148. Acute prescribing : Speaking from experience REICHENBURG-ULLMAN Judyth, ULLMAN Robert (HT,19, 3/1999)

The authors give explanation for some of the questions that arise from our clinical practice.

1. Will the constitutional remedy always work for acute illnesses?
In certain cases a repetition of the constitutional remedy work quite effectively for the acute condition and in others, it has little to no effect despite the fact that the patient's chronic

- symptoms were at least 70% improved. The of acute cases.
2. Are some remedies constitutional remedies and Any remedy can be potentially considered for limitation are the prescriber's ability to perceive As we discover and use many previously poorly the bounds are limitless.
 3. Can acute self-prescribing be dangerous? Though significant damage has not been done by precautions should be taken. Know what you are condition requiring medical intervention, homœopathic or conventional. After diagnosing the illness by a competent physician, we should appendix, the option to give a homœopathic remedy is on the way to emergency room.
 4. Will only some potencies work for acute conditions? Flexibility is necessary in potency selection. The potency in acute conditions. Perhaps it may need potency is lower. When the picture is clear and then we can use high potencies.
 5. What about combining Homœopathy with other The majority of the interventions like effective hydrotherapy are supportive and not suppressive
- authors confirm this view by giving few examples others acute remedies? any condition, acute or chronic. The only the case and the knowledge of Materia Medica. understood or unproved remedies, we learn that self-prescribing for acute illness; certain treating! It would be unwise to self-treat for any assess the choices accordingly. In case of ruptured right remedy will generally have an effect in any more frequent monitoring and repetition if the the condition is severe, if sure about the remedy interventions for acute illness? diet, herbs, vitamin and mineral supplements, and can help in treating acute illnesses.

149. Case Taking

SCHOLTEN Jan (JH, 3, 1/1999)

The author says that the way in case taking is less important than the end result. Whether we do this by asking questions, smelling the patient, listening to his tone of voice, using "touch for health" or using our clairvoyant abilities doesn't matter. So there is no standard procedure for a good case taking, because every patient, and every homœopath is different. The prime focus was on the Mind section in the repertory, and differentiate it as specific and non-specific symptoms. The choice of words and the past life history plays a crucial role in the whole case taking.

150. The "Strange, rare, and Peculiar"

WINSTON, Julian (HT, 19, 3/1999)

In BARTHEL's **Characteristics of Homœopathic Materia Medica** we find a brief summary of the twelve ways in which the "strange, rare, and peculiar" symptom may be understood. All the examples are from the remedy Phosphorus.

1. The symptom is peculiar in itself: "long narrow stool".
 2. The symptom is peculiar through the modality: "mania for work before menses".
 3. The symptom is peculiar through its localization: "cold knees at night".
 4. The symptom is peculiar through sensations: "anus feels open".
 5. The symptom is peculiar through extension: "coryza extends to chest".
 6. The symptom is peculiar through beginning, progression, and end: "pain increases and decreases with the sun".
 7. The symptom is peculiar through contrary symptoms: "lack of heat, but heat aggravates".
 8. The symptom is peculiar through its periodicity: "headaches every 7th day".
 9. The symptom is peculiar through alternating symptoms: "weeping alternating with laughter".
 10. The symptom is peculiar through sequences: "bloody vomiting following suppressed menses".
 11. The symptom is peculiar through vicarious menses: "vicarious epistaxis".
 12. The symptom is peculiar through the absence of expected symptom: "increased sexual desire without erections".
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IV. REPERTORY

1. Confiabilidade das fontes do repertório (The reliability of the Repertory Sources)
ZOBY Elias Carlos (RB, 64, 1-4/1999)

This is a very interesting essay. The author has taken great pains to carefully study the sources - **Materia Medica Pura, Chronic Diseases, Encyclopedia, Guiding Symptoms, BÖENNING-HAUSEN, JAHR, FARRINGTON, KENT, DUNHAM, etc.**, from which the repertories were compiled. He examines the original proving, the translation from German to English, entry of the symptom in such repertories as **GENTRY's Concordance, BÖENNINGHAUSEN's Therapeutic Pocket Book**, later repertories of KENT, and the successive ones until the latest from **Roger van ZANDVOORT's Complete Repertory**. He points out the possible wrong understanding. Today's repertories are a merger of several earlier ones prepared with different philosophies and the rubrics not meaning the same in every one of them, etc. and calls for a thorough study of these with reference to the sources. He also concludes that perhaps **BOENNINGHAUSEN's Therapeutic Pocket Book** was the nearest to the Proving data and understanding of the Proving. (There are many errors in the latest repertories especially with regard to the MIND Chapter, and many such errors have been pointed out in certain articles, in the German Journal **Zeitschrift für klassische Homöopathie** and all these articles have been listed in the QHD Such corrections are however, always an ongoing feature = **KSS**).

2. The Functions of the Repertory
DAM, Kees (HL, 11, 4/1998)

This also includes a review of the Megarep - the **Complete Mind and Body Repertory**. The function of a repertory is discussed : which is to narrow down the number of possible curative remedies via a process of generalization, comparison and differentiation. Some criteria, general and particular, are given for inclusion of new rubrics.

V. PHARMACOLOGY

1. Similitude in modern pharmacology
TEIXEIRA, MZ. (BHJ, 88, 3/1999)

The principle of the similitude, the basis of homœopathy, has correspondences in the clinical studies of secondary effects of many modern pharmaceutical agents through the observation of the rebound effects of these drugs. Through clinical pharmacology, I proposed a model on which to base the scientificism of the homœopathic model. We have studied the effects of the drugs in the human body using pharmacological compendia and recent scientific works, confirming the mechanism of the homœopathic medicines action through the verification of the primary action of the drugs and the consequent secondary reaction of the organism in hundreds of pharmaceutical agents. Treatment exploiting the "rebound" effect (curative vital reaction) may also be observed. This work suggests a research methodology to scientifically base the therapeutic principle of similitude.

2. Effects of potentization in aqueous solutions SCHULTE, J. (BHJ, 88, 4/1999)

Over the past two decades, research into structure formation and structure conservation in water has created a significant interest among the Homœopathic research community. The formation of sustained static and dynamic structures in aqueous solutions is thought to be synonymous with the possible storage of information in associated liquids. Prominent models and experiments considering this possibility are presented in this paper, and some of their subtleties, which were not given much room in the respective original publications, will be elucidated in more detail here.

3. Placebo therapy / Iatrotherapy
SHAW R.. (CCRH, 21, 3&4/1999).

Placebo therapy is the human aspect of the patient-doctor relationship and medical ethics also belong to the art of medicine and these topics must be considered specially in connection with analysis of the therapeutic decisions. Controlled therapeutic trials have shown that the patient-doctor relationship greatly influence the therapeutic response, and the ethical implication must be considered when the effects of new drugs are assessed in such trials.

4. Phyto-chemical standardisation of *Acorus Calamus* L.
P. SUBRAMANIAM, SUNIL KUMAR.
(CCRH, 21, 3&4/1999).

Acorus Calamus L. (Araceae) is commonly known as “Bach” in Hindi. Rhizomes have been taken up for standardisation. The crude as well as formulated mother tincture was standardized to lay down standards in Homœopathic system of medicine. The determined data under phyto-chemical study viz. Extractive value, Ash value, Thin Layer Chromatography and Spectro-photometry are helpful to authenticate the drug.

5. Homœopathy is NOT quackery but offers three New Sciences
SHARMA R.Rati (JH, 3, 1/1999)

The author gives good explanation for the criticism that the “Homœopathic potencies of 12c centesimal and higher, in view of the Avogadro’s law of Physics and Chemistry, do not contain any molecule of the original drug” by stating that the mechanical dynamization process of trituration or succussion at each step of dilution, which are unique only to Homœopathy and not explored by “sciences” induce the diluent molecules (lactose, water, ethanol) to acquire and later mimic the chemical specificity of the original drug molecule so as to themselves act as the therapeutic agent.

He adds that Homœopathy has always been and still is beyond the contemporary sciences but provides the bases, and needs the recognition, of three new sciences for its elucidation. It has vast therapeutic potentials, both curative and preventive, yet is the cheapest. It is NOT quackery, but the prospective main Medicine of the 21st century.

VI. VETERINARY

1. A Web of Tangled Leashes - A Case of Theridion
LAMPE, Kristy (HL, 12,1/1999)

Holly - a female whippet (a small, swift dog resembling a Greyhound) with the chief complaints of destructive behaviour when bored, inability to gain weight, shivering in cold whenever temperatures indoors or outdoors dip below 70 degrees. Small improvements with *Lyssinum* and *Lachesis*. Her extreme sensitiveness to cold, startling easily, not gaining weight inspite of eating well were considered and given *Tarentula* with some improvement. Then noticing her desire for oranges and banana *Theridion* was given and she was much better.

2. ABC’s in acute prescribing
BEAL, Susan (HL, 19, 1/1999).

Case 1: Bunker - neutered male Great Dane, ate some rat bait and was without symptoms when taken to the primary care. Veterinarian gave Vitamin K injection to avoid bleeding . Within 30 minutes of receiving of Vitamin K, Bunker became agitated and restless, face swollen, labored breathing, lied comatose, had pale mucous membranes, a weak thin pulse, swollen ears and jowls, and hives developing on his torso. *Apis mellifica* 30C based on keynotes and also the swelling was more characteristic of bee stings than of nettle rash. Intravenous fluids was also given. Within 30 minutes he was clinically free from the symptoms of anaphylaxis.

Case 2: Beagle - dog collapsed on a hot summer day, had struggling for breath, bug eyed, drooling, panting, convulsing with bright red gums, tongue and ears, who was extremely sensitive to bright lights and sharp noises. Temperature(108°F) confirmed heat stroke. The pup was being bathed in cold water, given cool water enemas, and having his foot pads rubbed with alcohol *Belladonna* 30C every 15 minutes was

given. By the fourth dose he was looking nearly normal. The true danger in these cases, is the tendency for systemic collapse and bleeding during the next 24-36 hours, once they are cold down immediately. But by the next morning he was bright, alert, active and eating, as if nothing had happened.

Case 3: Middle aged Yorkie collapsed, trembling and seizing three days after whelping. Had staring eyes, hypersensitivity to noise and touch, and a temperature of 105.5°F. *Belladonna* 200 was given at five minutes interval. The seizures stopped after 10 minutes. Two hours later she was discharged with no lingering symptoms of the hypocalcemic tetany.

Case 4: Labrador female had all her four legs severely traumatized by a hay mower. *Arnica* was given to halt bleeding. One front leg was amputated, two rear legs were stabilized, reattached and splinted. *Phosphorus* 30 was given during surgery for severe bleeding. Post-operative pain unresponsive to conventional pain medication. *Hypericum* M and XM gave relief for only 15 minutes. *Ledum* in high potency was unsuccessful. *Calendula* 10M brought immediate relief.

3. A Dog Story

KLEIN, Louis (HT, 19, 1/1999)

Teddie a 5-year-old Shi Tzu, had defecated and urinated in one particular place in the play room even though he spent the preceding hour outside. Psychologist opined: "Teddie was displaced, jealous and needed more attention". *Hyoscyamus* 30 did not produce much change. He started wandering, one day he was bitten by a Dog. He had three punctured wounds on his body, right eye discharging, just stood without moving. Though the remedies like *Lyssin* and *Ledum* were considered a deeper remedy that would work for the acute discomfort and help the other more chronic problems was searched for and *Bryonia* 30 basing on Mind; wander; desires to, Generalities; wounds, "worse motion" etc was given. On gobbling the remedy he fell over on his side stiffly an aggravation state, but within 10 minutes he got up, gave a good shake and then ran around and played.

4. A Lesson from SETH

WRIGHT, Jonathan (HT, 19, 2/1999)

The owner of SETH, a Shar-pei/Rotweiler puppy opted for canine infectious disease protection via nosodes instead of vaccinations. Fecal examination showed roundworm eggs for which deworming medication was given considering it be generally safe. There was some vomiting and diarrhea for the first two days followed by passing of roundworms but Seth did not return to normal. Vomiting and tiredness continued. *Nux vomica* 6, 2-3 times daily was given. After four weeks the owner said that Seth is doing well, however, recently he started to drink more water and was urinating more than usual, sometimes with continued straining. He was licking excessively at his penis and prepuce had the nasty habit of humping people's leg and seemed more feisty and argumentative. On genital examination there was a large accumulation of whitish-yellow discharge accumulated in the sheath, and the urethral orifice was red and inflamed. *Sulphur* 200 cleared off his symptoms and there was a return of the pleasant, fun loving disposition. This was a case of chronic disease, at first in the latent state, then awakened by the drug (befallment).

5. Using *Arnica* and *Calendula* on Free Range Poultry.

FOX, Susan (HT, 19, 2/1999)

Case 1: After an attack by the Labrador the tail feathers of ROOSTER were missing and bleeding skin graced two or three body areas were seen. Thermometer read 25 degrees. Diluted *Calendula* was poured on the injuries and two *Arnica* pellets onto an open sore, hoping that the former would stop bleeding and the latter will relieve the shock. Next morning the rooster was alive and relatively well.

Case 2: A male turkey was attacked by a Labrador. It stayed motionless, bleeding at the neck and left wing. Ate a couple of *Arnica* 200 pellets when it was shoved in its mouth. Diluted *Calendula* applied to the wound. The next day, once almost dead bird, got up and walked!

6. Unexplained paralysis

McCARTHY, Ray (HT, 19, 3/1999).

Two canines with unexplained paralysis of the limb(s) were treated with two doses of *Apis mellifica* 200, showed improvement within one week and after a month the dogs were well on the way to full recovery. Past history revealed the removal of bee sting from the hind paw in one of the dogs by the owner which gave a clue to the prescription.

7. Homœopathy in the Wild : Sputnik lands.
LEDERMAN Jeff (HT,19, 5/1999)

In a neonatal Seal, blood was drawn from a vein running through the spine for research purpose and dropped back into ocean and after 9 days it was found frantic, cold, exhausted, succumbing to dehydration and starvation, lost 9 pounds. Electrolytes, *Echinacea*, osha and *Astragalus* herbal tinctures for rehydration and stabilization. *China* to combat dehydration and *Chamomilla* because it's an infant remedy. Umbilical infection was treated with *Pyrogenium* to counter the septic state and *Abrotanum* for umbilical oozing. After two weeks, Sputnik was found to have extreme rectal inflammation with little pus, cleaned with Hyper-Cal tincture (*Hypericum*, *Calendula* and water; 1 to 1 to 10 parts), and coated with *Calendula* ointment which reduced her discomfort. But she was lethargic, left eye inflamed with creamy discharge, left nostril was snotty and congested while a little blood trickled from the right, rectum showed pus and inflammation. *Euphrasia* eye drops was sprayed into the eye, *Pulsatilla* to ease the congestion and after repertorizing the author though not confident gave *Argentum nitricum* and continued with *Pulsatilla*. After two weeks the symptoms gradually abated and gained weight. Antibiotics also given for fear umbilical infection may quickly progress to cause peritonitis and death of the pup.

(The author's main aim was to save the Seal and hence he used all the supportive measures and antibiotics along with homœopathic medicines
= KSS)

VII. EDUCATION

1. Arzneimittel in der Homöopathie- Weiterbildung (Remedies in Homœopathy Training Course)
BLEUL, G.(AHZ, 244, 5/1999)

In the German Program for homœopathic education there is no definite syllabus of remedies. The recommendations of several societies for Homœopathy have been carried together. During the three years course for graduation it is possible to learn 120 to 140 remedies as a basis for post-graduate period. The 140 remedies to be learnt are suggested for further discussion.

2. Clinical Training
KREISBERG, Joel (HT,19, 5/1999)

The article deals with the importance of clinical training in Homœopathy and the different ways of it like observation of a well-trained practitioner, clinical modeling, discussing video-cases, clinical supervision by a supervisor etc. Clinical training with its direct supervision and constant evaluation, correction and re-visioning that a mentor provides, is the most effective way to master the art of healing. The bad news is that homœopathic students in the US rarely if ever receive clinical training. In 1998, the **Council on Homeopathic Education** found that many schools are simply lecture classes with no meaningful assessment and no clinical supervision. It is time for the entire homœopathic community to support these schools and demand that these standards be met by everyone. The current list of homœopathic schools that offer clinical supervision in live patient clinics in US and Canada are listed out.

VIII. RESEARCH

1. Research on Homœopathy and Chemistry QUINN, Michael (HL, 12,1/1999)

In LINKS 3/98 Dana ULLMAN reported on the possible implications of the so-called Ie crystals, discovered by Dr.Shui-Yin Lo, for understanding the action of homœopathic remedies. In this article

Michael QUINN goes deeper into this fascinating new insight into the behaviour of water. A very interesting article.

2. Efeitos do acetato de chumbo diluido e dinamizado - (preparação homeopática) no tratamento do Saturnismo (Effects of diluted and dynamised Lead acetate in the treatment of Saturnism)

MOREIRA H.M., BIAGINI M., VASSILIEFF I.

ALMEIDA A.A., KEMPINAS W.G.

(RH 64, 1-4/1999).

The aim of the present work was to investigate the use of Homœopathic Preparation (HP) for deintoxication in cases of Saturnism.

Adult male rats received solution (3g/L, v.co.) of Pb Ac (Intoxicated, n = 40), or distilled water (Control, n=40) for 90 days. At the end of the treatment, 10 rats of each group were anaesthetized and decapitated for the collection of blood and bony tissue (femur) for the determination of the lead levels by atomic absorption spectrophotometry. The other intoxicated animals (10 rats/group) started to receive by v.o. (3ml./dia), HP, in the concentrations of 1 x 10 or 1 x 10-30, or EDTA (50mg/kg) for 30 days. The other controls (10 rats/group) were treated with the same HP, or 5% hydroalcoholic solution (vehicle of the HP).

Results Media EPM, ANOVA Control: The plumbemy (ug/dL) of the rats sacrificed at 80 days was 4.465 0.97, while in those that received HP the levels were undetectable. At the end of 90 days the average lead level in the bones was 0.3+- 0.03, increasing about 10 times after the administration of HP. Intoxicated : the plumbemy lowered from 31.81- 5.2- at the end of 90 days to undetectable values after the treatment with HP or EDTA. The lead level in the bones was about 70ug/g, unrelated to the experimental group.

Conclusions: It was concluded that the administration of HP did not contribute to elevate the plumbemy of the control animals and it was effective to decrease the plumbemy of the lead -treated rats, at levels comparable with the treatment of EDTA.

3. O principio da similitude na moderna farmacologia (The principle of Similitude in modern Pharmacology)

TEIXEIRA Marcus Zulian (RH, 64, 1-4/1999)

The principle of Similitude, the basis of Homœopathy, meets correspondences in clinical studies of the secondary effects of a large number of modern drugs through the observation of the rebound effect of these drugs. Therefore, through Clinical Pharmacology, a component of the present medical-scientific rationality, we propose a model to base the scientism of the homœopathic model. We have studied the effects of the present drugs in the human body using pharmacological compendia and recent scientific works, and confirming the mechanism of homœopathic medicines' action through the verification of the primary action of the drugs and the consequent secondary action of the organism in hundreds of classical drugs. Treatment through the rebound effect (curative vital reaction) may also be observed. With this work, we suggest a research of the methodology of modern medicines in order to base scientifically the therapeutic principle through similitude.

4. Dual effects of a homœopathic mineral complex on carrageenan-induced oedema in rats
S.BERTANI, S. LUSSIGNOLI, G.ANDRIOLI, P.BELLAVITE & A. CONFORTI
(BHJ, 88, 3/1999)

Carrageenan oedema, a classical experimental model commonly used to test activity of anti-inflammatory drugs, was used to evaluate the therapeutic activity of a low-potency mineral complex (MC). The MC was administered in the right plantar surface of albino rats 60 min. before, simultaneously and 30 min. after injection of carrageenan, an irritant which causes a local, transitory increase of fluid volume. The administration of the MC 60 min. before the injection of carrageenan primed the animal to enhanced inflammatory response to the irritant. The administration of MC contemporarily to carrageenan did not modify the kinetic and the extent of the oedema, while the administration of the MC 30 min. after the induction of the oedema significantly reduced the early phase of the inflammatory reaction. This indicated

that the therapeutic action of this MC is not due to conventional anti-inflammatory effect but to activation of endogenous regulatory mechanisms, a phenomenon which may be regarded as a simple application of the 'similia rules'.

5. Homœopathic effect on heart rate variability RUIZ, G., TORRES, J-I., MICHEL, O., and R.NAVARRO. (BHJ, 88, 3/1999)

We record ECGs from healthy human subjects during 24-h long intervals, using ambulatory equipment. We calculate from the data various parameters, searching for those that change in a clear and systematic way under a homœopathic stimulus, (*Strophantus hispidus* 30). The energy fraction at high frequencies in the power spectrum of heart rate variability fulfills this condition, and we are able to interpret our results in a way consistent with the information on this medicine in the homœopathic *Materia Medica*.

6. Clinical cases in Homœopathy - Between computational interactivity and reinventing the wheel
BIOLCHINI, J & JANSEN, G. (HL, 12, 4/1999)

During the 53rd Congress of the **International Homœopathic Medical League**, which took place in the city of Amsterdam from 25 to 29 of April 1998, a scientific meeting composed by a group of researchers, has been the stage for discussing the experiences and the future of clinical case documentation in Homœopathic specialty.

7. Study of anti-fertility effects of some homœopathic drugs in experimental animals- A preliminary trial
E.N.SUNDARAM (CCRH, 21, 3&4/1999)

Oral administration (0.2 ml /100g.b.w) of six drugs for their anti-ovulatory and anti-implantation effects in female rats and four drugs for their anti-spermatogenic activities in male mice were studied. Amongst the drugs screened on rats, *Juniperus sabina* Ø was found to possess anti-ovulatory activity while *Azadirachta indica* Ø, *Crocus sativus* Ø and *Aspera* Ø were found to have anti-implantation activity. *Viburnum opulus* Ø and *Caulophyllum* Ø have shown both anti-ovulatory and anti-implantation activities. Mice treated with *Lycopodium clavatum* Ø and *Turnera diffusa* Ø were observed with disrupted spermatogenesis. Mother tincture of *Sabal serrulata* besides having anti-spermatogenesis effect, was found to affect epididymal sperm maturation. Anti-spermatogenic property has also been detected in *Vitex agnus castus* Ø to some extent. The results obtained in both female and male animals are encouraging and warrant further trials with the drugs on larger number of subjects. [Of what use are these animal experiment to homœopathic pharmacology? =KSS.]

8. Why do research in homœopathy?
JACOBS, Jenifer (HT, 19, 4/1999).

Three good reasons to do research in homœopathy.

1. To demonstrate its effectiveness
2. To improve our understanding of homœopathic principles and to improve clinical practice where he says that provings of the combinations could be done to compare symptom patterns with those found in the provings of the individual remedy components.
3. To discover its mechanism of action.

9. The Continuing Conte Conundrum
MILGROM Lionel (HOM, 75/1999)

This is on research on Ultra High Dilutions (UHD)

10. Scientific Investigation Of Homœopathic Material and Potencies
PARANJPE, A S (NJH, 1, 6/1999)

1. Homœopathic Material and Potencies are explained in relation to the **Avagadro's Law**
2. Physical basis of Homœopathy - which shows difference between a solvent and a homœopotency prepared in it.
3. Vibrational spectra of Liquids - Difference between simple dilutions and potentization.
4. Experiments with Actinomyces SP.
5. Diagnostic tools to understand the pathways of action of Homœomedicines.
6. Pathological changes observed during homœopathic cure of Jaundice.
7. Ultrasonography and pathological tests to understand mode of cure of uterine tumour and ovarian cyst.

11. Homœopathy and Bioenergy
BANSAL V P (NJH, 1, 6/1999)

Bioenergy in terms of Homœopathy, Naturopathy and Ayurveda is explained. A new method of treatment has been explained. French scientist and bio-energetician Dr Rene NACCACHIAN (MD-EM), DSc and PhD in Molecular Biology, became interested in bio energies, the study of human energy fields, after a sport injury that led him to seek treatment in traditional Chinese Acupuncture whilst in Taiwan. Dr Rene created ACMOS method of bioenergetics which uses the Lecher Antenna as an integral diagnostic and treatment tool. ACMOS refers to "Analysis of the Compatibility of Matter of the Organism and its Synergy" and the ACMOS method claims to be a complete system of diagnosis and treatment.

Till date there is no method by which we can judge the genuineness of the products advertised in the market. Now it is possible to judge the efficacy and usefulness of different tonics and medicines by Lecher Antenna and other instruments developed by Dr Rene.

12. Research on Allergic Dermatitis and its Homœopathic Perspective
MANCHANDA R K (JH, 3, 1/1999)

A total number of 265 cases of different types of allergic dermatitis have been evaluated after homœopathic treatment for a period varying from few months to five years. The results clearly show that Homœopathy is effective in the management of Allergic dermatitis.

13. Research on Malaria - Homœopathic Treatment MUKHARJEE Bidyut (JH, 3, 2/1999)

The Genus Epidemics of Malaria for the affected area was selected after repertorising (by KENT'S method) 156 malaria positive cases. The medicine thus selected was given as a prophylactic measure to 260 persons at risk. *Natrum muriaticum, China, Malaria officinalis* gave maximum results.

X. HISTORY

1. Praxis zwischen "Wissenschaft" und "Aberglauben". Animaler Magnetismus in Preußen in der ersten Hälfte den 19. Jahrhunderts. (Practice between "Science" and "Superstition". Animal magnetism in Prussia in the first half of the 19th Century)
FREYTAG Nils (MedGG, 15/1996)

This article deals with the Theory and Practice of Animal Magnetism in Prussia in the first half of the Nineteenth Century from a socio-historical point of view. A discussion of the disputes over mesmeric therapy elucidates the complex process of social change in Medicine. Theoretical conflicts demonstrate that many scholars and physicians were not able to differentiate between "Science" and "Superstition". It was the proximity of animal magnetism to religious and magical cures that led to the disputes, stimulated by the fact that the reasons for the positive effects of this therapy could not be traced. The practice of Animal Magnetism furnishes evidence for the reciprocation between the so-called two cultures of academic and popular medicine.

2. Die homöopathische Laienbewegung in Deutschland zwischen 1933 und 1945 (The homœopathic Lay-movement in Germany between 1933 and 1945)
KARRASCH Bertram (MedGG, 15/1996)

During the Third Reich homœopathic and other lay organisations in alternative medicine propagated simple, cheap German methods of treatment and required every German citizen to see it as their personal duty to stay healthy. So they helped to hand over to the patients the main responsibility for their illness and to make them forget the reasons for life being difficult, especially during the War.

This article describes the development and conduct of the German homœopathic lay organizations during the Third Reich. Based on articles in homœopathic journals, it shows the reaction of the “Reichsband für homöopathische und Lebenspflege”, the parent organization of the lay homœopaths, to the “Machtergreifung” (Seizure of power the National Socialists in Germany 1933-1934). The effects of the “Gleichschaltung” (forcing of organisations into line) on the lay homœopaths and its significance for State health policies are demonstrated.

3. The Homœopathic Management of Cholera in the Nineteenth Century with Special Reference to the Epidemic in London, 1854.

LEARY Bernard (MedGG, 16/1997).

During the Nineteenth Century homœopaths claimed better results than their conventional colleagues did for the treatment of epidemic Cholera. Those of the **London Homœopathic Hospital** in 1854 have been put forward, for 150 years, as evidence of the efficacy of Homœopathy. The evidence is examined in this paper. Failure to inflict exhausting allopathic treatments must have contributed considerably to the homœopathic success. However it appears probable that the homœopathic remedies themselves played an active part in the successful treatment of Cholera cases. [“During an outbreak of Cholera in 1854, only 16.4 percent of patients treated at the Royal London Homœopathic Hospital died, compared with a mortality in other hospitals of 51.8 percent.”, page 185 in Trevor COOKS’ **Samuel HAHNEMANN The Founder of Homœopathic Medicine**, Thorsons Publishers Limited, 1981 = **KSS**].

4. Rezeption der Homöopathie in polnischen Ärztekreisen des 19. Jahrhunderts (The reception of Homœopathy by the Polish Physicians in 19th Century)

PLONKA-SYROKA Bozena (MedGG, 16/1997)

The 19th Century Polish academic community showed a consistently negative attitude towards the HAHNEMANNian doctrine. On the other hand, Homœopathy spread more and more widely in Polish society. Popular homœopathic journals and advisory literature expressed skepticism towards science and materialism or adopted viewpoints close to spiritualism. Furthermore these publications aimed at linking Homœopathy with traditional folklore. Homœopathic domestic medical literature gave the opportunity for medical self-help at a time when relatively few people had access to professional medical services - due to financial reasons in the cities due to a lack of physicians in rural areas. Additionally Homœopathy offered hope to those whose ailments could not be cured by the professional academic medicine. [The scenario seems to be similar to India = **KSS**.]

The reception of Homœopathy in Poland was nevertheless limited. The doctrine was commonly known nowhere near as popular as the medical self-help that derived from what is commonly called traditional “folk medicine”. Also Homœopathy never was a serious competitor to the therapeutic arsenal of the late 19th Century academic medicine.

5. Homœopathy and the Russian Orthodox Clergy: Russian Homœopathy in Search of Allies in the Second Part of the 19th and Beginning of the 20th Centuries.

KOTOK Alexander (MedGG, 16/1997)

During about 40 years of the struggle of Russian homœopaths to spread Homœopathy in Russia failed. They had been convinced that all their efforts to introduce Homœopathy into the State medical system similar to Allopathy, through attracting physicians to Homœopathy, proved unsuccessful. In the 1860s-70s homœopaths tried to attract laymen and the clergymen at first, not only as supporters from “above” but also from “below”. The Russian Orthodox Church rendered help on all levels of its organization, taking an active part in the spreading of Homœopathy in the Russian Empire when the rural clergy participated in activities of the homœopathic societies. Thousands of Russian rural priests treated people with homœopathic drugs within the unsatisfactory system of Zemstvo medicine until the First World War. The

difficult socio-economic situation in Russia in the period under study, as well as an insufficient number of homœopathic physicians prevented wide diffusion of Homœopathy among Russian Clergymen and further spreading this form of treatment in Russia.

6. Defensive, Offensive, Straßenkampf. Die Rolle von Medizin und Militär am Beispiel der Cholera in Preußen (Defense, Attack, and Street fight. The role of Medicine and Military with Cholera in Prussia as an example)

BRIESE Olaf (MedGG, 16/1997)

This article intends to illustrate the introduction of military rhetoric into medical discourse during the Cholera epidemic 1831/32 in Europe. Even before the introduction of Bacteriology, illness and epidemics were considered to be the military enemies of mankind. Beginning with the rise of the Military in early modern times, the language of medical discourse orientated itself on the influential military institutions. Sickness appeared as a warring aggressor. Since the time of the Plague at the very latest, military connotations were common place in Europe, and this tendency became stronger during the conflicts of the 19th Century. In this vein, during the inner crisis of Germany at the end of this Century, Cholera was, at least in the descriptive rhetoric, understood as an inner, destructive, and anarchic enemy.

7. Homöopathie und Klerus: Zur Geschichte einer besonderen Beziehung (Homœopathy and the Clergy: the history of a peculiar relationship) STOLBERG Michael (Med GG, 17/1998)

This study traces the attraction that 19th Century Homœopathy exerted, on clergymen of all three major Christian denominations, an appeal which is evidenced by the extensive homœopathic activities of clerical healers and missionaries. Practical considerations, such as the relatively easy acquisition of therapeutic skills, combined with and reinforced philosophical and religious preferences for a healing system that stressed the unique properties of the body and the spiritual force of healing and remedies. The use of Homœopathy enabled the Clergy, as professional experts in the realm of supernatural and immaterial, to refute the prevailing “mechanistic” and “materialistic” trends in contemporary academic medicine. Accordingly, some of the Clergy arrived at striking syncretisms, supplementing Homœopathy with sympathetic or religious healing methods.

8. Malaiische Identität und die Islamisierung der Homöopathie in Malaysia. (Malaysian identity and the Islamisation of Homœopathy in Malaysia)

EPPENICH Heinz (MedGG, 17/1998)

Malaysia plays leading role in Homœopathy in South east Asia. The history of Homœopathy in the Malay civilisation began in the 1930s. Since then, it has been practiced mainly by Malays who are all Muslims. Homœopathy in multiethnic Malaysia is embedded in Islamic culture and has to do with the ethnic identity of the Malays within the Malay/non-Malay dichotomy of the society. This survey explores the relationships between Homœopathy and Malay traditional Medicine, as well as between Homœopathy and Islam.

9. American Homœopathy in the First World War BAUTISTA, Christina (HL, 12,1/1999)

In this article the author gives some statistics regarding Homœopathy in the World War I. Before the World War I there were many restrictions to homœopathic physicians being accepted into the service. **The American Institute of Homœopathy** then appealed to the War Department and the Council of National Defense and a conference was called for which was attended by more than a hundred homœopaths on July 27th, 1917 at the Willard Hotel, Washington. Here it was agreed that the homœopaths be accepted into the military on the same basis as those of other Medical schools.

10. The Future of Homœopathy

O'REILLY, Wenda B. (HL, 12, 1/1999)

The author talks about the current attention Homœopathy is getting via the attention that is being bestowed on the alternative therapies. She hopes that in future this should not lead to a superficial understanding of Homœopathy where homœopathic remedies are used by people who think allopathically.

Instead a good homœopathic understanding leading to Homœopathy as the dominant medical practice with allopathic treatments as ‘additions’ would be more desirable. But there are very popular practices within the homœopathic community which stand as obstacles and will prevent this happening: the availability of combination remedies in pharmacies, treatment of chronic diseases as if they were acute, inadequate provings being added to the Materia Medica and the age old theorizing which HAHNEMANN opposed so vehemently.

11. Homœopathy in Australia - An historical glimpse to the 1920s
MAITLAND, John (HL, 12,2/1999)

Homœopathy was present in Sydney and Brisbane by 1858 and in Melbourne by 1869. In 1847 a group of Benedictine monks laid the foundation stone of a monastery which they named New Norcia about 130 kilometers north of Perth. One of the monks, a Spaniard named Rosendo SALVADO, eventually became the leader. He sought to minister to their bodies as well as to their souls and did this using homœopathic treatment. In the library in the monastery there are eight books on Homœopathy including the **Organon** and BOENNINGHAUSEN’s work on **Intermittent Fevers**. More interesting information in this article. The author says that there are still large gaps in the history of Australian Homœopathy and further research is needed to work on those areas already uncovered.

12. Regarding Dr.John Henry CLARKE - A Man of Principles
MORRELL, Peter (HL, 12, 3/1999)

This articles is about CLARKE and his fight to prevent Homœopathy from becoming a stuffy establishment catering only to the rich upper classes in Britain. He was the first to start teaching the lay persons all about Homœopathy as he became increasingly convinced that its future lay with them rather than with servile doctors who had ‘sold out’ to Allopathy. His radical viewpoint has turned out to be an astonishingly accurate premonition. This caused him to ‘fall out’ with figures like HUGHES and DUDGEON. Today, UK Homœopathy is dominated by many hundreds of lay practitioners.

13. A Brief History of Homœopathy in New Zealand
WINSTON, Julian (HL, 12, 3/1999)

WINSTON traces the history of Homœopathy and its present status in New Zealand. Some of the facts mentioned in the article: the first homœopath of record in New Zealand was William PURDIE, a graduate of Glasgow, who arrived in December, 1849, and settled in Dunedin. A Homœopathic hospital was opened in Princes Street in Auckland in September, 1858. The hospital saw 1047 patients from the time it opened until November, 1862, when the government asked the building to be vacated, and the hospital could not afford larger premises. After World War II the use of Homœopathy declined. In 1920’s Alfred George GROVE, a self-taught lay prescriber began to practice and he generated enough interest in Homœopathy to bring about the founding of the New Zealand Homœopathic Society in 1951. New Zealand operates under British “Common Law,” and anyone can practice the healing arts as long as they do not misrepresent their qualifications. Here too, the homœopathic movement has gained its greatest impetus from the non-medically trained practitioners.

14. The Origin of Homœopathy - Its development and scope in Nepal
KISI Bala Ram & POKHREL, Nita
(HL, 12, 4/1999)

This articles traces the history of Homœopathy in Nepal. The authors also claim that the birth of Homœopathy was in Nepal and Dr.Samuel HAHNEMANN only rediscovered it and introduced it to the world. Homœopathy was introduced to Nepal, when during the Cholera epidemic of 1923, a homœopathic physician from Bengal, India treated a large number of people with homœopathic remedies with good results. There is a **Pashupati Homœopathic Hospital** in Nepal which has been in existence since 1954. In addition there are also three homœopathic centers which were established in 1961. In 1996, the Bhaktapur International Homœopathic Clinic was established with the aim of spreading Classical Homœopathy in Nepal.

15. Hunter, HAHNEMANN and the Origin of Homœopathy.
MORRELL Peter (NEJH, 8, 2/1999)

This essay predominantly consists of a discussion about the constituent elements of a formative process HAHNEMANN was engaged in between 1782-1798, in his first formulations of Homœopathy.

The author has quoted extensively from HAHNEMANN's works (found in the collection **Lesser Writings**). He has also taken into account the English Language biographies of HAHNEMANN, like BRADFORD, Richard HAEHL, Trevor COOK, Robert E.DUDGEON, Martin GUMPERT.

He concludes: "Homœopathy as a working system was the child of HAHNEMANN's practical experimentation, while the **Organon** sprang into life from his investigation of the theoretical principles of medicine in general both of which he had researched pretty exhaustively between 1782 and 1799. The fact that he had read so widely of other medical writers and translated so many important texts into German, demonstrate the seriousness and great learning he brought to his task."

X. GENERAL

1. Homeopatia no Servico de Saude Publica de Brumadinho (Brumadinho: Homœopathy in the Public Health Service)
PROEDE Claudia (RH, 64, 1-4/1999)

Report on the Homœopathy implantation project in Brumadinho's (MG) Public Health Service: birth, growth and death.

The author evaluates alternatives that could have changed this story.

2. Homœopathic terminology: A consensus quest
GUAHARDO, G., BELLAVITE, P., WYNN, S., SEARCY, R., FERNANDEZ,R. and KAYNE,S. (BHJ, 88, 3/1999)

The aim of this project is to develop a common homœopathic terminology to improve communication. A questionnaire was sent by e-mail to an international group of experts. As a result of an iterative process we propose that a number of terms which are inaccurate, unclear or have become outdated should be replaced by new terms. The main areas in which terminology should be updated are: concepts relating to: homœopathic pharmacology, research, homœopathic medicine, the principle of similarity, homœostasis and disease imitation, miasms, experimental Homœopathy, provings and pathogenic trials.

3. Biotypology II: Modern Concepts
MARINO, F. (BHJ, 88, 4/1999)

Modern concepts of biotypology are based on embryological concepts. Based on the work of NEBEL and VANNIER, described in part I of this article, Bernard related endoblast mesoblast and ectoblast to *Carbonic*, *Sulphuric* and *Phosphoric* constitutions respectively. These in turn are linked to particular morphologies and disease susceptibilities, and the question of an inherited tuberculous predisposition has been much debated. The reaction of particular biotypes to stress has been analysed in terms of **Selye's Adaptation Syndrome**.

BERNARD has also analysed the pathological progression of biotypes in terms of a sequence of salts: Calcium, Magnesium, Potassium, Sodium, Barium and Ammonium.

4. An Unloved Child
KONIG, Peter & NEMETH, Günther
(HL, 11, 4/1998)

At a time when the public interest in Homœopathy is increasing there are still important problems to be resolved within the homœopathic world itself. The documentation of homœopathic prescribing is still not

very popular amongst homœopaths. In this article the authors show how homœopathic documentation is both necessary and feasible with the help of their computerised system.

5. A Lie of the Mind
BRILLANT, Patrick (HL, 11, 4/1998)

The author talks about dream provings.

6. Are Dream Provings HAHNEMANNian Provings?
DAM, Kees (HL, 12, 1/1999)

Dream provings or Group provings have become very popular in certain homœopathic circles (sometimes even with 'hype'-like tendencies?)

Another part of the homœopathic community is very critical and suspicious and considers all these 'new age' things to be non-HAHNEMANNian, seeing them as a setback for the future recognition of Homœopathy by established medical science. The (communication) gap between these two sides is growing. In this article the author tries to bridge this gap by relating his experiences of the last ten years with Dream and Group provings and also evaluates the advantages and the limitations of Dream and Group provings in relation to the 'standard' homœopathic provings.

7. Edward WHITMONT 1912 - 1998
SANTOS, Uta (HL, 12,2/1999)

Dr. Edward Christopher WHITMONT, a Jungian psychoanalyst and homœopathic physician died in September 1998 at his home in Sherman, Connecticut. Dr. Uta SANTOS shares both homeland and interests with WHITMONT. She writes: "When I met him in person, I was more than surprised by the agility of his more than eighty years. ... I admired the quick steps of someone who enjoys Nature, and moreover, loves to move, to ascend, to overcome obstacles, to break new ground continuously. He was young, very young - physically and mentally. WHITMONT had a wonderful sense of humor. When one of our colleagues was talking about injustice in the world, WHITMONT listened with interest, nodded his head, and said in his unique semi-serious way: 'I agree with you my dear, but who do you think we should address the letter of complaint to?'"

8. To Develop Standards or not to Develop Standards
JARVIS, Snehi (HL, 12, 2/1999)

Australian homœopathic practitioners have developed the first ever National Competency Standards in Homœopathy in the world. The homœopathic profession in Australia is firmly committed to ensure best practice and quality of care offered to the Australian public and believe that the most efficient way of delivering this was by the development of National Competency Standards.

9. The Homœopathic Archives in New Zealand WINSTON, Julian (HL, 12,2/1999)

The author writes on how he started his collections of everything related to Homœopathy when a carefully folded letter of KENT fluttered out of an 1882 edition of Pharmacopoeia that he had just purchased.

10. Recommended Guidelines for Good Provings ICCH (HL, 12, 3/1999)

The ICCH (**I**nternational **C**ouncil for **C**lassical **H**omœopathy) gives some guidelines for good provings. These guidelines are not intended to replace in any way a thorough study aimed at a deep understanding of the philosophy and methodology of provings. They are more a 'check-list' - of principles and practices not to be missed. It is essential to study carefully HAHNEMANN's **Organon** paras 105 - 145 before attempting a proving.

11. Homœopathy and Auto-medication
DESCARTES, René (HL, 12, 3/1999)

The author warns against the dangers of auto-medication. Homœopathic pills are not completely harmless. Patients should be advised against taking any remedies for trivial or temporary ailments during a chronic ailment, be it Homœopathy or any other alternative therapeutic treatment. To palliate a curable case is suppression. According to Filip DEGROOTE auto-administration of wrong potencies not only could have an antidoting effect, but most of the time induce cranial faults that need corrections for the following appropriate remedy to act.

12. Artificial versus natural diseases - How many of our 'cures' are only palliation or suppression?

PSCHEIDL, Heinz (HL, 12, 3/1999)

The number of poisonous substances and consequently their impact on human health has been increasing tremendously since HAHNEMANN's times, so that today most of our patients suffer from a combination of artificial and natural diseases. As a rule, the poisons responsible for artificial disease(s) tend to develop their symptoms in the same weak spots that are already undermined by natural disease(s), rendering it often impossible to permanently heal the latter by homœopathic means alone. All we can achieve in these cases is homœopathic palliation, with the risk of potential suppressions, suspensions and their sequels. The only sound and scientific way of dealing with artificial disease is to first remove the source(s) from the suffering individual's environment by toxicological means, so that any further poisoning is stopped. ...Homœopathy may prove to be dangerous at this point, if prescribed for symptoms which are due to metal poisoning. ...poisonings are - contrary to natural diseases - not curable by Homœopathy.

13. Potency in Homœopathic Prescribing : Penetrating the mystique.

BERNARD, Julie (SIM, XII, 3/1999).

This is in two parts:

I. "Background on potency in America" where the controversy between the high potency prescribers and the low potency prescribers and how the warfare between these two groups formed the way for the demise of Homœopathy in America.

II. "Some results of the Potency Study" with conclusions and guidelines for potency prescribing. Also some of HAHNEMANNian and KENT's insight for potency selection. The experience and conclusions of various reputed Homœopaths regarding dosing, Some General Statements on Potency, When, How and Why to Prescribe: Low Potencies, High Potencies and LM potency.

14. Every day Magic: Hola Amigos!

CASTRO, Miranda (HT, 19, 1/1999)

Learning a language (Spanish) in "the natural way" is stimulating, fun and, above all, rewarding. The author says that this principle might be applied to homœopathic learning and emphasizes that we all have such different styles that it isn't possible to come up with a universal technique that "covers all bases". The ways to memorize homœopathic data more effectively are: to read and re-read, visual aids - a picture or story, acting out the remedy, attending homœopathic seminars and it should be taught in the natural way.

15. Last thoughts?

STILES, Jan (HT,19, 1/1999)

This article deals with the author's additions and corrections in his Last Will and Testament and Living Will. The author requests that a homœopathic practitioner with at least five years of professional experience be consulted and examine him before any final decisions are made to discontinue life support efforts, in addition to the two physicians typically required. The lawyer says that no doctor or hospital would treat if they had to consult with a homœopath. The author defends by saying that there are many times in severe trauma or illness when the traditional medical world feels nothing else that can be done to save or preserve the quality of life but that homœopathic medicines may be used with complete recovery.

16. Honduras : An opportunity to give and to learn
MURNANE, Sara (HT,19, 2/1999)

Alice COBLENTZ, a classical homœopath from Asheville, set out to Honduras with the goal to practice and teach Homœopathy. For 7 weeks she stayed there and did her maximum to fulfill her goal. Several weeks after her departure she received an e-mail from the Director of the NPH(**Nuestros Pequeños Hermanos**) expressing interest in having a full-time homœopath on staff.

17. Secrets and Lies
CASTRO Miranda (HT, 19, 4/1999)

This article deals with the wisdom of telling patients the names of the remedies. By telling the names, as a homœopath, we educate them about the sources of the remedy, and that there is nothing at a molecular level in the remedy... that it is an energetic imprint of the remedy etc., is being taught to the patient and the patient becomes engaged in his own healing process.

While doing this, the author met some challenges where she gave medicines like *Lachesis*, *Syphilinum*, and *Apis mellifica* (A Vegan, a Buddhist and would never take a medication derived from animals) and what are the lessons learnt from them.

True confessions were made about the administration of sac.lac. The author gives a single dose of the remedy and nothing else in order to make the patient understand how gentle and powerful Homœopathy is (from experience!). And at the same time the patient finds that they have a powerful sense of their own body's healing activities.

18. Reflections on the Ether
FRANKS Nick (Hom. 75/1999)

This is an interesting essay about Radionics and Homœopathy with lot of references.

XI. BOOKS

1. Homöopathische Taschenbücher: Band 4 - Klassische Homöopathie (Homœopathic Pocket book - Vol. 4 - Classical Homœopathy) by K.-HILLING, 2., überarbeitete und erweiterte Auflage, S.141, kart., Haug Verlag, Heidelberg, 1996, DM 29.80 (German) review by WALIMEIER (ZKH, 44, 3/1999) : "Although this book is part of a pocketbook series, it is so well organized that it is complete in itself and one can easily profit by reading it even without necessarily having the earlier ones in the series. His subtitle "Anleitung zum Verständnis des Organon" (Guidance for understanding the Organon) is right. The parallel lecture in this Pocketbook on the Organon is the most effective. The study of the Organon is made easier. The definition and clarification of "Classical Homœopathy" with reference to the Organon paragraphs and the refusal of complex remedies, are very good. ...HAHNEMANN translated "Aude sapere" (Dare to know) as "Have the mind to have Insight." This book helps in this.

2. Grundkurs in klassischer Homöopathie für Tierärzte (Basic course in Classical Veterinary Homœopaths), by A.SCHMIDT 2.Aufl., 246 S., Sonntag Verlag, Stuttgart 1998, DM.68,- (German) review by BÜNDER (ZKH, 44, 6/1999): "A number of students of Veterinary Medicine came under the leadership of KÜNZLI to publish a textbook on Classical Homœopathy in Veterinary Medicine..."

3. Homœopathy: A Frontier in Medical Science (Experimental Studies and Theoretical Foundations), by Paulo BELLAVITE & Andrea SIGNORINI, North Atlantic Books, Berkeley, CA, 1995 Price: Pb \$25.00, ISBN 1-55643-210-0 Hb \$ 39.95 1-55643-211-9, - review by Harald WALACH (HL, 11,4/1998) : "...the authors review the basic principles and the history of Homœopathy which might be a good introduction for those readers who are not acquainted with the subject. This introduction is very concise, with extensive quotes from HAHNEMANN and it also talks about some less well known facets of the European history of Homœopathy, like homotoxicology, Isopathy and the development of nosodes. ...the authors try to convey how in modern biochemistry the cells, organs and living bodies are seen as self-organizing systems, which do not follow linear, causal laws but can only be described by complex, non-linear dynamics. ...they also show that there are many instances in modern biochemistry and biology where

the observed effects are similar to the homœopathic experience, i.e. the differential effects of low and high doses, the importance of priming cells with stressors, the effects of homologous stimulation, and the like. ...the authors propose that Homœopathy fits well into the emerging picture of complex systems, that Homœopathy and modern biomedicine seem to converge rather than clash, and that a combined knowledge of complex systems theory and Homœopathy would help to bridge the gap between biomedicine and Homœopathy. The book should be read by homœopaths as well as anti-homœopaths, and by all those who want to understand why they don't believe that Homœopathy could work."

4. Theory of High Dilutions, Rolland R. CONTE, Henri BERLIOCHI, Yves LASNE and Gabriel VERNOT. Published by Polytechnica, 15 rue Lacepede, F-75005 Paris. Distributed by Iresine Biopharma Co. 15462 S.W. 137th Pl. Miami, FL 33177 (305) 971 1022. Price approx. 300FF (55 US \$). Reviewed by Jay YASGUR (HL, 12, 1/1999): "...An interesting yet complex book has recently appeared on the alternative medicine bookshelf. 'Theory of High Dilutions and Experimental Aspects' by four French experimenters is an attempt to 'introduce mathematical theories of real numbers which have supplementary axioms, and show that these axioms have physico-mathematical meaning linked to high dilution theory.' And this book does just that. ...minor flaws aside, the authors are to be lauded for their massive efforts and their talented approach to this vastly complex field now in its infancy."

5. Encyclopaedia of Remedy Relationships in Homœopathy, by Abdur REHMAN, Published by Karl F. Haug Verlag, Germany. Price: 79.00 US \$. Reviewed by Jay YASGUR (HL, 12,1/1999): "...the book serves a useful purpose and is a welcome addition to the library of the serious homœopath. ...the book does not intend to replace a Materia Medica but functions as an excellent supplement to it, a useful guide for second prescription and a rich source of pathognomonic symptoms with excellent comparison of different remedies."

6. Animal Mind, Human Voices Proving of Eight New Animal Remedies by HERRICK Nancy. HAHNEMANN Clinic Publishing, Nevada City, CA, 1998, softbound, 407 pages, \$39.95. Reviewed by Richard MOSKOWITZ. (HT, 19, 1/1999): "This is an important and useful book by one of the finest homœopaths in the world today. Arising from HAHNEMANN's first experiments with *China* in 1790, provings have always been part of the definition of Homœopathy, distinguishing it from all other forms of medicine and healing, and providing an experimental foundation for the action of medicines on human beings that could be of great value to the medical profession as a whole. Nancy did not use either the double-blind or single-blind protocol, but only the original method of not telling the individual provers which remedy they were taking, with the implied assurance that they would be getting something, that there were no placebo controls. Further allowed the provers to ask for supervision if they feel they need, rather than simply building it into the protocol of the experiment, as Hahnemannian purists have always insisted upon. The substance selected are : rat's blood, elephant's milk, lion's milk, wolf's milk, dolphin's milk, dinosaur bone (fossilized), butterfly (whole insect), mare's milk. "...Nancy HERRICK... chronicles and summarizes the provings of eight new remedies made from animal substances: a whole butterfly, blood of a rat, the bone of a dinosaur, and the milk of horse, elephant, wolf, dolphin and lion. The book is enjoyable to read and will be valuable to all practicing homœopaths. ...she summarizes the themes of the proving, elaborated with excerpts from provers' journals. The journals are included in their entirety as well as the carefully selected or created rubrics. Thus, within each chapter, we have a clear presentation of the breadth and depth of each proving, ready for clinical application. ...the provers ... are all experienced in Homœopathy, if not actually homœopathic physicians, which effectively maximizes the insight of the provers regarding what is valid and valuable in their experience. ...an elegant compilation of individualizing symptoms that promises to be directly useful in clinical practice"

7. Comparative Materia Medica by E.F.CAN-DEGABE, Beaconsfield Publishers Ltd., 20 Chiltern Hills Road, Beaconsfield HP 9, 1 PL, UK. Price: £ 24.5. Reviewed by Marguerite PELT (HL, 12,2/1999): "...the core of the book is a study of seven polychrests, written in a most original and extensive way, bringing out the essence, based on the rubrics in the mind section of the repertory. Each remedy is dealt with in the same way: first a description, then a summary, followed by a diagram and a differential diagnosis. ...After the general description, CANDEGABE gives a summary where the rubrics are grouped according to themes, this is the best part. ...in the third part the mind rubrics are presented in a schematic diagram that is best understood after having read the preceding 'description' and the 'the summary.' ...the

last chapter on every remedy is a comparison with other polychrests (mainly). ...here the author gives a succinct summary of his view of a remedy. ...the whole book is based on the repertory and not on provings or *Materia Medica*. The seven remedies the author has picked out to study are: *Lycopodium*, *Silica*, *Thuja*, *Medorrhinum*, *Natrum muriaticum*, *Kalium carbonicum* and *Lachesis*. ...this is a book for (advanced) students ...and for every homœopath who cannot get enough of our wonderful art of medicine.”

8. The Thematic Repertory and Materia Medica of the Homœopathic Mental Symptoms. by J.A.Mirilli IRHIS publishers, Delftsekade 23, 2266 AJ Leidschendam, The Netherlands. Price Hfl 180. Reviewed by Kees DAM (HL, 12, 2/1999) : “...the thematic repertory... represents a very innovating and promising concept in creating repertory. A theme listing is a collection of repertory rubrics (from **Complete Repertory**) related to one theme. ...All remedies with symptoms from *Materia Medica* related to that theme are then listed. The following *Materia Medicas* were used for quotations: **Materia Medica Pura, Chronic Diseases, Allen’s Encyclopaedia, Hering’s Guiding Symptoms and Dynamic Provings**. The Thematic repertory is an attempt to bring back the psycho-dynamics of different themes within one symptom, so you can see the evolution of one theme into another. ...The thematic repertory begins with an index of 283 themes followed by an analogical index in which references are given to themes. In the second section, the themes are repeated, but with all the relevant cross-references to other themes. ...At the end of the repertory is an index with all Complete Repertory mind rubrics referring to the themes in the repertory in which these rubrics are incorporated. MIRRILLI has made a very successful attempt to improve and innovate the existing mind section of the Repertory.”

9. The Natural Relationship of Remedies, Angelica BOLTE and Jörg WICHMANN, bilingual, Price 32,00 DM or £ 12,00 or \$ 18,00. FAGUS - Verlag, Niedenhofsbusch 1, D - 51427 Refrath, Germany. Reviewed by: David WARKENTIN (HL, 12,2/1999) : “...Angelika and Jörg have created a book that walks through the families, showing where each remedy belongs and who its closest relatives are, etc. I think that this book will be valuable to any serious prescriber.”

10. Ephedra und die zauberflanzen by Jurgen HANSEL, HAHNEMANN Institute, D-86926 Greifenberg, Krpttenkopfstr. 2. (German) Reviewed by Peter KÖNIG (HL, 12,4/1999): “A new book on a remedy proving: *Ephedra sinica* (*Ephe-sin*) 30. Jurgen HANSEL undertook a very interesting and necessary task by proving *Ephedra(sinensis)* which has not only been a healing but also Shamanistic drug, in old cultures including traditional Chinese medicine. It is also fascinating to learn that *Ephedra* is one of our ancient plants on earth, similar to *Gingko biloba* or *Lycopodium*. The HAHNEMANNian proving was carried out in 1997 with nineteen provers” .

11. Three pieces of Gold by Terje WULFSBERG homœopati Bokhandelen, Ole Moes vei 11 c, 1165 Oslo, Norway. Reviewed by Rob BRIK. (HL, 12, 4/1999): “In this book Terje WULFSBERG presents us three pieces of Gold. His in-depth description of the *Aurum* salts, *Aurum muriaticum natronatum* and *Aurum sulphuratum* are a major contribution to our understanding of these remedies. The book is written with the following aim. “To make it possible for practicing homœopaths to utilize these three *Aurum* salts.” It continues with a differential diagnosis and then a chapter of suggested repertory additions including some suggestions for new repertory rubrics, like Ailments from; death mother of (3)’ (P 81). As a last part WULFSBERG shows us more than 200 cured cases on which he has based this book.”

12. Psychiatric Patients 1 by Andre SAINÉ, A.van Engelandstraat 17, 5616 AZ Eindhoven, The Netherlands. Reviewed by Andries KEIZER. (HL, 12,4/1999). “The book offers a variety of subjects that possibly appeal to homœopaths at different levels. Some subjects are especially interesting for the homœopathic students whereas the case-studies might be inspiring for the practicing homœopath”.

13. The Faces of Homœopathy by Julian WINSTON, Great Auk Publishing, New Zealand, 1998. \$ 80. Reviewed by Durr ELMORE. (SIM, XII, 4/1999): “This book is focused on the history of Homœopathy in America, Germany, France and Great Britain and some understanding and appreciation for Pioneers of Homœopathy and tidbits about current leaders. Later part of book describing new books, journals, homœopathic software and internet contacts. This is not simply a history of Homœopathy, but a well-organised, easy to read, accurate description of homœopathy past and present. It is obvious to the reader that **Faces** is a labor of love. Hats off to Julian WINSTON for writing and creating this great book. It is not

only well-written, but artistically presented, truly a work of art in homœopathic history. We are also given a clear description of current challenges facing Homœopathy. By gaining an understanding and feel for our roots and past, we are better able to comprehend Homœopathy in the present. With this knowledge, we can steer Homœopathy on a course of renewed growth and acceptance, towards a sound and bright future”.

14. Desktop Companion To Physical Pathology by Roger MORRISON. Reviewed by James HILLEN. (SIM, XII, 4/1999):“This is the companion book to excellent and popular **Desktop Guide to Keynotes and Confirmatory Symptoms**. The **Companion** is designed as another quick reference to be used during the patient interview, or to prepare for an appointment. This book is intended for professional practitioners with a thorough understanding of case taking, hierarchy of symptoms, acute versus chronic conditions etc. It presupposes good insight into the patient, and competent understanding of their medical condition. It is currently fashionable to look exclusively to mental symptoms in remedy selection and case taking. Hopefully this isn’t leading prescribers to imagine, project or exaggerate mental symptoms, to fit their philosophical beliefs. The **Desktop Companion** assumes physical pathology to be the top of the hierarchy of symptoms.”

16. A Homœopathic Proving of *Latrodectus hasseltii* by Bronwyn Marks and Julia Twohig, Published by B.Marks and J. Twohig, 1998 ISBN 0-646-35858-8. Reviewed by Susanna SHELTON (HT, 19, 1/1999): “The description of *Latrodectus hasseltii* gives a clear image of the spider without unduly speculating about the “signature” that might emerge in the proving. The book has a high quality presentation; especially the cover design which seems to capture not only the image of the female and male *Latrodectus hasseltii* but also their Australian habitat. Symptoms of the provers are cross referenced to rubrics in the complete repertory. The proving protocol is clearly formatted and succinctly summarized”.

17. Encyclopedia of Remedy Relationships in Homœopathy by Abdur Rehman, Haug Verlag, Heidelberg, 1997, 362 pages, hardback, \$ 85.00, ISBN 3-7760-1545-4. Reviewed by GLAISYER, Mary.(HT, 19, 2/1999): “This book is a mighty step forward. The author spent ten years researching it and each remedy is annotated and you can look up which author suggested, for example, that *Lachesis* follows *Lilium tigrinum* well. (Margery BLACKIE and D.C.D GUPTA both thought it a good idea.) He incorporates a section for each remedy entitled, “Collaterals”. “The collateral remedy is one which runs parallel to the remedy given previously and selected as an alternative drug, if needed on indications of the patient in question”. Mr. REHMAN includes a section not found in similar reference works: “foods to be avoided” and “foods to be encouraged” taken from the Homœopathic Materia Medica and repertories where they appear under headings of agg. and amel. respectively. This seems to be an unnecessary dietary restriction where the patient after responding to the indicated medicine the aggravations are less likely to occur”.

18. Materia Poetica: Homœopathy in verse by Sylvia Seroussi Chatroux, Poetica Press, Ashland, OR, 1998, 103 pages, hardbound, \$ 18.00. ISBN 0-9665524-0-7. Reviewed by WINSTON Julia (HT, 19, 2/1999): “The book, beautifully arranged and composed, is a small hard-back. It contains poems about 100 remedies, and is illustrated with 18th and 19th century woodcuts of some of the subject plants. But it is the poems which are most delightful of all. As with the remedies themselves, each poem is unique in its special way. The descriptions of the remedies are often deep and somewhat dark - a feel of remedies you do not often get from the lists of symptoms in the materia medica, nor from “essences” of the remedies distilled into a lecture”.

19. The Natural Relationship of Remedies (Die natürliche Verwandtschaft der Heilmittel) by Angelika Bolte and Jörg Wichmann. Refrath: Fagus Verlag, 1997, paperback, 208 pages ISBN 3-00-001790-9. Reviewed by WINSTON Julia (HT, 19, 3/1999): “In the introduction of this little volume, the authors comment upon how strange it is that we study the materia medica in its alphabetical order and often have no idea of what the substance is that we are really using. “We will only be able to systematically observe these similarities between remedies as long as the natural order of relationships among animals, plants, and chemical substances are known. For this reason the remedies are put in their scientific order. As a kind of working basis for further studies and observations, the natural system will help us more than an alphabetic one”. The book is bi-lingual; it is in both German and English”.

XII. NEWS & NOTES

I. Report on the “Consensus Conference September 1997 - Guide Rules for homœopathic treatment”

(German): A paper was prepared in the Conference governing the homœopathic physicians. This paper covers the letters received from the **European Council for Homœopathy (ECH)** and the **German Central Association of Homœopathic Physicians (DZVhA)** on the so-called “Classical Homœopathy”. This covers also both acute and chronic treatments.

Extracts from the Consensus paper:

1. Introduction

2. Practical significance of Homœopathy

3. Indication for homœopathic treatment

4. Recording the homœopathic treatment

The efficiency of homœopathic treatment must be evident from the very beginning i.e. the preliminary anamnesis. For acute treatment the preliminary Anamnesis must contain the following:

4.1: Introduction to homœopathic Basis Anamnesis:

- Exact recording of the Modalities, the sensations, the time connections, the alternations, the peculiarities of the complaints and their locations.
- Biographic Anamnesis from childhood, mental and physical states during the developmental stages with particular attention to recurring periodical ailments, the neurotic defense mechanism.
- Social Anamnesis, family, school, workplace, peer group with particular reference to reactivity and regulations, and in cases neurotic, defense mechanism.
- Psychovegetative Anamnesis, sleep, dreams sexuality, bleeding, warm housekeeping, in cases Vertigo, modalities of eating, constipation, etc.
- Psychiatric Anamnesis: Mood, motive, anxieties, thoughts, contact, consciousness, awareness, perception, orientation, concentration, memory in view of reactivity and regulation model, as also the psychic defense mechanism.
- Anamnesis of disease development and dynamics with regard to homœopathic history-taking, with particular reference to causation and constitutional states of the patient Homœopathic primary Anamnesis: Homœopathic basic anamnesis in respect of acute treatment should necessarily have the exclusively characteristic psychic and physical acute symptoms. In difficult and protracted course, as also in acute symptoms have chronic disease disposition as the basis, homœopathic history must have thorough homœopathic basis anamnesis.

4.2 - 4.3: Homœopathic case analysis, reportorisation of the ascertained indicative symptoms. In homœopathic nomenclature “symptom” are: striking, particular of the disease and the patient, aspects of causality, modalities, alternations, mental states and course parameter of the disease, are indicated. Homœopathic differential diagnosis.

4.4 - 4.5: Prescription of homœopathic single remedy.

4.5: Homœopathic Case management

5 - 5.1: Time required for homœopathic diagnosis and Therapy; Time required for diagnosis of acute diagnosis without continuing constitutional homœopathic treatment; first consultation in acute disease.

5.1.1: Follow-up consultation: In acute cases the consultation may be as frequent as 10 minutes, or a few hours and all the relevant information, repertory work, etc. must be noted.

5.1.2: Preliminary Anamnesis of acute illness during the course of Chronic ailment.

5.2: Time needs in patients with Chronic diseases in the homœopathic sense and constitutional homœopathic treatment.

5.2.1: Basis Anamnesis in Chronic or Constitutional disease. Since a thorough Anamnesis should be drawn for justifying a chronic disease 1.5 to 4 hours in one to three hour sittings is required.

5.2.2: Case Analysis in chronic or constitutional or disease.

5.2.3: Follow-up Anamnesis in chronic, constitutional diseases.

5.3: Time required for homœopathic treatment.

6: Assessment of complex medicine versus single substance (ZKH, 43, 3/1999)

II. 105th Internists Congress - Proveable Medicine - are there alternatives? Seminar in Wiesbaden on 13 April 1999: Report by Dr. Josef GRIEBHABER (ZKH, 43,4/1999): The Seminar was like the usual discussions on alternative medicine, asking for 'proofs' - Double blind trials, etc. The conclusion is that the Allopathic School have not attempted to understand Homœopathy and they do not seem to be interested to know either. In an article titled "Braucht die Homœopathie (noch) Beweis?" (ZKH, 43, 4/1999), Dr. GRIEBHABER discusses this and refers to the relevant writings of HAHNEMANN. [It would be very much worthwhile if many homœopaths themselves read afresh HAHNEMANN carefully = KSS].

III. 'A Miracle a Day': Handbook for the resolution of guilts, griefs and Fears using very high potency Homœopathy by the Australian Homœopathy Research: The Australian Homœopathy Research is a non-profit Foundation. It began in 1991 by Till TURLAND and Bryan BARRASS. To date a dozen trauma remedies have been investigated through personal provings of very high potencies and through clinical practice. Six of these are presented in this Seminar. The remedies in this Seminar are: *Hydrastis canadensis*, *Hypericum*, *Conium maculatum*, *Staphisagria*, *Ignatia amara*, *Ledum palustre*.

The researches were also "to gain greater understanding of their psychological attributes into commonly used homœopathic trauma remedies which can then be applied to the treatment of a wider range of conditions than previously thought possible for these remedies" to show the relationship between the emotions and attitudes and corresponding muscle tensions and structural changes; into identifying specific muscle tensions and spinal pattern visually and by palpation in relation to specific homœopathic remedies; into the usefulness of specific very high potencies in chronic conditions.

Muscles are the primary storage areas for tensions. Attitudes and beliefs are the key to healing. Yoga, Meditation, Herbs, help to release the tensions. We are concerned with the homœopathic treatment in this since chronic effects of shock, fright, terror, can be released through the use of the appropriate homœopathic remedies in very high potencies.

The major role of the Hypothalamus, the Pituitary in these ailments is pointed out. The Cranium is in constant motion in response to emotions and feeling. Muscle tension is the most common factor influencing the free movement of cranial bones. Very high potencies have the ability to bring into harmony all these. Clear drawings of the cranium and the physiology cover 56 pages.

Attitudes and harmful beliefs and emotions are often thousands of years building into the cell memory, and these can be released only with great power and enlightenment to the patient, and high potencies have this ability. For achieving this the very high potencies required are, CMM, MM, LM 24, 27,30.

Hydrastis canadensis: The primary emotional hangings of *Hydrastis* guilt and/or over-responsibility. The patient willingly carries the weight of responsibility and the loads of others, to his own detriment. In very high potencies *Hydrastis* has been found to have profound effect in the resolution of the residual effects of old injuries. The critical attitude has always been "It was my own fault" or "It is/was my responsibility to fix a certain problem". Adverse effects of too many antibiotics. Such conditions range from irritable

bowel syndrome to chronic mycobacterial skin lesions, throat catarrh and sun cancers. Always the thought is 'my fault' or 'I've tried everything'.

Bone and joint damages, both in the spine and limbs, and has a particular affinity for the load-bearing joints of L4-5 and L5-6 and the lower limbs. The weight of responsibility affects the lumbar spine.

Hypericum perforatum: Keynote words: Worthlessness, abandoned, balance, extremes, point - misses the point, says "The point is..." suffers from pointed instruments, hyper - words - hyperglycemic, hypertensive, hyperactive etc., shock, fun, irresponsibility, distrust, competition, win-at-any-price; feelings are expressed by such words "crushed, wounded, violated, shattered, blown apart, demonstrated" etc., physical signs: On the midline between the cranium there is a single vertical crease. On occasion you can see this flanked by two vertical lines at the start of the eyebrow.

Spinal scoliosis

Hypersensitive to pain

Tattoos and pierced flesh

Spinal compression

After effects of infections of whatever substance.

Chemotherapy 'side effects' are often identical to *Hypericum* symptoms as found in our Materia Medica. This applies to the injected drugs and to the oral medications.

Staphysagria: *Staphysagria*'s great failing is hypocrisy. 'Pierce at any price' is his motto. Anger is not wise. Feelings are not to be shown at all. White lies' (therefore) are an everyday event.

Always judges good or bad in everyone else.

Righteousness and self-righteousness are strong in his consciousness.

Indignation over injustice, unfairness; guilt over inability to take a stand; fear of loss of self-control if anger is finally allowed to be vented; fear of loss of dignity; guilt and rage over indignities perpetrated against oneself or others; guilt over taking offense. Righteous anger, outrage, fury - guilt, that what should have been done was not done (or said) guilt of giving in to others too much.

The sight of orthodontic appliances and plates usually indicates a need for *Staphysagria*, and it helps sycotic children a lot if taken at time of adjustment of these apparatus.

Often the forehead has a horizontal creases or parallel lines, usually four or more.

Often the upper lip has vertical creases lots of them.

The sternocleidomastoid muscle often stand out in tension.

The particular action of *Staphysagria* is on the pituitary hormones. Thyroid tumors, thyroxine output are greatly affected. The Thymus gland responds particularly well. Conditions ranging from glandular fever to AIDS - this is by far the best remedy. Use it also in case of energy auto-immune diseases. It is the major remedy for Systemic Lupus Erythematosus and rheumatoid arthritis and will benefit most cases of malignancies.

Pancreatic imbalance is often corrected under *Staphysagria* but will still worry about where the next dollar is coming.

Conium: is a profound remedy for dependencies of many kinds, and addictions. The feeling of dependency deepens into a physical change in the body. *Conium* people become so dependent or so fearful of lack of supply as years go on that they revert to childhood mentally and even in their body characteristics. Sexual development shrinks back to frequently causing impotence, sexual relationships became that of parent and child.

Conium affects the endocrine glands flowing on from pineal and pituitary impairment. Glandular tumours including pituitary or pineal, mammary, prostate, testicular, ovarian.

Many sufferers of Diabetes mellitus suffer pancreatic imbalance caused by a *Conium* dependency attitude and perpetuated by dependency on injections.

Conium has a great fear of being expected to manage on her own.

Spinal concussion can be a source of *Conium* problems. In all cases where injury was the origin, the subsequent effects are very gradual and take years to develop.

Other forms of shock (besides falls, trampoline injuries etc.) initiate *Conium* conditions. The shock of losing one's provider is enough to incur a breast tumour within twelve months.

Think of *Conium* for those who repeatedly act in such a way that they get themselves put into prison or hospital where all their needs are met for them; and for those who become addicted to anti-depressants, sleeping pills, painkillers, social drugs, pep pills, coffee, coke, chocolate, sugar, whatever; or to a person in the household, someone they can depend on at all times to be there for them.

Ignatia amara: a known remedy for relieving shock of grief trauma. The main thought that is perpetuated relates not so much from loss of bereavement as from a sense of great disappointment that things did not turn out as previously planned or expected-the sense of grief over plans being curtailed, ambitions never fulfilled, a necessary change of direction dictated by circumstances beyond her control, these are the real grief issues.

The *Ignatia* chronic patient has a 'long' face, down at the mouth.

When you ask the patient how she/he felt at the time of a significant previous event, the word given by the *Ignatia* patient is always 'disappointed'.

There are invariably two vertical lines between the eyebrows. They may be close together or wide apart. These are the same lines you will see on *Natrum muriaticum* and *Lycopodium* people and these remedies may well be needed by the same person.

Ledum palustre: The attitude behind *Ledum* chronic problems relates to the tendons of muscles. The *Ledum* personality will hold on for grim death against all odds. He has great difficulty of letting go of any idea, situation, person; he fears being overpowered by a stronger force, and has to hold firmly to prevent this happening. Rigidity of attitude is characteristic. Self discipline is important to him.

In relationships *Ledum* suffers from an overdose of loyalty. In bereavement he feels that not holding on to the memory of a deceased spouse would be disloyal, and suffers a great deal of prolonged grief, unable to lift himself away from the past and get on creating a life in his new situation. On the other hand he does not easily forgive disloyalty in others and becomes bitter over divorce.

Tendon rigidity from holding one position too long or gripping tightly to a tool, pen, weapon, racquet or bat or steering wheel.

Torn tendons, total or partial, particularly at shoulders, elbows, ankles.

Thorns, puncture wounds from syringes or insect stings into the tendons, particularly into the hands and feet, wrists and ankles where the muscles have very little blood and are mainly tendon.

Gouty inflammation, from Uric acid and other wastes locking into tenderness areas. *Ledum* people are wiry, lean, strong of grip, practical, good with their hands well balanced and capable.

IV. A Gift of Cannabis for Queen: London: A man campaigning for the legalization of *Cannabis*, handed a bouquet of the drug to Britain's Queen Elizabeth II, who unwittingly accepted it on a walkabout. "It was a harmless way of trying to bring to the notice of Her Majesty the ludicrous restrictions on cannabis," said the campaigner, Mr. Colin DAVIES, who gave the Monarch his "pot posy" when she was visiting Salford in northern England. Police condemned his gesture as a publicity stunt and said they intended to question

him. Mr.DAVIES, the founder of the Medical Marijuana Co-operative, offers the drug on a non-profit basis to people with multiple sclerosis, cancer and other serious illnesses. - Reuters, Chennai Edition of **The Hindu**, Sunday, October 15, 2000. [In Homœopathy *Cannabis* is much more than a sedative. I'm sure that the Queen who is a great Patron of Homœopathy knows this and was not averse to the bouquet.= **KSS**]

V. i) Diabetes and Homœopathy, by Guy DESMICHELLE: The author has been working in the 'Hospital de la Pitié' in Paris and has kept good relationship with several assistants of Professor BOULIN, a well-known diabetologist. Dr.DES-MICHELLE has considerable experience of homœopathic therapy in diabetes, and thinks it can stabilize brittle diabetes and prevent some complications.

The obese diabetic can be found in *Sulphur*, *Nux vomica*, *Antimonium crudum*, *Natrum sulphuricum*, *Aurum*, *Lycopodium*. *Arsenicum album* corresponds to the severe juvenile diabetes, or to the decompensated diabetes in the obese patients. Insulin-dependent diabetes corresponds to *Argentum nitricum*, *Luesinum*, *Phosphorus*, *Phosphoricum acidum*, *Acidum aceticum*.

Descriptions of *Syzygium* and *Uranium nitricum* ends this very complete article.

[L'Homéopathie Européenne, 1998, in the **BHJ**, 88, 3/1999]

ii) *Mercurius solubilis* and *Mercurius vivus*, by Phillipe COLIN: The difference between these two remedies are brought to the fore only in the ALLEN's **Encyclopaedia**. The Materia Medica of *Mercurius solubilis* is the proving made by HAHNEMANN; it is a 'precipitated black oxide of Mercury with varying amounts of *Nitricum acidum* and *Ammonia*'. (T.F.ALLEN). The Materia Medica of *Mercurius vivus*, which is metallic mercury or Quicksilver with sometimes a little *Bismuth*, is composed of reports of the toxicology of this metal.

Some symptoms are quite different, for example *Mercurius solubilis* talks quickly and *Mercurius vivus* has neither urinary nor genital infection, but has chronic hepatitis or varicose ulcers which are missing in *Mercurius solubilis*. [L'Homéopathie Européenne, 1998, 6, in the **BHJ**, 88, 3/1999]

VI. Small Remedies Seminar by Peter KÖNIG, Febraury 20-22, 1998, in Siena. KOGLER Ursula, Austria (HL, 12, 4/1999): This seminar was held to increase our knowledge about lesser known remedies.

There was a presentation of provings, cases of minerals such as *Kali bichromicum*, *Argentum muriaticum* and *Natrum iodatum*, and a case from the plant kingdom *Crocus sativus*.

Crocus sativus

Female student of medicine. Started treatment in May 1996, for panic attacks.

Two years ago she stayed in Thailand worked as countryside tropic doctor. During the night she woke up choking, trembling and in panic. This got worse every day and used a cortisone spray. During the day, worse from 3 or 4 PM until 9 or 10 PM; inspiration, accompanied by compulsive yawning. The attacks ceased only when climbing mountains or doing some other exertion. From childhood has stopped breathing when she was angry or when treated unfairly, also being with many people in one place. As a child suffered recurrent bronchitis and removed tonsils. Loved to travel. Mother had a bad emesis gravidarum, when she was growing up. Both grandparents suffered heart attacks. Desires chocolate, fish and other sea animals, salad dressing. Aversion to meat, grease and butter. Restless sleep, sleeps on abdomen, uncovers feet, covers head. Hands cold always. Fear of snakes, death, severe sickness. She is a fighter. Likes to laugh a lot, a good entertainer. *Tuberculinum bovinum* 10MK was given. After two months, a short amelioration of her choking attacks, now aggravation again with forcible yawning. Sometimes insulting, other times quite euphoric with attacks of laughing like in her childhood.

Anger at trifles, laughing hysterical, involuntarily, anxiety with difficult breathing; driving from place to place, respiration; difficult yawning amelioration. *Crocus sativus* 1 MK four times upto January 1997.

The panic attacks decreased continually, a twitching in her face ceased and her "crazy mind" calmed down. Witty temperament, entertaining, involuntary laughter and the characteristic yawning, anger about trifles, anger alternating with cheerfulness, anxiety drives from place to place, impedes breathing, like a heavy weight on her chest led to the remedy. *Crocus* belongs to Liliflorae and they share their connection to the sexual sphere and to hysteric, vivid, even importunate behaviour.

VII. The Homœopathic Treatment of Serious Diseases. Report of a seminar by Andre SAINE, Klaus RENTROP, Germany: (HL, 12, 4/1999): The following are the salient points from the seminar:

1. Before beginning a homœopathic treatment the degree of reversibility of the disease process and the prognosis should be known
2. The exact and precise description of chronic complaints like backache, headache or chronic cough with good modalities, will lead you to the correct remedy in patients with chronic and serious diseases like neurological and psychiatric diseases.
3. Positive signs in the course of treatment are:
 - a. aggravation of the symptoms
 - b. return of old symptoms
 - c. normalization of the appetite, width of the pupils, characteristics of the menses, dry lips etc.
4. SAINE admits that he has limited experience with the Q-potencies and he feels that we can see a clearer reaction of the organism to the remedy after giving a C-potency.
5. If the second prescription happens to be the same remedy in the same potency and if the reaction was less good means either the remedy does not fit or there are disturbing factors such as dissimilar diseases, which might require another remedy, or an acute infection, or other drugs.
6. As a rule the allopathic medication should not be discontinued in the beginning of a homœopathic treatment.
7. a. In acute diseases one should use higher potencies and repeat the remedy according to the symptomatology.
b. In chronic diseases if there is a stagnation over several days without any further improvement, or if there is a relapse of symptoms the remedy should be repeated. In highly sensitive patients who react sensitively to external influences with frequent relapses one has to avoid the allergens or stress which suppresses the healing reaction of a remedy because the organism only has to react to the remedy.
8. With a well-acting "chronic" remedy, another "acute" remedy will be necessary only if there is a dissimilar disease, e.g: In an influenza epidemic, 90% of the patients need another acute remedy.
9. If there is clear picture of a remedy different from the "chronic" one, one should give that remedy. SAINE says that the idea of all patients only needing one remedy for their whole life - the similimum - is pure theory and not reality.
10. After a wrong or partially correct remedy, new symptoms will crop up, this together with the persisting old symptoms form the basis for the selection of the next remedy.
11. During treatment with a correct remedy, one can observe the reappearance of old symptoms, even an old infectious diseases like tonsillitis and even more the same micro-organism e.g. pneumococcus in pneumonia.
12. Psycho-social influences, emotional causes, stress etc by weakening the immune and defense system, lead to the outbreak and progression of a chronic disease.
Two live cases of Mitral stenosis was shown. Both have progressed quite well under homœopathic treatment with *Muriatic acid* and *Staphysagria* respectively.

VIII. Workshop on Research Methodology and Statistics (CCRH News, 26, 99/2000): The workshop was organised by CCRH from 23rd to 25th February, 2000 at its Headquarters office, Janakpuri, New Delhi. This workshop was first in the series held under the continuing Medical Education Program for the technical officers upto the level of Research Officers of CCRH.

IX. On Challenging Children: Seminar review by Peter WRIGHT (SIM, XII, 3/1999): The seminar was an in-depth look at the approach to understanding cases and remedies. *Stramonium*, *Hyoscyamus*, *Veratrum*, *Tarentula* covers the typical symptoms of these pediatric constitutional types - distinctions between these remedies resulted in *Stramonium* book and *Cycles and Segments* methodology. PAUL's solution is to analyse cases and remedies, not as static states, but as circular systems of attempted adaptations, each phase leading to other phase as the organism attempts to find a dynamic balance. This model offers connecting dots. Dry lists of symptoms, contradictory and lacking in distinguishing features at first glance, come together into stories. Order emerges from apparent chaos, and contradictions are reconciled.

Descriptions of symptom pictures for a remedy, which appear confusingly opposite to each other, are revealed as separate but related phases in a single process. Case taking is guided by the search for the

patient's basic phases and their interrelationships. Symptom rubrics which display the same essential phases are grouped as "super-rubrics" for analysis.

X. Homœopathy Saves Food Production : Seminar review by Cynnde DEWEESE August 28, 1998. (HT, 19, 1/1999): Dr.C.Edgar SHEAFFER homœopathic veterinarian explained Homœopathy to the group of farmers who wanted to produce organic milk for organic cheese. No antibiotics, steroids, hormones etc, are permitted in the production of organic milk, so enter Homœopathy to save that food production. Topics such as tie-up syndrome, calving paralysis, shipping fever, breeding and cycling problems, foot rot, colic, bloat, founder, laminitis, pink eye, etc. were discussed. There is a complementary relationship between organic food production and Homœopathy. Homœopathy helps health problems, but they'll come back if proper nutrition and environment aren't addressed. Unhealthy food and environment cannot make healthy people and animals. They are like obstacles to cure that must be removed.

XI "A Remedy A Day" with Henny HEUDENS-MAST, Portland, Oregon. August 8-13, 1998. Reviewed by Ann Jerome CROCE (HT, 19, 1/1999): As per Margery BLACKIE's advise "A Remedy a Day and Two on Sunday"- *Sulphur, Medorrhinum, Nuphar luteum, Mercury, Tuberculinum, Carcinosis* are some of the drugs discussed in detail. *Nuphar's* love for animals and how to distinguish it from *Sulphur* and *Medorrhinum*, boasting of *Mercury, Lycopodium* and *Sulphur* were explained clearly. Henny's approach of prescribing: case analysis is paramount, remedy selection and case management are not separate activities, but relatively self-evident stages following naturally from an accurate understanding of the case.

XII. Remedies of the Sea with Massimo MANGIALAVORI, Boston. Spring 1998 Report by Betty WOOD (HT, 19, 2/1999): Massimo talked about the prescription of the lesser known remedy by the use of the larger repertory rubrics for which he finds **Mac repertory** to be very useful. Also gave some idea about "Families" of remedies where certain groups of substances present similar symptoms. But this is not always true. For instance, in Solanacea family while there are similarities between *Stramonium, Belladonna,* and *Hyoscyamus,* there are only few similarities between *Stramonium* and *Dulcamara,* or *Tabacum,* or *Capsicum.* The drug remedies have many things in common, but they are not from the same family. *Lachesis* and *Zincum phosphoricum* have similar homœopathic characters. In the family of Sea remedies, along with *Sepia, Spongia, Homarus, Medusa, Ambra grisea, Corallium rubrum, Asterias rubens, Aqua marina, Murex* he includes remedies which are not from the Sea such as *Alloxanum, Raphanus, Xanthoxylum, Helonias.* Some common themes of Sea remedies were enlisted by him.

XIII. Report from the Third Annual Arizona Classical Homœopathy Conference, Tempe, AZ. October 3-4, 1998. (HT, 19, 4/1999) **Introduction to the Drug remedies :** Report on a presentation by Todd ROWE. Report by Evann WILCOSKY: The author gives description about Drugs, list of homœopathic drug and drug-like remedies with their common names. Characteristics of Drug remedies as viewed by the author and the conventional method of treatment closely parallels the homœopathic perspective provided by HAHNEMANN in the **Organon.** Specific reference was given to Aphorisms 63, 69c, and 113. HAHNEMANN stated that each medicine alters the tuning of the life force with an initial or impinging action; the life force then produces a counter-action. This is poetically conveyed by HAHNEMANN in Aphorism 69c. "As in a dark dungeon,.... suddenly a lamp is lit, consolingly illuminating everything around the unhappy wretch. When the lamp is extinguished, however, the brighter the flame was previously the blacker is the night that now envelops him..." Patients who need drug remedies exhibit a polarity, either alternating between the "light" and the "dark" or exhibiting both phases at once. The initial and secondary phases are explained and finally scene clips from films were illustrated for both the phases. [HAHNEMANN's example of bright light followed by blackness is with reference to the application of a remedy to overcome a symptom, to palliate. When applied so the symptom becomes more intense when the effect of the palliative large dose wears off = **KSS**]

Aging and Homœopathy: Report on a presentation by Jose MULLEN, Report by Paul GRILL: This is an interesting article where Homœopathy is said to be the best way of treating the aged people. Aging and death should be natural and gradual process without pain and suffering. This is achievable with Homœopathy. In older people, the Vital Force weakens so also their capacity to heal. Often surgery in older people is followed by periods of sickness and more operations until death, this is due to the weakened Vital Force having to concentrate on one part of the body and not able to prevent problems in other parts. A correct homœopathic remedy directs the vital force to where it is needed most. To ease the dying process

the author suggests the constitutional remedy as the first choice and some drugs as *Carbo-vegetabilis*, for excruciating pain, *Anthracinum* and *Tarentula cubensis*. The author, an Oncologist, was in search of other disciplines of medicine because as an allopath he was misguided, as their focus was on the symptoms rather than on the cause. As an allopathic doctor he found himself limited in what he could do but as a homœopath he finds that he can be more effective.

Agaricus muscarius : Report on a presentation by Bill MANN. Report by Evann WILCOSKY: A brief history and mythology of *Agaricus* is given along with a case presentation, in order to illustrate the remedy picture. A review of the list of rubrics for both sides - dependent, submissive, fearful side and bold warrior, adventurer side was made. The author also gave some relation between the remedy picture and the symptoms of the drug-altered state, both from proving information and from observational anecdote.

Anhalonium (Peyote): Report on a presentation by Kathi FRY, Report by Evann WILCOSKY: Pharmacology of the drug was discussed followed by review of the provings that was carried out by HERRICK Nancy and SHORE Jonathan. Next a set of rubrics from the **Complete repertory** where *Anhalonium* is the single remedy was reviewed followed by a case presentation. Illustrations were made to differentiate *Anhalonium* from its two close neighbors, *Cannabis* and *Hydrogen*, when making a diagnosis.

XIV. Similarity to the Totality : Case Analysis and Differential Materia Medica. Report on a presentation by Henny HEUDENS-MAST. Winter park, FL. January 19-24, 1999. Report by Jerome A.CROCE. (HT,19, 5/1999): This article deals with how the author composes questions during case taking, responds to the patient, considers possible remedy and how she clears off the case. The author points out that every homœopath needs to find their own unique way of approaching case taking. "Interviewing from head to toes" in every case is a boredom and the case taking should be adapted to the patient. If the patient is reluctant to talk about the mental symptoms, we should ask about other things like "Where they like to go on holidays, what beer they like to drink etc., and we get the same information " by being attentive to how they express their experience.

XV. Spider remedies : Report on a presentation by Anne Schadde. MYERS Fort, FL. October 24-25, 1998. Report by Ruth PEARSON. (HT, 19, 5/1999): The article gives a good in-sight about the spiders and spider remedies. Spiders are old species, loners, live without sleep, react optically to noise; sensitive to perceptions. Species is female-dominated. Spider remedies have symptoms of restlessness, oversensitivity, and periodicity. Have a high sexual desire, stitching pains. Nerves, heart and digestive system are usually affected. Dreams of flying, fear of death, suffocation, bleeding (dysmenorrhea), and hyperesthesia. Two cases of *Latrodectus mactans* and a brief description of *Aranea diadema*, *Aranea ixobola*, *Mygale*, *Tarentula* and *Theridion* was also given. The latter part was focused on the question, how a homœopath knows what needs to be cured in the patient making specific reference to the first paragraphs of **Organon**. The physician can look at the physical symptoms, constitutional type, repertorize these symptoms and determine which remedy to use.

XVI. Report from the third Annual Arizona Classical Homœopathy Conference: Opium. Report on a presentation by WOOD Cyrus. October 3-4, 1998. Report by Evann WILCOSKY. (HT, 19, 5/1999): *Opium* was discussed in various angles: as a drug remedy - the first and second phase of the remedy, the essence of the remedy, fears and delusions of it, polarity etc. Before making final remedy selection spider remedies should also be considered. Comparisons were made with the closely related remedies like *Nux moschata*, *Baptisia*, *Nux vomica*, *Alumina*, *Lachesis*, *Arnica*, *Coffea*, *Calcarea*, *Aconite*, *Staphysagria*, *Natrum muriaticum*, *Morphinum*, *Lac caninum*, *Lac humanum*, *Lac felinum*.

XVII. 'Deadly Romance' - a Homœopathic Proving (*Latrodectus hasseltii* - Redback Spider): The book 'A Homœopathic Proving - *Latrodectus hasseltii*' is available and for copies of the book contact: Dr.Julia TWOHIG, 18, Pelham Street, Ethelton, South Australia 5016.

LIST OF JOURNALS

Full addresses of the Journals covered by this Quaterly Homœopathic Digest are given below:

1. **AHZ** - Allgemeine Homöopathische Zeitung, Karl F. Haug Verlag, Hüthig GmbH, im Weiher 10, 69121, HEIDELBERG, Germany.
 2. **BHJ** - British Homœopathic Journal, 2, Powis Place, Great Ormond Street, LONDON, WCIN 3HT, U.K.
 3. **CCR** - Homœopathic Clinical Case Recorder, Phule Road, Maliwada, AHMEDNAGAR - 414 001, India.
 4. **HL** - Homœopathic Links, Homœopathic Research and Charities, "Dinar", 20 Station Road, Santa Cruz (w), MUMBAI - 400 054.
 5. **HT** - Homeopathy Today, National Centre for Homœopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 22314, USA.
 6. **HOM** - The Homeopath, Journal of the Society of Homœopaths, 2, Artizan Road, NORTHAMPTON NNI, 4HU, U.K.
 7. **JH** - Journal of Homœopathy of Northern India, For Association for Scientific Research In Homœopathy (ASRH), 108, Street No.1, Mubarak Kothi Area, SANGRUR (PB) 148 001, India.
 8. **Med GG** - Medizin, Gesellschaft und Geschichte, Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart.
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9. **NEJH** - New England Journal of Homœopathy, 356, Middle Street, AMHERST, MA 01 002 USA.
 10. **NJH** - National Journal of Homœopathy, Milan Clinic, Saraswathi Road, Santa Cruz(w), MUMBAI - 400 054.
 11. **SIM** - Simillimum, The Journal of the Homeopathic Academy of Naturopathic Physicians 11231 SE Market Street, PORTLAND, OR, 97216, USA.
 12. **ZKH** - Zeitschrift für Klassische Homöopathie, Karl F. Haug Verlag, 6900 HEIDELBERG 1, Germany.

 From Some Clinical Experiences of ERASTUS E. Case, M.D. (1847 - 1918).

Intermittent Fever

Case: 1 A milkman aged forty-five years has had every day for two weeks fever with headache; aggravated by noise and heat.

Sensation as if there were a seam in the skull surrounding the vertex, and the brain would burst through it.

The pain comes on at 10 a. m. and lasts until 3 p. m. He must lie down and sleep it off.

This patient has had many attacks of intermittent fever treated with quinine, cinchonidia, et cetera.

Considering his malarial history and the time of onset of the bursting pain in the head, one remedy only is possible.

Natrum muriaticum cm Fincke, one powder in the evening.

Not a single return of fever or headache followed the prescription.

Case: 2 A woman aged fifty-two years has had intermittent fever three weeks. Shw has taken quinine every day, but the attacks have increased in severity.

Type of chill: Sever shaken, quotidian, anticipating, coming today at 4 a. M.

Concomitants of chill: Pale face; blue nails; pain in back relieved by pressure; a desire to be covered, but not relieved by coverings; extremely sensitive to the air, even to having the hands uncovered.

Fever came on at 9 a. M. With thirst and pain in the vertex.

Fever left at 4 a. M., but no sweat appeared.

Apyrexia: easily chilled in the evening; sleeps well until early morning when she awaken in another chill.

ALLEN's **intermittent Fever Repertory** is consulted.

Only eight remedies have the anticipating, quotidian, shaking chill and these are *Antimonium tartaricum*, *Arsenicum album*, *Belladonna*, *Chincona officinalis*, *Ignatia*, *Natrum muriaticum*, *Nux vomica*.

Nux vomica alone covers the fifteen symptoms. *Natrum muriaticum* has the next climb, but lacks four symptoms, all of them important ones, namely: pale face, lack of relief from covering, the sensitiveness to air during chill, and the absence of sweat. *Nux vomica* must be the remedy. How shall it be administered?

Paragraph 236, Organon, regarding the treatment of intermittent fever is as follows:

“The best, most appropriate and serviceable method in these diseases is to administer the remedy immediately, or very shortly after the termination of the paroxysm, as soon as the patient has, in some measure, recovered from it. Administered in this manner, it has sufficient time to produce in the organism all its various effects to restore health without violence or commotion; whereas, if taken immediately before the paroxysm (even though it were homœopathy or specific in the highest degree) its effect would coincide with the renewal of the natural disease and excite such a strife in the organism, so powerful a reaction, that the patient would lose a great portion of his strength, and even his life would be endangered. But when the medicine is administered immediately after the termination of the paroxysm, and long before there are any preparations for the next fit, the organism is in the best possible condition to allow itself to be gently modified by the remedy, and by these means to return to a state of health.”

These are wise words as I have learned positively by following the advice here given, and negatively by a partial disregard of it until within the last five years.

Nux vomica cm Fincke, one powder at 5 p.m.

On the next day there was no sign of a chill. On the second day she felt somewhat chilly from 7 until 11 a.m., then some headache until 3 p.m., but with no other manifestation of fever. That was the end of the trouble.

PART - II

(This section contains condensations/extracts/whole, of selected important articles)

Following in HAHNEMANN'S Footsteps: The Definitive Years 1833-1843.
LITTLE David (AH, 6/2000)

The Medicine of the Future

The time period in which the 5th **Organon** was published (1833) was one of radical change and experimentation for Samuel HAHNEMANN. He was not completely satisfied with the single dry dose of 30C and the "wait and watch" philosophy he taught in the first edition of the **Chronic Diseases** (1828) and the 4th **Organon** (1829). Now that the Founder was concentrating on chronic degenerative diseases, he wondered how he could treat the miasms with a limited materia medica of around 100 remedies in potencies no higher than 30C? He searched for answers by proving more remedies, raising the potencies, and changing the delivery system from the dry dose to the medicinal solution. This was complemented by his new middle-path philosophy, using repetition and the split-dose, if necessary.

In Aphorisms 245 and 246 of the 5th **Organon** the Founder taught that any "striking response" to a single dose precludes the repetition of the remedy in any manner. On the other hand, in those cases characterized by only a "slow progressive improvement," the remedy may be repeated at "suitable intervals to speed the cure." In this way, he claimed, it is possible to speed the time of treatment to "one half, one fourth, or even less" than with the single dry dose. Thus HAHNEMANN's revised philosophy includes both the single unit dose and the repetition of the remedy when necessary. The key to the new posology method is the medicinal solution, as well as methods for adjusting the dose. With the new aqueous solution and olfaction, the Founder began a radical set of clinical trials that included double remedies, alternations, intercurrents, and series of remedies. The most controversial of these early experiments were the double remedy trials of 1833.

The Double Remedy Experiments of 1833.

The method of combining two homœopathic remedies in mixture originated with Dr. AEGIDI, who forwarded HAHNEMANN 233 cases of his method. AEGIDI found a confidant in Baron von BOENNINGHAUSEN, who used his influence with the Founder to support the new method. The Hofrath was so impressed by the enthusiasm of his disciples that he promised to refer to the double remedies in the 5th **Organon**, even before trying them! He wrote from Coethen on June 15, 1833:

"Do not think that I am capable of rejecting any good thing from mere prejudice, or because it might cause alterations in my doctrine. I only desire the truth, as I believe you do too. Hence I am delighted that such a happy idea has occurred to you, and that you have kept it within necessary limits; "that two medicinal substances (in smallest doses or by olfaction) should be given together only in a case where both seem homœopathically suitable to the case, but each from a different side." Under such circumstances the procedure is so constant with the requirement of our art that nothing can be urged against it; on the contrary, homœopathy must be congratulated on your discovery."

HAHNEMANN had not yet tried AEGIDI's method but he was very hopeful that it would prove a benefit to his new healing art. For this reason, he promised to take up testing the hypothesis in the clinic as soon as possible. His letter continues:

"I myself will take the first opportunity of putting it into practice, and I have no doubt concerning the good results. I think too, that both remedies should be given together; just as we take *Sulphur* and *Calcareo* together when we cause our patients to take or smell *Hepar sulph*, or *Sulphur* and *Mercury* when they take or smell *Cinnabar*. I am glad that von BOENNINGHAUSEN is entirely of our opinion and acts accordingly. Permit me then, to give your discovery to the world in the fifth edition of the *Organon* which will soon be published".

Many of HAHNEMANN's critics say that the Founder was close-minded, dogmatic, and against any innovations to his new medical system. The above letter puts such myths to rest. He was so optimistic that he offered to refer to AEGIDI's method in the 5th **Organon** before he tried it in the clinic. He began his first experiments with the olfaction of a double remedy on June 17, 1833. What was the outcome of the Founder's four months of clinical trials? He wrote the following to BOENNINGHAUSEN from Coethen, on October 16, 1833:

"Easily your eloquence would have defeated me, if I were in the same case as you, that is, if I had already been as convinced by several and by so many experiences of the utility, even preference/superiority of the giving of a double remedy as you supposedly had been. But from several trials in this manner only one or two turned out well, which isn't sufficient for the apodictic (irrefutable) proposing of a new theorem." (Emphasis added)

HAHNEMANN's experiments with the double remedies proved a failure because they did not work as well as the single remedy. He was critical of the double remedies because he could see their limitations in the clinic. The second half of his letter to BOENNINGHAUSEN offers more information about his conclusions:

"I was therefore in this practice still too far behind to proceed with full conviction. Therefore it required only a slight moment to induce me to a change of these passages in the new **Organon**, which results in this, that I concede the possibility that two well-selected, different remedies can be given simultaneously (together) with advantage in some cases, but that this seemed to be a difficult and critical (serious/delicate) procedure." (Translation from the German by Gaby Rottler).

In the beginning, HAHNEMANN hoped to have "some good results" with the double remedies (his letter of June 1833 to BOENNINGHAUSEN). In a later letter, dated September 17, he wrote BOENNINGHAUSEN to say that they were "never, as we know, absolutely necessary." In the end, as he wrote in the letter of October 16, he found "only one or two" of his experiments "turned out well." It was the Founder's experience that one single remedy alone, or in alternation, or as a series of remedies, worked much better than combinations.

The Hofrath had listened pensively to his disciples AEGIDI and BOENNINGHAUSEN, but with increasing reservation. He was now caught between his own inner convictions and the enthusiasm of his two students for a simple but less effective method. The meeting of the Central Society on August 10, 1833 offered the Founder a perfect way out of this difficult position. He brought the subject of the double remedies to the floor for a discussion of their ramifications. BRADFORD reported in his **Life and Letters of HAHNEMANN, page 488:**

"Dr.AEGIDI proposed to HAHNEMANN to administer a mixture of two highly potentized remedies each corresponding to different parts of the disease. In the potentized state the medicines thus mixed would be incapable of chemical reactions, but would each act separately in its own spheres. Dr.BOENNINGHAUSEN approved of the idea and HAHNEMANN was induced to present the matter to the meeting of the Central Society in 1833. HAHNEMANN was persuaded that this would probably lead to the polypharmacy of the old school, and he decided to exclude this doctrine from the new edition of the **Organon.**"

Although BRADFORD highlighted the political aspects of the situation, HAHNEMANN's later letter to BOENNINGHAUSEN in October shows that, in fact, the failure of his double remedy trial was a major factor in the withdrawal of his support at the meeting. All present at that meeting unanimously agreed to remove the passage from the 5th **Organon** - because the failed method was a political liability that would be abused by the polypharmacists. One month later, HUFELAND was given a copy of the passage on the double remedies from the printer calling for quick action by the homœopaths. At that time, the passage was replaced with a strong caution, in which the Founder called the double remedy trials a "hazardous experiment." Vide aphorism 272 of the 5th **Organon:**

“In no case is it requisite to administer more than one simple medicinal substance at one time.
2(A)

Footnote 2(a): Some homœopathists have made the experiment, in cases where they deemed one remedy homœopathically suitable for one portion of the symptoms of a case of disease, and a second for another portion, of administering both remedies at the same time; but I earnestly deprecate such a hazardous experiment, which can never be necessary, though it sometimes may be of use.”

This footnote expresses the same thoughts HAHNEMANN wrote in his letter to the Baron in October 1833. He still did not wish to say that AEGIDI and BOENNINGHAUSEN never got any results, but he knew that a homœopathician could do better with one single remedy at a time. He also realized that there were inherent hazards in giving a double remedy. Since he wanted everyone to be very careful with their patients, he advised against the method. Was this because he had noticed side effects after several months of observation? There was also the concern that those who used double remedies would never learn how to use a single remedy correctly; the method would thus become self-defeating to homœopathic education. For all of these reasons, all reference to the double remedies were removed and the aphorisms on the single remedy were strengthened even further in aphorism 273 of the 6th **Organon**:

“In no case of cure is it necessary to employ more than a single simple medicinal substance at one time with a patient. For this reason alone it is inadmissible to do so. It is inconceivable that there could be the slightest doubt about whether it is more in accordance with nature and more reasonable to prescribe only a single simple, well known medicinal substance at one time in a disease or a mixture of several different ones. In homœopathy - the only true and simple, the only natural medical art - it is absolutely prohibited to administer to the patient, at one time, two different medicinal substances.”

Many have pointed to the radical nature of HAHNEMANN's Paris period, but in truth, his most controversial experiment took place before the publishing of the 5th **Organon**, while HAHNEMANN was living as a widower in Coethen. Indeed, as the Paris casebooks progress to 1843, the Founder uses even less alternations and changes of remedies than he did in 1833. In 1837, he was still mostly using C potencies up to 30C, but by 1843, he had a much bigger pharmacy of around 130 remedies ranging from 30C to 200C, and he had even tested the 1M. He also utilized a full range of the complementary LM potencies, 0/1 to 0/30. This new higher-potency pharmacy had an immediate effect on his case management strategies. The Paris casebooks from the period of the 6th **Organon** [1840-1843] correspond very well to the eyewitness accounts of faithful Dr.CROSERIO, who practiced with MELANIE after SAMUEL's death. The 6th edition is the Founder's last will and testament and a guidebook to the medicine of the future.

A New Beginning

After the death of his first wife, SAMUEL continued his practice of medicine at Coethen, where he wrote the 5th edition of the **Organon**. Although he was still in good health, he decided that he was going to retire from his active practice and remove himself from day to day involvement with Homœopathy. In the year 1835, the Founder was visited by a French woman named Mademoiselle MELANIE D'HERVILLY, who was destined to become his second wife, closest confidante, and apprentice. She was well known among Parisians as a philanthropist, poet, artist, and feminist, and she had been interested in the healing arts since her youth. She called on the doctor for the treatment of an ailment, and even though she was half his age, they instantly found themselves falling in love.

The marriage of MELANIE and SAMUEL took place quietly on January 18, 1835. It was a great surprise to most of his close friends, as they were not informed of the wedding, and the couple soon left for Paris. He wrote HERING that his new wife made him feel like a “younger man again,” and that he had taken up a new life. MELANIE learned the healing arts at his side and became the first in a long line of female homœopathic doctors. So, instead of the old doctor retiring, he and his new wife built a very large practice

in Paris. It wasn't long before SAMUEL began a new series of experiments in posology and pharmacy. We are grateful to MELANIE for opening a new chapter of the old Master's life and inspiring him to reach new heights.

HAHNEMANN was not completely satisfied with the medicinal solutions of 30C potencies, especially in the treatment of the chronic miasms and complex degenerative diseases. He had given his blessings to the high potency movement in the 5th edition, but he was raising his own potencies very slowly. It was in 1839 that he began to routinely administer the 200C potency in the clinic. In certain cases, he found the lower potencies to be too weak, yet at the same time, the higher potencies caused strong aggravations. He wondered if it was possible to make a remedy that acted deeply, but was gentler on the constitution. Even though the use of medicinal solutions had greatly improved the centesimal potency system, he still wondered how he could overcome aggravations in patients who were weak, overly sensitive, and, at present, incurable.

The Founder would ponder these problems as he smoked his pipe, a life long habit that MELANIE unsuccessfully tried to reform. If a low potency is too weak to act, and a high potency only aggravates, what are we supposed to do? How can we acquire the advantages of both a low and high potency in one remedy? Surely, the answer to this question did not lay in raising the centesimals to ever higher degrees. He had tested JENICHEN's high potencies, but they were not suitable for chronic pathology in those with weakened vitality. It was HAHNEMANN's greatest desire to cure these complex diseases in those with an injured vital force. The only thing the old master could do was to begin a new series of experiments, even though he was in his eighties!

An 1837 Case from HAHNEMANN's Paris journals

Most of the symptoms of the Paris casebooks are recorded in MELANIE's handwriting, although SAMUEL wrote all the prescriptions and repertory insertions. The following case is from the same year that he introduced the split-dose of the medicinal solution to the Paris edition of the **Chronic Diseases**.

(Samuel Hahnemann, Krankenjournal, DF-5, 1837 - 1842, Karl F: Haug Verlag, Heidelberg, Germany, lower page number, 521. Research on the French documents by David and Jill Little and Gamberra, who also compared it with the German translation).

The client was Duke Valmy, an unmarried man aged 35 years old. Valmy's case history is suggestive of venereal miasms, suppression, and mercury poisoning. He visited the good doctor complaining of throat pain, loose teeth, bleeding, pus of the gums, ulcers, and apthae. These symptoms began after taking a sea journey at the age of 25. His throat pains were treated with bleeding by leeches. Fourteen days before his visit to HAHNEMANN, he suffered a relapse of the pain, but it passed off naturally. He was constipated and needed to take enemas of water to pass stool. For three years he suffered arthritic pains and edema of the left knee, which was worse when fatigued by walking. Duke Valmy was also treated with mercury for blood of the urethra, although the date is not given.

Complex diseases involving miasms, suppression, and drug poisoning are the most difficult to cure. In the 1st edition of the **Chronic Diseases** (1828), the Founder wrote that the treatment of the venereal miasms by allopathic mercury often caused a flare-up of latent Psora, producing an obstructive layer. For this reason, he used *Sulphur* and other anti-psoric remedies in many of his suppressed venereal disease cases. By removing the psora and the suppression, the venereal disease would then surface unmasked. The Paris casebooks are full of patients with infectious itch miasm, sycosis, syphilis, and tuberculosis mistreated by the crudest allopathy imaginable. "Gay Parce" was reeling under the influence of many acute and chronic miasms, as well as faulty medical practice. The following is HAHNEMANN's July 26 prescription for the Duke:

Rx: *Sulphur*, 1 pill, 30C, in 500 drops of mixture.
1 drop in 6 tablespoons of water.
Take one tablespoon every morning.

This is an example of a miniature solution made with 1 pill in 50 drops of 50% brandy and water. After succussing this bottle, the patient was instructed to place one drop of solution into six tablespoons of water in a glass. The water in the glass was then stirred and one tablespoon was given as a dose. This technique is called a split dose instead of multiple dose, because it only uses one pill to make an aqueous solution that is then “split” over several days, weeks, or months. In this way, it is possible to take “one pill many times”. This keeps the amount of the dose very small, allowing for the repetition of the remedy to speed the cure if and when necessary. HAHNEMANN referred to this method in the Paris edition of the **Chronic Diseases**.

On September 12, it is reported that Valmy was aggravated by *Sulphur* 24C in 15 tablespoons of water and was given placebo. But Valmy misunderstood the instructions and continued to take the remedy as well. When the Duke returned on September 20, HAHNEMANN gave Valmy *Sulphur* in alternation with a placebo according to his symptoms. Then, on October 23, HAHNEMANN prescribed a series of placebos without *Sulphur*.

Note that, in this case, the good doctor used both the small dropper bottle dose and the larger tablespoon solution.

In the year 1837, HAHNEMANN was still facing several limitations in his therapeutic system, especially in cases like Duke de Valmy. He was working with around 100 remedies in potencies mostly below 30C. Although he spoke of potencies above 30C in the 5th *Organon*, in 1837 he mostly used 60C, 30C, 24C, 18C, 12C and 6C. It is only in 1839 that his journals show him regularly administering the 198C 199C, or 200C potencies. By 1840, we find him using a full range of C potencies side by side with new LM potencies 0/1 to 0/10. The increased remedial powers of the high potency C remedies (200 - 1M) and LM potencies (0/1-0/30) were critical to the development of the complete homœopathic paradigm.

The second Prescription

Valmy's second prescription was given after three months of *Sulphur*, interspersed with placebos when necessary. On October 28, 1837, the case journals noted that Valmy had apthae inside the lip again, bleeding gums, but no pain in the knee, shoulder, or chest muscles. The spots itching on the chest had changed to white discolorations and there were no rushes of blood to the head when getting up. At this time, HAHNEMANN makes his second prescription, changing the remedy to *Cinnabaris*, the red sulfate of mercury, a well known anti-syphilitic remedy: Rx: *Cinnabaris*, 30C, 1 pill in 15 tablespoons with 1 spirit, 1 tablespoon in a glass of water to take 1, 2, 3 increasing small spoons.

In this prescription, HAHNEMANN uses a standard sized medicinal solution which is made in 7 to 15 tablespoons of water (3½ to 7 ounces) with spirits as a preservative. After succussing the remedy bottle, 1 tablespoon was stirred into a glass of water, and 1, 2, 3, or increasingly more teaspoons were given until reaction was attained. This method of using medicinal solutions with the addition of a dilution glass was first published in the 6th edition of **Organon**, which introduced the LM potency. This case shows that HAHNEMANN administered his C potencies exactly like his LM potencies in his last five years.

As far as potency sequences go, the Founder used the 30C, 24C, 18C, 12C and 6C in descending order throughout his entire career. It is only in the 1840's that we find him raising the potency, from 198c to 199C to 200C, and using the LM 0/1, 0/2, 0/3, etc.; in ascending order. Nevertheless, HAHNEMANN still seemed to favour progressively lowering the degree of his lower potencies 30C to 6C. This practice opens the C potency scale to an upward or downward movement, depending on whether one is using the high or low potencies. The *Cinnabaris* prescription for Duke Valmy began a series of remedies that started on October 28, 1837 and continued until March 27, 1838. In the last entry for this case, Valmy was much better than when he had first come to HAHNEMANN.

New Experiments

In the 1839 - 1840 Paris case journals, we find the appearance of new notations for potencies that are little understood to this day. After the publication of the 1837 edition of the **Chronic Diseases**, SAMUEL began a series of pharmacy experiments in which he was searching for a new potency system to complement the

centesimals. Reverend EVEREST, who was a close confidante during HAHNEMANN's last experiments, witnessed many of these trials. Page 473 of BRADFORD's **Life and Letters of HAHNEMANN** records that on July 30, 1853, the "Times" published a letter from Reverend EVEREST to a Dr. LUTHUR in which these experiments are described in detail. I have included most of the letter, since it is both enlightening and of great historical significance. EVEREST writes :

"HAHNEMANN endeavored to find means to administer remedies in such a way that the least possible disturbances compatible with cure should result. To this end he made a great variety of experiments. The first in order was olfaction, and this he adopted in certain cases to the end of his life, I am not aware that he altogether abandoned it. But certain objections caused him to seek for some other means of moderating medicinal action. His next experiment was to dissolve three, two, or one globules in a glass of water, and then, after carefully stirring, to put a dessert or teaspoonful of this into another glass."

Thus, the Founder first tested olfaction of the remedy rather than the dry dose. Then he began to make medicinal solutions in a glass with 1, 2, or 3 pills, and then stirring a teaspoonful in another dilution glass. These methods date from the early 1830s. EVEREST continues :

"He still found, however, that in very delicate constitutions too much excitement was produced even thus, when the medicine was accurately chosen; for if a medicine is not exactly harmonic to the case, its effects are, of course, much less, in as much as in that case it acts on a part of the organism not morbifically excited; and this remark will explain why so many practitioners of modern or "improved Homœopathy" experience so few cases of aggravation, that is because they give medicines at random, and so do not touch the disturbed nerves at all. The attenuation was sometimes carried through two, three, four, five and six tumblers; but it was a very inconvenient proceeding, and it had none of the simplicity which Nature's laws generally have. He tried, in its order, the diminution of the number of shakes, but that seemed not to give the accurate result that he wanted."

Here we can see that HAHNEMANN is trying to find a method to overcome the aggravations caused by his high potencies through diluting the remedy in two or more glasses by stirring. This method is included in the 6th edition of the **Organon** for adjusting the dose for hypersensitive constitutions. The Reverend continues:

"He tried many plans and made many experiments with one or two of which I am acquainted and others I have forgotten, if ever I heard them. At last, however, and the one that gave the most satisfactory results (I believe I may say that he was perfectly satisfied with them) was the plan I now explain.

Starting from the first spirituous tincture of any medicine which I believe was the third from the commencement (3c), and is, according to the ordinary notation, written "T", instead of adding one drop of this dynamization to one hundred drops of spirit of wine to make the next, and so continuing the dynamization by drops, he moistened a few globules of a fixed normal size with it, and taking in the first experiment, I believe, ten but in the latter and more satisfactory ones only one globule of those so moistened, he dissolved that in a minute drop of water, and then added one hundred drops of spirit of wine. Having shaken it (I forget how much) he moistened globules with this, and having dried them, put them into a tube in his medicine chest, well corked. These he labeled 0/1. The next dynamization was procured by dissolving one globule of 0/1 in a small drop of water, and adding one hundred drops of spirit of wine; with this he humected globules as before and called that dynamization 0/2."

This quote offers many clues to the transition potencies witnessed between 1839 and 1840. HAHNEMANN had two favorite new potencies, one of which was marked 0/1, and the other is 00/1. The 00/1 potency may have been made with two pellets at every degree instead of the one pellet used for the LM potency. Our eye witness has forgotten one stage of the LM potency process, i.e. that the 3c is mixed with 500 drops of

dilute. Then one drop is mixed with 100 drops to make LM 0/1. Please refer to the 6th **Organon**, aphorism 270, for the complete details.

After many trials and tribulations, HAHNEMANN discovered the 1/50,000 dilution in 1840, and created the new LM pharmacy. He had decided that raising the dilution ratio to the LM scale increased the therapeutic range of Homœopathy more than just continuing to raise the potencies of the centesimals. He wrote :

“This method of dynamization, I have found after many laborious experiments and counter-experiments, to be the most powerful and at the same time (the) mildest in action, as the material part of the medicine is lessened with each dynamization 50,000 times and yet incredibly increased in power.”

The introduction of the LM potency was HAHNEMANN’s last great gift to Homœopathy and was the fruit of his 50 years of research. With this higher dilution ratio he found the means to break the impasse in treating many of his incurable patients. The 1/50,000 dilution ratio complements the 1/100 ratio, as they both possess their own unique remedial qualities. At last, the old doctor was satisfied that he had found his “most perfected method” and had come closer to his goal of a rapid, gentle, and permanent cure.

Reverend EVEREST said that HAHNEMANN “**was so entirely satisfied with the gentle and kindly action of these preparations that they would, I think, almost have superseded with him all other preparations.**” He called the new preparations **medicamens au globule** (medicine of the globules, the one pill being noted by the “0”). In contrast, the centesimal potencies were marked with a small “x” and were called **medicaments a la goutte** (medicines of the drop).

Today, the centesimal potencies are usually used according to KENT’s theory of harmonics, in which the potency is raised from the lower to the higher in seven radical jumps. For example, if one begins a case at 30C and then observes a relapse, one would give the 200C. If the patient relapses again, then one would give the 1M, followed by the 10M, 50M, CM, and MM, if necessary. In the LM system, the homœopath uses a series of gradually ascending potencies that starts at LM 1 and continues gradually upward through LM 2, LM 3, LM 4, etc. up to LM 30, in a gently ascending arc. The difference in the dilution rates and potency scales of the LM and centesimal potencies makes their remedial actions complementary and quite distinct.

In contrast to today’s continued use of dry doses, the C and LM potencies were used exclusively in the medicinal solution in HAHNEMANN’s final Gestalt. The average medical solution is made in a minimum of 7 tablespoons of water (3 - ½ oz). This aqueous solution is then succussed 1 to 12 times just prior to administration of the dose. After this, 1,2,3, or increasingly more teaspoons are stirred into a dilution glass of water. From this glass, 1, 2, or 3 teaspoons constitutes the average adult dose. This dose may be tuned by adjusting the number of succussions and the amount of the solution, according to the individual’s constitutional sensitivity. This transforms the static dry dose into a dynamic solution of which the patient never receives the same dose or potency twice. This remedy can be given as a single or spilt-dose, depending on circumstances. This work is the Founder’s last great gift to suffering humanity, and became the foundation for the 6th **Organon** of the Healing Art.

The Homœopathy of the 1840s

The 6th edition of the **Organon** was completed in 1842 when HAHNEMANN was 87 years old, and is the fruit of his life long experiments. On February 20, 1842, he wrote a letter to Baron von BOENNINGHAUSEN to announce the completion of his new work:

“I have now, after 18 months of work, finished the sixth edition of my Organon, the most nearly perfect of all.”

HAHNEMANN planned for the printing of this final work, but unfortunately, problems arose with his publishers. For this reason, the 6th edition was not published before he died on July 2, 1843. It would take

more than 80 years before his masterpiece was rescued from obscurity and presented to the homœopathic community. It is recorded on page 74 of BOENNINGHAUSEN's **Lesser Writings** that HAHNEMANN had shared the new LM potency with the Baron:

“In the new edition of the **Organon**, improved and completed by HAHNEMANN himself, a new simplified procedure for the potentizing of medicine will be taught, which has considerable advantages over the former and yields a preparation as to the efficiency of which I can, from my own experience, give full praise.”

BOENNINGHAUSEN's contribution to homœopathy is vast, as he gave us the first complete homœopathic repertories and the relationship of remedies. Since the Baron stated that he was speaking from his “own experience,” it shows that he too had tested the LM remedies.

The ten years between the writing of the 5th and 6th **Organon** were the most productive of Samuel HAHNEMANN's long career. The homœopathy of the 1840's is based on the use of the C and LM remedies in medicinal solution, and the repetition of the split dose when necessary. One of his first LM cases was started in 1840 with *Sulphur* 0/10, causing a strong aggravation that was treated with placebos for some time. In the beginning, HAHNEMANN tried to move downward from 0/10 to 0/9, 0/8, etc., as he had done with his lower potency C's (30C, 24C, 18C, 12C, and 6C). He soon found that the new LM remedies were very high potencies, more similar to the high potency Cs than to the low potencies. So he changed his practice and started with the lowest degrees like 0/1, 0/2, 0/3, then moving upward through the scale. By the year 1843, he began most of his LM cases between 0/1 and 0/3, although occasionally he would start at 0/4, 0/5, 0/6, etc., depending on circumstances. He often alternated a placebo with his remedies at various intervals, or followed a series of doses with placebos. The idea that he used the daily dose for weeks, months, or years in Paris is a complete myth.

The following is a redaction of a Paris case dated January 14, 1843, just six months before HAHNEMANN left for his Heavenly Abode. With this client, he used the C and LM potencies in medicinal solution at different times during the case. This case was sent by letter to BOENNINGHAUSEN and is recorded on page 192 of the Baron's Lesser Writings:

“O-t, an actor, 33 years old, married, 14 January, 1843. For several years he had been frequently subject to sore throats as also now for a month past. The previous sore throat had lasted six weeks. On swallowing his saliva, a pricking sensation, feeling of contraction and excoriation. When he does not have the sore throat he suffers from a pressure in the anus, with violent excoriating pains, the anus is then inflamed, swollen and constricted; it is only with great effort that he can pass his stool, then the swollen hemorrhoidal vessels protrude.”

On January 15, HAHNEMANN gave one pill of *Belladonna* 30C in a 7 tablespoon medicinal solution that was succussed just prior to administration. One tablespoon was then taken and stirred in a glass of water. The exact number of succussions and the dosage given to the patient is not noted. By the next day, the sore throat was gone, but the old rectal affection had resurfaced as an anal fissure. Under questioning, the actor confessed that he had contracted syphilis eight years earlier that was treated with caustics. This confirmed that the doctor was treating a case of active secondary syphilis. He then administered *Belladonna's* anti-syphilitic complement, *Mercurius Vivus*, LM 0/1:

“*Merc. Viv.*, one globule of the lowest new dynamization (which contains a vastly smaller amount of matter than the usual kind), prepared in the same manner, and to be taken in the same as the *Belladonna* (the bottle being shaken eachtime), one spoonful in a tumblerful of water well stirred.”

The Founder then repeated the dose of *Mercurius vivus* LM 0/1 and later LM 0/2 until January 30, when the throat became inflamed again. He then used a placebo for seven days until February 7. By then, the anus was better but the sore throat was still lingering. He then realized that Psora was interfering with his anti-syphilitic remedy, as he warned about such things in the **Chronic Diseases**. HAHNEMANN then used his cardinal anti-psoric remedy *Sulphur* LM 0/2 as a chronic intercurrent, and repeated the dose until February 13.

During this period, the client developed clear *Mercury* symptoms, like ulcerative pains in the throat and profuse saliva. So, on February 13, he was again given *Mercurius vivus* LM 0/2. The *Sulphur* had removed the obstructive layer of Psora and suppression, allowing the syphilitic symptoms to surface. By the February 20, the sore throat was completely gone and the anus once again became inflamed and hemorrhoidal. The Founder now used placebo for 13 days! So much for the myth of the daily dose of the LM potency.

On the 3rd of March, the sore throat was gone, but the patient experienced blind piles that protruded at stool - though the pains were much better than before. HAHNEMANN then prescribed *Nitricum Acidum* by olfaction (potency unknown). The patient was given milk sugar in medicinal solution as a placebo, to keep him under control. According to the Founder's notes, "**He remained perfectly cured.**" Thus, after first giving *Belladonna* 30C as an acute remedy, HAHNEMANN used three anti-miasmatic remedies in three months, *Mercurius vivus* and *Sulfur* in LM potencies, and *Nitricum acidum* by olfaction.

In the LM period (1840 - 1843), HAHNEMANN occasionally used alternations or an acute and chronic intercurrent under special circumstances. An interesting example is the case Madame GARDE, 44 years old, who was seen on April 18, 1842. (A case from the author's collection of microfiches obtained from the **Robert Bosch Institute**, Germany) She suffered from womb problems since a childbirth 19 years prior that was treated with a variety of suppressive treatments. This complex chronic state was then complicated further by a crisis caused by cerebral fevers. HAHNEMANN began this case with an alternation of *Aconite* 30C and *Sulphur* LM 0/5 in medicinal solution. Note that this is an alternation of two remedies as well as the C and LM potency systems. In our research, we are keeping an eye out for these unusual cases, in which HAHNEMANN used alternations and acute and chronic intercurrents to complement his constitutional treatment. In this way, some of the more promising techniques he utilized may be tested in clinical trials and updated, if found effective.

The C and LM potencies in medicinal solution greatly expanded the therapeutic horizons of classical homœopathy when compared with 4th **Organon** techniques. The high C potencies (200C, 1M, 10M, and above) must be used with great caution in cases where there are special sensitivities or too much tissue pathology. In many serious diseases, the lower C potencies are not deep enough to cure, while the higher C potencies only produce unproductive aggravations. This is one of the times the LM potency may be a life saver.

When the C potencies are used in the split-dose of the medicinal solutions, they act more like the LM potencies - yet each pharmaceutical method retains its individual character. In the Paris case books, HAHNEMANN tended to use his Cs, in crisis and acute conditions, and his LM's for chronic degenerative disorders and chronic miasms. This tendency, however, was neither absolute nor exclusive.

Samuel HAHNEMANN worked for 50 years to perfect his new healing art. The final definitive years were 1840 - 1843, the period in which he created the 6th **Organon**. Unfortunately the Paris period is being misrepresented by a number of so called reformers of our healing art. They speak as if the Paris casebooks contain some revelation that sweeps away all the cardinal principles of Homœopathy. They use polypharmacy terms like "dual remedies" or "combinations" to describe the Founder's use of alternation or a series of remedies, and claim he always gave the daily dose. "HAHNEMANN, HAHNEMANN, HAHNEMANN," they cry, while in truth they use rapid changes of remedies, or combinations chosen by etiologies or disease names. In this way, they confuse new students as well as old practitioners that are only familiar with the methods of the 4th **Organon**.

The 1840 - 1843 Paris case books and the 6th edition of the **Organon** contain the seeds of the best contemporary Homœopathy, and much, much more. Those trained in the 4th **Organon** are the best prepared to test the hypotheses of the Paris methods in the clinic. Without this solid foundation, it is almost impossible to understand the sophisticated posology techniques and case management procedures of the 1840's. Why allow our heritage to be misrepresented and abused by the pretenders? HAHNEMANN's advanced methods require more knowledge and experience of classical Homœopathy, not less. Homœopaths, Dare to know!

A brown haired electrician aged twenty-five years has had frequent attacks of chills and fever for five years; always cured by quinine.

Steady hard pain in lumbar region for more than a year.

Worse from walking, carrying a weight, while lying on the back.

Better from hard pressure on the painful spot.

Back feels too weak to support the body.

Easily chilled.

Feet dry and hot; formerly they sweat profusely.

Inordinately fond of salt.

Pain the back better from hard pressure indicates most prominently *Dulcamara*, *kali carbonicum*, *Natrum muriaticum*, and *Sepia*. Of these *Natrum mur.* and *Sepia* only are worse from lying upon the back. The craving for salt belongs only to *Natrum mur.* *Natrum mur.* is one of the remedies most frequently needed for suppressed foot sweat or malaria. Further inquiry brought out the fact that the type of chills indicated that remedy.

1904, Feb. 1. One powder *Natrum muriaticum* cm Fincke.

March 10. In a few days an itching eruption covered the person and the feet began to sweat as of yore. The back then stopped aching.

Saccharum lactis.

May 10. The backache returned a few days ago after over-work.

Natrum muriaticum 275m Fincke, one powder.

Oct. 25. He has been very well until a few days ago when the backache returned.

Natrum muriaticum 5cm Fincke, one powder.

Since then, three years, he has been in excellent health.

PART III

(While Part II features articles from other journals, Part III contains the editor's own contributions and other original articles)

BOOK SHELF**I. Nutrients A to Z by Michael SHARON. Publishers Rupa & Co., New Delhi. 1998. Price Rs.260/-.**

It is a fact of common knowledge that with our increasing consumption of processed foods and commercially produced farm products we are being deprived of essential nutrients in our diet - leading to easy susceptibility to stress and increased levels of ill health. However over the last thirty years in Western Countries there has been a phenomenal growth and a profusion of health claims for every kind of food or food supplements.

This can at times be very confusing. This book by Dr SHARON is an easy to use reference guide for every type of food, herb, vitamin, mineral or herbal supplement that one may need in our daily lives. It reveals where one can buy such products what it exactly is, where it comes from, how to prepare it and enjoy it, its medicinal and health benefits and recommended daily dosage. From bananas to carrots, olive oil to yogurt from *Gingko biloba* and Guarana to melatorium - all find a place in this book. Some of the names in this book were totally unknown to me. For example DONG QUAI, DHEA, DEVILS CLAW, GABA, GOTU COLA, HMB, KOMBU, KOMBUCHA - etc. were ingredients and products that are almost totally unknown to us in India.

At the end of the book is a chapter on various firms, shops in UK, USA, Australia and Canada which sell the above products and also can lend helpful advice to the customers. There is also an index of diseases wherein the various items in the book are given before each disease as a suggestive guide for therapy.

The author's previous book was a very comprehensive one titled "Complete Nutrition" meant more for the professional physician. This book is meant more for lay people - though even doctors could profit from having a copy and browsing through it at leisure.

- D.E.MISTRY

II. Integral health by Dr.Soumitra BASU. Published by SAIHR Shri Aurobindo Society, Pondicherry. August 2000. Price Rs.75/-.

Dr.BASU is a Psychiatrist practicing in Calcutta who has been concerned with the concept of Integral Health and the various different dimensions of health as it is present today with the medical profession. In this short book of 140 pages, Dr.BASU has dealt essentially with the theme of consciousness and the various planes of consciousness taking his stand from the writings of Shri AUROBINDO and MOTHER.

Illness is essentially a disequilibrium that manifests at any plane of consciousness resulting in a disharmony that can be corrected by moving to a higher level of harmony. Dr.BASU states that health is essentially a dynamic equilibrium between the energies acting at different planes of consciousness. So far the various models of treatment and healing have their essential idea based on the working of the energy on either the outer physical, vital or mental consciousness. But none of them have a long term permanent effect simply because the therapy does not take into consideration an aspect of higher consciousness known as the psychic being which is the real integrative principle of the human personality. The term Psychic Being was specially given by Shri AUROBINDO and represents the Atma of the Indian tradition in its Evolving Form. It is only if The Psychic Being can be made to replace the ego that, the individual then has a sense of wholeness, integrity, peace and joy. The role of culture and society with respect to Integral Health and The role of Shakti especially Pranic Shakti as it acts both in the individual microcosm and the macrocosm.

Dr.BASU also has given illustrative case studies of various psychiatric patients to illustrate his thesis and a very effective glossary that explains the various terms and concepts which may be unknown to a reader not familiar with the works of Shri AUROBINDO and MOTHER. Around 159 references are given at the end of the book and in a short span of about 140 pages. Dr.BASU has portrayed quite admirably all aspects of this consciousness approach to Health and Healing.

- D.E.MISTRY

III. Homöopathie für Frauenärzte by Helga RICHTER, Max HAIDVOGL, Hippokrates-Verlag, Stuttgart, 2000, DM 49,90 - (German): 'Homœopathy for Gynaecologists' by Drs.Helga RICHTER and Max HAIDVOGL, with an Introduction by Prof. Dr.Mathias DORCSI.

In the forward Dr.RICHTER says that the book is a result of 10 years practical experience of application of homœopathic therapy in the Gynaecology-obstetrical wards of the **Hospital Lainz** and under the **Ludwig Boltzmann Institute for Homœopathy**.

It was possible to demonstrate the efficacy of Homœopathy in a large number of patients in a hospital. It also demonstrated that it is possible to integrate Homœopathy successfully in Clinical Medicine.

The brief Introductory Chapter details the role of Homœopathy in Gynaecology and Obstetrics. The authors say that homœopathic therapy can be combined with the conventional therapy in appropriate cases. The 'Similia' principle, Medicinal Proving and Homœopathic Materia Medica, Potentisation, use of Repertory, the initial aggravation - all these which are exclusive to Homœopathy are explained.

Researches, particularly the Meta analysis done in the 1990, - double blind trials, animal experiments - are also briefly mentioned.

The Homœopathic therapeutic section begins with the Materia Medica of "10 important remedies" - Kali carbonicum (key symptoms : Weakness, Vertigo, Sweat) *Aristolochia* (with *Pulsatilla*, *Aristolochia* is a very important remedy for women), *Pulsatilla*, *Sepia*, *Cimicifuga*, *Lilium tigrinum*, *Platina*, *Belladonna*, *Phosphorus*. The 'indications' and 'dose' are given in boxes on each page. The doses are mostly the decimal potencies - D6 to D200 and only the M is the centesimal.

The next Chapter is therapeutics which covers almost all the conditions met with during pregnancy, during and after childbirth. These also are brief and succinct. A small chapter deals with Gynaecological ailments - Carcinoma, Endometriosis, Leucorrhoea, Mastitis (and other mammary conditions), uterine Myoma, menstrual irregularities.

Lastly, the Materia Medica of 85 remedies are given briefly (Key Note: e.g.*Acidum nitricum*, angry, furious women. Much weakness. Ulcerative skin-mucus membrane processes. Pains: stitching, burning, "splitter pains". Indications: Endometriosis, cervix erosion to Carcinoma, Leucorrhoea, Stomatitis, Colitis); some just two lines specifically - (e.g. *Allium sativum* - leucorrhoea, whitish, itching; indications: vaginal fungal infections) These are not just repetitions from the extant Materia Medica but based on the experience of the authors.

A lengthy bibliography references and Indexes - clinical conditions, remedies are given at the end.

The book would, one hopes, stimulate some more hospitals to establish homœopathic treatment of pregnant women and thus save much cost, time and suffering.

Written clearly with 'boxed' indications which one can (and indeed should refer to) memorize. Paper, printing, binding all very good. A very good addition to the busy practitioner.

- K.S.SRINIVASAN

IV. Homœopathy - The Scientific Medicine, Part I & II, E. BALAKRISHNAN, Unicorn Books Pvt. Ltd., F- 216, Ansari Road, Daryaganj, New Delhi - 110002. Rs. 96/- and Rs. 135/-

Dr. BALAKRISHNAN has been a regular contributor to the National Journal of Homœopathy. In these two volumes which primarily appear to have been intended for those who wish to know some basic things about Homœopathy, he has attempted to make them as complete as he possibly can.

Homœopathy is introduced by way of stressing its basic tenets, followed by the " Art of Case Taking", "Study of Materia Medica and Case Analysis through Repertory". Brief introduction of "Potentisation" a technique peculiar to Homœopathy alone, followed by selection of potency are contained in the subsequent chapters.

The world, particularly the so-called "scientific" in it, is yet to appreciate the implication of the process of potentisation. Potentisation makes the least or the smallest, ultra-molecular substance do big things; by this, the smallest quantity is sufficient for an extremely large number or many and thus there is no measureable depletion of the sources. Thus there is everything available for everyone.

Another concept of Homœopathy "Chronic Miasms" is explained succinctly.

The use of disease and bacterial products as medicines, which are powerful and benevolent homœopathic medicines, are discussed in a chapter.

The subsequent chapter deal with the techniques of application of the remedies.

There is a useful chapter at the end about treatment of “Backward and Retarded Children” and “Behavioral Problems of Children”.

The book contains many quotations from reliable source and these make the book good reading. One could pick up good material from these.

Part II - contains “Pictures” (Line drawing) of 116 homœopathic medicines. The major curative physiological / anatomical regions of each of the remedies with their Key Notes are given in this.

Chapter 2 contains tabulated “Comparative Therapeutic, Notes of the Drugs” presented. This Chapter 2 will be useful.

The book ends with 35 cases and some quotes from Master homœopaths.

The book is well produced, printed clearly, on good quality paper.

Dr. BALAKRISHNAN has done a good job.

-K.S. SRINIVASAN

V. Definitive Dictionary of Terminologies of Mind in Homœopathy, by H.L. CHITKARA, B.Jain Publishers (P) Ltd., New Delhi. Rs. 100/-

Dr M.L. SEHGAL developed a homœopathic remedy selection technique based on the “Mind” symptoms alone. Over the past nearly two decades this method has been gaining more followers both within India and abroad.

The technique is simple: be closely attentive to everything which the patient expresses by word, gestures etc. There is no need to look about for a so-called strange, peculiar symptom. Collect the persistent, predominant and prevailing symptoms and search for the remedies in the rubrics in the “Mind” chapter of the Repertory, and pick up the most suited, and give a single dose only and wait.

What is important is that the homœopath should be able to convert the symptoms and expressions of the patient into repertorial rubrics contained in the Mind Chapter of the Repertory. One must know the “meaning” of the rubrics with reference to the homœopathic therapeutics. Dr. CHITKARA who is a leading practitioner and exponent of the “Sehgal method” has compiled the present work to aid the homœopath who wants to know the “meaning” of the rubrics.

It is to his credit that he has made it as brief and succinct but as clear as could be done.

It is handy and can be carried in one’s pocket.

Printed in easily readable format, good paper, this Dictionary can be unhesitatingly recommended to every Homœopathy practitioner.

- K. S. SRINIVASAN

COMING EVENTS

1. 6th All India Homœopathic Medical Congress, from 23rd to 26th December 2000 at Mehta Auditorium, Prayag Sangeet Sameeti, Alfred Park, Civil Lines & C.M.P Degree College Auditorium, M.G.Marg, Allahabad. Organized by Indian Homœopathic Organization, Allahabad Unit, UP State Branch. For further detail contact: Congress Secretariat, 6th All India Homœopathic Medical Congress, 5/33, Nawab Yusuf Road. (Behind C.T.O), Panchsheela Colony, Civil Lines, Allahabad. Telephone: 623356, 420071, 400501. e-mail: sudhak@nde.vsnl.net.in.

2. 7th Sarla SONAWALA Memorial Seminar, 21st January 2001 at RD Choksey Hall, Golden Jubilee Block, TATA Memorial Hospital, Mumbai 400 012. Milan Clinic, 71B Saraswathi Rd, Santa Cruz(W) - Mumbai. 400 054 Ph.6492762. e-mail: vishpala@vsnl.com

3. The Medisynth Similimum - A Legend, 28th, 29th, 30th and 31st December 2000. Speakers: Dr.Harry Van Der Zee, Dr. Chaim Rosenthal, Dr.Alice Timmerman, Dr.Praful Vijaykar, Dr.D.P.Rastogi, Dr.Janardan Reddy and others. Contact Medicure Foundation, 3, Mehra Bhavan, 14A Road, Ahimsa Marg, Khar (W), Mumbai - 400 052.

4. First National Homœopathic Seminar 2001 at Udaipur (Raj) organized by Homœopathic Medical College Dabok, Faculty of Medicine Rajasthan Vidyapeeth (Deemed) University on the 12th and 13th January 2001. For further details contact Dr.K.P.Pradhan, Homœopathic Medical College, Dabok. 313 002. Udaipur (RAJ.)

5. 10th National Homœopathic Conference on 17th and 18th February 2001 at Hotel Peterhoff, Shimla (H.P.). Address Dr.Anuradha Verma, Organising Secretary, 10th National Homœopathic Conference, 21/414, Indira Nagar, Lucknow - 16.

6. SEMINAR IN MUMBAI ON 'ESSENTIALS OF HOMŒOPATHY' SEMINAR-II 'TOWARDS A BETTER PERCEPTION' with DR.PRASAD S.SHETYE & DR. FALGUNI K.KHARIWALA on 28th & 29th APRIL 2001 at Prabodhankar Keshav Sitaram Thakre Natyamandir. Further details contact A-Wing, "Mini theatre", 4th Floor, Near Borivali station, Sodawala lane, Borivali (W), Mumbai - 400 092.