

CENTRE FOR EXCELLENCE IN HOMŒOPATHY

CONTINUING HOMŒOPATHIC MEDICAL EDUCATION
SERVICES

QUARTERLY HOMŒOPATHIC DIGEST

VOL. XX, 2003



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

Adyaya I Brahmana 3 Mantra 28
Brhadāranyaka Upaniṣad

(This service is only for private circulation. Part I of the journal lists the Current literature in 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. XX, 1 & 2, 2003

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 of Part I. Part II contains selected essays/articles/extracts, while Part III carries original articles for this journal, Book Reviews, etc.

I. PHILOSOPHY

1. "Die Chronische Krankheiten" – Hinweise für die Praxis? HAHNEMANNs Große Enttäuschung. ("The **Chronic Diseases**" - Instructions for the Practice? - HAHNEMANN's great disappointment.) OOMEN, Gert (ZKH, 46, 2/2002)

In 1828 when HAHNEMANN published the first volume of his '**Chronic Diseases**' (CD) he thought that he had found a certain technique of treatment of the non-venereal **Chronic Diseases**. HAHNEMANN thought, on the basis of his experiences, that the venereal diseases are cured rapidly and surely with one or two remedies, the Sycosis with *Thuja* complemented by *Nitric acid*, the Syphilis with *Mercurius*. In respect of psoric disease also he thought at first that "it could be so". This is clear from his letter to STAPF which he wrote in 1827, an year before he published the '**Chronic Diseases**'. He needed hardly 6 - 8 antipsoric medicines and not any more from the whole treasury of drugs in the **Materia Medica** (letter to STAPF, 6 Sept. 1827. See HAEHL, Vol. II, p.55). *Sulphur* was at the head; and *Calcarea*, *Silicea*, *Natrum*, *Phosphorus*, *Graphites*, *Sepia*. However his expectations were belied and in the I edition of '**Chronic Diseases**' which appeared between 1828 and 1830, there were 21 medicines. Short time afterward, von BOENNINGHAUSEN brought out, in 1832 his '**Systematic Alphabetical Repertory of the Antipsoric Medicines**' with 40 medicines. There were 51 remedies in the second edition of the CD. The border between the antipsorics and the other remedies was slowly dissolving and thus to the stage 'antipsoric or homœopathic medicine'? While BOENNINGHAUSEN said that in most cases of clearly developed psora he could succeed with the remedies in his **Repertory of Antipsorics**, he also said that there were many cases which could not be cured with the medicines known till then

and more antipsoric should be formed - like *Asafoetida*, *Antimonium crudum*.

ATTOMYR, a physician much praised by HAHNEMANN said "not to give a suitable medicine in a chronic disease because it is not included in the list of antipsorics is against the basic principles of Homœopathy". Slowly HAHNEMANN too seems to have surmised that his theory of Psora as the basis of all ailments did not make any progress in actual practice. ATTOMYR, in relation to the Psora theory, said the principle of every case was only the "similia similibus" and GROSS said the suitable medicine alone would cure whether it was listed as antipsoric or not. Until the end HAHNEMANN was convinced that psora was the source of all ailments but it was of no consequence for practice if one ignores the routine administration of *Sulphur*.

2. Zur Überarbeitung der Homöopathie nach Alfonso Masi-Elizalde (On revision of Homœopathy according to Alfonso MASI-ELIZALDE) P.REIS, Stefan (AHZ, 247, 3/2002)

The past decade and half has seen many new 'schools' in Homœopathy spring up, each of them having a good number of followers; e.g. Rajan SANKARAN, SEHGAL, Jan SCHOLTEN, Massimo MANGIALAVORI, and Alfonso MASI-ELIZALDE.

The author briefly examines these different varieties of methods and then the theories of MASI ELIZALDE. MASI's method is founded on three central assumptions:

1. The radical subjective construction of the world structure;
2. Body-Soul unity – Thomas von AQUINO;
3. The miasmatic dynamics – Sigmund FREUD.

MASI's method is explained with the proving symptoms of *Nux vomica* and finding a remedy for

two female patients as examples of the practical work according to this method.

3. Wissenschaft und Homöopathie (Science and Homœopathy)
DORCSI Mathias (DH, 21/2001)

[This article was written by Dr. Mathias DORCSI (who passed away on 27 May 2001) in 1964 and published in the ZKH, 8, 5/1964, and is republished in the DH "in memoria m" of the great teacher = KSS] When Dr. Mathias DORCSI wrote this essay he was 41 years. His vision of Homœopathy at this time was part of a great medicine. Homœopathy needed, so that it could find its place in today's Medicine as the 'medicine of the person', philosophy on one side and scientific foundation on the other side to establish Homœopathy amongst the clinically trained physicians. 12 years after this article DORCSI began in 1975 his course in Baden and with that founded the Vienna School of Homœopathy.

The Life principle is transcendental immaterial. Human being has a mind, spirit, which lets him think, feel, strive and aspire. In his environment man can choose, decide and determine; he can, he has the freedom to.

A man is healthy when he is in harmony within and without himself, his environment and his creator. He is the complete body-soul, spiritually and socially equipped person, thoroughly in order in the conscious and unconscious interplay of functions – the personal harmony.

Disease is the consequence of an external or internal disturbance of this equipoise.

In acute diseases the reaction of the molecule, the cells or the organ have a longer role to play, but in the **Chronic Diseases** the central nervous mechanism has the upper hand whose indications are in the rhythmic process, the push, the reverser and the whole spectrum of psychosomatic expressions. In this the person feels as a whole in his singularity, destiny, in the foreground. It is thus clear that persons with "same disease" suffer differently and have different prognosis. Disease is a qualitative personal event.

4. The Current Medical Paradigm in its relation to Homœopathy and Science
KURZ, Christian (AH, 8/2002)

This article investigates the structure of medical homœopathic and scientific knowledge. Drawing on parallels in the evolution of natural sciences, it is argued that progress in Science happens in alternating periods of consolidation and

revolution. By adopting this framework of paradigms to medical science, we sense a shift in the prevailing paradigm that hinges crucially on the light in which we view the placebo effect.

5. An Interview with Ralph Twentyman
HAVELOCK-DAVIES, John (AH, 8/2002)

Dr. Ralph TWENTYMAN is perhaps, the oldest living British homœopath. Those of us who had the privilege of reading the **British Homœopathic Journal** during the period when he was its Editor (for 21 years) would recall much with nostalgia.

TWENTYMAN was also well versed with Rudolf STEINER's Anthroposophical Medicine.

In this 'Interview' which is quite comprehensive we come to know his love of Homœopathy and also at the same time his knowledge of Anthroposophical Medicine. He discusses in detail George GRODDECK, J.W. GOETHE, Edward WHITMONT.

He makes a very good point when he says that contemporary Homœopathy's efforts to be seen as scientifically and academically respectable is in itself "a bad thing". Homœopathy, he says, simply does not belong to the dying tradition of academic science. How true, indeed. Let Homœopathy be whatever it actually is. Why crave this 'scientific' label?

TWENTYMAN discusses SWEDENBORG also. Although SWEDENBORG was one of the greatest scientists of his day, and his scientific knowledge of his time was immense, his vision of the world is based on the 18th Century science and now we need more than is available from SWEDENBORG.

6. Confessions of a Neo-classicist
HERON, Krista (AH, 8/2002)

The author rightly points out that our practice of Homœopathic Medicine is a continuous process of discovery and evolution. In this process there has been and there still is discussion as to the sources of remedy information; that is to say, whether we can take in from sources other than 'Proving' and 'Toxicology' and clinical experiences? In this respect the 'signature', the 'thematic' groupings, etc. are mentioned as just sources. The author says, rightly, : "If we open our eyes and our minds to the congruency of the spirit of the medicine and the spirit of the substance, we may enjoy the organicity between the two". Indeed HAHNEMANN agreed with von

BOENNINGHAUSEN that if the spirit of the homœopathic medicine matches the spirit of the disease, deep cures will result. But HAHNEMANN certainly ruled out the 'signature'; the spirit is to be perceived from the provings; other methods are speculations.

7. Homœopathic Prescribers and Self-prescribing Patients
CREASY Sheila (SIM, XV, 1/2002)

In this brief essay the experienced homœopath Sheila CREASY discusses the problems faced when treating self-prescribing patients. She suggests that the homœopathic practitioner should suitably educate the self-treating patient on the nuances of the **Organon**.

8. HAHNEMANN's Pure Method of Science
SHEPPARD Joel (SIM, XV, 1/2002)

[In the last two decades, particularly within the past one decade began a strong wind of change in the very perception of what Homœopathy is? All agreed that it is **Let Similar be cured by Similar**. But, similarity of what? HAHNEMANN's quest was for a therapeutic method which would be rapid, gentle and it must be most reliable, and most harmless way, on easily comprehensible principles (§ 2, DUDGEON's translation of the **Organon V edn.**). **HAHNEMANN found out by several experiments over some period of time that the only way by which one can obtain the actual curative powers of medicinal substances is by experimenting it on healthy humans and carefully noting the symptoms that were aroused by the medicinal substance; no interpretation, no opinions, no inferences, but only the facts.** He instructed us to depend only upon the **pure Materia Medica**, that is, symptoms obtained by proving. Unfortunately right from HAHNEMANN's time itself half-homœopaths and impostors entered into the rich field of Homœopathy and adulterated the pure. Now, I feel that Homœopathy has been high-jacked by the neo-classicals. When the Hahnemannians object they are dubbed as fundamentalists, dogmatics, and enemies of progress. The Neo-classicals produce cured cases to validate their methodologies of 'signatures', 'periodic tables', etc. The mixture-peddlers, the pluralists, the poly-pharmacists also produce cured cases. Even those who mix different potencies produce cured cases, genuine, not cooked-up! We knew some who juggled with the 12 tissue salts of SCHÜSSLER, do wonderful work! Oh, we forgot

those who make their own preparations of medicines radionically; one said "we have potentised 'pain' and it does wonderful work"! **All these under the label of Homœopathy and all claim Samuel HAHNEMANN as their Teacher!!** Shall we call all these multifarious methodologies as 'homœopathic' in the name of liberalism? If a medical therapeutic system has to be called as Homœopathy should it not conform to the System founded by HAHNEMANN as laid out by him in his **Organon** and **Chronic Diseases**. Is it not right that anything outside these should be called by some other name and not Homœopathy? Is there need for the Hahnemannians to defend themselves? Yet, now in the name of 'insights' and 'depth healing' so many things are taught which are certainly not HAHNEMANN's. = KSS]

In this interesting article Joel SHEPPARD argues well for the genuine Hahnemannian methodology.

9. Drawing a Line in the Sand – Homœopathy or not Homœopathy?
SAINE André (SIM, XV, 1/2002)

This detailed article is again in defence of genuine Homœopathy with particular reference to the reply of Roger MORRISON and 20 others to Julian WINSTON's criticism of the doctrine of signature and periodic table and such other new 'speculative' methodologies. André SAINE quotes copiously from sources.

10. Homœopathy: Antidote to a Materialistic Age
PITCAIRN, Richard (JAIH, 93,1/2000)

We live in a materialistic age. Modern Allopathy is becoming increasingly reductionistic. Germ theory and mechanical tissue breakdown have been two basic premises of disease; now the role of DNA structure and function is being explored. With its increasing invasiveness, we can anticipate that the suppressive, palliative effects of Allopathy will become ever more powerful and hence dangerous. Homœopathy can challenge allopathic medicine. It is the only alternative system of health care that is systematic medicinally-based enough to do so. However, the power of Allopathy is such that it can coerce opinion in its favor; it has a habit of demonstrating an intolerance of divergent opinions.

Why is Homœopathy not more accepted? Certainly there are other rather "far-fetched" ideas still considered within the domain of Science and

Homœopathy is not without certain scientific precedents. In addition, Homœopathy's wholistic focus bears some resemblance to modern concepts of psychoneuroimmunology. So what's the real obstacle to its acceptance? The obstacles are potency and the concept of life force.

Western scientific thought, and especially modern medicine, has embraced a principally materialistic interpretation of nature, wherein all is explained in terms of physical substance, thus eliminating the need for a spiritual dimension. This stance, though, is more a product of cultural assumptions than science, and it rejects the possibility that a "spiritual," non-physical life force can operate via physical means. However, modern physics has proven the indeterminate nature of matter, that it exists as both physical particle and energy wave form simultaneously. It has also demonstrated that physical reality is not objective, but rather influenced by our consciousness; consequently our perception of reality is at best an approximation. Thus, the certainty of materialistic-based science and medicine is suspect.

Double-blind studies, in their attempt to exclude consciousness from the equation, cannot, therefore, be the basis of determining reality. This conclusion is especially relevant when the results of such experimentation are applied to individuals as opposed to groups. Non-blinded experiments and the application of "meaningful thinking" (a mental melding with and examination of all aspects of a patient and his/her problems) seem to better embrace clinical reality. This approach is consistent with the homeopathic process.

One very significant-for Homeopathy-discovery of physics is that all physical objects are composed of fields of energy. Thus, one must consider the possibility that living beings also consist of energy fields.

In light of all the above, it can be said that Homeopathy seems more in alignment with reality as revealed through physics, and that allopathic medicine seems based on some very outmoded ideas. Yet most allopaths persist in discounting Homeopathy as a superstition because of its assertion of a life force.

We, as homeopaths, should strive to avoid the dilution of Homeopathy by seeking a rapprochement with allopathy that would involve any foreswearing of that which makes Homeopathy an important alternative to materialistic medicine—potency and the concept of the life force. To do so would be to repeat the same mistakes of the past that led to the near demise of Homeopathy early in the 20th century.

Current efforts to explain Homeopathy according to modern physical understandings; e.g., the physics of water, are yet another thinly disguised and flawed effort to deny existence beyond the physical realm. Any attempt to explain Homeopathy according to physical, materialistic models will ultimately damage Homeopathy.

The only way to preserve Homeopathy intact and uncorrupted is not to attempt to explain it in physical scientific terms, but rather to simply demonstrate its clinical effectiveness, maintain its principles, and resist its assimilation by allopathy.

11. Self-Awareness and Homœopathy.

HEHR, G.S. (AJHM, 95, 1/2002)

This is reprinted from BHJ, 72, 2/1983. HAHNEMANN recommended a psychological exercise that was based on the experience of the ancients. Recent scientific studies have shown that it is likely to be of immense value to everybody. This exercise should have become an integral part of Homœopathy, but has not done so. Stalwarts of Homœopathy have missed this point. In every commentary on HAHNEMANN's work and in every restatement of the same, this aspect of HAHNEMANN's teaching has been overlooked.

12. Forum: Controversy in Homœopathy; Dr. MORRISON's Reply to Dr.SAINE's Article in "Homœopathy Today".

Drawing a line in the Sand: Homœopathy or Not Homœopathy? By André SAINE.

Rajan SANKARAN replies innovation and Fundamentalism in Homœopathy

Richard MOSKOWITZ. (AJHM, 95, 3/2003).

For the past two years a controversy has grown strong about neo-trends in the Philosophy, **Materia Medica** and Therapeutics of Homœopathy. These 'innovations' raised several questions about the very 'basics' of Two hundred years of Homœopathy! Grand successes have been reported indeed. It has also been claimed that these new winds are for the betterment of the Science, they are 'progressive'; consequently those who object or criticize the new teachings are termed 'fundamentalists'. After the initial thunder and lightnings (due to harsh condemnation by George VITHOULKAS) quietened, arguments have become 'tolerant'.

Since it is felt that this is a very important subject let us recapitulate:

It all began with an Editorial by Julian WINSTON in **Homœopathy Today**, December 2000. In this Editorial the teachings of synthetic

Materia Medica not based on Provings, **Materia Medica** compiled on the basis of the 'Signatures', 'Periodic Table', some of the modern provings, the dream provings, the meditative provings, etc. were all criticized as un-Homœopathic. In the same issue there was a book review of Nancy HERRICK's book 'Animal Mind, Human Voices' which said, in essence, that speculation, anthropomorphism, have no place in the Homœopathic **Materia Medica**. As against these Roger MORRISON and 21 others sent a strong reply justifying the 'new' teachings. They felt that these controversies would 'divide' the Homœopathic practitioners and even threatened resignation from the membership. There were strong voices from the other side too, mainly from André SAINÉ. Quoting copiously from the 'source' literature – HAHNEMANN, LIPPE, WELLS, etc. – he said, rightly, "History teaches that HAHNEMANN has provided humanity with the surest compass to guide the sick back to health. As with other natural sciences, Homœopathy is based on 'pure experiment, meticulous observation and sound experience', rather than the 'theoretical conjecture or specious sophistry' of speculative medicine." He further said that using Homœopathy as an outlet for creative expression may be very exciting, but it is definitely not good for the art and science of Homœopathy when devoid of principles. A good homœopath will learn to optimally use his creative and intuitive skills, but with complete respect to the fundamental principles of Homœopathy." (Homœopathy versus Speculative Medicine – A call to Action, André SAINÉ, Simillimum, XIV, 3/2001). In a further article titled 'Drawing a Line in the Sand' André SAINÉ which was in response to Roger MORRISON, André SAINÉ said that a time has come when we have to take a stand in the interest of Homœopathy and the standards it must adhere to. André SAINÉ gave a long list of references with regard to his stand. In 'A Final Response' Roger MORRISON defended his and the 21 signatories' stand. Dr. Richard MOSKOWITZ in his article 'Innovation and Fundamentalism in Homœopathy' supports the 'innovations', the recent teachings and disagreements in question are wholly about matters of technique, which though admittedly important are hardly a fit subject for war or excommunication." Nevertheless, the editors of 'Simillimum' – Barbara OSAWA and Peter WRIGHT – were severely criticized for their stand against the new trends and both of them resigned from the editorship and one who allowed 'innovations' and new trends came in place. In a small three sentence reply Rajan SANKARAN said

"..... If what I say is not true, it will fall on its own. Practice so far has continued to demonstrate visible and gratifying results using the ideas, and I have no wish to defend them against even the most erudite academic arguments."

Within these who support 'innovations', 'new trends' are those who write of 'meditation provings', 'group provings' which include those who were in the group but did not take the proving medicine, the 'dream provings', the 'signature' hunters, the 'periodic table' technology, the 'insights' masters, etc. and those smeared with the word 'fundamentalist' include those who swear by HAHNEMANN, von BÖNNINGHAUSEN, HERING, LIPPE, WELLS, KENT, Pierre SCHMIDT and VITHOULKAS. One has to carefully weigh whether the new-tends truly come under basic principles of Homœopathy; whether these new teachings are comprehensive to all Homœopaths who still struggle to understand the Organon and **Chronic Diseases** (they are already baffled by the 'miasms' – HAHNEMANN has mentioned only three, whereas the new school mentions many miasms; they are baffled whether the new provings Plutonium, Hydrogen, Diamond, Eagle, Lions milk, Wolf's milk, Raven's blood would really help them in common day-to-day practice, they do not have access to the data of 'provings' in detail. Recently I read of a homœopath who felt that the 'case' seemed to match the proving story of 'ratus' (rat) – the signature of the rat seemed to fit the patient – and lo! a single dose of the 30 potency cured! Is this an Art or Science or Magic or just a Fairy Tale? What should or could one learn from these cases? = KSS.

13. The Simillimum Route

DOMINICI, Gustaon (HL, 14, 2/2001)

The author says that it is necessary for a homœopath to undergo meticulous training which in the first phase, involves an accurate study of his own symptoms and an evaluation of how they change in response to the Homœopathic treatment. At a later stage, the doctor can tackle Homœopathic provings which he will perfect as he comes to know about symptoms that are alien to his own nature. Consequently, provings provide not only a way of studying new remedies but also the quickest means of becoming an excellent therapist. The case of an aspiring prover is shown. The work is intended to be a testimony that encourages others to explore the unknown in order to improve themselves and enrich the Homœopathic community's knowledge as a whole.

14. Meeting of the poet and the Homoeopath
SORRENTE, Dominique (HL, 14, 4/2001)

On realities that seem distant from each other, from the point of view of how words perform, it is possible to find common points between these two disciplines, poetry and Homœopathy. The study of the etymology of the word Homœopathy helps to create the link. This enables us to explore ways in which the principles of Homœopathy apply to poetry. We will then examine how the poet thinks, and see how his method concerns the homoeopath.

The article concludes on a reflection for future common work.

15. A Dream Proving Confirmed. *Lac caprinum*.
DAM Kees (HL, 14, 1/2001)

'Dream Proving' is one of the 'in' things in the 'modern' Homœopathy, like 'meditative' provings. In 'Dream Proving' have no protocols – i.e. no dietary restrictions, no placebo control. The proving remedy may be consumed or be in contact with the skin, or slept upon (!). In the present paper Kees DAM reports of the prover who simply held the vial of a 30c of *Lac caprinum* for hardly one minute when she came up, with very characteristic symptom of this remedy! These symptoms have been 'confirmed' by two cases from a colleague (appearing in this HL itself).

15. Starting over from scratch: The value of retaking case.
REICHENBERG-ULLMAN, Judyth
(HT, 21, 4/2001)

In certain cases we are confused and are unable to help our patients the way we would like to. In such situations HAHNEMANN recommends to go back to the beginning. It is an embarrassing state of affairs to actually look back at how few cases we have retaken. Instead, we muddled along, hoping with each return visit that the case would somehow become clear. But more often than not, these are cases we restudy again and again, and we feel quite badly that, despite patient's persistence, patience, and trust in us, we have still been unable to crack the case.

Homœopaths will agree that continuing to see patients, month after month, year after year, who are not really progressing is discouraging and draining.

Retaking such cases as if we have never before heard of it, by spending more time will reveal much

more than what we know. The very commitment on the part of both patient and homeopath to start again at the top with renewed conviction and willingness to trust gives the experience a life of its own. It is in letting go of our case taking agendas and in simply being present that the case most clearly reveals itself.

16. The Homœopathic process: Receiving the case
CROCE Ann Jerome (HT, 21, 6/2001)

The person who takes is the active agent in transaction on the otherhand, the person who receives assumes a more passive role, being the receptacle for whatever is offered.

She elaborates the process and emphasizes §83 of **Organon**.

17. Perils of prejudice in Homœopathy
REICHENBERG Ullman, JUDYTH Ullman
Robert (HT, 21, 6/2001)

Various prejudices of Homœopaths are discussed like assuming everyone needs a polychrest, making unfounded assumptions based on kingdoms or miasms, my other patient was just like this one; coming to categorical conclusions about prescribing and ignoring remedies in rubrics because we know nothing about them – one has to overcome many preconceptions.

18. The process: Analyzing the case
CROCE Ann Jerome (HT, 21, 7/2001)

Case analysis begins where case receiving ends. Understanding what is to be cured is often the most difficult aspect of Homœopathy, and it is also the single most important element in doing Homœopathy well.

The most significant symptoms are not necessarily those that trouble the patient the most. Case analysis is a matter of making informed judgements about the relative importance of each symptom within the overall picture of the case. The strange rare and peculiar symptom is important because it is expressive of the individual disease, which is the target of the Homœopathic treatment. Symptoms that are expressed spontaneously, repeatedly, and with emphasis are the most significant.

Different styles of case analysis are like different angles from which to view the case; some angles may be more revealing in certain cases because of the way in which the light falls.

II. MATERIA MEDICA

1. ***Viola odorata*** – zwei Fälle (Two cases of *Viola odorata*)
BAHEMANN, Alois (ZKH, 46, 1/2002)

Viola odorata is rarely prescribed. It is mainly known as a remedy for articular rheumatism of the right side of the body. With two recent cases the mental symptoms of this remedy are verified.

Case 1: K.V., 10 year-old girl with complaints of pain in the left ankle after having 'twisted'. Orthopaedic examination confirmed a ligament tear and a plaster was put for some weeks, without benefit. She loved dancing but couldn't do now due to this pain. What was peculiar was that she had an early menarche (8½ year age); she suffered from dysmenorrhoea. K. was small built (150 cm). Was the best student, learnt easily and this was mainly in her class who were jealous. A quiet girl with quick grasp, interested in everything. However, she needed more time to make friends as she was fastidious. She thinks much before she shared her problems; very shut person. During the interview she spoke well like a grown-up person but on the other side she reflected long like a child when asked about feelings. Couldn't look at needles.

Natrum muriaticum, *Kali carbonicum*, *Sepia*, *Calcium carbonicum*, did not help much. Twice she suffered from dysmenorrhoea so much that she fainted.

The patient recalled to the physician's attention a Video presentation by Dr. SPRINGLER in Hannover in 1999 in which the girl articulated in a very intellectual manner her ailments but was very bashful. The mental rubric pointed to *Viol-o.* as the medicine which helped.

The symptom of this patient K.V. was again analysed afresh and the result was *Viol-o.* which was given in 200 potency and soon all round amelioration followed.

Case 2: Mrs. C.P.: recurrent painful cystitis since childhood, treated with antibiotics. Her complaints are more often after coition. No other physical symptoms were given. Her major complaint was her inability since 1989 to take part in sexual act. She had never had an orgasm. She would like to take interest but it has not been possible. When she was 13 years her brother approached her with

sexual intent. She thought that because of this her sexuality was benumbed.

She could not express her ideas freely even in her profession as teacher for abused children; she wondered whether she would succeed in taking the therapy across to the parents. She always had complicated her thoughts. She was timid, bashful, yielding and was rather girlish for a grown-up woman. She was very sympathetic to sick children.

Pulsatilla gave slight improvement in her sexual sphere but cystitis continued and she had to take antibiotics. She was still having flood of thought, put much into her head and made everything difficult for her. She lacked self confidence and was doubtful whether she did everything right.

She was now given *Viol-o.* 200 (sensitive to impressions; crowding of thoughts; emotion controlled; bladder, inflammation). Much better in every way.

2. ***Crotalus horridus*** - ein wichtiges Arzneimittel in der modernen Therapie, bei richtiger Gewichtung der Symptome (*Crotalus horridus* - an important remedy in the modern therapy with correct evaluation of the symptoms)
FELDHAUS Heinz-Werner and GAWLIK Willibald (AHZ, 247, 1/2002)

In many of the important books on Materia Medica the leading symptoms of *Crotalus horridus* with regard to the symptoms of bleeding are limited to the thin, dark-colored and non-coagulating tendency. In this article the spectrum of action of *Crotalus* is described regarding coagulation. The authors' findings are based on investigations in the original literature as well as empirical conclusions drawn from practical experience of a dentist and a general practitioner. *Crotalus horridus* has been of great help even in bleedings which were not dark but bright-red.

3. ***Medorrhinum*** - eine Arznei für "moderne" Kinder (***Medorrhinum*** - a remedy for "modern" children)
GNAIGER-RATHMANNER & BÖHLER Mirjan (AHZ, 247, 3/2002)

Medorrhinum as a children's remedy is not well appreciated. However, evaluation of 37 case histories shows that it is very valuable especially for modern children.

The main diagnosis of the 37 children are:

1. Nervousness - 17 children (Restlessness -7, Concentration deficiencies - 3, Sleep disturbances - 2, Grinding teeth, Biting nails, migraine 1 each - 3, Writing disabilities, aggressiveness relationship 1 each - 2)
2. Allergies - 13 children (allergic Asthma-4, Chronic spastic bronchitis - 3, allergic Rhinitis -2, Neurodermatitis - 3, acute Eczema - 1)
3. Inflammations - 3 (susceptibility to infections - viral, bacterial - 3, conjunctivitis neonatorum - bacterial-, and nappy rash - frequently observed but not documented).
4. Abdominal diseases - 4 (Chronic Balanitis, Enuresis nocturna, Synechia of the smaller labia - Cryptorchitis)

The children were also disturbed in their behaviour or in their sensor motor development in the sense of psychoorganic syndrome

There was particular focus in the anamnesis with regard to the perinatal period

- ◆ Chaotic
- ◆ Striking
- ◆ Breaks things
- ◆ Rage
- ◆ Fury, frenzy, wrath
- ◆ Morose, grumpy - mornings
- ◆ Heat - sensation of
- ◆ Shrieking - in sleep
- ◆ Inner throat - inflammation - Tonsils
- ◆ Male genitalia - Phimosis
- ◆ Extremities - Coordination; failing, deranged.

There were many mental symptoms in these children as also organic symptoms which were not found under *Medorrhinum* in the Repertory. *Medorrhinum* proved to be an important polychrest and a deep-acting Nosode for modern stigmatised children.

4. ***Prunus spinosa*** - Die Schlehe und Asthma bronchiale (***Prunus spinosa*** - The black thorn and Asthma bronchial)
SCHMUTZER Ulrike (DH, 21/2001)

1. Patient H, 7-year-old, student: Housedust- mite allergy, obstructive Bronchitis; began 3 years ago with recurring Spastic Bronchitis, summer and winter, thrice in hospital for Pneumonia. The mother said "he was not wanted and that she suffered during the pregnancy, with panic attacks and depressions and had to take psychic remedies." The ailment always began with coryza, constant nasal yellowish watery flow. Followed by hoarseness, clearing his throat constantly. When he wants to breathe in only small quantity of air enters into his lungs. "Although he coughs, and could

take in only little air, he moves about all over the house, now here, now there" says the mother.

Desires cheese, milk, fish and soft eggs. Catches cold after a bath, sweat on head after exertion. Sleeps well on sides.

Symptoms chosen:

- Nervous Restlessness with dyspnoea
- ◆ Irritability
- ◆ Desire to take deep breath
- ◆ Cough asthmatic
- ◆ Hoarseness in Larynx
- ◆ Hawking
- ◆ Tickling in throat and in the air passages
- ◆ Constant, severe sneezing
- ◆ The unwanted child

On 30.12.1999: *Prunus spinosa* C200.

21.1.2000: In the beginning of January again spastic bronchitis, this time with fever, without thirst, cold feeling during fever and desire to lie down. Family doctor gave antibiotics. *Prunus spinosa* M.

7.3.2000: a development push. The main problem now is coryza, and constant dyspnoea since two days. *Prunus spinosa* M in water solution.

15.6.2000: The chest physician had stopped all medications. He has taken the solution twice and no more Asthma attacks.

Further follow-up: one year.

2. Patient M: 2½year-old. Obstructive Bronchitis: since summer 1999 cough and dyspnoea; not relieved by allopathic medication. The chronic state came on after the allopathic treatment the previous summer for Bronchitis. During the year M suffered twice from severe dyspnoea and had to be hospitalised. His development appeared arrested; no increase of weight, very slow in learning to talk, belated dentition.

Cough with dyspnoea without expectoration, worse from change of weather from warm to cold and in mornings he complained of stitching pains in the back while inspiring and a tickling in the throat which brought on cough. When he was ill he tossed about from one corner to the other. Poor appetite. Chronic obstipation, sweated little, he crawled with the rubber nipple in his mouth all over the house, little energy, slept well.

- ◆ Restlessness, which makes him move about, with breathing difficulties
- ◆ Cough asthmatic
- ◆ Stitching pains in back while breathing
- ◆ Desire to breathe deeply
- ◆ Tickling in the throat
- ◆ Tickling cough

7.1.2000: *Prunus spinosa* LM6, once daily.

21.2.2000: Frequency of episodes lesser, *Prunus spinosa* LM6 once a week.

5.6.2000: Allopathic medicines stopped by the Paediatrician. Appetite and energy satisfactory.

Review: one year.

Rare Symptoms of *Prunus spinosa*

Mind

- ◆ Grumbling, annoying mood
- ◆ Restlessness which makes him move about during dyspnoea
- ◆ CLARKE: Restlessness, which does not allow to be in one place and compelling moving about, with short breath and oppression of chest
- ◆ The ailments are better when the patient persists in thinking of his symptoms.

Generals:

- ◆ Theme: Cramps - Restlessness
- ◆ Action begins slowly
- ◆ Lightning-like neuralgic pains
- ◆ Desire to take deep breath
- ◆ Worsening from movement and touch.

5. *Astacus fluviatilis*

MAURIZO Taliono (HOM, 79/2000)

Suggestions about prescription. Guidelines for children and adults.

1. Skin rashes such as nettle-rash, of allergic origin but without any evident cause.
 2. Remarkable milk crust.
 3. Slow closing of fontanelles
 4. Frequent ear infections
 5. Food allergies. Difficulty falling asleep and or troubled sleep.
 6. Irritability
 7. More seldom, fevers and bouts of headaches.
- Presence of symptoms 1, 2 or 4 signals to investigate the presence of others.

[Lot is written on the habitat, life, etc. of the Crayfish to signify the 'signature' of this creature]

6. Proving of *Thiosinamine*

GRINNEY Tony (HOM, 79/2000)

The proving was conducted with a range of potencies 6c - 1M. 5 female and three male provers.

The provers had their case taken one month before the proving and from this time till the end of proving no medicines were taken.

The symptoms are classified in 3 stages:

1. Debilitated state,
2. Intermediate state,
3. Vibrant state.

1. The debilitated state
 - Grieving, thinking about old wounds from the past
 - Old physical wounds not healing quickly
 - A sense of unreality
 - Feeling constricted and lacking space
 - Confused and lacking motivation
 - Disoriented
 - Despondent
 - Lassitude
 - An overall feeling of heaviness
 - Inadequacy
 - Insecure
 - Irritable
 - Guilty
 - Feel smaller
 - Fear of cancer

2. Intermediate state
 - Destruction and regeneration
 - Clearing
 - Reflection
 - Assertiveness

3. The vibrant State
 - Feeling relaxed and contented.
 - Increased energy
 - Clarity of thoughts and thinking
 - Feeling of new opportunities and travel
 - Feel taller.

[No confirmation or otherwise of the already known symptom of this remedy, e.g. tinnitus, etc. =KSS]

7. *Prunus spinosa* - neu und alte Erfahrungen (*Prunus spinosa* - new and old experiences) SCHMIDT Bernhard (DH, 21/2001)

Mrs. CHRISTINE, N. (born 1913) with heart insufficiency and liver Cirrhosis was admitted in hospital. There she suffered a vertebral fracture and was given conventional therapy. Her daughter came on 3.2.2000. Mrs. N. was in bad condition. Not much could be ascertained from the old lady who was found to be much depressed. The hospital had given antiermetics and other remedies (Carbamazepin). Clinically there was also right heart weakness with severe dyspnoea besides severe plural effusion from the rib fractures. Oedema of both legs upto knees due to liver Cirrhosis. The hospital had recommended symptomatic treatment. Appetite was practically nil much and she eats only few bites. Also high grade obstipation with very painful tenesmus. The

daughter told that her mother suffered severe trigeminal neuralgia. The right heart affection made me think of hydrocyanic acidic drugs, particularly *Laurocerasus* but the stitching pains made me think of *Prunus spinosa*.

Prunus spinosa 6 b.d. five globules .

I did not expect much improvement. She was an alcoholic before, had an unhappy marriage.

A week later telephonic follow-up: Mrs. N herself spoke and her voice surprised me. Not depressive anymore. "I am wonderful. I do not need painkillers anymore, can sleep well and free from trigeminal neuralgia for the first time in many years." She herself has reduced the allopathic drugs. She received *Prunus spinosa* further. She was seen often and she was free from depression, fully well, again to "good old one".

On 16.5.2000 consulted for an infection - flu. She had cyanosis of the lips which was not there earlier, and also dyspnoea. *Laurocerasus*, the botanically related medicine, was given in C6. She recovered within a week and she then went back to her *Prunus spinosa* pills. During my vacation she had an intestinal infection which was relieved by self medication of *Nux vomica*.

I met the family frequently and until May 2001 she was in good health and cheer. Considering her age this result is particularly valuable.

8. *Verbascum*

SCHOLTEN Jan, STOECKL-GIBS Susanne (DH, 20/2000)

There is a proving of this remedy by HAHNEMANN. Two cases from Alex LEUPEN.

1. March 1995: 26-year-old girl student, post-herpetic neuralgia. Pains radiate from left ankle to the left knee and thigh; Burning, could find a comfortable position in bed only with difficulty. In October 1994 she suffered shingles in the popliteal space and in the left calf. Burning pain, worse from light touch. Severe weakness was peculiar; Herpes zoster followed this. She could not keep her eyes open. Heavy eyelids.

Detailed case taken. *Causticum* 200. There was improvement of psychic symptoms and energy state was also improved. The neuralgia however was not better.

Second prescription: *Verbascum* 200 because of the left sided neuralgia and the theme "should not wash dirty linen in public". The neuralgia went away within few days.

D.D.: *Chromium* (Perfectionism and the clean facade)

2. A boy with ear inflammations and bed-wetting. August 1995: Seven year-old boy with ear

inflammation and bed-wetting. Inflammation both ears, worse blowing nose and frontal headache simultaneously. Coryza (Colorless mucous)

Temperature 38.8°C.

Quarrels with his 5 year- and 7 year-old elder brothers. He then becomes dull and lies down for long. He is a thinker: reads and occupies himself with words. Loves reading. Within few weeks reads six books. Precocious.

"I am the best in my class"

Can play alone

He is foresighted, sees risks, not a hero.

Much fantasy. Fear of animals and big dogs. No fear of darkness or thunder. Makes earthen candle-stands and sells them.

Intelligent, discusses with his father.

Other generals, aversions, desires, temperature relations etc . were all examined.

The combination of ear inflammations and bed-wetting recalled to mind *Verbascum*. Striking symptoms is the shame of bed-wetting when he spends overnight somewhere else or when he goes on travel with his class. "One should not wash before others one's dirty clothes".

Verbascum 200.

Follow up four years: No ear inflammation, no cough. The bed-wetting also had stopped within few months of taking the medicine. The medicine was prescribed only once and there was no repetition.

3. A boy with headaches: 11-year-old boy with headaches. His mother said that he had jumped into shallow water and hit his head on the floor and the headache came on after that.

The headaches are stitching, on the left. Left eye tears, left nose flows. Some days he has it thrice in a day. Appears suddenly, goes off slowly. Sun and light aggravate. Allergic nasal complaints.

As baby eczema (joints of the limbs) and hyperactive.

Problems of sound sleep, wept much.

As a child much ear inflammations.

Bed-wetting upto 8 year-age.

Even on the first day after his birth, he raised his head.

Very curious. Even as a small child he fitted radios and buzzers. Played computer games.

Restless. Moved his legs under the table.

His father was alcoholic; separated; his parents had much quarrels. He found it difficult to talk of it to other children and also about the separation of his parents.

Analysis: Left-sided headache with lachrymation and running nose; past history of bed-wetting; Family problems and he found it very difficult to talk of it with his friends.

Verbascum 200 (DD: *Spigelia* and *Magnesium*)

The complaints disappeared after this. In the last 5 years the medicine was repeated 5 times. Despite *Natrum muriaticum* 200 headache and vertigo after his father's death. *Verbascum* helped this too.

9. ***Thuja*** – the Tree of Life, the Tree of Death
NORLAND Misha (HOM, 82/2001)

This study of ***Thuja*** is based on interpretation of the feelings and dreams expressed in the symptomatology of *Thuja*. A case is presented and discussed.

10. Proving of ***Neptunium muriaticum***
LUSTIG Didier, REY Jacques. (AH, 8/2002)

A so far unproved substance, a constituent of matter – atoms. This proving was done by French Homœopaths in 1998. The detailed methodology given by Jeremy SHERR was the guidebook. Twenty provers took part. 316 symptoms of about 61 are under 'dreams', and 36 under 'mental'. The symptoms reported by the 'placebo' group have been left out [thank God!=KSS]. The full Proving is interesting and we have a very important remedy in this. [The symptoms reported in this will be put in the QHD for the benefit of the readers here.=KSS]

11. Proving of ***Meteorite***
GRIMES Melanie (AH, 8/2002)

This is a proving of the Allende Meteorite. A 'Meteorite' is "a natural object of extraterrestrial origin that survives passage through the atmosphere". The Meteor used in this proving is 4.6 billion years old. It contains space gases and elements that predate our sun and our solar system, including Carbon 70, microscopic diamonds, and amino acids not found on earth. It is the least radio-active substance known to exist.

This proving also has more 'mind' and 'dreams'. The provings are not numbered. [This too will be put in the QHD = KSS]

12. ***Agaricus*** as a Children's Remedy
ANAND Sunil (SIM, XV,1/2002)

A small study of the remedy *Agaricus muscarius* in children with the important repertory rubrics.

13. A History of Syphilis
EMMONS Candice (SIM, XV, 1/2002)

This is a brief history of Syphilis which is both fascinating and obscure.

14. *Ilex paraguaiensis*-mate – A Homœopathic Proving
PAOLELLA, Manrizio & DOMINICI, Gustavo (HL, 14, 2/2001)

This article publishes the result of a proving begun on 14th January 2000, and carried out by a group of first time Provers. This synthesis was published because the results were so surprising that they astounded first and foremost. The success is due to the special, particularly scrupulous work done preparing for the proving. In the opinion of the authors the data obtained are sufficient to justify prescribing the substance tested. Other Proving groups may be encouraged further.

15. A May flower – ***Epigea repens***
TAYLOR Will (HT, 21, 5/2001)

Epigea is a small remedy and the only recorded proving is a fragmentary one, by Charles MILLSPAUGH. E.M.HALE incorporated three symptoms from this proving in his book: Burning in neck of bladder when urinating; tenesmus of bladder, after urinating; and increased flow of pale, limpid urine. He added to these, the clinically obtained symptoms: urine with bloody sediment; urine containing mucus and pus; Dysuria, from various causes; and discharge of small brown particles resembling fine sand. An illustrative case is given in which 5 drops of mother tincture (no potency was on hand), every two hours and after 4 doses the patient passed large amount of grand with subsequent relief. Laboratory analysis revealed the grand.

16. ***Euphrasia officinalis*** – Eye bright.
TAYLOR Will (HT, 21, 6/2001)

The habitat of the plant, its mode of preparation, indications are given, illustrated by a hay fever case treated by *Euphrasia*.

17. ***Calendula officinalis***
TAYLOR Will (HT, 21, 7/2001)

Introduced by Karl Fraz in to Homœopathic **Materia Medica**. The history of the plant along with its indications are given and illustrated by a case.

From T.S.HOYNE, Clinical Therapeutics (1878): "A boy, aged ten, fell down stairs, his chin coming in contact with a chair standing upon the landing at the bottom of the flight. The lower lip was divided, and a deep incised wound made in an oblique direction for three inches, to the angle of the jaw. There was not much hemorrhage, considering the extent of the injury. Five sutures were required to draw the two sides of the wound into apposition. A pledget of lint, soaked in the tincture of *Calendula*, was applied and although the whole of the lower part of the face was much ecchymosed [bruised] from the force of the fall, the wound healed by the first intention, and has left but a slight linear cicatrix, which is scarcely discernible at a short distance from the lad. We have no doubt that plastic surgical operations would be more generally successful if this preparation were more generally used."

18. *Hura braziliensis*

WILCOSKY Evann (HT, 21, 8/2001)

Seminar review: *Hura braziliensis* has a history of use in the treatment of Leprosy. According to Dr. TODD Rowe, the biggest disease today is not being wanted. The theme of *Hura* is mother – child bond and its being broken.

Some of the physical and mental symptoms are presented with some central themes such as forsaken and isolated feeling; sadness and sensitivity and an inclination to weep.

Hura may also be useful in helping a parent deal with the loss of child. Skin ailments that appear after the loss of a child may indicate the use of *Hura*.

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III. THERAPEUTICS

1. Unkontrollierte Niedrigpotenzeinnahme mit letalem Ausgang (Uncontrolled intake of low potencies with lethal outcome)
REITER Christian and ABERMANN Christoph (ZKH, 46, 1/2002)

The general opinion amongst homœopaths is that homœopathic remedies do no harm even if taken in larger doses. In this article the opinions of well-known homœopaths regarding the harmlessness of homœopathic remedies are discussed followed by a case demonstrating the lethal outcome of an unintentional remedy disease.

Possible conclusions from this case are also discussed.

Attention is drawn to §§ 128, 276, 273, 274.

2. Psoriasis

EICHER Roland (AHZ, 247, 3/2003)

26 year-old patient consulted on 4 November 1996 for his Psoriasis in the naso-labial, chin, cheeks, eyebrows and finger joints. Cold, sweaty hands. Blood Pressure, 105/65 mmHg. History of Psoriasis in the family. Has consulted many dermatologists over 8 years. The only inconvenience he had was the constant desquamation, the cracks. He could give no modalities.

Careful enquiry of his personal disposition gave valuable symptoms. *Sepia XM* one dose was given.

Review on 19.1.1997: much better; there was an initial aggravation. He felt better in respect of his other symptoms too.

Review on 21.7.1997: skin completely normal!

Last consultation 23.3.1999: Remains very well.

3. Diabetes Mellitus cured by Homœopathy.

ARMIN Ruhul (HOM, 79/2000)

The author in his discussion of the case has said that he has used two types of medicines - one the pathological medicine which acts directly on the disease and the other, the potentised constitutional medicine which acts on the vitality to arouse its strength lowering susceptibility and excluding the pathological condition of the body (according to the **Organon**).

He has used *Ignatia 1M*, *Phosphoric acid 1M*, *10M*, *Sulphur 200c* in split doses at various intervals along with *Syzygium*, *Gymnema sylvestre*. [I am bewildered that this article has been considered worthy to be published. The only lesson we have to learn from this report is how we **should not do** = **_KSS_**].

4. Martin – Sechs Jahre homöopathische Begleitung (Martin – Six years homœopathic attendance) FLICK Reinhard (DH, 21/2001)

2 May 1995: Martin, 35 years. Skin problems since years. He suffered with pimples, terrible itching, then large red spots and finally oozing. The skin ailment came on for the first time in 1988 as large blister in the spot where he had a cholera vaccination, in the left upper arm.

He gets pustules when he comes into contact with sea water, which goes off when he keeps off

contact with sea water for two days. Has had frequent gum inflammation; teeth have been extracted.

He was very thin upto 7-year-age. After a Scarlet Fever he ate more and since then adipose. He bore cold well. Cheerful, likes sweet, meat, milk, eggs and fat particularly. Much thirst (at least 2 litres). Until about some months he smoked upto 70 cigarettes a day. In summer he took showers thrice a day since his own body odour disturbed him.

He is a manager in a piece goods unit acquired from his parents. He thinks that he is not a good tradesman, because when the people have less money he allows much rebate, fritters away, wastes much, gives away money easily. He gambles. He has fear of bankruptcy. He 'collects' much. Married and has two children, relationship is good.

Following symptoms in favour of *Sulphur*:

- Warmblooded, thirsty, perspiration
- Body odour to which he is sensitive
- Food desires – fat, meat, sweet
- Collections, frittering

Sulphur 200, M, XM at varying intervals upto December 1996. then *Calcarea sulphurica* 200, M, XM then September 1998 *Mezereum* 30; again *Calcarea sulphurica* XM and then *Sulphur* LM6. In 2000 his condition was stabilized with *Calcarea sulphurica* CM. He has no more complaints.

This case taught a lot with regard to treatment of a chronic disease, how to go with the follow-up medicines to carry the healing further onward.

5. Spastische Bronchitis, rezidivierende Infekte – eine chronische Geschichte mit gutem Ausgang (Spastic Bronchitis, recurring infections – a chronic history with good result)
GLÜCK Walter (DH, 21/2001)

Z. St. date of birth 24.12.1984: First consultation on 3.7.1989: delicate child, ailing since years, subject to recurring infections. April 1988 operation for Phimosis, in July 1988 Adenoids after he had ENT infections. Since Meningitis in 1986, then Pneumonia, he was not well. Since 14 days after an infection his extremities were blue, cold, was apathetic, red and hot, lastly fever, then a life threatening situation with hospitalization.

Since then, the chronic ailments:

Nose stopped most often, watery discharges, a chronic, constant cough, in the evening on lying down. Frequent fever, worse before midnight and damp night. Thirstless during fever, wanted to be covered, cold extremities with a red head. In June 1988 he had a throat inflammation, high fever, rattling in the night and rattling cough. His appetite

is varying and even on healthy days very poor. He likes spinach, soups, sweet, noodles, eggs; much thirst for fruit juices and mineral water. Aversion to milk.

He is disposed to become ill from cold, chills, cold weather. Sometimes he gets red flecks on the upper arms. Sweats less, he covers his ears in the night in bed. Sweats on head during the afternoon siesta, also on the body. He is introvert, alone happily. Fear of animals, dogs. When he faces problems he becomes sad and weeps, becomes angry easily. When ill he is quiet, won't be alone, very tired and sleepy. Jealous of his brother, knocks him in anger and breaks his things.

On 8.6.1989 he had again sinusitis, ear pain in the mornings, the family doctor gave antibiotics. Chronic cough from 22.6.to 2.7., evening fevers, dry, barking cough worse in evenings while lying. Mapped tongue, enlarged tonsils, cervical glands. Umbilical region sensitive to pressure. *Tuberculinum* XM.

Until 5.10.1989 on placebo although there were many complaints, and then *Ferrum phosphoricum* 12. On placebo until 28.1.1992 and then repetition of *Ferrum phosphoricum* 30.

3.5.1993: *Phytolacca* 12

25.4.1994: *Dioscorea* 12

29.6.1996: In these years his health appeared to have stabilized, and now some complaints. Since *Ferrum phosphoricum* had helped him all along I searched for an iron-related medicine. His present symptoms contained elements of muriaticum and therefore I prescribed *Ferrum muriaticum* XM which brought about total results.

Some important aspects of *Ferrum muriaticum* (clinically confirmed) are given hereunder (ref. CLARKE):

- Right sided
- Introvert, quiet
- Stitching sensations
- Headache in the forehead
- Right shoulder
- Weakness-anaemia – vertigo while waking, sitting up from lying
- Poor concentration – day-dreaming – no motivation
- Pale face – eventually red cheeks or red flecks on the cheeks
- Dry mouth, coated tongue, lack of appetite, particularly in the morning.
- Desire or aversion to sour, eggs, meat, capricious appetite
- Cough with stitches in chest
- Pain of extremities, worse nights and while moving

- Light, restless sleep
- Acute: fever – dry, wish to be uncovered, alternating hot and chilly, burning and cutting in the throat.

4.10.1996: Since two days: Hoarseness, slight cough when breathing deeply, stitching here and there in the chest, mucous in throat. Began with coryza. Cannot lie while coughing, must sit up. Fresh air better. Placebo. 5.8.1997: Skin eruption flecking red, since a week, in both axillae and upper arms; burning, itching, worse in evenings and night. A part of the efflorescence is wet, yellow, sticky discharge. The skin eruption was better from hot water. *Rhus toxicodendron*.

Until now well in all ways.

6. ***Thiosinaminum***: a case
BOHLE, Maria T. (HOM, 81/2001)

Most of what is known/experienced about this remedy is its action on scar tissue. This case shows that ***Thiosinaminum*** brings about deep changes.

7. To Hell and back
THORLEY, Anna (HOM, 81/2001)

The author shares with the readers something of the stories of four women at different stages of life that she had accompanied through the experiences of hell of these women. Each was surprised at what she found there. By way of what happened they all eventually re-entered their lives with a sense of renewal. All of them received homœopathic support at some time. The conversations between the author (a Psychotherapist) and the patients in the consulting room were a vital ingredient of the remedy.

There are valuable 'insights' in this article. ["Change that comes by way of manipulating outer circumstances, is doomed to failure, unless we attend to the roots of the dilemma at an inner level, our approach to life." It is a question of how we live, not that we 'fight' the disease and 'somehow live', = KSS]

8. ***Ignis alcoholis***: a case
RIEBERER (HOM, 82/2001)

44 year-old woman with severe mood swings, depression; obsessed with 'health things'; of fire, can't look at burnt things. Her brother's death was a 'crisis'

Opium, then *Stramonium*, *Nux moschata* and the patient improved on several symptoms. However, the patient had not got over her fear of

fire; and recently she has been involved in three incidents with fire.

Nuala EISING's proving of ***Ignis alcoholis*** (Fire) was carefully read and a dose of *Ignis alcoholis* 30 was given and she made very good progress. *Ignis alcoholis* 200 later and needed no more remedy.

The 'themes' of this remedy are given.

[The patient was cured; but 'potentising' Fire! Is not fire by itself potent enough. And how and which 'Fire' does one potentize? While a spark of fire will burn and destroy, a fraction of a spark in the tiny globule heals! Lo! The Spirit of Homœopathy = KSS].

9. I love my work
LECKRIDGE, Bob (HOM, 82/2001)

Ten year-old girl with complaints of convulsions since her third birth day. She had Grandmal as well as Petitmal seizures, some days as many as 300 absences in one day. At 15 months age she had MMR vaccination and then had an episode of her eyes rolling back about two or three days later. The current bad spell began with an ear infection. Exposure to sunlight made her feel tired; worse under fluorescent lights. Easy perspiration, and has sweaty, smelly feet. Very fearful, cannot be alone at any time. Was very clingy to her mother. Real phobia about thunder and lightning.

Repertorisation gave *Gallicum acidum* at the top and then *Strontium*, *Hyoscyamus*, *Lycopodium*, *Calcarea carbonica*, *Natrum muriaticum*, *Arsenicum album*, *Medorrhinum*, etc. within the top remedies were also *Belladonna* and *Lyssin*.

According to Massimo MANGIALAVORI there are "family" remedies (which need not all be from the biological/botanical family). He teaches *Gallic acid* as in the Solonaceae family. He presented a case in which a patient in his late 40s who was never able to be alone was cured by *Gallic acid*.

In this case of the ten-year-old girl *Gallic acid* 30 was prescribed and she could be alone on two-three occasions; and after 200 potency there were no major seizures at all; is still having absences but they seem to be definitely less. Much less clingy, and is going to bed by herself every night. Over 18 months she is free of Grandmal convulsions and still has occasional Petitmals.

10. A case of ADD and Dyspepsia
WEINER Gary (SIM, XV, 1/2002)

A 22 year old woman, had attention problems as a child, worse over years. She complained of

difficulty relaying what was being said to her and putting it down on paper. She did have difficulties understanding what she was reading due to easy distractability. I can remember if it is conceptual but not the facts.

This was worse since her mother passed away. She had not completed grieving for her mother. Since then "Part of me has put up a wall between me and people".

She had never recovered full digestive function, while *Antimonium crudum* helped. It was worse after eating any starches or acids. She stepped on other's people feet, spilled things.

She is shy. Her parents divorced when she was five and stayed with her mother. She was a tempestuous child, so angry at her father for not being there and she took it out on him. In general, she was a perfectionist, averse to criticism and preferred to be alone. She has lot of dental cavities, bruised easily and experienced regular vaginal yeast infections.

Analysis: Stomach; Disordered

Mind; Timidity, bashful, awkward

Mind; Anxiety, speaking, when.

Extremities; Awkwardness, lower limbs, Stumbling

Mind; Delusions, division between himself and others.

Natrum carbonicum cured.

The author has discussed the analysis and differentiation of remedies and the follow up. (*Nat-carb.*, *Nat-.r.*, *Ant-c* and *Sil.*

11. A case of Fibromyalgia

WEINER Gary (SIM, XV, 1/2002)

41 year old Asian-American female had excruciating back pain getting worse and worse since one and half years.

The onset had been 3 years earlier. She had been swimming in a lake, and the next morning was 'stiff as a board' in bed. "It's like being paralysed. I cannot move; I get stiff. For a few seconds it feels like a hundred tons of weight on the neck and lower back and like pins and hot needles."

The patient jumped from symptom to symptom and everything could be organized around her menses.

Before the periods, ever changing wandering pains. During the periods, pain was consistent from month to month. After her menstrual period, she was left with extreme fatigue and dizziness until one or two weeks before her next period.

She reported severe menstrual cramping since her menarchy and had history of diagnosed uterine fibroids and intermittent ovarian cysts.

She had taken host of other medications including anti depressants. Her first marriage ended unhappily. Many of her health problems began after this divorce and the gradual estrangement from her son. She liked to be comforted when in pain and was better with consolation.

She had abundant skin symptoms. Every month she broke out in blisters on her foot. Doctors called it chronic athlete's foot. She used a lot of antibiotic creams regularly. She also got a lot of boils on her face and neck that left brown stains behind.

Analysis: Extreme loquacity – she could hardly finish a sentence. There seemed to be an aetiology of disappointment and grief hysteria.

Certain points in case were clearly outstanding.

- The changing, wandering quality of the pattern
- The clear aggravation during menses and amelioration after menses
- The quality of heaviness and stiffness in parts, especially the cervical spine.

An initial repertorisation led quickly to *Cimicifuga racemosa*, which was given in 200c.

A single dose in the office and 12 c daily, until clear reaction, which was influenced by Drs.ULLMAN and REICHENBERG-ULLMAN in giving a daily low potency dose of the remedy for patients who continued to take allopathic medications.

A week later, the patient had experienced extreme symptoms, worse than usual. As this is an aggravation, *Cimicifuga* 12c was stopped and naturopathic palliation was done and weekly gentle physical therapy.

Ten weeks later, overall pains decreased by at least 50% vaginal discharge had increased remarkably since starting the remedy.

- to resume *Cimicifuga racemosa* 12c single dose daily.

In the follow up given for 2 years naturopathic palliative treatment was given intermittently and *Cimicifuga* M once.

Comments: [What happened to the specific complaints for which the patient consulted first? Where is the justification for repeating 12c daily for weeks and months. Is this a 'gentle' 'rapid' method? Are not all the contrary to the **Organon**? What lesson can one learn from this? = KSSJ]

12. A case of headache

KREEMER Barbara (SIM XV, 1/2002)

32 year old female was referred by another doctor who has given *Pulsatilla* 30c one dose for her headaches, fatigue and frequent colds.

The patient came almost 3 months after the first prescription with headache for a week off and on. The headache is frontal, going over the top of the head, comes and goes, worse from movement. Felt better after the remedy, but it was subtle.

As it was not apparent how much *Pulsatilla* helped, *Pulsatilla* 200c one dose was given, and also referred to a chiropractor, who noted decreased range of motion and did an adjustment.

3 weeks later, no reaction to this dose of *Pulsatilla*. Access to the previous doctor's original notes indicated love of nature, animals and chocolate. She is quiet and shy. Fear of losing people. History of constipation, current insomnia and family history of TB and Cancer. *Carcinosin* 200c.

Gradually improved. In the follow up of 18 months given, *Carcinosin* 200 was repeated when there was a relapse and then *Carcinosin* M.

In the meanwhile she was diagnosed with Grave's disease which also became normal clinically and also the lab values.

13. LM Potency and Case Management

LITTLE David (AH, 8/2002)

In the earlier numbers of the QHD we have given few (full) articles about LM potencies and their application. David LITTLE has been one using these potencies extensively; there may be others but only David LITTLE has been communicating his experiences through journals.

In this article which is one in the LM 'series' David LITTLE discusses a 'case of congenital Hydrocephalus' treated with LM potency. The patient is a 2 year-old girl, Jane, who had already undergone at 6 month-age an operation for shunt in an attempt to drain the fluids from the brain.

The child was treated with homœopathic remedies in LM potency and in a five year follow up the child remains healthy in the true sense. The author discusses in great detail the **Organon** and the **Chronic Diseases**, aphorisms with particular reference to this case. The case was treated in layers. He says: "The symptoms of the spirit, intellect and emotional disposition" would point to the remedy "but without a solid foundation in homœopathic pathology the case management and remedy selection would suffer." A very educative

article. [Here is **genuine Homœopathy** that would warm the heart of a LIPPE, unlike the one in SI. No.11 above. We want more such studies = KSS.]

14. Prescribing according to the 5th and 6th Editions of the **Organon** – using LM potencies and other liquid Remedies so speed the rate of cure
WALDSTEIN, Steve (AH, 8/2002)

This is a very detailed and genuine lesson on the two modes of homœopathic medicinal applications - the Centesimal and 50 millesimal (the Quinquagintamillesimal - the Q scales) of potencies. It is also about the 'dry' doses and the 'medicinal solutions'. The author points out that the 'dry' dose is in accordance with the **Organon** 4th edition. In the 5th edition HAHNEMANN has said that dissolving the remedy will improve its action, that succussing the remedy prior to administration will strengthen and activate the remedy, **and such succussion and then administration will allow more frequent repetition of the remedy in cases where such repetitions are warranted.** What has happened and still in practice mostly, is what KENT taught – i.e. the dry dose as in the 4th edition. Shall we say that because KENT did not teach the medicine in solution although it was given in the 5th edition that we follow the dry dose method still? The general world of Homœopathy simply did not know it. Evidently most of us have not read the **Organon** 5th edition carefully enough. Most of us have skipped the **Organon** and followed whatever was taught by source. Even after the availability of the **Organon** 6th edition the majority of homœopaths continue the technique of the 4th edition! Only when we came to read articles repeatedly appearing in some journals that some of us sat up.

In this article Steve WALDSTEIN has discussed correct method of applying the medicinal solutions for the centesimal as well as the 50-millesimal (also known as the LM, the Q potencies). He has given step-by-step methodology.

15. News from France

SCHMITT Frédéric (AH, 8/2002)

French homœopaths, with few exceptions, receive an education in Homœopathy founded on pluralism. The author was fortunate enough to study with Dr. Édouard BROUSSALIAN. He also learnt from David LITTLE through his published papers in the Internet, particularly the liquid medicinal solutions and the LM potencies as practiced by HAHNEMANN; also the impact of the

quantity of remedy (number of granules put into the liquid solution) and also of the number of succussions to the bottle before taking out a tea-spoon. Dr. SCHMITT and many of his colleagues were also introduced to the microfiches corresponding to HAHNEMANN's Paris Note books. It was seen that in many cases HAHNEMANN prescribed in liquid solutions.

BROUSSALIAN speaks of his method of giving LM potencies: Two granules of the remedy to be diluted in 250 ml. of plain mineral water in a 500 ml. bottle (half empty); the patient takes one tea-spoon diluted into a glass of water; the bottle is succussed one or several times as required before the remedy is administered.

16. "I feel like a wounded Animal" – A Case of
Lac lupaninum
GILRUTH, Charlotte (AH, 8/2002)

The author opens the article with the statement that this case is a 'breakthrough' in her practice. She says that it trained her to see with new eyes who her clients truly are, and to hear with new ears what they are saying.

The case is about a man who presented with physical complaints: pain and fatigue in muscles in areas previously injured by lifting weights, aching feet, motion sickness, dizziness if he does not eat regularly, ringing in ears, Hay fever and allergies. He pleaded "lift my spirits please". His detailed story revealed that he loved nature and animals very much and he related mostly to wolf. Throughout his life so far he has worked hard, from 10 year-age; has faced an abusive, violent step-father. He was completely identified with animals and woods. The author says that his story reminded her of the proving of *Lac lupaninum* (wolf's milk) and when she referred to the 'proving' she found that it was indeed the simillimum. This remedy cured this patient.

The remedy was given in 200 potency mainly. What is not understandable in this as well as in many cases reported are these questions: how many time can one repeat the same potency. Here the homœopath has given it in 200 thrice, once a month, dry doses. Then she gives it in water solution, one dose every month, each time to be succussed six times (she had just taken a course on LM potencies and the liquid doses). This 200 in water continued upto seven months follow-up. Then he gets dizzy spells and the *Lac lupaninum* 200 is repeated in water, repeated twice in two months. For a bad relapse then he is given the remedy in same 200 potency at two weeks interval

and it is continued for two months. And then his "sadness and emotional pain are resurfacing" and therefore he is given the same remedy in 30 in water. The patient remains well!

[What can we say about repeating one potency so many times, when HAHNEMANN warned against repeating the same potency? And lastly from 200 to 30 and it removed the emotional problem and patient remains well! What can one learn from this particularly when the 'references' at the end in which five out of six sources are about wolves! = it all makes one dizzy and more confused. What would another homœopath who had no access to the *Lac lupaninum* proving or books on Wolves, Eagles, Snakes, Dolphins or Rajan SANKARAN's interesting books, but who has his **Guiding Symptoms**, BOGER, NASH, H.C.ALLEN, DUNHAM AND LIPPE, do in this case? = KSS]

17. A Different *Capsicum*
POPEN, Andre Y. (AH, 8/2002)

36 year-old male with complaints of severe itchiness but was very shy and did not like to talk about it. He always moved and did everything quickly and was precise in his movements. Lot of business pressure. Hard to fall asleep because of thinking all the time about his business. Mood swings. Keeps his emotions inside. A 'closed' person. Low backaches. Warm-blooded. He gets hungry at night. He may then eat something sweet. He can't have green pepper. He likes Cayenne pepper and adds a lot of Cayenne pepper. Likes very spicy food. He says that he never had nostalgia. The author discusses *Capsicum* in reference to VITHOULKAS' **Materia Medica Viva**.

Capsicum LM 1 cured!

18. Homœopathy and the Whole Person
GABLES Nancy (AH, 8/2002)

Four cases of Trauma from the Sept.11 crisis. 35-year-old woman who lost her husband, a fire-fighter, in the World Trade Center tragedy. She has two boys, age 3 and 18 months. She is constantly sick. Her case called for *Opium* 30 first and later *Magnesium carbonicum* 200 repeated once.

2. 46-year-old woman who lost her brother in the WTC tragedy. She was terribly exhausted. She has no appetite, wear chest. *Phosphoric acid* 30

3. Male firefighter with 20 years' experience. He was involved in the rescue operations in the WTC tragedy and a month later rescue operation in an air crash in Belle Harbor. Very anxious sleep. Extremely restless. Tormented by the sights of

body parts that he has to dig through at the "site". He trembles when he has to go to work. *Aconite* 200.

4. 38-year-old woman was unable to go to work since the WTC disaster as her building over-looks the site. There was always violence in her family; abusive, alcoholic father; violent neighbor-hood. Has witnessed violent happenings before. Constipation. *Opium* 30.

19. Sept.11th: Acute Cases

SHERR, Jeremy & QUIRK, T. (AH, 8/2002)

50 year-old woman who witnessed the WTC attack on the TV panicked and took several doses of *Aconite* for anxiety and sleeplessness. She still had sleeplessness, still in shock over what happened, she keeps thinking of the incident. Feels her brain is working slow. Feels her body is so heavy. Thirstless. *Gelsemium* 200. Within few hours she felt that she was waking up. Felt lighter. Trembling and headaches are gone. (Jeremy SHERR)

40-year-old woman. She watched the airplane crashing into the WTC building. Can't get the scene out of her mind. Every time she hears an airplane she feels anxious. She saw all around posters of people missing. Felt so bad for the families of these missing and dead. Mind just doesn't work. Bouts of dizziness. Just want to sleep. *Gelsemium* 30 two doses in four hours. Well. (T.QUIRK).

20. A Case of Insomnia and Recurrent Respiratory Illness.

KREEMER Barbara (SIM, XV, 1/2002)

A young lady with complaints of insomnia and fatigue for the last ten years. Also susceptible to flus which take a long time to resolve, and often involved sore throat, sinus congestion, bronchitis, or ear pains. She described herself as very musical, rhythm-oriented, always tapping out rhythms. She always wanted 'balance', hated liars. She had fear of not pleasing. If someone says 'Good job' then she felt that she had to be good or perfect all the time. She wanted to be at the top to be noticed. Pre-occupied with her appearance. *Palladium* 200. After an year-and-half repeated for mild relapse. Two years follow-up: remains well.

21. Premenstrual Migraines

ROTHENBERG Amy (SIM, XV, 2/2002)

A Case presented at 15th Annual HANP Case Conference, Seattle, March 16-17,2002.

She makes two points at the beginning: 1. to be open to any possible remedy, not to get stuck on what remedy it might be, could be, or should be, 2. to stay with remedies when it seems they're doing something, otherwise we'll lose the good action of the remedy, 3. not to stay too long with a remedy if it isn't doing anything, 4. Case taking, so that when it is finished you have understood the person, 5. every symptom is context-dependent, 6. Observation and ascertaining why the patient is doing what you have observed him/her doing. She gives an example of a patient who sat holding her purse tightly, not because of fear or anxiety but because, she said when asked, that she had memory problem and has lost wallets; she doesn't want lose any more, by keeping her hands folded on the purse she hasn't lost a wallet. 7. To be perceptive, 8. we can treat pre-menstrual migraines with good and lasting results.

Two cases are presented in detail to demonstrate the teaching.

22. A Case of Not Enough Food or Love

FINE Howard (SIM, XV, 2/2002)

This is based on a presentation at the 15th Annual HANP Case Conference, Seattle, March 16-17, 2002.

47-year-old woman with complaint of dizziness. Single mother. Lot of allergies in the family. From 15 to 25 year-age, bulimic. Poor and hence poor eating as kids "My parents had nice house and car but did not buy much food". Spastic colon for years. Had signs of Hypoglycaemia. Stomach feels full of acid. Protein feels better. Need three full meals and snacks. Most prevalent feeling is heaviness, a detached feeling, like can't access own brain, it's fuzzy. Went to a psychic healer and since spastic colon better. Always low blood pressure. Now experiencing dizziness. Having lot of hot flashes at night especially. Hot flashes and dizziness worse turning over in bed, worse lying. Tends to be a perfectionist. Works very hard. *Conium maculatum*, then *Magnesium iodatum*, then *Sepia*, then again *Magnesium iodatum*. Period of treatment: March 1999 to Mid July 2001.

23. The Art of Sustaining Change

SILVESTRI Ken (SIM, XV, 2/2002)

The dialogue between the homœopath and the interviewee is a systemic process. Sustaining change is possible if one accepts the systemic basis

of nature and the nuances of its possibilities. We constantly move out of balance. We must identify the awareness of exciting influences, and the altering of disease states from the life context of the individual.

The case of a 60 year-old man who complained that he "is always anxious", is presented. The remedy was *Lycopodium*. The discussion of the case in the light of the **Organon** and expositions by David LITTLE is interesting and instructive.

24. The need for the correct sequence of remedies
VITHOULKAS, G.
(HOMŒOPATHY, 1/2002)

18 month old boy, presented with severe eczema and malabsorption (coeliac disease). During pregnancy mother had many physical and psychological problems. Cord around neck at birth. Retarded growth, gets cold very easily. The child had DPT and later BCG immunization and subsequently developed eczema. Family history of Tuberculosis. Child cannot tolerate gluten in any form.

Generalized eruptions except in the nappy area. The eruption is itchy and he scratches until he bleeds. Itching < undressing⁺⁺⁺, < getting warm in bed⁺⁺. The discharge is sticky and honey like. Very 'clingy' to his mother, always miserable, nothing seems to cheer him up, cries a lot. Desires bananas and potatoes⁺⁺ and aversion to bread and apples. Better at seaside with improvement of skin. Hands and feet are always cold, sleeps on abdomen. Foggy, damp and cold air < his conditions. Grinds teeth⁺.

Previous homœopathic treatment:

Nat-mur. M which improved his sleep, mood and appeared happy for a while but then plateau'd.

Puls. M caused improvement only for a week.

Dulc. LM 6 and LM 30 in repeated doses helped only for a few days. *Calc.carb.* in low potency without result.

Graphites and *Medorrhinum* were considered. *Tuberculinum* 30c was prescribed on the basis of grinding teeth, family history of Tuberculosis, ailments since Tub. Immunization; difficult and dissatisfied child, desire for potatoes and bananas.

15 weeks after: There was a severe < of skin lasting till now. His behaviour, sleep, tendency to colds and grinding teeth were better. Still aversion to bread. Scratches until he bleeds, thirstless and desires cold food. Now *Puls*. 30c given.

1 year later: The eruption disappeared soon after *Puls*. The child now could eat bread.

Prescribing different medicines in a haphazard way, even if the medicines right are included will

not result in a real cure. There must be a correct sequence. This rule almost invariably applies in severe chronic conditions. The guiding principle in such cases is that the first remedy must represent those features/the totality that presents most vividly at the time. Where there is a clear causative factor that also relates to other features of the case, this will strongly influence the choice. After this treatment the child started to develop acute illnesses which responded to *Kali sulph.*, a medicine complementary to *Pulsatilla*.

25. Two cases of Pulmonary Tuberculosis
K.K.GOYAL, (HOMŒOPATHY, 91,1/2002)

Two cases of Pulmonary Tuberculosis treated with Homœopathy over a period of 2 years are presented with clear radiological and microbiological evidence of improvement.

26. Case of *Osmium*
OLSEN Steven, (AJHM, 95,1/2002).

Osmium is presented as the simillimum of a patient with depression, anxiety, mild obsessive-compulsive disorder, a digestive imbalance, constipation, and allergies. The remedy was determined because the patient finally said, "I worry I may kill someone." DD *Arsenicum* and *Alumina*. The symptoms and rubrics considered are given.

27. A case of Migraine
GUEKENS Alfons, (AJHM, 95, 1/2002).

The case of a 22 year old female with migraine headaches is presented. The headaches were the result of suppression of menorrhagia with oral contraceptives. Clear prescribing indications lead to the successful prescription of *Pulsatilla*. Especially interesting is the frequency of administration of the remedy in high potency and the favorable effect therefrom. This is a good teaching case from the author as he has discussed in detail all the symptoms and the corresponding rubrics with sufficient reasonings.

28. A case of Chronic Axillary Hydrodenitis
PRABHAKARAN, K. (HH, 27, 1/2002)

42 year-old female who developed small boils in both axillae 5 years ago. Antibiotics. Six months later recurrence persisting, with glandular swelling; discharging blood sero-purulent material. Took antibiotics without relief: then homœopathic *Merc-sol.*, *Hep.*, *Sil*. Without relief.

Winter Asthma during teens. Fibro-adenoma right breast, at 35 year age, operated. Mother was diabetic.

Worse in cold, dry air. Recurrent common colds. Cold perspiration. Loves spicy food, milk. Averse to coffee.

Cistus Canadensis 200 t.d.s. for 7 days.

20 days later *Cistus* 200 repeated for 2 days t.d.s. improved; few sinus spores remained open.

15 days later *Calcarea carbonica M*/one dose.

Remains well; eight months follow up.

[Why *Cist.*200 t.d.s. for 7 days? = K.S.S.]

29. A case of Acute Septic Axillary Lymphadenitis
PRABHAKARAN, K. (HH, 27, 1/2002)

Nine year-old female. Acute Septic axillary Lymphadenitis. Suffered a crush injury in right index finger, nail got detached. Severe acute pain, seven days later, axillary (right) swelling; high fever. Pains came on suddenly and ceased suddenly. Least movement aggravated pains, as if sharp needle pierced. When pain severe she cries that she was going to die. Even in sleep she repeated this.

Already undergone antibiotic therapy and as there was no improvement planned to incise and drain. Came to Homœopathy at this stage.

Appeared much afraid, toxic, anxious.

Nitric acid 200 four hourly for 4 days. Within a week completely relieved. [Here too why 200 – 4 hourly for 4 days? In what way do these cases educate anyone of us? THE FACT THAT PATIENT GOT WELL (9 YEAR OLD CHILD GIVEN *Nit-ac.*200, 24 doses – 4 hrly X 4 days) is no argument for the methodology = KSS).

30. Contributions of Homœopathy to Modern Management of Renal Failure
PAREEK, R.S., PAREEK Alok (HH, 27, 2/2002)

Gives a brief introduction to the subject followed by cases of acute renal failure successfully treated by Homœopathy. The statistics are impressive. Even in chronic renal failure the results are good.

31. Case of Gallstones

BILIMORIA, Pinky A. (HH, 27, 3/2002)

68 year-old woman with acute Gallstone colic (confirmed by USG); multiple calculi of varying sizes, largest being 7mm. For her acute pain *Chelidonium* which relieved much of her pain in two days. *Pulsatilla* her chronic remedy put her on the road of recovery. Subsequent USG revealed

reduction in size and number of gallstones, the largest now measuring only 4mm.

32. A Chronic case of Trauma

BANERJEE, T.S. (HH, 27, 6/2002)

14 Year-old boy with history of head injury about an year ago followed by sudden severe headache resulting in fit of fainting lasting 25-30 minutes. Restless, cross and irritable, quarrelling over trifles. Voracious appetite, unusual craving for sweets, demanding food at unusual hours. Dysenteric stools for last 3-4 days.

Nux vomica 200. After three days *Arnica M* two doses. Two weeks later only minimal improvement.

Natrum sulphuricum 200 two doses at interval of two hours cured. However his irritability and voracious appetite persisted. *Cina* 200. Remains well.

33. A case of Post-herpetic Neuralgia with Osteoarthritis
DHINGREJA Jayesh
(HH, 27, 4/2002)

77 year-old lady with Osteoarthritis of left knee-joint since many years. Developed now sudden pain left upper extremity. Pain < at night midnight to 0230hrs. restless with pain. Pains very much > during day time. She developed eruptions after which her pain and discomfort disappeared. No itching or burning of the eruptions. Her allopathic physician diagnosed Herpes Zoster of Ulnar Nerve and gave Acyclovir; Lesions dried up.

After this she developed excruciating pain in the left scapular region; pains worse after midnight upto 04.00 hrs. Worse lying right better on back. Worse warmth.

Lean and thin; desires fish, salad, warm food.

Eats very fast

Early menopause

Hurried; much worries about her children and grand children. Sympathetic to sufferings, weeps on hearing other's problems, especially of small children.

Urging for stool when anxious or frightened.

Causticum 200 on 29.2.2000 improved. Repeated on 2.11.2000 and 23.12.2000. Remains well. Full range of movements restored.

34. A "Tortured" Soul and A Taste of Tea

MORRISON, Roger (AJHM, 95, 2/2002)

Case 1: 43 year-old female, for post treatment for breast Cancer and on Tamoxifen, suffering from

right shoulder and neck pain and severe emotional distress.

History of stresses, abuses right from childhood; sad childhood. Brother was a sadist and tortured her. A Fibroid tumor was removed in 1997. Mild hay fever.

Cancer on both sides of family. Frequent images of war, torture and violence came up in her narration.

Rajan SANKARAN has said that the Papaveraceae group have themes of torture, war and violence as prominent features. Since *Sanguinaria canadensis* is well known for right shoulder pains and belongs to Papaveraceae family and there were many other symptoms which matched the remedy, she was given *Sanguinaria* 200c one dose and 12c daily, and three months later 1M and 12c daily. The 1M was repeated at eleven-month follow-up. 14 months follow-up: remains well.

Case 2: A case of Stage 4 Non-Hodgkins Lymphoma in a 41 year-old female. The illness began in 1995 when she was also very depressed and was put on anti-depressants. She began to lose weight, hair fall, became puffy below the eyes. By December 1995 she had lost 30 pounds and an X-ray revealed a football sized tumor in her chest. Was hospitalized in January 1996 and told that had three days to live. A thoracentesis brought out 2 liters of fluid. Put on CHOP and Cytosan. In October 1996 she had return of her right sided pleural effusion and her Oncologist thought that it might signal recurrence.

However, she consulted Roger MORRISON now. She felt that her energy was good and she felt great. She had two small children.

She had earlier been treated by Homœopathy for allergies, asthma and improved very well, until the Cancer came.

When her second child came in 1993 her husband was very sick. She had post-partum depression, a "black depression". Had no energy, felt guilty about her feelings. Her family didn't come through for her. She felt unconnected to the baby. *Sepia* given several times helped a lot. In 1995 she again relapsed into depression, began to resent the children because of the work they required. Rage. Felt she might kill someone. Feared going crazy. Antidepressants reduced her rage. Within one month of starting on antidepressants she began to lose weight.

She was overly responsible. Needed lots of freedom in her life. She had a hobby of 'Tea' among other ones like hiking, bird watching,

reading etc., liked mystery books and biographies, books on Buddhism and novels.

Thea was found under "Fear of Killing". When questioned she said that she collects teapots, tea servings, teas from all over the world. Her clients and friends who travel bring her tea from those places. "Tea is my time. It makes we feel calm and happy." She also revealed that she did have the feeling that "she might kill her child" when she was depressed.

She was given *Thea* LM1 because of impending radiation treatment.

In six weeks follow-up, pleural effusion was gone. X-ray showed no pleural effusion, so no Thoracentesis, no radiation. Her energy improved.

Nine month follow-up: CT Scan showed that her lungs were healing; Platelets and WBC also improved. Switched to centesimal potencies. Over the next 5½ year a few doses of *Thea* as high as 20M were given. There has been no recurrence of Cancer.

Six year follow-up: high fever, flu-like body aches. *Thea* 10M repeated and next day she was perfectly well.

Dr. MORRISON says rightly, that every case of obsession with tea may not call for *Thea*, but that it may make us carefully look at it. Symptom like this will help us.

35. And Homœopathy is Right – A case of *Chocolate*
MEIER, Dorte E. (HL, 14, 1/2001)

Male, born 1938 came in first in 1991 for treatment for a Chronic nasal obstruction on the left side, < lying in warm room. Could sleep only on the left side, with many pillows under head. The nose obstruction began five months ago after a quarrel with his wife when he felt rage. Woke up at night between 1.30 and 3 a.m., pacing up and down cold rooms for amelioration. He was better in the sun. strong desire for *Chocolate*.

36. Three generations long? Three cases of *Hydrogen*.
ASPINWALL, Mary (HL, 14, 1/2001)

Hydrogen was the remedy for three patients in one family, different generations. The author speaks of the 'theme' of *Hydrogen*. Remedies that 'look like' *Hydrogen* are: *Cannabis indica*, *Thuja*, *Cocculus*, *Sepia*.

37. The place of constitutional prescribing in Cancer treatment (An excerpt from a Homœopathic Approach to Cancer)

RAMAKRISHNAN, A.U., CATHERINE
Coulter (HT, 21,4/2001)

Dr.Ramakrishnan has primarily developed and refined the specific approach, he will also, whenever necessary, prescribe the constitutional remedy. Indeed, the two approaches (Constitutional and Specific prescribing) perfectly complement one another.

Six cases have been presented wherein he has used an organ specific remedy, a constitutional or a nosode, as and when required.

He summarises that regardless of how dramatic or sensational the results, the cases are so individual as to be of little taching value; remedies that helped one patient will not necessarily help another, even with a highly similar condition.

38. Fever and Homœopathy

DOOLEY, Timothy, R. (HT, 21, 4/2001)

Fever is actually a symptom, not an illness itself. And using symptoms to help heal an ill patient is what Homœopathy is all about. Symptom is an indication of another underlying problem. But it must be understood that the underlying problem does not directly cause the symptom, it is the reaction of the organism to the problem which causes the symptom. Appreciating this subtle distinction is basic to the Homœopathic approach to health care.

Indications of few common fever remedies are discussed.

39. Homœopathy for Migraine headaches.

HOOVER Todd, A. (HT, 21, 4/2001)

This is one of a series of articles addressing acute prescribing in Homœopathy. The author discusses the various types of headaches and their various aetiological factors and differentiates the remedies as to their side affinity, type of pain, causes, modalities and concomitant symptoms.

40. Goatman, the man with the Cloven Hooves –

A case of *Lac caprinum*

LOWE, Joan Scott (HL, 14, 1/2001)

These two cases are reported to confirm the symptoms obtained in the Holland 'Dream Proving'. We may find the proving of this remedy in Rajan SANKARAN's book **Proving**.

As is usual with the modern 'provings' the stress is on the 'Mind', 'dream' symptoms and of course 'signatures'. 'rubrics' etc.

41. Heat and Performance – A case of *Tungsten*
BEIJERING Frank (HL, 14, 1/2001)

In this article, one of SANKARAN's criteria, namely a feeling of order, led to the choice of a mineral remedy, even though many of the symptoms initially pointed in the directions of an animal remedy. Some clear psychological-characterological criteria of SCHOLTEN together with the intrinsic resemblance between the thermal properties of the element *Tungsten* heat as the most important symptoms of the patient subsequently led to a more precise choice of the simillimum. The article ends with a discussion of the miasm of *Tungsten*! [1. Ortega's miasm theory. 2. Sankaran's miasm theory. 3. van der Zee's miasm theory. Poor HAHNEMANN seem to be no where near these new masters! = KSS]

42. Desire to be of Service – A corral of *Lac equinum* cases JACKSON, Jessica
(HL, 14, 1/2001)

The author says "There is no mystery in how I arrived at the prescription of *Lac equinum* in any of these cases. They were all, to coin a phrase, 'Horse People' and they all dreamed of horses." Full account of proving of *Lac equinum* has been published in the book 'Animal Mind, Human voices' by Nancy HERRICK.

Three cases are presented. Mental symptoms and dreams form the main symptoms for prescribing in these cases.

43. A case of Bronchopneumonia treated with
Lycopodium

PETRUCCI Roberto (HL, 14, 2/2001)

A carpenter born 1963 caught Pneumonia after he went diving in the sea. Felt the sea was cold. Next day cough which increased later. The catarrh was first brownish and then yellow. All the symptoms that came up, particularly the cough, chest pain, the reaction to thermic changes, pointed to the remedies which had to be differentiated: *Bry.*, *Phos.*, *Tub.*, *Lyc.* *Lycopodium* is the constitutional remedy of this patient. He had reacted well in the past to allergic problems and some warts disappeared after the remedy. *Lycopodium* is so irritable when he is sick, that we must think of it everytime we have this symptom. It is very easy to observe in children. The constitutional remedy can be used for acute cases also, when the symptoms fit the remedy. Often it is necessary to use very high

potencies and repeat the remedy often to cure acutes.

44. A Barrier between myself and things – A case of *Camphora*
MERIALDO, Giacomo (HL, 14, 2/2001)

67 year-old woman, with lot of anxieties, right from her childhood. Anxiety over trifles. She had a detached feeling, 'as if I was below and everything else happened above me; I could not look reality'. For things of no importance she is anxious. After the death of her husband when she was 41, brought up her three daughters alone. She is afraid of disease. Situation concerning her family cause her anxiety. Says that her third daughter has been causing her more anxiety.

The daughter had told the doctor privately that their mother treated them like a general commander, a dictator, that she is a cold person, never made any gesture of love.

Camphora 200 (sensation of detachment from the world and therefore a sensation of loneliness)

Two years follow-up: remains very well. Her daughter says, she is much changed, mainly less absorbed in herself, not cut off anymore and more available to the world. They say that they are rediscovering another mother.

45. An *Atropinum* case – The Motorcyclist
TOMAJOLI, Gennaro Muscari
(HL, 14, 2/2001)

24 year-old girl, with Amenorrhoea since three years preceded by a period of Anorexia alternating with Bulimia and induced vomit. Often suffers from vaginitis and cystitis. Smokes marijuana. Constipation. Suffers from cold. Bites her nails and the skin around the nails which are inflamed, "sometimes I seem to feel the need to hurt, bite myself." She has passion for motorcycle riding. Prefers to be alone and does not like anyone coming close to her.

Sepia LM 12 for one month and then LM 18 for another month. Not much improvement. Case reanalyzed adding her palate dryness and dreams of being pursued. *Atropinum* LM 12 for a month and then LM 18 for another month. Definite improvement. Periods came back; felt lot of energy, no dryness of palate, no constipation. While going out she said that since her period came back she does not use her motorbike so much but takes her car more. Two-year-follow-up, during which period she took occasionally *Atropinum* LM 24 for trivial reasons.

The *Sepia* which was not a far remedy in her case did make some symptoms emerge – the violent dream – which indicated *Belladonna*, *Atropinum*.

46. *Lysimachia nummularia* – Fear of losing control
ITALIANO, Maurizio (HL, 14, 2/2001)

This remedy was prescribed successfully for her pains during menses, gripes. She also had itching near the ear. She also had mortal fear that she suffered from a disease which her cousin suffered. This cousin committed suicide. She was afraid of losing control over her body, herself, especially her head. She had Metrorrhagia, which exhausted her.

The repertorial analysis gave many remedy and there was a 'small' remedy *Lysimachia nummularia* fitting only one symptom: 'Fear of Insanity, of losing his reason'. Very scanty information was found in BOERICKE's **Materia Medica**. But in Botany Research Text Book it was found that *Lysimachia* belonged to Primulaceae family, and *Lysimachia nummularia* contain in its root and stems to saponins and a considerable amount of *Silica* (27:1000). In ancient times it had been employed as an astringent and a cicatrizant. Its first employment for medical use dates back to 1500.

Lysimachia 30 was prescribed and over a period the patient recovered well.

[The article ends with much 'Metaphors and Myths' about *Lysimachia*, literature reference. All these indicate the 'signature' of the substance and its great role in 'understanding' the remedy application. Do these not go contrary to HAHNEMANN's finding – that a substance's medicinal powers can be ascertained only by trying it on the healthy and the symptoms so obtained **alone** are the indications of that 'remedy's' curative power = KSS.]

47. Three cases of *Nuphar luteum*
TOMASSINI, Piccardo (HL, 14, 2/2001)

Case 1: 30-year-old-woman; she kept various animals: dogs, cats, rabbits, geese, etc. After marriage she live in a flat without a garden. She had eruption on face, red with sub-cutaneous itching pimples, dry skin. Eruptions appeared around nose and mouth, even under chin. Had used lots of cortisone but after sometime it has not been effective. Had also taken antihistamines which too did not last. These eruptions since three years. She ate lot of chocolates, "mountain of chocolate before

her menstrual period.” Without sweet she would die. Headaches atrocious, worse during periods. Headache as if daggers hammering on both temples. Photophobia during headache, must lie quietly. Gets terrible nightmares. Dreams of war, bombings. Very fond of animals. Speaks to them. Fear of thunder. Decayed teeth. Had nosebleeds. Likes being fussed over. Cries very often. Although repertorization (9 symptoms) indicated *Natrum muriaticum* followed *Sep.*, *Sulph.*, *Nat-c.*, *Graph.*, *Petr.* and lastly *Nuphar*, *Nuphar luteum* was chosen and it was given in 30 potency over a period. The remedy was needed later in LM6. two years follow-up. Remaining well.

Case 2: 7 year-old female, does not at all speak outside the house. In childhood she remained within herself and even after going to school at 32 year age there was only marginal improvement. At home she talked continuously. But with anyone other than her parents, she didn't mix at all. She does not want her mother get old and die, this fear the mother too has. She loves animals, so when she sees meat she worries about the animals. She has in her house, a cat, a fish, a tortoise and a frog. She wants a dog and canary birds, one more cat. She wants to become a veterinarian. She sleeps with 10 or more of her animals in her bed. She dreams about the cat, the seal and the bear. She also wants grasshoppers, locust, lizards, hornets and bees.

Here too although *Sulphur* came high and *Nuphar* last, *Nuphar luteum* 30 was given over a period. Improvement proceeded. Two year follow up very well. Well integrated with other children. Good in studies, sociable, still passion for animals. Remains well.

Case 3: 34 year-old male veterinarian: he appears with a lifeless expression and a vacant glance. Looks dirty and shabby, his nails chewed and dirty. Chronic urethritis. Had homosexual impulses. Sex life unsatisfactory. Balconies and stairs give him vertigo. His urethral pain becomes worse after masturbation. He has examination diarrhoea mostly in mornings. Stool sputtering and stinking. He shares a lot with people. He is a blood donor; a bone marrow donor. He is registered with Amnesty International. He defended ethnic minorities. Although it appears quite strong for *Sulphur*, because 'sympathetic' is not in it but is in *Nuphar luteum* which also has genital tropism, *Nuphar luteum* 30 was given. (*Nuphar* came last in repertorization), the LM6, later LM 18. Long term follow-up.

48. Teething troubles: Difficult dentition
STEPHENSON David (HT, 5/2001)

The very best description of teething symptoms are the following: “Before the teeth come through, the gums usually become broader, more angular and frequently show the shape of the coming teeth; the veins running parallel with the teeth become enlarged and look like little red strings. The mouth becomes hot and the child seems uneasy particularly at night; its face is alternately flushed and pale; puts its fingers in its mouth; frequently seizes the nipple, bites, and then jerks head away; the gums swell and becomes painful; the child drivels at constitutional disturbance, the child leans its head on the nurse's shoulder, becomes feverish, the skin is hot, with burning in the palms of the hands; the head is hot and the feet cold, nausea and vomiting with rubbing of nose, and frequent cough at night during sleep.” This was written by Constantine HERING, M.D. in his Domestic Physician in 1848.

The author has given indications of 10 remedies and various rubrics in repertory associated with dentition.

49. Cases from clinic

MESSER Stephen (HT, 21, 5/2001)

1. Nausea, vomiting, diarrhoea.

Suzie, 19 years, had intense nausea for 3 days. She had diarrhoea, felt weak and dizzy, had excess of saliva. Her sleep was restless and she woke feeling sore. She would awaken feeling hot, would uncover and then became chilled and shiver. She was broken up with her boyfriend and was angry about that. She was better from eating and clearly better from cold drinks for 20 minutes. Lab tests revealed pregnancy. *Phosphorus* 10M was given and after 20 minutes, she threw off the blanket, felt good enough and left the clinic and never had a return of intense nausea.

2. Winter Flu: John, ached all over, was weak and had a painful cough, accompanied by raw, burning sensation in his lungs. Overwhelming sleepiness and had sensation of electricity going up his spine. No perspiration with fever. Thirstless though his blood sugar was very high. John had a strong desire for his wife to be with him.

The rubrics from KR, Sleepiness, overpowering, Back, shocks upward, mouth, dryness without thirst, Mind, desire for company and desire for consolation and chest, pain, burning during cough. *Phosphorus* 200c, three pellets under tongue. He slept off and woke up refreshed. Cough was less painful and his dullness greatly diminished.

50. Weddings, graduations and ... anxiety.
DOOLEY Timothy, R. (HT, 21, 6/2001)

Anxiety is a subjective feeling or mental state of uneasiness and tension often associated with apprehension and worry, possibly from fear of danger or misfortune. In some people, it is a state of worry, in others an agonizing anguish. In some people, there are physical symptoms such as diarrhoea, sweating, shortness of breath or light – headedness.

Indications of 5 remedies are given. *Aconite*, *Argentum nitricum*, *Arsenicum album*, *Coffea crudum* and *Gelsemium*.

51. From stage fright to the spot light
LEBENSORGER Mitzi (HT, 21, 6/2001)

The author's personal experience of nervousness and anxiety before a scheduled presentation (lecture) is vividly described and how *Gelsemium* helped her to be calm and complete the presentation.

52. Taking tension headaches with Homœopathy
HOOVER Todd, A (HT, 6/2001)

Tension headaches are the most common type of recurring pain and is due to excessive muscle tightness in the neck and scalp. Causes include physiological stress, repetitive motion, and sprain or strain of the neck muscles. Typical symptoms are pressure or tightness on the sides of head. Pain may be band like, squeezing or pressing. May be associated with stiffness of the neck, radiating pain or noise sensitivity, difficulty in concentrating and insomnia.

Indications of eight remedies for tension headaches are given.

53. The trouble with teething
STEPHENSON L. David (HT, 21, 8/2001)

Case 1: One year old girl with difficult teething cries through night and somewhat better in day time. Fever with teething symptoms. She bites her mother's clothing and arm and squeezes. Great fear of loud noises. She needs to be held and carried. Analysis with reference works indicated *Phytolacca* but it did not help.

She had rash on her shoulder and had cradle cap in the past. *Sulphur* 30c given and did not help the case.

The case was reviewed and *Borax* was given which also covered the totality but has not been useful.

The author felt the biting of her parents and clothing and squeezing was an example of violence. So *Stramonium* was given which is grade one in the **Complete Repertory** for difficult dentition and covered other symptoms.

This stopped the discomfort of teething and also has mellowed out this child to the great delight of the family.

Case 2: 18 month-old blonde girl is irritable with shrieking and shouting. Cough waking her at night. She must be carried or held. *Chamomilla* did not help. The child's cuspids have been trying to erupt for several weeks. The throat is inflamed. She has poor appetite and refuses food or the bottle. One dose of *Kreosotum* 30c was all she needed during that episode of tooth eruption. *Kreosotum* can be easily mistaken for *Chamomilla*; the mental symptoms resemble each other.

Case 3: Joey is 18 months old and has been teething with difficulty since he was 5 months old. With the teething, he has cold symptoms and conjunctivitis. He wants to be held when his teeth hurt; likes scrambled eggs, vegetables and salmon and drools during the day with teething. *Calcarea phos.* 30c. Aside from the clearing of the eye symptoms, the general picture of teething difficulties is still there. There was persistent day time cough worse on lying down. As the irritability was more *Chamomilla* 30c was given.

The teething difficulties cleared with the exception of this persistent cough. *Spongia* 30c corrected the cough.

54. The heat is on
SHALTS Edward (HT, 21, 7/2001)

Indications of few remedies for motion sickness, Diarrhoea, sunstroke and heat exhaustion, stings of insects, and poison ivy are given.

55. Traveller's diarrhoea
DOOLEY Timothy, R. (HT, 21, 7/2001)

Usually this is associated with drinking water in foreign areas and characterized by profuse watery stools. Sometimes associated with vomiting and/or fever. Indications of *Arsenicum album*, *Chamomilla*, *China*, *Colocynthis*, *Cuprum*, *Podophyllum*, *Pulsatilla* and *Veratrum album* are given. Patients need to take in replacement fluids in volumes about equal to what is passing out.

56. Running with wasps.

WARKENTIN David Kent (HT, 21, 7/2001)

His personal experience of wasp stings about 30 on chest, face and legs. The bites were angry red and felt as though he would faint and everything throbbed. *Apis* 30c was taken. After a few minutes the throbbing decreased dramatically and after 30 minutes, the sting sites were no longer painful and pink. Another dose of *Apis* in the evening relieved totally.

57. Lessons from summer camp

GREGORY Nancy (HT, 21,7/2001)

Remedies for child's summer camp kit.

Arnica – for bumps and bruises

Apis – for bee stings

Rhus tox – for poison ivy

Urtica urens – for simple first degree sun burn

Ledum – for mosquito bites, puncture wounds and black eyes

Hypericum – for injuries to fingers, toes or Tailbones.

58. Choosing Homœopathy for children

ROTHENBERG AMY (HT, 8/2001)

Homœopathy can offer a non-toxic, effective and inexpensive approach to first aid, acute and chronic health issues that arise in the course of raising a family. The author discusses the details of this.

59. House calls

ROTHENBERG Amy (HT 21, 8/2001)

Going into a patient's home can offer abundant and useful information (what and how they drink or don't, how they lie, how many blankets they use, how they respond to attention and affection, what it smells like in the sick room, etc.)

The boy was crying softly, having high fever, huge swollen glands, bleary eyes, flushing face. The acute illness had come on suddenly after he received a number of nasty notes from a classmate. He was warm, thirstless, dry and weepy. After *Pulsatilla* 30c he awoke the next morning without fever and sadness gone. The glands took few days to go down.

60. Itching eczema

DE LANEY Susan (HT 21, 8/2001)

Thomas, 4 years, had eczema and allergies since 18 months of age. Patchy red bumps all over

his body. Skin cracked behind ears. Cold sores on his inner and outer lower lip. He generally hates the heat and starts itching in the heat.

He had cradle cap and colic for 6-8 weeks. He began talking at 15 months. Mother reports that he is like a Dr.Jekyll and Mr.Hyde. He is afraid of dark and night mares of monsters, grinds teeth and restless sleep. Sweats on his head at night.

Calcarea carbonica 200c was given. After a month, skin is much better, but they also continued to use steroid cream that month.

On reexamining the case, it was found he was sensitive, quite reserved. Upset when he could not accomplish his target. He can't stand the sun and seems to have a liking for salt.

Natrum muriaticum 200c was given. The following month his eczema cleared up completely and his disposition better. A repeat dose after 5 months after a flare up restored him to his healthier state.

61. A case of disappearing flu.

LOTT Diana (HT, 21, 8/2001)

The child was in misery with flu. She was vomiting, could not hold anything down and had a bad headache. She pulled covers over head, as light was hurting her eyes. Booklet was referred and *Nux vomica* was given. Within 5 minutes she was up, no headache, no vomiting, no light hurting her eyes. She ate and went out to play.

62. Help for altitude illness

DOOLEY Timothy R. (HT, 21, 8/2001)

Altitude illness is a collection of symptoms and problems that develop when one ascends in altitude too quickly. (e.g. Nausea, light headedness, fatigue, headaches, insomnia etc.). the two leading remedies are *Coca* and *Carbo vegetabilis*.

A recent study was published in **Complementary Health Practice Review** Vol.6, No.1/2000 entitled "The effect of Homœopathic *Coca* on High Altitude Mountain Sickness: Mount Everest Base Camp" by Mary Shackelton et al. In this study participants took daily dose of *Coca* 200c or Placebo while hiking 12 days from an altitude of 8,400 feet to 17,600 feet and blood oxygen levels measured daily with a pulse oximeter.

Results showed, *Coca* group had fewer symptoms overall and higher oxygen levels. These results were more striking in altitudes over 12,000 feet.

63. Is the case acute or chronic

HOOVER Todd, A. (HT, 21, 8/2001)

Acute prescribing is not a separate entity from chronic prescribing. Determine if the present symptoms are part of a longer, chronic disease or represent an acute state. Then either include or disregard the 'older' symptoms based on that decision.

64. Homœopathy in survivors of childhood sexual abuse

COLL, L. (HOMEOPATHY, 91, 1/2002)

Aims and objectives of this study were to ascertain:

- The incidence/prevalence of sexual abuse
- How sexual abuse affects victims physically and whether this could later manifest in gynaecological pathology.

And identification of helpful homœopathic medicines.

It is suggested that adverse effects are more likely to occur when abuse:

- Continues for a long time
- Involves penetration/
- Occurs with close relatives, particularly father figures
- Involves aggression.

Long term effects of CSA fall into 4 main categories.

1. Psychological problems with a psychiatric presentation, e.g. depression, anxiety, eating disorders, alcoholism and drug abuse

2. Psychosexual problems including sexual dysfunction, promiscuity and prostitution.

3. Severe interpersonal difficulties--isolation, alienation, distrust, fear of men and repeat victimization in adult relationships.

4. Somatic problems and physical ill-health (perhaps related to 1 above).

Physical problems: Sexual trauma in childhood relates to the development of symptoms of Post – traumatic stress disorder (PTSD) in adult women.

Chronic pelvic pain – 64%

Morbid obesity

Chronic GI problems, including internal bowel disorders.

Chronic headache and asthma.

Pseudo-seizures.

Fibromyalgia, paradoxical vocal cord dysfunction and facial pain.

KATZ's article (BHJ, 85/1996 pp.214-220) gives an overview of the issues of sexual abuse and discusses her experiences of treating survivors homœopathically, and she lists useful rubrics and

profiles of a 5 homœopathic medicines: *Carcinosin*, *Platina*, *Opium*, *Anacardium*, *Mercurius solubilis*.

MORRISON (JAIH, 86/1993, pp.110-118) categorises the following common patterns:

1. Fear and phobias; 2. anger; 3. dissociative states and homœopathic medicines common to each category. *Stramonium*, *Mercurius*, *Arsenicum album*, *Kali bromatum* and *Platina* are discussed under the phobic remedies; *Stramonium*, *Ignatia*, *Staphysagria*, *Causticum*, *Anacardium* and *Nux vomica* in the anger category and *cannabis indica*, *Natrum muriaticum*, *Mercurius* and *Medorrhinum* for the dissociative states.

SKINNER (JAIH, 86/1993, pp.72-80) suggests that certain symptoms and remedies are common to each stage. The stages are denial, crisis and resolution. In the denial stage, the Woman has not acknowledged the abuse experience in her life. It is in this stage that one finds chronic illness, dissociative states, drug use, alcohol, promiscuity, eating disorders, relationship difficulties, low self-esteem, depression and suicide. Remedies to be thought of include *Staphysagria*, *Thuja*, *Carcinosin*, *Ignatia*, *Phosphoric acid*, *Kali bromatum*, *Anacardium* and others.

The crisis stage arises, when the woman is aware of the impact of the abuse experience in her life and is actively dealing with it. Symptoms include hypervigilance, self-harm, sexual difficulties, anxiety, insomnia and nightmares. SKINNER suggests that the woman is re-entering the remedy state she was in when the abuse occurred. The remedies for this stage are *Arnica*, *Aconite*, *Belladonna*, *Opium*, *Phosphoric acid* and *Stramonium*.

Resolution occurs when the patient has been working on recovery for 5 or 10 years. SKINNER argues that 'Every woman who has been abused has felt mortification, fright, anger and grief'.

Personal experience:

Case 1: 34 year old married professional woman presented with severe vaginal thrush for 10 months. Hysterectomy one year previously for severe dysmenorrhea. Many physical complaints in relation to hay fever, sinusitis, Irritable Bowel syndrome, food intolerances and chronic pain after a Road Traffic Accident (RTA).

Sexually abused by grandfather between the ages 6 and 12.

Had abused alcohol intermittently, Prone to violent rages particularly when drinking. Since childhood, she had the ability to leave her body and observe what is going on. Hears evil, jeering voices all around her, repeating her thoughts 'like somebody sitting on her shoulder, like demons dancing on her head.' Suicidal at times in the past.

Stramonium was chosen on the basis of her violence, her fear of water and her abuse experiences and 3 doses of 200th potency given. On review 2 months later, she reported feeling much calmer after the remedy. Her vaginal irritation had completely resolved. Over a two year period, several doses were given and she remained very well.

Case 2: 54 year old married teacher.

Fatigue and rheumatic aches and pains. Fatigue unusual in that it involves episodes, particularly when she is cold, of overwhelming somnolence. Episodes of difficulty in comprehending, unable to respond, unable to put words in correct order. Gets lost in streets that she should know.

Ovarian cystectomy at 23 years, senile Macular Degeneration, for many years. Abused by step father at age 10, also abused patient's sister. Wanted to die at age 17. Hated stepfather (he died 23 years ago). Cried when speaking of abuse. *Staphysagria* 200c, 3 doses were given. She had an attack of fatigue after the first and second dose. Energy improved as did her aches and pains and she developed a severe aggravation of a pre-existing itch on her back. She continued to do fairly well on *Staphysagria* 200c over the next 2 years but required a dose every few months.

IV. REPERTORY

1. Erwartungsangst - Schlüssel zu den Repertorien (Anticipatory anxiety - Key to the Repertories)
BLEUL Gerhard (AHZ, 247, 3/2002)

The author has been contributing a series of articles with keywords (rubrics) in the different repertories in respect of clinical conditions.

In this, the third in the series, he discusses the 'anticipatory anxiety' i.e. fears and anxieties with regard to real or imaginary situations. The corresponding rubrics are picked up and the more important remedies against these rubrics are given. The repertories covered are: Kent, G.v.Keller/Künzli's Kent, Künzli/Barthel's Kent Repertorium Generale, Schroyen's Synthesis, Zandvoort's Complete Repertory.

A very useful reference material.

2. The process: Using the repertory
CROCE Ann Jerome (HT 21, 8/2001)

Using repertory effectively is an art in itself, requiring an understanding not only of the tool but also of its meanings and implications within the entire process of choosing a remedy.

Repertory produces results that are only as reliable as its user's understanding of the case.

Case analysis should make the rubrics crystal clear. The repertory should be used as a source for suggestions of remedies rather than as a limiting factor to rule them out.

Good prescribing may focus on a remedy's presence or absence in a rubric rather than on its grade.

The precision needed to choose rubrics is one of the best teachers of the art of case taking, for a well taken case makes repertorisation much easier.

V. PHARMACOLOGY

1. Estudo Teórico Comparativo der Determinação do Residuo Só lidao nas Primeira e Segunda Edições da Farmacopéia Homeopática Brasileira (Comparative theoretical study of solid residue determination in first and second editions of Brazilian Homœopathic Pharmacopoeia)
FONTES, Olney Leite (RH, 67, 1-4/2002)

For preparation of reliable and reproductive homœopathic tinctures, the standardization of directly relating techniques and process is necessary. Quantities of mother tinctures and of inert material as well as their hydroalcohol solutions are, for instance, depending on water found in vegetable drug. When one of the variables is altered, very different results for mother tinctures prepared from same drug are obtained. This paper deals with an analysis of solid residue determination in accordance with first and second editions of **Brazilian Homœopathic Pharmacopaeia** and its influence on concentration of drugs in the mother tinctures.

VI. VETERINARY

1. Treating animals with Homœopathy
LAMPE Kristy (HT, 21, 5/2001)

The basic approach is to observe the symptoms of the animal; and find the best possible match of the Homœopathic remedy. Learn to distinguish different types of purrs, barks, breathing patterns, gait patterns. Learn what your animals do when they feel pain. Eventually one will learn to distinguish between happy active dreams and nightmares, their pack behaviour, how they to treat

different family members, even their protective behavior when they feel ill.

Learn what is typical behaviour, so you will recognize the strange, unusual, peculiar symptoms.

2. Sand colic in clay country
PETERS Randi (HT, 21, 6/2001)

Bo a Quarter Horse who suffered from intermittent lameness of forefeet, navicular syndrome. To strengthen its hooves and improve navicular, *Calcarea fluorica* 30x was given b.d. for three days. Another horse P-pot also suffered from cracked feet and sole was also given same medicine. After 3 days P-pot seemed to develop a colic and he passed dung which contained sand. Then it was remembered that P-pot who came from area with predominantly lime soil. He must have got it in there. Later I had given *Calcarea fluorica*, and he has eliminated it from his guts.

VII. RESEARCH

1. Je Te Connais, Dr.Conte, Je Te Connais ..!
MILGROM Lionel (HOM, 79/2000)

Rolland CONTE had claimed that a potentised substance, even one diluted and succussed way past Avogadro's limit was observably and measurably different from the same substance diluted but unsuccessful.

The two ways: (i) Low resolution nuclear Magnetic Resonance (NMR) (ii) Liquid Scintillation Counting (LSC): to measure differences in low level radio-activity between potentised and unpotentised solutions.

In quest of reproducing the results, the author and his colleagues stumbled on the fact that the results were due to the use of soda glass and not the high precision expensive pyrex glass NMR tubes that are used as standard by chemists.

The results are likely due to the slightly corrosive effect of ultra-pure water on soda glass and so were not reproducible with the high precision pyrex glass.

[What glass is used by the pharmacies who manufacture homœopathic medicinal potencies?]

For more articles and discussion on NMR experiments see BHJ, 89, 3/2000, BHJ, 90, 1/2001 - see Ch. VIII 'Research' in QHD, XIX, 1 & 2/2002] [The following 'finding' reported in the Newspaper The Hindu, Madras, December 3, 1998, in the Science and Technology Section, will be relevant here:]

“Stirred and Shaken: The words ‘mysterious’ and ‘bizarre’ don’t often come up in conversations among chemists. But that’s how they are describing a way to split water into hydrogen and oxygen at room temperature using a simple catalyst. Japanese researchers now say that energy needed to break the bonds that hold water molecules together seems to come from stirring the liquid.

When Kazunari Domen and his colleagues at Tokyo Institute of Technology first reported that a powdered cuprous oxide catalyst could split water at room temperature, chemists sat up and took notice. This reaction usually takes place at 3000°C and is driven by light. If its efficiency could be improved, hydrogen would become much more attractive as a cheap, clean fuel.

Domen initially thought that the energy driving the low – temperature reaction came from light – a mechanism chemists could just about live with. But now he reports that the reaction continues in the dark for hundreds of hours. The quicker the container is stirred, says Domen, the more hydrogen and oxygen are produced (*Chemical Communications*, p.2185).

Domen believes that the mechanical energy is converted to chemical energy without first being converted to thermal energy. “This is the first example of mechanical energy being converted into chemical energy by catalysis,” he says. But Domen cannot explain how this works.

To most chemists, the idea is heresy. And the prospect of producing a source of fuel by a mechanism no one understands evokes memories of the ‘cold fusion’ saga of 1989. But Domen’s results were carefully reviewed before they were published. He has also avoided making any bold claims about practical applications.

“A lot of colleagues were incredulous but I think Domen is a very serious scientist,” says Michael Gratzel of the Swiss Federal Institute of Technology in Lausanne. Gratzel suspects that something more mundane is occurring, however, such as friction between the catalyst and the glass container causing a build-up of electrical charge. The resulting tiny sparks could break down small amounts of water. “There’s an easy way to rule that out,” he says. Dissolving a salt in the water would change its conductivity and the amount of gases produced.

Arthur Nozik, a chemist at the National Renewable Energy Laboratory in Golden, Colorado, doubts if the effect is really caused by catalysis. “I wouldn’t be surprised if they are actually using up some of the metal oxide,” he says.

Nozik suspects that the cuprous oxide might react with water, liberating hydrogen. The oxygen could come from small quantities of the gas dissolved in the water.

Domen says that less than 5 percent of the energy from stirring appears to end up splitting water, producing a small amount of hydrogen and oxygen gas. But he thinks he can improve the yield by learning more about how the reaction works. "If we can increase the efficiency by an order of magnitude, then it may be possible to think about practical applications," he says.

"It sounds odd, but may be it only sounds odd because it's new," says Sean Mc Grady of King's College London. He likens the situation to the discovery in the 1980s that sound can drive chemical reactions, which has led to the burgeoning field of sonochemistry. "When these things show up they always challenge people's conceptions of how energy can get into a chemical reaction," says McGrady. "These reports take time to confirm or shoot down. – **New Scientist**. ["That 'energy' is improved tremendously by diminishing the substance and then shaking /stirring vigorously has been proved by HAHNEMANN nearly two hundred years ago and the 'scientists' ridiculed and continue to do so. = KSS.]

3. Avaliação Miasmática na pesquisa clínica Homeopática: Emprego de Questionário de qualidade de vida (Miasmatic evaluation in clinical homoeopathic research: Quality of Life questionnaire utilization)
TEIXERIA, Marcus Zulian (RH, 67, 1-4/2002)

In order to legitimize the homoeopathic model according to modern scientific reasoning, university centers require that clinical homoeopathic research be structured following systematic protocols, adapting homoeopathic fundamentals to classical epistemological beliefs. Using this common denominator between the two paradigms, we should adapt the conventional clinical aspects of Homoeopathy (similitude principle; totality of symptomatic characteristics; individualized studies (double-blind, randomized, placebo controlled) to the fundamental potencies, doses and medications; specific duration of time; global evaluation of treatment response; etc.), preserving the identity of both approaches in a general study design. Within the global therapeutic evaluation over time, the qualification and quantification of subjective characteristics (miasmatic) of the sick individuality

become an obstacle to the systematization and rationalization of the results. In this study, we propose the use of questionnaires that evaluate the quality of life to measure miasmatic aspects modified by the individual homoeopathic treatment, adding a subjective aspect of efficacy to the therapeutic response. In this way the miasmatic characteristics can be evaluated according to modern research instruments and be internationally accepted.

4. A study of the inter-observer reliability of paper case analysis
AZHADIUNO, M. (HOMEOPATHY, 91, 1/2002)

Two hundred homoeopathic practitioners were each sent a questionnaire. The main body of the questionnaire requested the analysis of a paper case with an optional second case. The response rate was disappointing at about 15%. There was consensus of 33% for the selection of the correct medicine, in the analysis of the first case. The study was small but poses further questions about case analysis and the diverse interpretations of the **Law of Similars**.

5. Homoeopathy and health related Quality of Life. A survey in six European countries.
ANELLI, M., SCHEEPERS, L., SERMEUS, G., & van WASSENHOVEN
(HOMEOPATHY, 91, 1/2002)

A pilot survey of 1025 patients receiving homoeopathic treatment in six European countries is reported. An initial questionnaire included demographic information and questions from health-related Quality of Life (QOL) Scales. A follow-up questionnaire collected data on changes in QOL, which are positive but weak, in a 6 month time period and it would be worth repeating the survey measuring QOL changes over a longer period.

6. Homoeopathic treatment of Chronic Headache: a critique
VITHOULKAS, G. (HOMOEOPATHY, 91, 1/2002)

The author critically reviews a randomized controlled trial by Homoeopathy for chronic headache and an observational follow-up study of

the same patient cohort, published in 1997 in the journal Cephalgia and in BHJ 2001.

The results showed no difference between Homœopathy and placebo. The author believes that these results were a 'false negative' due to inadequate homœopathic treatment, particularly relating to the duration of symptoms and handling of homœopathic aggravations. Guidelines for future studies are proposed.

Response to VITHOULKAS: Homœopathic fantasies about science, a meta critique. H. WALACH.

The author defends the randomised controlled trials and against the three points argued by VITHOULKAS and concludes that the main problem with Homœopathy is the obsessive compulsion of HAHNEMANN's disciples to reinvent the wheel, without really considering the literature or the experience documented.

Instead of simply admitting anomalies and inconsistencies in experience, teaching and practice and seeing them as a spur to further study, they are dismissed to keep one's worldview bright and cosy and the garment of Homœopathy unstained. It is this strategy of immunizing oneself against the methodological experience of science, of keeping one's own image or that of Homœopathy shining, which makes Homœopathy unscientific and akin to fantasy stories.

7. Homœopathic Research: Fact or Fantasy?
JACOBS Jennifer, (AJHM, 95, 1/2002.)

Peer- reviewed allopathic journals appear to have ignored the scientific evidence which exists that lends credence to homœopathic medicine's efficacy. A distinct editorial bias against Homœopathy is apparent. The author recounts a number of well-conducted research studies that support Homœopathy's effectiveness; she also identifies a few studies that failed to confirm a homœopathic effect. One major weakness in existing homœopathic research is the lack of replication of successful studies. There are also barriers obstructing good clinical research, among them lack of adequate funding and difficulties in obtaining adequate sample sizes. The NIH's NCCAM office has to date provided very meager funding for homœopathic studies, with no immediate hope in sight of this trend reversing itself.

8. In-vitro activity of *Thuja occidentalis* linn
against human pathogenic aspergilli

GUPTA Girish, SRIVASTAVA, A.K.
(HH, 27, 1/2002)

In-vitro antifungal potential of homœopathic drug *Thuja occidentalis* Q, 30, 200, 1M, 10M, 50M against **Aspergillus niger** causing cutaneous *aspergillosis* and **Aspergillus niger** causing otomyeosis in human are evaluated by following food poisoning method. *Thuja* Q, 30, 200 are found highly potent against **Aspergillus flavus** and 50M against **Aspergillus niger**. Percent growth inhibition, Lporulation and exudation are taken as parameters for assessment. Results are reported for the first time and are discussed in relation to homœopathic concept "higher dilution and high energy".

9. Efficacy of homœopathic drugs in cases of Leucoderma: a clinical study
GUPTA Girish, GUPTA Naveen, SINGH Vijay (HH, 27, 5/2002)

Six hundred and ninetyfive (695) patients with Leucoderma were registered for treatment at the Clinic and Centre for Homœopathic Research, Lucknow from April 1996 to March 2001. 560 were available for proper follow-up. Significant improvement on treatment by individual homœopathic medicine, on 328 patients was seen, out of which 4 were cured, 17 showed more than 90% improvement, 307 are improving, 200 maintained status-quo and 32 did not at all improve.

The results of this study are encouraging. Results better in children and young adults. Facial lesions respond quickly while those on joints have poor response.

Leucoderma patients are highly prone to fungal injections.

10. The Similia principle Revisited
SIGNORINI, ANDRIOLI, ORTOLANI, CONFORTI & BELLAVITE (HL, 2/2001)

Theoretical bases and experimental evidence for a physio-pathological model based on the reactivation of homeostatic communicates.

Biological homeostasis could be seen as a 'controlled disequilibrium', capable of governing various cellular tissues and organ functions. Some aspects of cellular behaviour after strong or weak stimulation have been studied in recent years. These raise new prospects of interpreting the complex pattern of response which cells use to maintain homeostasis during different environmental conditions. Changes in cellular sensitivity in response to a prolonged stimulus are

connected to changes in reception density and/or activation. This may influence the change from acute to chronic states. Possibly during the development of the chronic state, a phase shift alters intracellular homeostatic systems, with a loss of biological communication. On the basis of this evidence our model of the 'Similia Principle' could be thought of as a 'reactivation of stressed biological communication', in which Homœopathic remedies serve as resonating regulators of dynamic cellular sensitivity. Starting with this model we put forward the hypothesis that not only could explain the operative level of the similia principle but even permit a theoretical (and also practically based) explanation of some Homœopathic phenomena such as 'Homœopathic aggravation' and the 'return of old symptoms'. At last we can try to shed light on some ancient Homœopathic assertions such as 'medicinally induced artificial disease-manifestation', 'drug primary and secondary action' and 'Homœopathic drug provings'.

11. Electrodynamics coherence, the ionic system and the Endocrine System – Fondazione Omeopatica Italianas
DEL GIUDICE Nicola, DEL GIVOICE Marta, d'ELIA IMMA, MENGHI Ennio
(HL, 14, 2/2001)

In this paper the authors highlight how Homœopathic medicine, under the veil of irrationalism, hides a profound truth the scientific reason is now decoding. In a previous work (Del Giudice N., Attena F., "New ideas in Science and the Man Model in Homœopathic Biology: the information drug-informed structure relation". (International Congress LMHI, Capri (Naples), October 2-6, 1996) a new interpretation of water was analysed based upon the theory electromagnetic language in a living organism, providing a possible assumption on the mechanism of information transcription in water. Based upon the quantum electrodynamics, water appears to be under continuous oscillation between stages. They can be defined as stationary stage – and a turbulent stage, or excited stage. In this representation, molecules cannot be visualized as single separate ball-shaped molecules, but as wholes of many ovoid molecules, orderly arranged inside coherent whole pulsating and rotating inside an electromagnetic field, constantly shifting from an ovoid shape to a ball shape without any discontinuity (as in lasers). These coherent wholes (coherence domains) in the presence of an external magnetic field can modulate their rotation so as to get corresponding information (Homœopathic

remedy) which can acquire a therapeutic activity when the organism specifically needs that information. Through this mechanism, and at membrane level, a dialogue is developed between intra-cell and extra-cell water, resulting in a modulation of the magnetic polarization of the membranes with inevitable effects on the molecular exchange between the inside and the outside of the cells and, then, on the cell chemical laboratory.

Based upon quantum electrodynamics, ions live under a coherent regime and their going through the cell membrane is affected by the value of the magnetic polarization of the membranes; as ions play a crucial role in the functioning of the cell chemical laboratory, a correct ion dynamics between the inside and the outside of the cell is a necessary requirement.

At cell membrane level, a fundamental dialogue is then developed between water dynamics and ion dynamics (and, in general all ion-shaped molecules), capable of regulating the molecular traffic between the inside and outside of the cell. In this framework, the Homœopathic remedy, being a carrier of magnetic information, is capable of participating in this multi-voice dialogue, by removing the organism obstacles which prevent a proper chemical dynamic.

12. Homœopathy effective for ear infections, new study reports (HT, 21, 5/2001)

New research published February 12, 2001, in the prestigious **Pediatric Infectious Disease Journal** is the first placebo controlled study to suggest that Homœopathy is effective in providing symptomatic relief in the treatment of Acute Otitis Media in young children.

A total of 8 different Homœopathic medicines were used in this study.

13. Benveniste's research corroborated
ULLMAN Dana (HT, 21, 6/2001)

One of London's major newspapers, **The Guardian** reported on March 15, 2001 on a study by four independent European laboratories on the research of controversial French physician and immunologist Jacques BENVENISTE which seems to support his work.

The newer researches were conducted in 4 highly respected laboratories in Italy, Netherlands, Belgium and Scotland.

A total of 3,764 measurements were taken and significant biological effects were found from highly diluted doses of Histamine. Specifically, doses of Histamine that were diluted 1:100 15-19 times were found to have substantially significant

effects on inhibiting degranulation of basophils (which are white blood cells involved in allergic reactions). The most comprehensive book on research is **Homœopathy: A Frontier in Medical Science** by Paulo BELLAVITE, M.D. and Andrea SIGNORONI, M.D. The newest book on research is **Homœopathy: Science or Myth** by BILL GRAY. A noteworthy technical book on basic science research is **Fundamental Research on ultra high dilution and Homœopathy** by P.C.ENDLER and J.SCHMIDT.

VIII. HISTORY

1. The Alexander II Homeopathic Hospital in St.Petersburg

KOTOK Alexander (HOM, 79/2000)

The Alexander II Homœopathic hospital in St. Petersburg, existed from 1898 to 1918, as the virtual peak of achievements of Russian pre- World War I Homeopathy. It symbolised the steadily growing influence of homœopaths by the end of 19th Century.

Throughout the 1840-80s Russian homœopaths had succeeded in opening several in-patient dispensaries which were short-lived. The Minister of Interior, Count Lev Perovsky (1792-1856) was an ardent supporter of Homœopathy.

The Homœopathic Hospital was established by **St .Petersburg Society of the Followers of Homœopathy**. The hospital comprised 35 beds, including men's and women's wards, a dispensary and pharmacy, opened on 19 April 1898.

Till 1911, the Chief Physician of the hospital was Dr.Pavel SOLOVÉV; from 1911-1917 - Dr.Lev BRAZOL' and from 1917 until its closure in 1918 Dr.Nikolai GABRILOVICH. On September 27, 1914 the **St.Petersburg Society, of Followers of Homœopathy** abd the **St.Petersburgh Society of Homœopathic Physicians** established a military hospital in the Alexander II Homœopathic Hospital. Between 27 September 1914 and 18 April 1915, 147 soldiers and officers were treated in the hospital. Naturally, the treatment was with homœopathic medicines only. Due to various reasons including finance and politics the hospital was closed. The Bolshevick seized power in November 1917. In 1918 they decided to abolish the hospital and transform it into a new facility of medical character. The homœopathic hospital became the property of the St.Petersburgh Roentgenologists and the homœopathic hospital ceased to exist. The memorial to Alexander II to at the entrance was destroyed and a memorial to

CONRAD ROENTGEN was erected instead. The Bolsheviks gave financial support to the Roentgenologists.

Now in 2000 A.D. the building which was once the property of the **St.Petersburgh Society of Followers of Homœopathy** has collapsed balconies, dirty puddles and heaps of decomposing rubbish and refuse and muddy ground!

3. DR. LEV BRAZOL

KOTOK Alexander (HOM, 80/2001)

This is further on Russian History of Homœopathy.

LEV BRAZOL was born in 1854 in Ukraine. He graduated from the St.Petersburg Medico-Surgical Academy in 1877. Sometime between 1870-1880 he became acquainted with Homœopathy.

BRAZOL wrote strongly that small pox vaccinations caused much harm, that the vaccinations were responsible for the spread of Syphilis in Russia. This he said at a time when the general and medical opinion were the contrary. [HAHNEMANN refers to JENNER and his cowpox vaccination four times in his **Organon**. He also praises the vaccination's "beneficient, remarkable results" = KSS.]. BRAZOL analysed and researched extensively.

BRAZOL gave lectures on the theory and practice of Homœopathy in The Pedagogical Museum of Military Schools in St.Petersburg. Many converted to Homœopathy after hearing him. From 1887-88 upto the break-up of Russian Homœopathy in 1917-18, Dr.LEV BRAZOL was the most prominent and influential representative of Russian Homœopathy both inside the Russian Empire and abroad.

In 1896 Dr, BRAZOL participated in the International Homœopathic Congress in London. When the problem of 'how to promote Homœopathy in the best way' came under discussion, he made the following speech:

"This Congress has to have a special significance in the chain of past and future congresses, as coinciding with the centenary of Homœopathy. As we all know, HAHNEMANN promulgated the principle of homeopathic treatment in 1796. I think that the Congress should celebrate such a prominent event as the centenary of one of the greatest reforms in medicine. In all civilized countries, the people who rendered special services in some fields of science, art or public activity to their countries, let alone to the whole world, are honored after their death and their memory is

immortalized at least with a monument. Due to some reasons on which I find it inappropriate to speak of here, HAHNEMANN has no such memorial. He was hastily buried at the Montmartre cemetery in Paris, without any funeral ceremony. Since then, his grave has been forgotten and deserted. It has now become a picture of the saddest neglect. Sirs, this situation cannot continue any more: we have to honour a man who deserved that by right. I believe that a monument on the grave of our immortal teacher should be erected by his thankful pupils in memory of the centenary of his doctrine. In broad outline, this is my thought concerning a worthy celebration of the centenary by the Congress. I do not speak about the details as I do not know how the Congress would react to my proposal. If the Congress would sympathise with it, then one should elect an executive commission in order to carry out the decision of the Congress and to work out the details. Currently the problem is whether we should honor our dead or not? Is it appropriate to a grateful posterity to consign to such a shameful oblivion the grave where the founder of Homeopathy rests? Is some eternal sign demanded which would show to the posterity the place where the remains of one of the greatest physicians and benefactors of humanity lies? Or, maybe, it would be sufficient that grass will grow there and the wind will drop its dust, even on the footsteps of his last presence on earth? In a word, is Samuel HAHNEMANN worthy to have a memorial that every mortal has, or is he not? As these questions have a direct connection to the subject discussed, I would like to ask respectfully Mr. Chairman to let them be discussed by the Congress."

The Congress decided that the centenary of Homœopathy should be celebrated by the resolution to erect a memorial on the grave of HAHNEMANN. An International Committee was formed with Dr. LEV BRAZOL as President and Dr. Francois CARTIER (France) as Secretary. Russia gave as much as a third of the sum of 20,000 Francs collected, the St. Petersburg Society gave 2000 Francs. The Père Lachaise Cemetery was opened on May 24. Unfortunately, LEV BRAZOL was not able to be present there because of his illness, and sent a telegram:

'Although I lack the possibility of attending because of an illness, I am transferring myself mentally to Paris and participating in your celebration. It is good to realize that our great teacher is finally honored as he deserved. It remains only to wish that the affair which started so energetically would be completed

honorably and that the new grave be decorated with a wonderful memorial.'

The memorial was inaugurated on July 8, 1900.

Highly appreciating the services BRAZOL rendered to Russian Homœopathy, members of the **St. Petersburg Society of Homœopathic Physicians** put up a portrait of BRAZOL in the Society's dispensary in Nevsky Avenue in 1910. When they opened the Alexander II Homœopathic Hospital in 1898, LEV BRAZOL worked there as head of the Men's Department.

In 1917 BRAZOL's wife passed away in Kiev. Deeply shaken by that tragic event LEV BRAZOL decided to give up all his posts in St. Petersburg and to remain in Kiev. The Revolution of 1917 brought him nothing but troubles and sufferings. His flat was plundered, while his library was 'expropriated' in the Bolshevik style. Because of poverty, hunger and terrible experiences, he became ill (cardiac insufficiency) and could not earn his bread even with Homœopathy. He lived in Kiev until July 1924. Then he left for Paris, where he had been invited both by his relatives and by the Parisian homœopaths. Perhaps Dr. BRAZOL, who probably felt that fate left him only some years of his life, wished to meet his death in the city with which his prominent deed was connected, the erection of the **HAHNEMANN Memorial**.

In 1926 he attended the International Homœopathic Congress as the representative of Russian homœopaths. Dr. BRAZOL died in Paris in the beginning of 1927.

LEV BRAZOL was a rare physician with many gifts. Firstly, it was he who first proposed *Adrenalinum* as a powerful remedy for Stenocardia and Hypertension, and tested it thoroughly. Secondly, he was a wonderful propagandist of Homœopathy in Russia. Homœopathy developed and flourished in Russia due to his services. And he was the initiator of the project for erecting the **HAHNEMANN Memorial** in Paris. He was truly a Pioneer of Homœopathy.

[The decline of Homœopathy in general and the fall of the Society of the Followers of Homœopathy of St. Petersburg, the closure of the Alexander II Homœopathic Hospital in the wake of the revolution of 1917, are all lessons for us now = KSS.]

4. Carroll DUNHAM - The Forsaken Preceptor
BERNAL Guajardo German
(AJHM 95, 1/2202)

Along with HERING and LIPPE, DUNHAM

also has to be considered a leader of nineteenth century Homœopathy in the United States. Carroll DUNHAM, rather than SWEDENBORG, etc., should have been a source of inspiration for late nineteenth and twentieth century homœopaths. His writings reveal a mind trained in natural science, in scientific method, theory (epistemology) and philosophy (naturalism). His style and terminology and phrasing of concepts related to Homœopathy would have permeated a generation of scientifically oriented medical homœopaths, and no doubt a stream of research findings would have flowed therefrom, providing medical Homœopathy the ample foundations to promote its development in the twentieth century. Also, with DUNHAM the Hahnemannian method of analysis and prescription progressed; thus, the classical homœopathic approach would have been prevailed and developed. Both scientific principles and therapeutic method would have been nurtured by DUNHAM's naturalism. Current homœopathic educators do a disservice by not emphasizing DUNHAM's contributions to Homœopathy more.

5. The History of Homœopathy in Italy
CENERELLI Carlo (HL, 14, 2/2001)

Homœopathy was first introduced in Italy at the beginning of the 19th Century. In the past 20 years it has been spreading as in other parts of Europe.

Homœopathy first came to Italy in 1821. Dr.Mathias MARENZELLER, an Austrian who came to Italy along with the Austrian army to help King FERDINANDO I laid a strong base. MARENZELLER was a fighter for pure Homœopathy. The actual protagonist was another member of the Austrian army Dr.NECKER who settled in Naples and introduced Dr.ROMANI into Homœopathy. Dr.ROMANI cured countess DES GUIDI, wife of Dr.Sebastian DES GUIDI of Lyon, France and DES GUIDI connected to Homœopathy. DES GUIDI was mainly responsible for spreading Homœopathy into France. Dr.ROMANI taught Dr. Benoit MURE also. MURE spread Homœopathy all over South America like Brazil, and proved many drugs. The chief of the Austrian army in Italy then, Field-Marshal RADETZKY suffering from an eye disease was cured by Homœopathy and this helped spread Homœopathy. Homœopathy made progress in Italy but still lacks official recognition, but many insurance companies refund Homœopathic medical

expenses. Both unicism and pluralism are practiced in Italy.

IX. EDUCATION

1. Masala Homeopathy – Eight Weeks of Study in an Indian Homeopathic Hospital
LEUPKER, Ian (SIM, XIV, 2/2002)

This is a brief account of eight-weeks' study-training of seven students and two Faculty from NCM at **Shree Mumbadevi Homeopathic Hospital** in Mumbai, India in April 2001.

The author lauds the opportunities he and his colleagues had, the co-operation between the allopath and homœopath, the homœopathic treatment of such cases as Hydrocephalus, Leprosy etc., which in the West seldom happens to a homœopath. He is all praise to the teachers particularly to Drs .DEVADIGA, RAJAN SANKARAN, VIJAY VAISHNAV, et al.

X. GENERAL

1. A visit to the Doctor: An Interview with
Stephen GASCOIGNE (HOM, 82/2001)

Stephen GASCOIGNE a conventional doctor, studied Homœopathy, later went to China and trained in Chinese medicine. He practices Buddhism and is settled in Ireland. Practices Chinese Medicine. His new book 'The Clinical Medicine Guide – 'A Holistic Perspective' is also discussed in this 'Interview'.

GASCOIGNE says that the Chinese say there are eight methods of attaining health; Acupuncture and Herbs are the last two resorts. The other six methods which must be incorporated are: meditation, diet, exercise, astrology, Feng Shui and massage. If one lives according to those principles, in harmony with Nature, the environment and the climate one tends to be healthy.

GASCOIGNE says that in his experience Homœopathy and Chinese medicine can work together.

2. Healing Paradigms, Ancient and Modern
HARRISON, Hugh (HOM, 82/2001)

Natural and Vitalistic forms of healing and medicine have always sprung from the most ancient civilizations, e.g., reflexology in Egypt, Traditional

Chinese Medicine and Acupuncture in China, Ayurvedic medicine in India and herbal medicine in Africa and the Americas. Similarly contemporary Western medicine has an unbroken tradition going back to HIPPOCRATES and GALEN, but it was not until the Russian doctors, the Kirlians were able to photographically record electromagnetic energy fields in the 1960s that the more scientifically skeptical audiences could credit the powerful energies of Nature's '**Vital Force**'.

HAHNEMANN anticipated quantum mechanics by nearly a century, and the principle of 'like cures like' was to be rescued from antiquity in order to form the basis of the subsequent disciplines of 'energy medicine'. HAHNEMANN had presaged a way of viewing the human organism which was beyond Newtonian mechanics and 'atomism'. HAHNEMANN thus became another pioneer of a Science based on a more participatory view of the Universe whereby intentionality, cooperation and inter-relatedness are intrinsic aspects of human nature and behavior, and the natural world.

Another pioneer in the field of complementary medicine was Dr. Garner SUTHERLAND who was a student of Dr. STILL was dedicated to the service of the truth, and to his patients. "All Life is manifested in energy on motion. Without motion, in some degree, there can only be death. Motion must be essential to function, but that motion must be intelligent and purposeful from the living organism to successfully compete with its environment. Hence that motion must be guided and directed by a Supreme Being. There must be a channeling of the Universal Intelligence down to the individual cell or organism. Otherwise all would be chaos." SUTHERLAND also believed that the cerebrospinal fluid receives and is endowed with "the Breath of Life". It would thus seem that the early cranial osteopaths recognized the interchangeability of energy and matter as it relates to biology. This 'liquid light' which is the cerebrospinal fluid behaves with the purpose and intentionality of all particles and waves, as discovered by HEISENBERG and EINSTEIN and summarized in the quantum mechanical formula: $E = MC^2$.

The 'perennial philosophy' and the search for truth in science [HAHNEMANN wrote in 1842 "I searched for truth earnestly and found it" = KSS], as in art, requires a deep trust in our intuitive faculties, and a Socratic Venture towards self-knowledge ['Know thyself' = KSS]. We need to learn to trust our 'inner physician'.

Medicine like any other scientific endeavor is subject to paradigm shifts.

The physician should not only 'know himself' but know 'to listen' to the patient. All good quality medicine involves 'time and care'.

We might also aspire, like GOETHE, to an approach to science and Medicine, "which would not tackle Nature by merely dissecting and particularizing, but showing her at work and alive, manifesting herself in her wholeness, in every single part of her being."

3. An Interview with David LITTLE GRIMES Melanie (AH, 8/2002)

David LITTLE from the USA is living with his family in the Himachal Pradesh in India and doing Homœopathic Healing. He has studied carefully HAHNEMANN's Paris Period Case Registers; also the **Organon** and **Chronic Diseases** and is thorough with these. He has been using the LM potencies to the maximum advantage, and written several articles in **The American Homœopath**. He also has a Website and teaches on line. @<http://www.simillimum.com>.

David LITTLE says that he was "always fascinated with India and Yoga." He got trained in Yoga, Martial Arts, Homœopathy and Mesmerism. His teacher Dr. Manning STRAHL was Paramahansa YOGANANDA's doctor; Dr. MANNING was also a close friend of Aldous HUXLEY. In India DAVID studied with Dr. CHAUDHURY, ISSAC, BANIRAM and others. He calls India his home, and that India is where he learnt what Homœopathy could really do in a front-line medical environment. He clarifies the application of the LM potencies as well as the C potencies.

4. An Interview with Eric SOMMERMAN LAMMER Lynn (AH, 8/2002)

Eric SOMMERMAN started to study Medicine and started research but soon became disillusioned because there were no cure for **Chronic Diseases**. He then did his Ph.D in Cancer research but even here along the way he found that the drug companies came into the picture. He then studied Metaphysics, Eastern Philosophy, History of Medicine, etc., and came upon Homœopathy and that was it for him. He wanted to become a Homœopath.

SOMMERMAN began to practice LM potencies since 1990 and now nearly 30 to 40% of his practice is LM. He discusses his technique in the application of the LM potencies, as also the use of Centesimal scale potencies.

While all this is interesting and useful, it is at the same time surprising how homœopaths formulate their own pharmaceutical manufacturing methods! According to HAHNEMANN - and surely he is the only authority for us – we prepare the 3c trituration and from this 3c we begin the manufacture of the LM 1. SOMMERMAN says that: “LMs use 3 c potencies. Sometimes you have to order a 6c and raise the LM from that. In my experience, starting with a 6c seems to work the same as a 3c. At least I haven’t seen any difference clinically. Some practitioners want pharmacies to make special LMs using 4c and 5c LMs which creates a huge problem for pharmacies to do and that makes it very expensive as well.”! [Almost every other Homœopath is trying to be one-up on HAHNEMANN. There **must be some discipline** which the community of Homœopaths must maintain. It is ridiculous to claim successes by using all and erratic methodologies; may be success but are the successes consistent? One must ask oneself. = KSS]

5. A History of Smallpox and Homeopathy
RESPASS, Craig (AH, 8/2002)

This is a detailed history of Smallpox, which according to the WHO has been eradicated from the world in 1976. The only sample of Smallpox virus existing in the world is in -80° C freezers in Moscow and at the Centre for Disease Control in Atlanta. There is fear that the terrorists may unleash Smallpox. If there comes such an occasion then Homœopathy would be facing a great challenge not only in combating the disease but the challenges from the conventional Medicine and the Governments.

6. An Interview with Jo DALY
JACKSON, Rowan (AH, 8/2002)

Jo DALY studied in the College of Homeopathy, Devon, England. Her teachers were Misha NORLAND, David MUNDY, and later she studied at Alonissos with George VITHOULKAS and further with Vassilis GHEGAS, Roger MORRISON. DALY loved to teach. She later went to the US (California) in 1989. Now she along with Kathy LUKAS teaches a four-year course, which meets once in a month. DALY speaks in detail about the teaching and practical training. She admires Rajan SANKARAN’s methodologies including the ‘kingdoms’, and Jan SCHOLTEN.

7. Contradições Sociais Da Homeopatia: Desafios Para os Homeopatas Enquanto Sujeitos Históricos (Homœopathic social contradictions: challenges to homœopathic physicians as Historical Citizens)
SOLON Luiz Ricardo (RH, 67, 1-4/2002)

Based on a population research project contracted by the Association of Homœopathic Medicine of the Brazilian State of Mato Grosso do Sul, the author makes a reading of the social contradictions of the vitalist paradigm, within and out of the homœopathic era.

The main contradiction refers to the vitalist concept of the **ill** and of **illness**, of the difficult comprehension by contemporary society that is determined to practice a **culture of illness**, given the fact that for the homeopath, the *object of knowledge* is the ill and not the illness .

Other contradictions of homœopaths weakened Homœopathy such as a “Counter Cultural movement” of Brazilian Society, contributing to a new period of decadence since the middle of the 1990s.

The globalized individual associated with the culture that prioritizes the illness and not the ill, as well as public and private health politics, are recurrent obstacles for the social reprise of Homœopathy.

A strategy must be built by the homœopaths as a group and, towards this end, the author suggests an **ethnomethodological** investigation among the practitioners with the objective of comprehending the **daily life** of these doctors as well as the preference of women for Homœopathy.

8. “I’m Trying to make a Story Work Well”
(An Interview with WEINER Gary, PAIS Gregory) (SIM, XV, 1/2002)

This is an Interview with Gary WEINER. He qualified himself in Film Production and worked in Film Industry for 10 years before studying Naturopathy. He found that transition from being a film writer and to homœopathic practice is not difficult, since in Homœopathy you listen to a patient’s story and decide what should be corrected in the patient, what imbalance has to be corrected. After experiencing some grand cures [which is not unusual in the homœopathic practice of almost every homœopath = KSS] WEINER says that he didn’t ask himself “Why do I do Homœopathy?” but rather “How could I practice Medicine at all without Homœopathy?” He sees all kinds of cases from colds, flus to AIDS, men, women, children. [This too is not unusual for a practicing homœopath = KSS] He uses nutritional instructions, herbs and

supplements to palliate, e.g. Glucosamine sulfate for joints, B12 and Folic acid for Atherosclerosis. Although he learned from many 'masters' what Steven MESSER told him was the most practical and useful: "Do it like this, read HERING and **Chronic Diseases**, get away from modern derivative **Materia Medica**s, learn your classical principles first, save the new ideas in Homœopathy for later ...there's no such thing as constitutional Homœopathy, there's just Homœopathy." [one couldn't say better, many, rather most, of the young graduates in Homœopathic Medicine here ardently devour signature and periodic tables, themes ignoring the sources and keep groping about. This is so with so-called 'lay' practitioners too = KSS]

9. The case for Cases: Publishing high – quality case reports in Homœopathy
THOMPSON David, SWAYNE Jeremy
(HOMŒOPATHY, 91, 1/2002)

The Case Report is one of the chief sources of clinical knowledge for the homœopath. A good case brings the different part together into a coherent narrative whereas in **Materia Medica**s and provings the information can feel jumbled and unconnected. Cases show how the remedy is lived out in life in a way we can easily relate to and remember. They also demonstrate the practical application of the principles of Homœopathy – direction of cure, prescribing strategies, potency choices, etc. In short, there is no better way to learn practical Homœopathy than through the study of cases.

In the same way that a symptom can only be understood homœopathically in the context of the whole person, so too is the case most richly understood as belonging to a particular care environment, locality, culture, etc. This larger picture of the patient, can be glimpsed through a well-constructed case history. Those who report cases can use verbatim quotations and accounts of their own thoughts and feelings to open up this dimension.

Case histories can be used to show how Homœopathy functions as part of an integrated approach to care, including details of conventional investigations, diagnoses and treatments and their role in the therapeutic process. Where the case report (or series) is designed to bring out particular theoretical points (e.g. concerning direction of cure, aggravations, potency choices, etc.) it is important that these are clearly grounded in the case material and not merely speculative.

This reasoning begs the question as to why

many homœopaths give so little time to studying each other's cases and why so few case reports were published in the British Homœopathic Journal. Issues include, perhaps, reluctance to present work for scrutiny or a lack of clarity about what is wanted. Another is that an established scientific journal's credibility is dependent on the rigour and trustworthiness of the papers it contains.

Homeopathy's 'Instructions to Authors' contains guidelines on Clinical Case Histories. As a baseline we are looking for detailed clinical information including patient narrative (ideally with some verbatim quotations), details of case analysis (including repertorisation), remedy differential diagnosis, discussion of treatment strategy and rationale, and follow-up of appropriate duration, adequately described and clearly interpreted. Subjective observations and some degree of 'triangulation' would also be welcome.

Though currently reserving a lowly place at the altar of Evidence Based Medicine, the formal case study is one of the best ways for the practitioner-researcher to contribute to the science of Homœopathy. The term 'triangulation' borrowed from qualitative research, describes the use of multiple sources of information to reinforce or contradict a certain conclusion. It is also important for the researcher to explore explicitly other explanations for a change in health status and not, as is normally the case, to assume automatically that it was the effect of treatment.

We may not be able to say how Homœopathy works but it should be possible to show beyond reasonable doubt that the process has strong therapeutic effects that are not attributable to factors outside that process. There is a growing momentum in conventional medicine to recognize the value of patients narratives. The sophisticated methodology of homœopathic case taking, developed over many years of reflective work, has much to offer this process.

Don't keep it to yourself. The homœopathic community needs access to your case materials – for both education and research purposes. We are looking for high – quality material that will require effort to produce, but authors will be rewarded by taking an active part in the evolution of the profession and by a formal MEDLINE citation for their work. In addition, you will have the satisfaction of being read by the membership who are thirsty for a more clinically orientated and relevant journal.

10. Snapshots from Kenya
SHANNON Tim (SIM,XIV,2/2002)

This is the experience the author gained as a 'missionary' in Kenya, Africa. As is not unusual with Asia, particularly India where a homœopath gets all types of serious, chronic cases. In the case of Kenya the author appears excited at his opportunity to treat – successfully – two cases one of Asthma, post-tubercular cough, unconfirmed AIDS and the other Renal failure and Hypertension.

The author concludes "I found it to be deeply rewarding and incredibly affirming of the power of Homœopathy, especially in the light of the gravity of the cases. I look forward to doing more of this work in the future."

11. The starting point : pathography
SWAYNE, J (HOMEOPATHY, 91, 1/2002)

The issues which have dominated the discussion of homœopathic medicine hitherto are the efficacy and effectiveness of the medicines themselves and the problem of their mechanism of action. The resolution of these is of profound clinical and scientific importance. But there is another aspect of homœopathic methodology that is of equal, and perhaps even more fundamental importance, and that does not depend on whether or how the medicines work. This is the detailed study, almost unique now in western medicine, of the disease process and the healing process; the evolution, manifestation and resolution of the illness in the individual patient.

This paper reviews the epidemiology and the 'pathography' that are inherent in the homœopathic method, and discusses their implications for medical science and clinical practice, and their value to medical education; their importance to the identity of the medicine of the future and the doctor of the future.

12. Some Notes about HAHNEMANN's
Horoscope
MORRELL, Peter (HH, 27,2002)

The author has attempted to draw a horoscope Chart of Samuel HAHNEMANN keeping in view that HAHNEMANN was born at 11.15 p.m.

Peter MORRELL says that Homœopathy in general is probably ruled by HAHNEMANN's Jupiter in 9 Virgo. He foresees "radical developments in the years ahead as Pluto enters and moves through Sagittarius and especially as it passes through the critical 9 – 14 degrees. This will be in 1999 – 2005 approx).

13. Proving: What, Why and How
CROCE Jerome Ann (HT, 21, 4/2001)

The author discusses about the various aspects of provings and feels participating in a proving can be a life-changing experience. Even beyond the personal insight provers achieve from their glimpse into a new and different aspect of reality, provers can rest assured that they have made an invaluable contribution to the father of Homœopathy and to the health of countless people yet to come. The prover homoeopath gets to "taste his own medicine".

14. Supervision: You gotta have it
HAUCK Katherine, G. (HT, 5/2001)

The author has benefited from clinical supervision and discusses its merits. A supervisor is expected to see one's case notes, case analysis, repertorization, miasmatic assessment, prescription and its rationale as well as every nuance of one's homœopathic thinking on every case taken. Some cases are bewildering. Either you don't get them at all; or you give a remedy that you are only half-sure about; or you give a remedy that you have confidence in and are stupefied when it fails. That doesn't make us "failures". It makes us work harder for the simillimum and teaches us the art of dealing with disappointed patients.

You need a supervisor to tell you what you don't see, what you need to know, what books have. You need, supervision for personal feedback, someone who will tell you, when you screw up and when to give yourself a break. Someone who has been where you are and who laughs with you. Someone whose time and opinion you respect and for whom the feeling is mutual.

15. The rehumanization of Medicine.
HOAGLAND Jean (HT, 21, 7/2001)

Dr. David REILEY of Scotland founded the GHH in 1999. This hospital is larger, more inviting, open, light and airy. The aim includes providing a holistic model of care – integrating orthodox and complementary medical practice, evaluation and research within the National Health Service.

Research suggests that patients heal more quickly when the hospital room has a window with a view.

A competition among architects, was held and a selection committee chose the plans they felt were the best and also fit the budget. Staff, current and past patients, and the community members all had an opportunity to assess and critique everything in

the plans, from window and door styles to landscaping and types of furniture.

Wood, leather and natural products were used throughout. No square handles or corners. Everything has a liquid, flowing, gentle ambience. Lighting throughout is adequate but muted and directed so that it, too, gives a warm feeling to the surroundings, sliding glass doors in patient's rooms remove that intimidating, isolated feeling one is bound to have in the traditional hospital room. Anxiety is reduced. Patients can step into the garden outside their door for a breath of fresh air, weather permitting.

The hospital serves as an academic center with teaching and research responsibilities. Training and education are important aspects of total plan.

16. The value of Homœopathy in a Rural 'out clinic' WHARTON May, C. (From JAIH – 1938 – HT, 21, 7/2001)

The author feels that a rural mountain out clinic is the best test in the world for Homœopathic remedies though most difficult for the doctor. Most patients come many miles for this clinic. One hand out of medicine must do the work as it is not possible for them to be seen for at least a week after medicine. One feels almost hopeless in the face of such difficulties, yet here is where Homœopathy shines. He discusses few cases of a day.

17. Cross-cultural considerations in Homœopathic practice. NAMAYA Thomas (HT, 21, 7/2001)

Almost all social interactions and Homœopathy are influenced by cultural bias. This is evidenced by the Repertory and the **Materia Medica**.

How do we ascertain if a patient's behaviour is aberrant or part of her normal cultural pattern? As importantly how do the cultural values of the homœopath, influence his/her decisions in the case?

All behaviour is culturally dependent and meaningful, both in terms of the patient and our attitude and response to the patient. Though we cannot possibly know all the different cultural styles, if we recognize how this may color our interaction and perception of the patient it may allow us to remove another filter from our understanding and arrive at the true similimum.

18. "Reverse Provings"
WINSTON Julian (HT, 21, 8/2001)

To a question by Charlotte GILRUTH that old

Masters considered cured cases to be an adequate proof of the **Law of Similars** at work, why shouldn't we, Julian WINSTON replies that two examples of clinical additions solidly incorporated in our **Materia Medica** are "Indignation" and "Mortification" of *Staphysagria* and *Colocynthis*. Neither symptom is in actual provings; yet JAHR offers them in his works as guiding symptoms, but they had well over 100 years of verification in clinic.

What is needed is a secondary repertory of new indications and remedies that are less than 50 years old – everything in plain type. Use it, add to it and wait another 50 years before they can be trusted.

XI. BOOKS

1. **The System of Homeopathy by Rajan Sankaran, Homeopathic Medical Publishers, Mumbai 2000. £36.50. ISBN 81-901103-1-4**
Review by Fiona HÉUBECK (HOM,79/2000)

"This book is beautifully produced, with good quality paper, lovely clear text and good editing and lay out. There is an accurate index of remedies, excellent cross-referencing.

The structure of the book is that of a sandwich. Dr. Sankaran briefly introduces his first 25 case histories, then there are approximately 50 pages outlining his 'system', followed by another 10 cases. There is an appendix in which he clarifies his thoughts on miasm and kingdom classification and a final summary has been written by Dr. Bill GRAY.

In cases, real conversations have been transcribed and annotated to allow either a 'Find the remedy yourself' approach or by following the footnotes, to understand the thought processes used by Dr. Sankaran and his team to find the correct remedy.

It may be a very useful book nonetheless, as it thoroughly illustrates many of the lines of inquiry and analysis needed in homeopathic practice.

The brief comments on kingdom and miasmatic classification are mainly conclusions developed from his earlier works."

2. **Systemic approach in homeopathic theory and practice by Mario BOIADJIEV. Minerva Books.** Review by Jane HOLLINGWORTH (HOM,79/2000)

"The author is well known and respected among homeopaths of Bulgaria. He sees disease as

a warning of specific energy flow which requires similimum to boost it.

The section on case taking is useful, where he suggests 13 standard questions which should always give a clear picture if asked in the way he recommends. He gives a method for removing and treating the blocks which cause unclear picture.

The book also gives a theory of Cancer and its treatment."

3. Das Werden der Homöopathie - Geschichte der Homöopathie von Altertum bis zur neuesten Zeit (The development of Homœopathy – Its history from olden times to current age), Rudolf TISCHNER, 253 S., geb., Sonntag, Stuttgart 2001 Euro.49.95. (German) review Heinz EPPENICH (AHZ, 247, 1/2002)

"When taken together TISCHNER's publications of homœopathic history remained the largest with regard to those times. The 'History of Homœopathy' appeared in 4 volumes during the years 1932-39. In 1998 these 4 volumes were reprinted into one volume, 837 pages. Many works in journals were published subsequent to TISCHNER's. After these, Rudolf TISCHNER (1879-1961) published in 1949 the above mentioned book. It is a much abbreviated new version of the 4 volume. Instead of mere reprint the author decided to strike off much and put in much on the basis of new researches. The simple reprint in 1998 by Springer of Vienna, is acceptable. One who has the 'large' TISCHNER can forego this 'small' TISCHNER".

4. Organon – Synopse, HAHNEMANN, Samuel. Die 6 Auflagen von 1810-1842 im Überblick. Bearb. u. hrsg. von B. Luft und Wischner. 896 S., geb., Karl F.Haug Verlag, Heidelberg 2000, E.299, - (German) review Thomas GENNEPER (ZKH, 46, 1/2002): "The venture to connect all the six editions of the **Organon in one Synopsis appear to be an easy work. But when the book is taken up for a quick glance through it, it would be clear as to how much a monumental work the two editors have undertaken, as a thorough going through would reveal, - and their excellence in achieving. The format 23 X 31cm is appropriate to the work undertaken.**

The development of HAHNEMANN's concept of Homœopathy was difficult to be comprehended in details although the exact choice of words by him should make it possible. "This state of limitation and obtuseness of the question and solution" as W.KLUNKER in his Introduction says, the Synopsis puts an end to. future works with

the help of this synopsis will indicate what have been poorly understood because of the earlier errors. The high cost is frightful but the expensive production makes it acceptable."

5. Arzneibilder in der Kinderheilkunde – Arznei als Antwort (Materia Medica in Paediatrics – Medicine as response) GRANDGEORGE Didier; 211 S., geb., Johannes Sonntag Verlag, Stuttgart 2000, E40, 39. (German) review by Lochar MICHELS (AHZ, 247, 1/2002): "The search for a clear picture or theme of the medicine in the jungle of the proving symptoms is not new. GRANDGEORGE has added another book – so much so good. What differentiates his work from many others is his thinking point: he considers life as Initiation which again places new problems. If we do not find the solution for the problems conflicts emerge, which prepares the steps for entry of disease picture. ... GRANDGEORGE considers our remedies in this light ... the exposition of the medicines are brief, almost keywords-like and are specially instructive when he appends his own cases to the drug pictures. Some interesting observations ... like how the symptoms can be used for the elders, how the remedies can be used in children.The book is not suited to the beginners. The experienced, learned will get much helpful material."

6. Lehrbuch der Homöopathie – Band 2: Praktische Hinweise zur Arzneiwahl (Textbook of Homœopathy – Vol. 2: Practical Hints for remedy Selection), KÖHLER, Gerhard. 5. überarbeitete Auflage. 430 S., Hippokrates Verlag, Stuttgart 2001, Euro 71,06. (German) review by Gerhard BLEUL (AHZ, 247, 1/2002): "No other better book for homœopathic remedy selection in the practice of acute cases is known. The different states of diseases met with in the daily practice are written thoroughly, the homœopathic single remedies in questions are mentioned with their clear leading symptoms. ... Excellent is the chapter on skin diseases particularly the synopsis of alterations of nail. There are good reference tables for Dysmenorrhoea, Headache and the time modalities in Asthma."

7. Authentische Homöopathie, Erneuerungs aus dem Ursprung, (Authentic Homœopathy – restored from the source), FÄH, Lukas, Libri Books on Demand. Georg Lingenbrink GmbH, D – 22848 Norderstedt, 2000. 255 S. Euro 31,19 (German) review by KONITZER Martin (AHZ,

247, 1/2002): "The book is by the Swiss Internist Homœopath Lukas FÄH. It explains in many respects an absolutely readable new publication. The author hails from a most interesting homœopathic School in Europe."

8. Taschenatlas Homöopathie in Wort und Bild, Grundlagen, Methodik und Geschichte (Pocket atlas of Homœopathy in word and pictures, Basics, Methods, and History), SCHMIDT Josef, 266 S., Haug Verlag, Stuttgart 2001, Euro 35, 27. (German) review by Gerhard BLEUL (AHZ, 247, 1/2002): "On the left side page text and the right page a graphic: the book is in this format throughout. The Foundations of Homœopathy (6 double sides), the practice according to HAHNEMANN (25), the early (7) and the current followers, Schools (5), the practical procedure (6) and the scientific discussion (9 double sides) are covered in the first part.

In the History Part are the Forerunners of Homœopathy (3 double sides), HAHNEMANN's Life and Work (13), the development in Germany (16), in Europe (13), in America (4) in other parts of the world and International (7).

The largest part of the pocket atlas is taken up by the History and the scientific background of Homœopathy in which the author is known as second to none. The wealth of information is astounding. ... A very rightly-priced history book and a valuable addition to the books in the market."

9. Homöopathie in der Frauenheilkunde und Geburtshilfe (Homœopathy in Gynaecology and Obstetrics), SCHLÜREN, Erwin: überarbeitete Auflage, 252 S., Haug Verlag, Stuttgart 2001, Euro 50, 10. (German) review by Gerhard BLEUL (AHZ, 247, 1/2002): "The 'Schlüren' is the most famous homœopathic textbook in Gynaecology, an applied book, in the form of 'clinical rubrics'. A thorough index guides us to the rubrics."

10. Homöopathie in der Kinderheilkunde (Homœopathy in Paediatrics), IMHÄUSER, Hedwig, 12 Auflage, 308 S, geb., Karl F. Haug Verlag, Heidelberg 2000, Euro 44, 95. (German) review by Sabine WALLMEIER (ZKH, 46, 2/2002): "In the first chapter of this practical handbook Mrs. IMHÄUSER proceeds to speak about the peculiarities in the drawing of anamnesis in Paediatrics. The indications of the frequently required medicines are dealt with here. In the following thirteen chapters the author discusses the frequently met with diseases in children like gastro intestinal disturbances, infectious diseases or neuropathic and psychopathic ailments. A

"brief **Materia Medica** for use in paediatric practice" an index of remedies and an index of subjects complete the book. ..."

11. Handbuch der homöopathischen Arznei-beziehungen (Handbook of Homœopathic remedy relationships), REHMAN, Abdur 374S., geb., Karl F.Haug Verlag, Heidelberg 2000, Euro 79,95. (German), review by Sabine WALLMEIER (ZKH, 46, 2/2002): "The English language original publication with the title "Encyclopaedia of Remedy Relationships in Homœopathy" Karl F. Haug Verlag, Heidelberg 1997 has not only been translated into German but in close association with the author, Prof. REHMAN, has been revised and enlarged. The German edition is therefore enriched with source material with "Remedy following" and "intercurrent remedies". The thorough study, the engaging description, and not least the handy format make this book very recommendable."

12. Gesammelte kleine Schriften (Collected minor writings), HAHNEMANN Samuel, Hrsg. von Joseph M. SCHMIDT und Daniel KAISER, 977,S ., 2 Abb, geb., Karl F.Haug Verlag, Heidelberg 2001, Euro 149, - (German) review by Will KLUNKER (ZKH, 46, 2/2002): "HAHNEMANN was in his life time an untiring writer who, besides and partly in his main works which are available, has left us countless minor testimonies in his writings which until now only in part – and that not always sufficient enough – have been published. The need has been felt since long to have access to HAHNEMANN's well-known and unknown writings so that those of us interested in the practical and scientific Hahnemannian Homœopathy, could access an exact text edition. This much-awaited wish has at last been fulfilled by the **Robert Bosch Foundation** promoted project through Josef M.SCHMIDT and Daniel KAISER, editors, and publishers Karl F. Haug. This thick volume of 977 pages combines all contributions of HAHNEMANN in journals and individual books, further all his monographs in 100 pages with regard to his translation of works by others published during his life time. Extra thanks for the excellent binding: when any page is opened is remains flat. Grab this book."

13. Selected Lectures 1984-90 by Vassilis Ghegas, Athens, 2000, thread-sewn, pb. Nine vols. 285 Euros. (including index) review by Nick HEWES (HOM, 80/2001): "..... As an

exposition of the homœopathic bottom-line, these nine-volume collection of Vassilis's lectures, from 1984 – 90, represents homœopathic therapeutics at its best. He's been working as a homœopath since 1974, and these lectures reflect, on every page, the accumulated wisdom he has gathered, as result upon result has been sifted and compared, confirmed or rejected. The books are full of clinical information, often minutely observed, whose purpose is to assist us in our search for the curative remedy. As an example, Vassilis observes that '*Natrum muriaticum* often has a fine line along the lower eyelid' (Vol. A: 15) Vassilis has a definite liking for the application of percentages to homœopathic prescribing. For example: '45% of babies and children need *Natrum phosphoricum*'; '40% of MS patients need *Natrum muriaticum*'; 'you will be able to help 95% of babies suffering from colic with these four remedies: *Chamomilla*, *Colocynthis*, *Dioscorea*, and *Lycopodium*'. On reading these volumes one feels a slight culpability, in the certain knowledge that Homœopathy would be a deeper, richer and more fruitful discipline, if we had all examined our results in the same way that Vassilis has done. ... Some of Vassilis's best clinical advice is cautionary, e.g. if, in a small child, 'tonsillitis evolves quickly to a *Bryonia* state, you can be sure that the child has Pneumonia, The baby doesn't move any more, and wants to be left in peace – give *Bryonia* 10M' this kind of advice is priceless. ... this work will be especially useful to students, for two main reasons: firstly, Vassilis's work is essentially a faithful modernization of KENT – he takes the work of that master from a nineteenth-century to a late twentieth-century context. ... Secondly, almost every single symptom is followed in brackets, by a reference to the appropriate section and rubric in KENT's repertory. What really comes through in the lectures is an impression of dedication, simplicity and generosity. ... "The best thing is to achieve good results in as many patients as possible. It is highly questionable whether recognition by the establishment or by the public health system will help the homeopathic movement".

14. The Homeopathic Conversation: The Art of Taking the Case. by Brian KAPLAN MBBS, MF Hom., Natural Medicine Press, London, 2001. 206 pages, pb.\$22.99 review by Barbara JUNIPER (SIM, XV, 2/2002): "..... In the first two chapters Dr.Kaplan gives the reader a brief autobiographical sketch of his early medical training and his subsequent introduction to Homeopathy. This is followed by discussions

about acute case taking, chronic case taking, our state of receptivity as the practitioner, note-taking, non-verbal communication, and many other important topics that influence our conversations with our patients. Of great interest to me was his discussion of other modalities, such as Psychotherapy, Psychoanalysis, and Counselling .. He discusses how we as homeopaths might benefit in our case-taking efforts by integrating certain elements of these practices into our work.. . . . All in all, I thoroughly enjoyed reading this book. I believe that this book fills a gap in homeopathic literature and expands on an aspect of Homeopathy that deserves our attention."

15. Wad Stories: Homeopathic lectures from a sailing trip on the Wad in the Netherlands, August 28 to September 1, 2000. Jan SCHOLTEN. Stichting Alonnisos, The Netherlands, 2001. pb. \$21.00. review by Ayumi Kie WIESSBUCH (SIM, XV, 2/2002): "Wad Stories is a record of a five-day sailing trip taken by a group of 14 homeopaths through "de Waddenzee". Included in the 112 pages are pictures of the crew on the ship, recipes from the meals they enjoyed, and lectures given by each of the participants. The book imparts the pleasure of being in the grandeur of nature with one's colleagues as they continue discussions late into the night and "dance away" any discordance among them. The lectures, as adapted into the pages of this book, unfortunately do not translate well to the general reader. . . . They generally highlight Jan Scholten's synthetic remedy analysis, but the lack of many of the necessary details leaves the reader at a loss to truly grasp the method. . . . The author proceeds from the claim that plants in the rose family "have much love problems" and as a consequence many heart problems, and selects *Scorbus domestica* in a process of elimination. No information is given as to how this particular plant in the large family of roses is indicated as the simillimum for the patient. The issue of prescribing a remedy without knowing what its curative symptoms are, and the concern that it may inadvertently put the patient in a position of proving remedies without proper consent, is not addressed. Kees Dam presents seven cases in which *Berlin wall* was prescribed. The patients were given potentized concrete from the Berlin Wall. They were treated for the conditions of either being "walled off" or "borderless" [Why not potentize some debris from the bombardment zones in Lebanon, or on-going fight in Palestine, or the LoC in Kashmir? Why not the Auschwitz, Dachau,

and such other infamous places etc. or the “killing fields” of Cambodia, or Idi AMIN’s collections of skulls (for hate)? Why not potentize the soil from MOTHER THERESA’s Orphanage, or Albert SCHWEITZER’s hospital in the Congo (for Love)? = KSS]

16. Encyclopaedia of Remedy Relationships in Homeopathy, by **Abdur REHMAN**, Haug Publishers, Heidelberg, 1997. 362 pages, \$83/-. review by Barbara OSAWA (SIM, XV, 2 /2002): “The topic of remedy relationships is not frequently addressed in modern times. This is surprising in that contemporary homeopaths most frequently deal with complex, chronic cases with a history of much previous treatment. In the management of these chronic cases or complicated acutes, the need to be aware of potential complements, intercurrents, antidotes – essentially, the relationship of remedies – is essential for effective case management. The clinical information on remedy relationships is scattered throughout our literature, appearing as early as HAHNEMANN’s **Materia Medica Pura**. Other well-known authors such as BOENNINGHAUSEN, FARRINGTON, KENT and ALLEN in his **Encyclopaedia** have added information on relationships to their **Materia Medicas**. J.H.CLARKE in his **Dictionary** made the most complete list of the relationships known at that time. Many other references can be found in journals and clinical texts. The widespread nature of the material has proved a daunting obstacle to study until Dr. REHMAN provided us with this Encyclopaedia. He has gathered all the references available in English, German, French, and Urdu, making this the most comprehensive book on remedy relationships ever written. The value of the references can’t be overestimated. The book was planned with work in mind. It’s a well-bound, hard-cover book, small and easy to carry around. The material is presented with an easy-to-read graphic layout in a two-column style. Detailed references from 191 authors and 275 books are listed under headings. it will rank with other favorites I paid dearly for, In time, the real value of classic works such as this will be evident.”

17. Miasms in Labour – A revision of the Homœopathic Theory of the Miasms – a process towards Health, by **Harry van der ZEE**, Stichting Alonnisos, Servaasbolerk 13, 3512 NK, Utrecht, the Netherlands, 175 pages \$20 review by Melanie GRIMES (HL, 14,1/2001): “filled with cases and remedy pictures, this new

book is a valuable source for everyone, who seek to deepen their understanding of Homœopathy and the nature of being human. All in all, over 40 cases are presented, and the index reference, 70 remedies. Van der Zee provides a new look from a new perspective into the theory of miasms. . . . Integrating Homœopathy and Mythology and Psychology, van der Zee widens the door of our science and invites into explore.”

18. Resonance: The Homœopathic point of view by **Richard MOSKOWITZ**, XLIBRIS: Philadelphia 2001 \$25/- 371 pages. (HT, 21, 7/2001) review by Roger MORRISON. “The book is divided into three parts. Fundamentals, remedies and ailments. Each part informs the other as the author brings philosophy into **Materia Medica** and remedy examples into the philosophy section. Interwoven throughout this are Dr.MOSKOWITZ’s own cured cases that serves to exemplify his points in each part. It is a book geared toward a highly literate and intelligent general public but with much information for students and practitioners as well.”

19. Homœopathy: Mystery of healing (Video Review) Teleduction: WILMINGTON. review by WINSTON Julian. (HT, 21, 8/2001) “This video running for just under one hour is informative and joy to watch. It starts, of course, with HAHNEMANN and traces the spread of Homœopathy around the world. You see the details like HAHNEMANN’s first repertory. It gives a good general introduction to Homœopathy and would be perfect for practitioner’s offices and study groups.”

20. Homœopathy, Science or Myth? BILL Gray review by KURZ Chris (HT, 21, 8/2001) “He has shown everybody what Homœopathy can do. He has compiled convincing clinical evidence which shows in a compelling way that Homœopathy has a clinical effect beyond the placebo effect. But he falls short in the scientific one. The book tries to build its case on shaky grounds and misses other important areas of science.”

21. Menopause and Homœopathy: A guide for women in mid life by **Ifeoma Irenze**, North Atlantic books: Berkeley, CA. ISBN 1-5564 – 291-1. 144 pages, \$16.95. review by Christine NEWENHAM (HT, 21,4/2001)

“..... From cover to cover this is an easy to read, informative book that covers the health issues of menopause in a holistic way – dealing with not only the physical aspects but also mental, emotional and spiritual. She presents a background to

Homœopathy, criteria for taking your own case and self-prescribing, allopathic treatment with pros and cons, physiological information regarding the processes and symptoms of menopause, nutritional information and exercise, along with the case studies that show the depth and scope of Homœopathy.....”

XI. NEWS & NOTES

I. Robin LOGAN writes in the HOM,79/2000 in response to the review of the book **Homeopathy Re-examined** that Francisco EIZAYAGA never taught the use of mixed remedies and he was not a polypharmacist as stated by Nick HEWES

His consensus experience are:

- For most homœopaths, making a decent living from seeing patients is not easy in England because of the number of homœopaths coming out of college.
- Most students come away with unrealistic expectations about what they are likely to achieve.
- Failures are rarely discussed in any depth in teaching institutions.
- Another example of unreal nature of much what is taught in British colleges is often information rehashed from old books and not based on personal experience.

In the same issue HOM, 79/2000, Ian WATSON writes: “I would question the assumption that more homeopaths coming out of college makes it harder for practitioners to make a living. A lot depends on how those practitioners relate to each other and interact with one another and how they feel about themselves.

If we work together, co-operate with and support one another then everyone will benefit. I can provide plenty of evidence to demonstrate the benefits of co-operation over competition.

I stand by what I said with regard to many students learning how difficult Homeopathy is as a direct result of their college training – who have been told scare-stories by their tutors that they are literally afraid to even give a remedy.

Solution:

1. To encourage students to prescribe the remedies they are learning, from day one.
2. Encouraging students to study what interests them rather than what we think they should be studying.
3. Encouraging students to trust their own instincts. So long as colleges forbid their students from

actually gaining any experience of their own, how on earth is this situation going to change.

4. To help create high level of patient satisfaction, to make informal contracts with patients, so there is both clarification and agreement over what is being treated. As far as I am concerned if the patient did not help in that area, I have no business prescribing on it, and if I do so without their consent there is every likelihood that the patient will feel dissatisfied with the outcome.
5. To encourage students to charge for their services, even while they are still in training which represents a nominal contribution towards student’s own costs incurred in buying remedies, books and so on.

Response to the above two correspondents in HOM,80/2001: between the practitioner and the patient.

The difficulty is exacerbated also by the tendency of teachers to make what is a simple therapy more complicated. By trying to make things clearer in most cases, muddy the waters still further.

Robin LOGAN perpetuates that making a decent living is not easy in this country. What is missing in my view is the desire to make a decent living by working for it.

I concur enthusiastically with Ian WATSON that we should be treating our patients for what they want to be cured rather than setting ourselves up as arbiters of their health.

The teaching of Homœopathy should reveal both the positive and negative in terms of casework results. We in the colleges have to prepare our students for their lives as professional homœopaths. What we cannot do is to change the nature of the practitioner.”

II. Family values: Rajan Sankaran Seminar,

report by Ilana Dannteisser (HOM. 79/2000): In a case, depending upon which symptoms are chosen, different remedies are arrived at by homeopaths. Sankaran suggests we need a system to make it easier (as well as more accurate and effective).

The most important advantage in working with remedy families is that if we can identify the significant family characteristics of the patient, we narrow down the choice of remedies.

Equally important is identifying in which miasm is the patient in? Sankaran’s map of miasms locates ten acute: Typhoid, Psora, Ringworm, Malaria, Sycosis, Tubercular, Leprosy, Cancer and Syphilis because Sankaran’s definition of a miasm

is about the dynamics of the disease, not the physical pathology.

Sankaran says that the miasmatic classification must be directly related to that of delusion, which finds expression in all levels.

For e.g. If the patient says, 'I have a sinking feeling in my stomach'. This expresses the sensation of sinking which is about the whole person and not just the stomach. [How is that? What if a person says "I have a sense of fullness in my stomach? Is this too an expression of the whole person? = KSS.]

The most valuable information is often gained by externalising the patient's reality in some form. For example to ask about the favourite music.

Plant people often show themselves as sensitive, unstructured and changing. Mineral remedy families – would be getting more structure, qualification Homœopathy is simple in that it has a clearly defined set of principles, but not definitely easy. It is not the therapy that is difficult just the interaction and organization.

Animal remedy families - more themes of passion, showing off, competitiveness, sexuality.

These are characteristic themes and issues not just of remedies but of kingdoms of nature concluded by observations of numerous cases, not on speculation.

It was refreshing to view familiar remedies in a new context Sankaran has put whatever he wants to say in his books – it is for us to take it up and use it, test it, refine it, verify it, refute it if we wish. Ultimately what is so exciting is the feeling of the map, the guidance, the insight into the relationship between the thousands of bits of information.

III. The Reluctant Supervises – Jane WOOD, (HOM, 80/2001) Supervision is beginning to be used by many of the helping professions. The dictionary definition is to 'direct and inspect'. Supervision can be used for honest self-development by both students and practitioners, in order to improve their practice of Homœopathy.

Young homœopaths after licentiate, would benefit from a supervisor as facilitator. They have the advantage of being in the unprejudiced observer role. They can clarify how everyone wants to work, time keeping and summarizing at the end of each session.

The author cites few examples where the outsider perspective allowed him to smooth out numerous problems that had been around since he began practice 10 years ago. The supervision session made him clearer and more confident in himself which helped his patients.

IV. What is 'cure', what is 'restoration of health', what is 'removal of disease in its whole extent'? If this is the highest ideal of the 'Practitioner of the Medical Art', he/she should be clear in his/her mind about these. Massimo MANGIALAVORI, set some years ago, some fairly rigorous standards by which he defined a cure for the purposes of publication or teaching. He insists that:

- i. a single remedy must continue to work for at least two years
- ii. it should also work if repeated in acute episodes
- iii. the severity of the patient's symptoms should be significantly reduced
- iv. the patient should experience a fundamental shift in themselves on deeper level.

'Cure' is a process, a graph with peaks and troughs but a generally upward trend that in most cases should really continue over a period of several years. Permanence was one of HAHNEMANN's requirements for cure. (from the Editorial HOM,80/2001)

IV.. In the HOM, 80/2001 Nigel SUMMERLEY has commented about some homœopaths 'dabbling in dowsing'. He was of the opinion that while dowsing may be useful for ascertaining 'geophysical stress' it may not be useful for diagnosis/prescription of remedy.

However, Kevin MORRIS writes (extract from HOM,81/2001) “. . . . In desperate days, shortly after my Oncologist told me that I was terminally ill, I looked down a list of remedies proposed by Guyon RICHARDS to break up tumours. I realized that one of these might help me, but which one? I took out a pendulum and dowsed the list. The remedy that elicited a marked swing from the pendulum was *Lobelia erinus*. I didn't know the remedy, and Ann had never used it. My **Materia Medica** referred to “dry patches of Eczema covering points of the fingers”. I looked in amazement at the dry flaking skin on the tips of my fingers. It referred to “malignant growths, extremely rapid development”. My new tumour had grown four centimetres in four months. I was flabbergasted, and Ann thought it might be worth it, to give it a try. We started at 12x and slowly ascended the decimal scale over several months. Three months into using *Lobelia erinus*, I'd ordered 18x, and for several weeks I knew that something wasn't right. Eventually I noticed that I was taking *Lobelia inflata*, not *Lobelia erinus*, and I could tell the difference. As soon as I went back onto *Erinus*. I felt marvelous again. Homœopathy is clearly as much an art as a science, and meditation

and even dowsing may have its part to play.” [This information is very interesting; a so-called terminal illness cured from a lesser known remedy diagnosed by dowsing; of course the **Materia Medica** was verified before taking the medicine. Incidentally reference to the **New Manual of Homœopathic Materia Medica and Repertory Ninth augmented edition** by William BOERICKE, B.Jain Publishers, 2000, gives under *Lobelia erinus* (p.395) “dry, eczematous patches which can be covered by the finger tips.”; whereas in the earlier ‘ninth edition’ published years ago gives (p.406) “dry, eczematous patches covering points of the first fingers” which was what this patient exactly had. How, why and who changed this in the “augmented” edition? And which is correct? = KSS.]

V. Jack OCZKOWSKI, M.D., Wassant, Poland writes (HOM, 81/2001) regarding the mode of action of homœopathic remedies. From practical point of view it concerns the reach of action of Homœopathy, it answers the question – “What we can do, or what can we not do through Homœopathy?”

The symptoms of any disease are produced by the Organism itself. Germs and other causes of disease only provoke the appearance of symptoms: all symptoms are produced by the organism itself. And all of them stem from the disorganization of the organism. The organism chooses the way of disease, instead of the proper path, the way of health.

For Homœopathy it is important if the disease, being a dynamic process, is controllable or not. ‘Controllable’ means that the process of disease could be controlled by the organism. ‘Not controllable’, means that there is no possibility of the organism to control the symptoms. Why? Because Homœopathy is information medicine; the sick organism is like a Computer with a damaged, or wrong programmed, like a computer with a virus. When you force it to work it will follow strange procedures – then you will get symptoms. The homœopathic remedies act as a specific anti-viral programme; they interfere with the nerve-endings, and that information is transmitted to the brain. The brain, however, follows the homœopathic information only when it fits; if you give the wrong remedy, it’s like inserting the wrong programme – you get no response. Homœopathic remedies repair the brain disorganization which results in the repaired brain sending the proper orders to the tissues and organs:

The possibility of healing, however, depends on whether the process of the disease is reversible.

Cancer however is not brain-dependent. It is an uncontrolled multiplication of the Cell. Cancer is not brain-dependent nor is it reversible. The only possible final result can be palliation. Also the reason why, mental diseases such as Schizophrenia we cannot get a good response because these diseases are caused by physical damage to the brain.

We can only augment the **Vital Force**, but whether or not the disease can be cured, we will never be sure. For the correspondent this is true limit of Homœopathy, from a modern point of view.

[But don’t we read, though not often, of Cancer cures? Dr. A.U.RAMAKRISHNAN, claims cures of thousands. As example see his article in the **The American Homeopath**, 2001 where he has given cases. Also his book co-authored with Catherine COULTER ‘A Homœopathic Approach to Cancer’ which has received very good reviews. Perhaps Cancer is not the limit of Homœopathy. Enlightened comments welcome please = KSS.]

VI. A Seminar with Vega ROZENBERG: Report by Ilana DANNHEISER (HOM, 81/2001): Abstract: Vega ROZENBERG is said to be “the world’s foremost homœopath “i.e. he attacks Homœopathy’s cherished beliefs. He talks about things others don’t talk about; he confronts and challenges; yet he has the spirit of a deeply inspiring teacher and healer. He does not beat around the bush or waste time.

At the age of 8, ROZENBERG studied Chemistry and Physics; at 14 read the complete works of Sigmund FREUD; at 17 Karate black belt; taught retarded children how to read; at 19 he was Vice-President of a multimillion dollar corporation; at 25 he was teaching Homœopathy. Every few years he acquires (self-taught) a new profession, e.g. Psychology, special education, Law, Car mechanics, Brain research, Milling, and an ongoing spiritual practice in Kabbalah.

In the Seminar he often spoke from the stage with no microphone, no videos, no set and no props.

He has developed his own system of categorizing remedies, into ‘boxes’. The boxes are groups of remedies organized around a central theme. In addition to grouping of a physical pathology nature, such as ‘Cancer’ and ‘rectal’ (remedies such as *Colocynthis*, *Alumina*, *Podophyllum*, *Causticum*?) there are for example, ‘power’, ‘suppression’, ‘split’, ‘radioactive’. In the ‘plastic’ box there is every *Arsenicum* remedy, and then some. ‘Plastic’ is short for superficial, materialistic, acquisitive and basically greedy; the

type who is full of make up, long red nails, cold inside and colorful outside. The rubrics are more like themes, rather than symptoms of the disease. A theme can imply the whole state of the person, in both mental and physical aspects, such as in the 'acid' box, for the 'burnt-out' or 'hormonal' for people who have had lots of hormonal treatment, or with strong male female issues. These are shortcuts to prescribing, but you have to know the implications. Examples: 'Push over box': for people who sacrifice themselves to make others around them comfortable; doormats (examples: *Aethusa*, *Staphysagria*, *Chocolate*, *Pulsatilla*, *Lachesis*). 'Killer box': have an affinity for killing; 'Oxygen box': dealing with problems about lack of oxygen; 'infection box': not only remedies for infection, but where infection is a theme throughout the case: 'Malabsorption box': the system refuses to eat, becomes emaciated, is dying.

His idea of patient succussion: if you have only 15 or 20 minutes (or less) to take a case, you have to stimulate the demon within, or you will never find the case. The very busy patient doesn't have 1 to 2 hours and neither does ROZENBERG because of the large number of people. It is the inimical force to life which is offensive. You have to, therefore, stimulate the dark spirit within, for it is an entity of its own. This is what you have to discover in the person to treat.

A case: Enter a mother with three children, two sons and a daughter. The youngest is a 4 year-old boy, born with club feet, now with metal braces enclosing his lower legs from feet to knees. ROZENBERG points out that you cannot be waiting and go on and on. You have to tickle the demon, you should not just be on the surface. You must see the demon aggravate in front of you for the evolution of the symptoms. Now attention turns to the mother: "What would you not want anyone to know about you?" She replies that she cannot answer. But then information comes from other directions anyway, as she tells her basic story and within a few minutes the main points emerge: burden, restriction, being dumped, leading to shut down; when saying this last point she gestures with a pressing downward movement. She also frequently covers the crown of her head with her hand. This is interpreted as the need to blockout light, that is to say the higher form of light truth coming from a higher place. The overall result of blocking light, pressing down heaviness and weight is dwarfishness. *Barium* blocks light and *Baryta* is a dwarfish remedy. *Baryta muriatica* was prescribed because of variant of grief in the case. Her child, after all, has been severely restricted. A *Baryta* symptom is 'Delusion, walking on his

knees'; this child's disability was 'walking on his knees'. By recognizing the key elements in this case and not by repertorisation this remedy was arrived at.

ROZENBERG says that we have all the information we need in our **Materia Medica**.

The case of R, the daughter who is 9 year-old: She has freckles on her face and cannot keep her feet still. Mother says she is confrontational.

Q: What do you like to eat more than anything in the world?

A: Pancakes

Q: What is more scary than anything in the world?

A: Vampire.

Extremities, Foot, restless and freckles on the face: remedies in both rubrics: *med.*, *sulph.*, *nat-c.*, *lyc.*, *calc.*, *alum.*, *puls.*, *nat-m.*, *lach.*, *carb-v.*, *sil.*, *thuj.* *Medorrhinum* is the main remedy for fear of vampires. *Medorrhinum* 1M, with such rebelliousness in the girl and her attitude the symptoms repertorised were enough to arrive at *Medorrhinum*. Why should we dig all the time? Only dig if nothing simple fits. Be observant, ask penetrating questions. Since case analysis and repertorisation can only be as good as the case taken, you have to get the true symptoms, the deep symptoms, and often times the patient will unintentionally lie to you.

Case: 35 year-old male, father of the above children: Observation: he is a straightforward, uncomplicated person. If you get a simple case, ask about simple things, such as a food. He likes fruit; aversion to red meat; afraid of heights; had motorcycle accident and broke his back. Rep.: desires fruit, meat aversion to, fear of high places, Injury back: *calc.*, *carc.*, *nat-m.*, *phos.*, *puls.* *Calcarea carbonica*, low potency repeated. (*Calc.* is normally a simple and down to earth person with less complexity in).

Case: male, mid-fifties. Arthritis in back, result of accident. Father of three, separated from them most of the time for specific reasons.

History: Was in the Merchant Navy; Safari driver across Africa; worked for UNICEF; picked fruit in summer; never a serious relationship until present partner.

Q: Is there anything you don't want anyone to know about you?

A: Had a secret until few years ago, that I had homosexual urges. Spent time with men in prison and Navy; only consummated once, then left it.

Q: What is your worst fear?

A: To me or to humanity? It's going to end in 50 years; it makes me very sad. I was conceived in Egypt, spent a lot of time in Africa. In the Navy I

served on sailing boat. Used to climb to the top of the mast (90 feet high), and survey the space. (now has vertigo, high places).

Observation: restless feet; intense expression; straightforward; serious.

Rubrics: restless feet;

Love of own sex.

Themes: high up, low down; travel the world, follows the sun; Egypt – ancient spirit; vast spaces; end of the world.

Remedy: *Hydrogen*

The direct approach to case-taking can cut through the gentle circling round the issues, the hours of listening. Get in these, do not waste time. Time is energy. You pay for treatment because it is an energy exchange, a beginner may have to spend lot of time, sifting through information, rubrics, etc. An experienced prescriber and a genius can perceive what needs to be cured by examining what is floating on the surface.

VII. Postcard from France by Jennie TAYLOR (HOM, 81/2001): The French authorities had decided to ban, two years ago, about 180 homœopathic remedies, under the 4c or 8x potency. The prohibited list consisted mainly of animal-based remedies and Nosodes, since it was believed that low potencies of these could contain and pass on viruses and bacteria.But the most bizarre aspect of the whole affair is that, while nobody in France now can legally prescribe or import an *Influenzinum*, a *Lachesis* or even a *Calcarea carbonica* 3c, children are frequently given as many as 19 different vaccinations before the age of four months – including the BCG and Hepatitis B, which are cultivated on cow bile and veal serum respectively.

One of the remedies officially banned since January 1999 is *Saccharum Lactis*.

...Dr. Roland SANANÉs comments on the use of remedies for animals: “Current experience shows that remedies needed by pets more often than not reflect the aggression or emotional instability of their owners, and the increasing need among pet dogs for remedies such as *Ignatia* and *Staphysagria* illustrates the stresses, that pets are under nowadays.”

In his fascinating second book entitled **Homœopathie Chemin de Vie (Homœopathy a way of Life)**, homœopathic paediatrician Dr. Didier GRANDGEORGE talks of the psychological heredity which is passed down from generation to generation, much like biological heredity. In some families, for example, every member will have a serious accident at around the same age. Each time,

the accident seems to have been caused by external events beyond the injured person’s control, but which they actually attracted on the spiritual or psychological levels. The remedy recommended by Dr. GRANDGEORGE for such ‘inherited accidents’ is *Sulphuric acid*, although unfortunately he doesn’t explain why.

On a related theme, the same author describes the frequent need of adopted children for a dose of *Magnesia carbonica*. *Magnesia carbonica* can have dreams of being ‘forced to marry against their will’ and Dr. GRANDGEORGE compares the situation and emotions of children who are suddenly sent to live with complete strangers, to those who are married out of convenience to someone they have never even met. It is often no coincidence that a particular child and adoptive family are brought together. He describes the amazing case of an abandoned nine-month-old baby who, when adopted by a young couple and taken to his new home, immediately crawled into the study and pointed to a particular book on the shelf. Each time his new father returned home, the baby would point to the same book. It was a novel by DOSTOEVSKY – the only book by a Russian author that the couple owned – and when Dr. GRANDGEORGE asked the father if there was any Russian blood in his family, he exclaimed: “My grandfather was a Russian surgeon in exile during the Revolution. He got my Parisian grandmother pregnant, then disappeared without a trace, totally abandoning them both.” Dr. GRANDGEORGE suggests that it was perhaps the grandfather’s turn to be abandoned, and then rescued by his very own offspring. In other words, yet another manifestation of the principle ‘Like cures Like’! His thought provoking conclusion is that, even in cases of adoption, homeopaths should take care to enquire about the adoptive parents’ family history.

VIII. Spin Doctors by MILGROM, Lionel (HOM, 81/2001). Practically everything in the known universe is in permanent revolution. We are all – houses, people, cities, continents, oceans, the air we breathe are spinning at the rate of over 1000 miles per hour. Gravity is keeping us in place. Further we are simultaneously careering round the Sun at well over 60 thousand mph while the Solar system as a whole turns majestically with the rest of our Milky Way galaxy approximately once every 200 million years. This represents a staggering rotational velocity of almost 1½ million miles per hour. Going down in scale, physicists like to think of the electrons, protons, and neutrons that make up atoms all spinning like tops on their axes.

The point is that we are all spinning in infinity in a multitude of simultaneously external and internally different ways.

To many of our conventional medically-oriented homœopaths, there is a severe discomfort when considering any idea that smacks of vitalism. The difference between Science and Homœopathy is that of quantity and quality. Modern Science builds up hypotheses on the basis of measuring quantifiable data which are then verified by the five-sense-based experimentation; thus a body of 'objective' knowledge is obtained. Homœopaths and many other alternative health practitioners depend on their intuitive faculties to sense and discriminate between more subtle qualities of our patients than can necessarily be accessed by conventional medical testing procedures. Any number of machines can tell you that someone is clinically dead, but differences in quality between the living and the dead are things that can be sensed immediately. Homœopathy is a science of qualities. This fine quality-sensing ability can vary from practitioner to practitioner and is therefore difficult to prove or disprove. **Vital Force** is one of those qualities that we sense more or less directly depending on the rapid moment-to-moment fluxionality of our own subjective inner states. The more we are 'aligned' within ourselves, the better the quality of sensing.

Science is not a homogeneous endeavor. That is, the theory and practice of one branch of Science does not necessarily overlap into other disciplines. The theoretical and predictive refinements of Physics – Relativity theory and Quantum Mechanics (QM) for example – have very little bearing on conventional biomedicine. One of the great lessons of QM concerns the connectedness of everything in the Universe. Finally, when science starts to consider the Universe at the most fundamental level, it realizes unity; which is a far cry from the largely multifarious, empirical, and deterministic nature of the biomedical sciences.

Some odd contradictions: physicists for example, are quite at home with the idea that objects can interact with each other 'at a distance' via intervening and intertwining fields; however to a biochemist, molecules only interact when they come into direct physical contact; the notion of action at a distance being considered akin to witchcraft.

A metaphor for **Vital Force** may be in terms of a gyroscopic analogy. One's vitality could be thought of as something that has the property of spin. This is not an entirely new idea, it is akin to the Hindu 'Chakras' which have built into them the notion of energy locked in rotation.

IX. Seminar with Alize Timmerman in Brighton

24-26 November 2000 reported by Ilana DANNHEISSER (HOM, 80/2001): Milk is symbolic of mothering, caring, feeding, nurturing. So in milk Dr. Alize TIMMERMAN presented the relationship of Lac family with Umbelliferae family as there is a strong association because pathology at the stage of the child, at the beginning of life is central to both families.

In Lacs, the primary issue is about the relationship with the mother. So in milk pathology, problems with relationships.

In the Umbelliferae, main theme is that communication is painful. One kind of response is to disconnect from people and relationships.

One other important overlap between the family is with nervous system and paralysis: numbness as the result of an inability to communicate.

She emphasized the need to understand the stages of human psychological development from birth through adulthood, particularly the early stages, which relate directly to the remedies made from milks.

Cases are presented to illustrate this theme.

[There is more of speculation, signature and I do not see HAHNEMANN or the Homœopathy he founded, nurtured by von BOENNINGHAUSEN, HERING, KENT, et al. ALIZE says that she "prescribed the remedy before it was proved"! What is this Homœopathy? = KSS.]

X. "Just as an acute disease can be a miniature replica of a patient's constitutional state, so the transient events of time-present are representative of a much wider reality, and can sometimes help us to see things as they really are." A recent outbreak of Foot and Mouth Disease (FMD) in the UK and the official response to it reminds us of the great gulf that is there between the allopathic and homœopathic models of disease and health. More particularly the bedrock of fear that underlies the allopathic world (remember the chain of 'immunisations' which every child is expected/compelled to undergo irrespective of its health status and inheritance).

A breeder of rare-breed cattle narrated: during the outbreak of FMD in the 1960s his father detected it in his cattle and the Veterinarian was telephoned. The Veterinarian because of his hectic workload could visit only after 5 weeks. In this interval the entire herd caught FMD and suffered but they slowly began to recover by themselves and by the time the Veterinarian visited they all had recovered, **not one of them died of the dreaded**

disease. The Veterinarian declared that there was no need to cull since the entire herd had gained full immunity: It is clear from this that FMD is rarely fatal, and that animals will attain immunity.

Compare this with today. Professor KING recommends vigorous slaughter of much more number of animals than actually afflicted. According to a News report in June 2001, two-and-a half million animals were slaughtered! 95% of these animals killed were healthy. This slaughter of 95% is to protect herds from a disease which is fatal in only 5% of the animals afflicted. Such killing to the point of extermination of the animals indicates only a fear mentality. Such drastic action of slaughtering is a kind of suppression and will render the disease come up with a vengeance. (From the Editorial, HOM, 82/2001).

XI. Coal tar for Cataracts: *Naphthalinum* is recommended for Cataracts. It is said to abort, slow down development of cataract. *Naphthaline* is tar *Camphor*, a chemical compound of coal tar, and PHATAK and VERMEULEN and MURPHY all mention it as useful remedy for thread worms, incarcerated flatus in the transverse colon, hay fever and asthma. W. Louis HARTMANN found it "more often indicated than any other drug in whooping cough." Symptoms are worse at night and while urinating, and better in the open air and for loosening clothing. (**Postcard from France**, by Jennice TAYLOR in HOM, 82/2001)

XII. How to avoid the adverse effects of Vaccinations which are compulsory under Law in France? Purchase a tube of green clay paste from a health shop or chemist, plus a gauze bandage and a roll of plaster. As soon as the injection (vaccination) has been given, go to the toilet and spread clay liberally over the puncture wound, plaster bandage over the top and leave on for two hours, so that the clay absorbs all of the vaccine. French homœopaths who recommend this procedure to their patients on a regular basis claim it to be 100% effective for avoiding any side effects or repercussions. (**Postcard from France** by Jennie TAYLOR, HOM, 82/2001).

XIII. Witch hunting of Homœopathy and homœopaths persist in many countries still although Homœopathy has long history in those very countries. HAHNEMANN's last eight years – considered as his glorious years – were spent in Paris. Acknowledgedly great homœopaths came from France. However, ironically France's 'draconian' vaccination policy hunts for the heads of doctors who avoid vaccination or speak out

against vaccinations. One of the "most heart-rending stories is that of Dr. Marc VERCOUTÈRE, who is now officially forbidden to practice medicine because he allowed his patients to avoid vaccination and dared to speak out against the policy." The authorities have charged him with "an offence against medical wisdom" and "failing to fulfill his moral duty as a doctor.The policy of vaccination being a fundamental part of the public health service, which every medical practitioner should support." Dr. VERCOUTÈRE's telephone has been bugged and his house searched. According to the latest reports, he has now been banned from practicing medicine for two years in 1989, for using the 'improved method' of Homœopathy. "In 1994, he was fined 50,000FF (approximately £5,000) and sent to jail for three months, by a tribunal he wasn't even invited to attend (this in France which we believed fought for Liberty, Equality, Fraternity! = KSS.) On hearing the news that her son was to serve a prison sentence, his mother collapsed and died of a heart attack." [Should not the International League – LMHI – send in its strong protest and rush to support Dr. VERCOUTÈRE? The fraternity rallied around Dr. George GUESS of USA when his State charged him. The case of Dr. VERCOUTÈRE is not a case of France but of the international homœopathic community. Speaking on the day of the union of the two gallic societies with the Paris Society (probably in 1837) HAHNEMANN said that it was because the French acknowledged human rights and were liberal minded, and allowed new truths, he decided to go to Paris alongwith his wife. It is therefore unfortunate that France, of all places, treated Jacques BENVENISTE badly and now hunting for the blood and scalp of Dr. VERCOUTÈRE for the 'offence' of his following Homœopathy. **Arise, world Homœopaths and protest against such witch hunt in the 21st century = KSS]**

XIV. Francis Edmund Boericke, MD. (June 8, 1826 – December 17, 1901), was born in Glauchan, Saxony, Germany, emigrated to the USA in 1849. in 1853 he and Rudolph TAFEL opened homœopathic pharmacy with the help of Constantine HERING. TAFEL left the business after six months. F.E.BOERICKE studied Homœopathy in the HAHNEMANN Medical College of Pennsylvania and got his MD degree in 1863. Same year he married Elise TAFEL daughter of Leonard TAFEL. In 1869 he and brother-in-law Adolph TAFEL opened the pharmaceutical company BOERICKE and TAFEL. In 1887 he became an invalid "through a

complication from a nervous disease.” He was a Swedenborgian. (AH, 8/2002)

XV. Homeopathy in Russia by Vladislav IVANTSOV (HOM, 8/2002): Before 1991 the only foreign literature available in Russian was the **Organon of Medicine** 5th edition, FARRINGTON’s **Clinical Materia Medica** and NASH’s **Leaders in Homeopathic Therapeutics**. There were three main schools:

- The Moscow School which practiced mostly with low potencies of single remedies
- The St. Petersburg School; this was like the Moscow School
- The Kiev School of Classical Homeopathy of Dr. Damian POPOV (in the Ukraine); mostly single remedies in high potencies
- Now since 1991 after practice of Homœopathy was allowed by the Russian Government Classical Homœopathy is in its renaissance. Only conventional doctors can be homœopaths. The only method being taught now is the classical Homœopathy.

XVI. In the Aftermath of September 11th based on a talk by Jeremy SHERR at the Dynamis School in Florida and in Colorado in October 2001. (AH, 9/2002). Some extracts: The intense emotional aftershock that followed the physical explosion on September 11th has affected all profoundly. The collective trauma and grief have fragmented into a wide range of confusing and contradictory emotions. The majority feel anger and hatred against the perpetrators of this atrocity, while some point a blaming finger at our own society. Contrary opinions create inner conflict and paradox. While conventional thinking abhors and rejects paradox, the homœopath is attracted to all that is unusual. Paradox is a gateway to truth. Homœopathic philosophy can help us to unravel and understand this complex situation. There are many levels of truth, depending on the viewpoint from which we perceive ‘reality’. Each has its own relative truth. Discriminating Homœopathy identifies the appropriate size of totality at every given moment and prescribes for that level while progressing towards the larger totality. This homœopathic principle is necessary for perceiving our collective case resulting from, and leading to, the recent trauma. We need to ascertain if we are dealing with an acute, epidemic or chronic disease. We need to differentiate between what is inherent susceptibility and what is stronger dissimilar disease. The dynamic homœopath tracks the changing pattern of disease and adjusts his prescribing accordingly. By doing so we avoid the confusion that results from

looking at the whole situation as if it was single homogenous unit. If the distinction of these states is clear we can embrace the paradox rather than being confused by it. It is important to distinguish between acute and chronic disease, which are diametrically opposite and thus need different remedies. Acute disease means a fight against an aggressor, a cold wind, a virus, a terrorist. It is battle for life or death. HAHNEMANN says that acute disease terminates in death or recovery, the patient either wins or dies. The nearer violent death is, the more we have to compress our perspective to meet it. The focus must be survival. When we are taking an acute case, it is of little interest if the patient had a desire for eggs as a child, or if their grandfather had TB. When someone attacks us in the street, it is not a good time to counsel them regarding their poor social background, to examine our susceptibility or to ponder if we have ‘invited’ this violence. These inimical forces to life can and do kill. We must battle them forcefully in order to preserve our lives.

Real acute diseases are characterized by inflammation or fever. The role of the fever is to fight an aggressor. True acutes are a natural valve and short term resolution for the underlying chronic disease. HAHNEMANN describes acute disease as ‘transient explosions of latent Psora’.

Following an acute fever it is common for children to make a leap in consciousness and understanding. After the Sept.11th tragedy the people of America and the world displayed more openness, harmony and goodwill towards each other. A new sense of oneness and spirituality comforted our pain.

The curative action of an acute disease is neither gentle nor permanent. In an individual acute disease, many thousands of brain cells may be die from a high fever. Regarding the permanency of cure, the beneficial results of an acute episode are temporary and the amelioration of our society was short lived. After the initial sense of togetherness during the first weeks we have slowly sLIPPED back into the ‘normalcy’ of Psora, usually perceived as ‘healthy’. From the nature of the return to the chronic state we learn that the division and conflict we are experiencing are a reflection of the underlying Psora that needs to be healed. Acute fear reverts to chronic anxiety. Looking into the constitution we must carefully and thoroughly analyse; issues that had no place in the acute disease must now be addressed. The nature of our return to chronic disease is highly indicative of our miasmatic constitution.

When the valve of September 11th blew, we were shown an extreme version of the pathology

we live in, as well as having a glimpse of what cure could bring. May be it is beyond our powers to prescribe a homœopathic remedy for the whole world at once. However, if we can prescribe for one patient unto the innermost degree, resting on an understanding of the larger totality, we may touch the roots of our collective itch. If we can heal the planet fully, each individual will be cured. If we can heal any one individual completely, based on a broader understanding of the larger pathology, we may be able to cure the world.

XVII. Holy herb. E.LORENTZ (**L'Homéopathie Européenne 2001; 2** in Homœopathy 91, 1/2002). *Artemisia absinthium* is mentioned in an Egyptian papyrus dating from 1600 B.C. In herbal medicine, it is used in fever, parasitosis, dermatological, digestive and gynaecological diseases. Its abuse can lead to epilepsy.

XVIII. Sudden tremors in an asthmatic child: C.VOISEAU (**L'Homéopathie européenne 2001; 2** in Homœopathy 91, 1/2002) The striking observation in a 4 year old boy who had allergic rhinitis and asthma was he became aggressive and violent when his parents left him alone in a closed bed room or bathroom. This symptom led the author to prescribe *Succinum*. According to BURNETT, a key note of this medicine is 'fear of trains and closed places.'

XIX. The unknown side of Sepia. J.KERSTENS. (**Les Echos du Centre Liegeois d'Homéopathie 2001; 81.** in Homœopathy 91, 1/2002) *Sepia* can sometimes be very dynamic. At this stage work is a real pleasure to *Sepia*; She can even be conscientious about trifles, impetuous, contrary and intolerant to contradiction. *Sepia* is industrious before menses, obstinate, passionate, impatient while sitting, and answers rapidly. *Sepia* may become restless, display foolish behaviour, furious gestures. If we can recognize *Sepia* at that stage, we will be able to avoid the decompensation which threatens *Sepia*.

XX. A case of Pancreatic Cancer A.O.MINOTTI. (**Homeopatia 2000: 65** in Homœopathy 91, 1/2002) 56 year old man with pancreatic Cancer presented with vomiting and biliary obstruction. Laparotomy revealed an inoperable tumour. Hepatojejunostomy performed. Had terrible pulsating pains in the epigastrium not relieved by analgesics lost 14 Kg. *Nux vomica* given in increasing potency with no effect. Series of remedies were systematically studied. VIJNOVSKY gives the following indications for

Cadmium oxidatum and *Cadmium metallicum*: 'According to GRIMMER and others, they are important remedies in Cancer, used in 10, 50 or 100M potencies, every 1-3 months. The oxidatum is the most active, useful in untreatable cases of Cancer. *Cadmium oxidatum* 10M was given, and by the next day the patient had no pain, there was an increase in weight and appetite, a reversal of the anaemia, and patient was able to return to work. He died 5 months later, with no discomfort and good quality of life. His rubric for pancreatic Cancer includes *Ars.*, *Aur-ars.*, *Bar-c.*, *Cad-i.*, *Cad-o*, *Cean*, *Calc-ars*, *Carb-an*, *CON*, *HYDR*, *Iodum*, *Phos*, *Rhus-v*.

He concludes, we fail, as the problem lies in the prescriber and not in the principles, as there are a great number of remedies which are very helpful but which are poorly used.

XXI. Homœopathy and Bacterial Infection by M.NUSCHE (abstract in HH, 27, 3/2002, focus on Alternative and Complementary Medicine): The author seeks to test the hypothesis that the individualized homœopathic remedies are as effective as Penicillin for Streptococcal tonsillitis. 51 German children aged 3-14 years with tonsillitis due to beta-hemolyzing streptococcal infections were split into groups of 22 (received Penicillin) and 29 (received homœopathic treatment mainly *Belladonna* C30 or D200). There was significant difference between the groups, favouring Penicillin. In his commentary Prof. Edzard ERNST comments on the ethical implications of using children in this way. In fact no ethical approval had been sought. There was no randomization and no blinding. In any case the outcome was hardly surprising given that Homœopathy is not considered to be widely effective against such indications. [Certainly those who gave such a blanket prescription of *Belladonna* to all 29 children without individualization cannot be considered as 'homœopathic' physicians. They are pseudo-homœopaths = KSS.]

XXII. Arnica and muscle soreness, by TWEITEN, D., BRUSET, S., BORCHGREVINK, CFS., AND NORSCH, J. (abstract in the HH, 27, 3/2002. source focus on Alternative and Complementary Medicine): 46 healthy marathon runners were given *Arnica* D30 to examine whether there was any effect on cell damage and muscle soreness after long distance running. It was a randomized double-blind placebo-controlled trial organized during the 1995 Oslo Marathon. Five pillules of *Arnica* (or an identical placebo) were given to the runner starting the evening before the

Marathon and continuing twice daily for 3 days. The outcome was measured. It was conceded that the remedy had a positive effect on muscle soreness immediately after the Marathon running, but not on cell damage.

['Studies' of this type have been going on for years and whenever 'positive' results are observed it is skeptically noted; again experiments made which give 'negative' result. And so this game is going on. The 'Science' will never accept Homœopathy. BENVENISTE has, and still is, suffering humiliation, deprivation of laboratories etc. merely because his experiments seemed to validate the "Potentisation" (the process of serial dilution and succussion). Please also read observations of Dr. Richard PITCAIRN a seasoned Veterinarian, in Part II of this QHD. Instead of homœopaths engaging themselves in these futile researches, would better improve their 'cures' rate until it reaches a state that it **cannot** be heckled, laughed at or ignored. = KSS.]

XXIII. What's the bleeding time? by BAILLARGEON, L., DRONIN, J., DESJARDINS, L., LEROUX, D., and AUDET, D. (HH, 27, 3/2002 source Biomedical Therapy 1998): The purpose of this double-blind, randomized, two period cross-over clinical trial was to determine whether *Arnica montana* in 5c decreases bleeding time and to describe its impact on various blood coagulation tests. The results were negative.

XXIV. Editorial of Dr. Farokh MASTER (HH, 27, 3/2002): In this Editorial which is an 'apology' for the 'modern day', teaching of the Doctrine of Signatures, Dr.MASTER writes much that are not Homœopathy. He says that *Plantago* proving has not brought out the 'mind' of *Plantago* and therefore a 'study' of the plant will give us much more! Why does he not propose a 'proving' again and see whether it brings about any 'mind' symptoms? Dr.MASTER says that there is so much information in Internet, Encyclopaedias, and other sources (Folk tales) regarding the many substances we use in Homœopathy that it would be foolish not to use such information and incorporate them in a 'scientific' way (what is that 'scientific'? which 'scientist' or discipline of science will accept the 'signatures' as 'scientific'?). Will a **Materia Medica** built up from such sources, be a reliable one? Can one built up from such sources, be a reliable one? Can these be called as material 'based on facts'? Why did this not occur to Samuel HAHNEMANN, who was quite well read when he made the *Cinchona* experiment – he had at his disposal the whole vast library of thousands

of volumes of the Baron von BRUCKENTHAL when he was in charge of that library and Samuel HAHNEMANN was also a 'Freemason' – and he declared that the **only** way one could know about the healing powers of medicinal substances was by 'proving' them on persons? HAHNEMANN knew about toxicology also well enough. His book of the 'Arsenic Poisoning' (1786) is so thorough with the toxicology of *Arsenicum* that he quotes from hundreds of sources from different languages and different periods of time. He did accept reliable toxicological symptom into his **Materia Medica**, but not the inferences from the 'signature' Dr.MASTER calls in HERING with regard to the justification of clinical symptoms. I would like to draw attention to HERING in his Analytical Repertory.

Dr.MASTER confuses much by trying to fault HAHNEMANN with regarding to 'proving', 'primary', 'secondary' symptoms. He quotes symptom like 'Sadness', 'Apathy', etc. irrespective of the substance proved. He has criticized LANGHAMMER who was one of his 'Prover'. HERING has given a very befitting reply to the accusation against LANGHAMMER.

At the end of the 'editorial' Dr.MASTER declares "provings alone are not, a first proof method to understand a remedy" while HAHNEMANN declared that a medicine's power to effect a cure is know **only** by observing it's effects produced in a healthy body. Shall we give up HAHNEMANN and follow Dr.MASTER and others like him but then we should name this as something else – not 'Homœopathy'. I shed tears for poor Samuel HAHNEMANN who has been shaken and dislodged for his pedestal within 200 years = KSS.

XXV. The Robert Bosch Institute for the History of medicine in Stuttgart, Germany has purchased a 194 page manuscript of the second edition of the **Chronic Diseases** by Samuel HAHNEMANN, for £25,000. Much of the manuscript consists of notes and inserts that were pasted over sections of the first edition. This is the only manuscript known of **Chronic Diseases** and will be a source of information for those interested in tracing the development of HAHNEMANN's thought (HT, 21, 4/2001).

XXVI. The Letters to the Editor (HL, 14, 1-4/2001) continued to argue the right and wrong of the new trends in Homœopathic Philosophy. There were more in support. There was earlier, strong and even harsh exchanges but these have sobered down to a good extent. Those who speak strongly for the new trends seem to be 'fascinated' by the

ideas, the spinning of ideas, views, etc. unlike the 'orthodox' Homœopathy where only 'facts' were taken. While the 'general', the peculiar, **then** the mental to finally decide between competing remedies was the method of the 'orthodox' Homœopaths (who call themselves, rightly, Hahnemannians), the 'new' put it the other way – the 'mind' including the dreams predominate with the Homœopaths own 'understanding' 'perception', of the mental 'state' of the patient, and in most cases these alone, and the other symptoms were not reckoned as of any great value. And this 'new' is the 'upside down' of the 'old'!

One can see from early numbers of the HL and see the changes, although even in 1991 the 'new trend' had set in. On going through the issues of HL 2001, 2002 it seems that the 'new trend' has 'hijacked' Homœopathy – the issues are filled with the 'Mind', 'Dreams', 'Themes' and so on. Cases go pages on and on describing dreams, feelings etc. At the end, one is confused.. One author writes that in all the three cases in which *Lac equinum* was given, "the patients were 'horse people' and they all dreamt of horses."

One correspondant writes about 'paper potency' (Eileen NEUMANN, HL, 14, 2/2001) who claims that for 30 years she has been practicing 'paper potency' successfully and "dares anyone to prove her wrong". She says that 'paper remedies' should be thought of when one could not get one's hands on the remedy needed. If one could use 'paper' successfully why worry at all about non-availability of a 'remedy' needed? After all paper remedy requires only a piece of paper and pencil. No remedy will be unavailable so. She quotes WHITMONT's narration of an incident in which the writing of the name of the remedy *Electricitas* 200c and putting it at the firewall of the car which had electrical problems and refused to start, started soon as this paper with *Electricitas* 200c written on it was fixed there! What a justification!! There was an instances where an engine refused to start in spite of doing one's best to rectify the defect, was given a kick in frustration and lo! the engine woke up and worked vigorously! Does this teach us that a 'kick' is the right remedy for such cases? There was an instance of a wrong remedy given and the mistake came to light few minutes after the patient had left the clinic after the remedy was put into his mouth (instead *Picric acid*, the patient was administered *Fluoric acid*) and during the next visit the patient said that she felt much better! What should I say about this? This cannot be an encouragement for me to prescribe loosely or indifferently. There are those who say that over the telephone they tell their patient

"*Bryonia* 30 is the medicine for you now" and with this the patient gets well. This telephonic remedy is also acceptable to our 'innovators'? In his 'open letter' (HL, 14, 1/2001) Misha NORLAND writes supporting paper remedy, 'creating' a remedy by putting a glass of water upon the remedy name and potency written on a piece of paper"! we have read of strange cures reported by respectable persons. We have read of Shamans, the remarkable experiences of C.G.GURDGEIFF. India is a Land of many mystical happenings to some of which almost everyone of us have been witness to. None of these are to be confused with Homœopathy. These inexplorable cures have their own place but they cannot they have no place in Homœopathy.

Much is written about double blind, placebo controlled etc. trials. Are not the provings carried out 200 years ago still valid for our prescriptions. Misha NORLAND writes (HL, 14, 1/2001): "Had HAHNEMANN lived in the era of the microscope and not 200 years ago, he would, perhaps, have developed a different Homœopathy without the use of dynamised remedies (I doubt this) and with a different explanation Homœopathic action. ...". Of what use are these speculations?

All these new trends are not something between George VITHOULKAS and Jan SCHOLTEN, Rajan SANKARAN, et al. The vast majority of Homœopathy practitioners laps up the new trends without knowing their full implications. They come across initial success and then they do their best to fit in their cases into these new techniques and fail. In that event they have no access to obtain further knowledge to correct themselves. In the case of Orthodox Homœopathy (HAHNEMANN, von BOENNINGHAUSEN, HERING, WELLS, DUNHAM, LIPPE, KENT and their lineage) they can have all their doubts clarified in the literature already available since years.

[In my experience, the new trends have not improved the 'cures' homœopathically, so much as to warrant their adoption into Classical Homœopathy. **We are safe and strong enough with the old Masters.** = KSS]

XXVII. The American Institute of Homœopathy has received a \$10,000 grant from the **Woodward Foundation** to assist the Primary Care Homœopathy (PCH) program. The main objective of the PCH program is to recruit physicians to Homœopathy by offering a very practical introduction to various acute care conditions commonly seen in the Primary Care Practice setting.

XXVIII. Degrees of freedom BORNEMAN Jay P. (HT, 21, 7/2001) The author questions our degree of freedom as National Council against Health Fraud, Inc (NCAHF) of California has sued 12 different manufacturers of Homœopathic medicines as well as their C.E.O's personally. The complaints state that the companies products' claims are untrue and misleading.

The suit asks for the following consequences: 'a permanent injunction' (to cease and desist the sale of the products), "an order to pay restitution", "costs of the suit," and any further relief "that the court may deem just and equitable."

NCAHF seeks an end to the sale of Homœopathic medicines in California.

XXIX. Dr. Will TAYLOR attended International Köthen Expert Days at Köthen during May 2001, where 17 lectures of high quality were presented.(HT, 21, 8/2001). He visited HAHNEMANN's house. In the backyard, some medicinal plants – *Thuja*, *Taraxacum*, *Urtica dioica*, *Chelidonium* and *Veronica officinalis* were growing. The house is being restored.

XXX. Danish investigators have recently published a study which concludes that the placebo effect is a myth. **New York Times** May 24th, 2001 published 'New Study casts doubt on placebo effect'. The investigators analysed 114 published studies involving about 7,500 patients with 40 different conditions.

In particular, they tracked down the frequently cited 30% figure for placebo efficacy and traced it to a single article in the 1950's which fails to justify it. The study was designed to test the placebo effect. The subjects were all women with nausea from morning sickness.

The researchers decided to use a dilute amount of syrup of *Ipecac*, which is used to throw up, when anything bad was eaten. There was high percentage of positive response. The result was not a placebo reaction but a curative reaction. Editorial of WINSTON Julian (HT, 21,8/2001)

2. **AHZ:** Allgemeine Homöopathische Zeitung, Karl F. Haug Verlag, Hüthig GmbH, im Weiher 10, 69121, HEIDELBERG, GERMANY.
3. **AJHM:** American Journal of Homeopathic Medicine formerly Journal of the American Institute of Homeopathy(JAIH)
4. **DH:** Documenta Homœopathica, Herausgeben; LudWig-Boltzmann Institute für Homöopathie, Mariahilferstraße 110. A-1070, WIEN. (VIENNA).
5. **HH:**The Homœopathic Heritage, B.Jain Publishers, 1921 Chuna Mandi, Paharganj, NEW DELHI – 110 055.
6. **HL:** Homœopathic Links, Homœopathic Research and Charities, "Dinar", 20 Station Road, Santa Cruz(W), MUMBAI – 400 054.
7. **HOMOEOPATHY:** Formerly British Homœopathic Journal (BHJ), 2, Powis Place, Great Ormond Street, LONDON, WC1N, 3HT, U.K.
8. **HT:** Homœopathy Today, National Center for Homœopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 22314, USA.
9. **HOM:** the Homoeopath, Journal of the Society of Homœopaths, 2, Artizan Road, BORTHAMPTON,N, 4HU, U.
10. **RH:** Revista De Homeopatia, Rua Estado de Israel, 639 Cep 04022-001 – SÃO Paulo Brazil
11. **SIM:** Simillimum, The Journal of the Homœopathic Academy of Naturopathic Physicians, 11231 SE Market Street, PORTLAND, OR 97216, USA.
12. **ZKH:** Zeitschrift für Klassische Homöopathie, Karl F. Haug Verlag, HEIDELBERG, GERMANY.

LIST OF JOURNALS:

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

1. **AH:** The journal of the North American Homeopaths, 1122 East Pike Street, # 1122, Seattle, WA 98122, USA

PART II

(This section contains abstracts/extracts from selected articles; even the entire article in some cases)

1. A short history of homeopathic potentization WINSTON Julian (AH,8/2002)

Homeopathy is, if nothing else, a pharmaceutical science. Although it is certainly possible to practice healing by the **Law of Similars** with tincture doses of botanical medicines or with large doses of elements (like Mercury) ground to make them digestible – as HAHNEMANN and many other early homeopaths did – it was not until HAHNEMANN began to explore his unique process of triturating and/or succussing that substances previously believed to have no effect on the human economy (such as *Lycopodium* or *Natrum muriaticum*) began to be used as medicines.

Sorry to say, HAHNEMANN wrote little about his explorations and methodology. We are left to piece together the parts from the writings he did leave, and from the information we can glean from his casebooks, and his associates.

The topic of potentization can be divided into four general historical segments:

1796 to 1818, during which time HAHNEMANN was exploring the idea of dose; 1819 to 1833, when HAHNEMANN and others were exploring potentization, and the 5th edition of the **Organon** was written; 1834 to 1843, the development of the Q potencies; 1850 to present, the development of the high potencies and the machines to make them. The order I will approach this topic is **not** that order since the Q potencies were not recognized until the publication of the 6th edition of the **Organon** in 1921. The order, as happened historically, is 1, 2, 4, 3.

Almost all the material about HAHNEMANN's development of dosage comes from Chapter XXIV in Richard Haehl's two volumes, **Samuel HAHNEMANN, His Life and Work** (London : Homeopathic Publishing Co. 1922). The chapter takes up pages 310 to 343 of the first volume. I will not footnote this material. The book is readily available, having been reprinted in India, and can easily be referenced.

1796 to 1818: Early dosages

At first, HAHNEMANN was using tincture drop doses, but he slowly began to experiment with ways of increasing the dilution. In 1796 he talked of "small dose" without defining the term.

Although he kept comprehensive casebooks, in his early work he mentions only the remedies used – not the dosage. In an article in Hufeland's **Journal** that appeared in 1798, he tells of giving *Ignatia* two or three grains and *Camphor* 30 to 40 grains. In the **Apothecaries Lexicon** that same year, he describes "...very small doses according to my method of one-sixtieth to one-thirtieth of a grain of the concentrated juice given in solution."

The first detailed statements from HAHNEMANN were found in his small work **The Cure and Prevention of Scarlet Fever** published in 1801: "I use one drop of the tincture thoroughly mixed with 500 drops of very dilute spirits of wine, and of this mixture I took one drop again carefully mixed with 500 drops of spirits of wine likewise much diluted." He used one drop for a child of four and two drops for a child of ten. He suggested that the drops, immediately before administration, be "vigorously stirred with one to four tablespoons of some beverage ..."

By 1803 he was using dilutions up to 1,000,000th (3c). By 1806 he makes mention of 100th, 1,000th and 1,000,000th part of a medicinal dose. By 1809 he is writing about a "sextillionth" which is equal to an 18c. We know he was using *Arsenicum* in the 18th and *Nux* in the 9th in 1809.

The first edition of the **Organon**, published in the following year, gave no specific instructions for making the remedies. He says, in Paragraph 249: "Eight drops of almost any medicinal tincture given in one dose have only a quarter of the effect of eight drops of the same tincture given every four hours or every two hours in drop doses."

He follows this with an unequivocal statement about the need for the dilution to be uniform in order to be effective (Paragraph 250): "If dilution is also employed (whereby the dose gains a greater power of expansion), an excessive effect is easily produced. But there is no small difference in the effect of a dilution which is, as it were, only superficial, and a dilution which is so intimate and uniform that every smallest part of the fluid medium contains a due proportion of the dissolved

medicine; the former is much less powerful than the latter.”

Then he tells how this “intimate and uniform” mixture might be obtained (Paragraph 251): “Thus, the intimate mixture produced by adding a single drop of a tincture to a pound of water and shaking vigorously, if administered in doses of two ounces every two hours, will produce more effect than a single dose of eight drops of the tincture.”

HAHNEMANN never wrote about how he came upon the idea of “succussion” or that such action has an effect upon the remedy. He seemed, in these early writings to be shaking it well simply to gain an “intimate and uniform” mixture. By 1814 he spoke about certain medicines having their power released after prolonged trituration (i.e., charcoal, salt, *Lycopodium*, lime, etc.) and he was, it seems, beginning to develop the idea that such manipulation in some way changed the material from which the remedy was prepared.

In Volume II of **Materia Medica Pura** published in 1816, he discusses smallness, but not method of preparation. In Volume VI of the **Materia Medica Pura**, published in 1818, he was still giving drop doses of some remedies (like *Sarsaparilla*) while with others he spoke of diluted doses.

1819 to 1833: Potentization

HAHNEMANN started speaking of using the smallest part of the drop in the fifth volume of the **Materia Medica Pura** in 1819. Says HAEHL: “In the sixth and last volume of ‘**Materia Medica Pura**’ appearing in the year 1821, the expression ‘the smallest part of the drop’ which was frequently encountered in the fifth volume, is constantly recurring. It seems that HAHNEMANN was then adopting the use of globules, whereby the small fraction of the drop could be administered more easily.”

After this he began to experiment with the number of succussion he would give to his remedies. By 1828, in **Chronic Diseases**, he says that two succussions are sufficient but 20 would endanger a patient’s life.

By the 4th edition of the **Organon**, published in 1829, HAHNEMANN was firmly into potentization. The sense one gets from the 4th edition is that he might have perfected the concept of potentization between 1824 (the 3rd edition of the **Organon** has no discussion of potentization) and the 4th edition of 1829. In that edition he says (Paragraph 269): “The homeopathic healing art develops for its purposes the immaterial (dynamic) virtues of medicinal substances, and to a degree previously unheard of, by means of a peculiar and hitherto untried process ...”

In Paragraph 270, he speaks of using one drop of alcohol and one drop of plant juice mixed, and then mixing those two drops with 98 drops of alcohol, “... and the whole twice shaken together, the medicine becomes exalted in energy (**potenzirt**) to the first development of power ...” He then recommends making similar preparations up to the 30th potency.

In a footnote, he says he prefers two shakes to every vial. He had used more previously, but it developed the energy to too great a degree. “On the contrary, there are homeopaths who, in their visits to the sick, carry about their persons the medicines in a fluid state, which, they nevertheless affirm, do not in time become increased in energy by the frequent agitation to which they are thus subjected.”

HAHNEMANN goes on to say that, in his experience, such agitation does, indeed, raise the energy of the medicine. This statement, and the footnote, is repeated again in the **Organon** 5th edition. This paragraph is undoubtedly the source of the myth that HAHNEMANN discovered potentization by observing the effect of a journey upon liquid remedies. There is nothing to indicate that this is the case.

His use of the granule was discussed in a footnote to Paragraph 283 of the 4th edition: “The best mode of administration is to make use of small comfits or globules of sugar, the size of a poppy seed; one of these globules having imbibed the medicine, and being introduced into the vehicle, forms a dose containing about the three-hundredth part of a drop, for three hundred of such globules will imbibe one drop of alcohol...”

He suggested that appropriate granules would be available from confectioners.¹ Although HAHNEMANN does not specify it, the granules he used (and which we still use) were made from cane sugar, **not** milk sugar.

In a footnote to Paragraph 285, of the 4th edition, HAHNEMANN further discussed his concept of potentization, and the idea that a mixture might be “too close” and too potent:

“When I make use of the word intimately, I mean to say that by shaking a drop of medicinal liquid with an hundred drops of alcohol once - that is to say, by taking the phial in the hand which contains the whole, and imparting to it a rapid motion by a single powerful stroke of the arm descending, I shall then obtain an exact mixture of them; but that two, three or ten such movements would render the mixture much closer - that is to say, they would develop the medicinal virtues still further, making them, as it were, more potent,

and their action on the nerves much more penetrating. In proceeding, therefore, to the dilution of medicinal substances, it is wrong to give the twenty or thirty successive extenuating glasses more than two shakes, where it is merely intended to develop the power of the medicine in a moderate degree..."

By 1829, HAHNEMANN's method was becoming known, and several others began to experiment with making remedies. In a letter to Dr. SCHRETER in STAPF's *Archiv* of September 1829, HAHNEMANN suggested that the 30th potency be the "standard dose" because, if it was, "Our enemies cannot reproach us for having nothing definite, no fixed standard." In the same letter, in regard to higher potencies, he said, "There must be a limit to the matter, it cannot go on indefinitely."

By the end of the 1830's HAHNEMANN, despite his own plea, was using all the levels of potency available from the lowest to the highest. Dr. Malan visited HAHNEMANN in Paris in 1841 and 1842 and reported: "I frequently saw HAHNEMANN prescribe very high dilutions. One of the most remarkable cures had brought about by one single dose of a very high potency; as far as I know this remedy came from Jenichen. I have often heard him say that the 30c potency should by no means form a fixed limit for medicinal dilutions."²

The limit was being stretched by a number of zealous students and followers. By 1830, Semen KORSAKO, a Russian homeopath, had written to HAHNEMANN about two of his discoveries. The first was a modification in the potentization process – a single vial was used, and after the dilution was succussed, the vial was emptied and, counting on having a few drops of the liquid of the previous potency remaining on the walls of the vial, 99 times that amount of diluent was added, and the process repeated. Known at the time as "Dilutions on the Remaining Drop,"³ this became known as the "single vial" method or the "Korsakov" method. It was used by others including LEHMANN, GRUNER and MÜLLER, who were experimenting with higher potencies.

KORSAKOV also wrote to HAHNEMANN about "grafting," where a single medicated globule was brought into contact with unmedicated globules, which became medicated simply through contact. KORSAKOV claimed to have medicated 13,500 globules with a single globule of *Sulphur* 30.

By the time the 5th edition appeared in 1833, HAHNEMANN clearly described the manufacture

of the remedies, the potentization (using two strokes), and the moistening of the globules. But the method was slowly getting away from HAHNEMANN.

1850 to the present: The High Potencies

Despite HAHNEMANN's plea for a 30c to be the standard, others were preparing higher potencies. LEHMAN was preparing 200th potencies by "the remaining drop" method, and these were used by BÖNNINGHAUSEN.

HERING is often quoted as asking for potencies to be "higher, higher, every year higher!" One of the earliest makers of high potencies who heeded HERING's call was Julius Caspar JENICHEN (1787 to 1849), a horse master in Wismar, Germany, JENICHEN had been introduced to Homeopathy by HAHNEMANN's pupil, Wilhelm GROSS. JENICHEN began to experiment with making potencies higher than the 30th, and was convinced that the power lay in the succussion rather than completely in the dilution.

A powerful man – it was reported that once, at a dinner party, he rolled up a silver plate and shredded it with his bare hands as if it were paper – JENICHEN made his potencies at night from 10 p.m. to 3 a.m. Stripped to the waist, he held the vial in his hand in a slanting direction, and gave the bottle a downward stroke with such force that the liquid would rattle "like silver coins". BRADFORD reports a life-sized portrait of Jenichen in the house of Dr. STAPF showing his Herculean arms and muscular frame.⁴

The JENICHEN potencies were made with several different dilution ratios. HAHNEMANN was familiar with them and used them on rare occasions.

But the amount of labor needed to produce high potencies by hand was immense. In 1981, John BORNEMAN calculated the time needed to produce a range of potencies, using the KORSAKOV method, giving each dilution ten succussions. A 1M potency could be made in a bit over eight hours. To achieve a CM (100,000) potency would take 833.3 hours of work, or 138 days at six hours a day. That is more than four months of daily work.⁵

It became obvious that some amount of mechanical help was needed to assist with the process of dilution and succussion. The earliest aids were achieved by attaching the vial (or a container of vials) to a long arm and having the weight of the dropping arm act as the succussive force. The vials, of course, would have to be emptied and refilled manually. MURE (circa 1840) used a hand-powered arm. DUNHAM (1856) used an arm driven by a water-powered stamping mill.⁶

W.W. ROBINSON describes the time as ‘... an era when the physical and chemical sciences were beginning to take a more definite form, the concept of high potency thrived in what might be termed an atmosphere of “gentle philosophy.”’⁷

By 1865, others were experimenting with ways of creating potencies. One of the leaders in the grand experimentation was Bernhardt FINCKE, MD. FINCKE had written a book, **On High Potencies**, that was simply a record of the clinical use of potencies made according to various methods in a number of ranges. On the basis of his study, he began to believe that, after a 30th is reached, it is the dilution rather than the succussion that is important.

In 1869, Dr.FINCKE was granted a patent (United States Patent # 93980. August 24, 1869) for a new potentizing process, that of “fluxion.” In this process, a one-dram vial, filled with a hand-made 30c potency is subjected to a continuous water flow. Using a long glass tube called a “regulator” the water flows from the bottom of the vial, displacing the water above it. When one dram of water has flowed through the vial the potency was considered raised by one degree. Fincke suggested that the neck of the vial was important to the process, serving to keep a slight back-pressure in the vial.

When the final potency is reached, the vial is cleared of the water with a sharp jerk, filled with alcohol, and succussed twice.⁸ This potency, labeled “F.C.” (fluxion centesimal), is then used to moisten the sugar globules.

In 1876 at the World Homeopathic Convention in Philadelphia, a number of high-potency advocates met and exchanged ideas. The fluxion method appeared to be the method of choice, although it had many variations. The potencies made by Samuel SWAN, MD, were prepared by a fluxion method that measured the amount of water flowing into the container holding the remedy.

Thomas SKINNER, MD, from Liverpool, met SWAN and FINCKE at the Philadelphia meeting. Convinced that there might be some good in the method, he returned to Liverpool where he produced an experimental potency of *Sulphur* in the following manner: “He took a two-drachm phial and placed in it a drop of the tincture of *Sulphur*. He then allowed water to run very slowly into the phial till it was filled. He then emptied it without any shaking, and allowed it to refill in the same way. This he did a thousand times – and a tedious piece of work it was. When next a patient came to him with clear indications for the remedy he gave a dose. In this case the action was so powerful that it had to be antidoted...”⁹ SKINNER then developed a

machine which did the work – it filled the vials, dumped them, and re-filled them.

Responding to suggestions that these were not Hahnemannian potencies, SKINNER said: “It may be said that high potencies are not what they are represented to be, because the method is not that of HAHNEMANN in detail. This cannot be said of BOERICKE’s, JENICHEN’s, LEHMANN’s, DUNHAM’s, LIPPE’s, and my own F.C. attenuations, which are made by processes such as HAHNEMANN himself, *if he could witness them, would highly approve* [my italics], because all the essential points are most scrupulously observed and greatly improved upon, whilst time is economized, and error is next to an impossibility, so perfect are the methods.”¹⁰

According to SKINNER it “makes 50 centesimal potencies per minute, 3,000 per hour, 72,000 per day, 100,000 in about thirty-three hours, and the MM, or millionth, in three hundred and thirty hours, or about fourteen days and a half, running night and day; and there is no doubt whatever that it is the millionth centesimal potency of HAHNEMANN ...”¹¹

A Skinner Machine was installed at Boericke and Tafel pharmacy at the urging of KENT in about 1900. The whereabouts of this Skinner potentizer is unknown. A Skinner Potentizer was built for the B & T pharmacy in Philadelphia in the early 1920s. All high potencies from B & T were made upon this machine before it was retired in 1992.¹² Other potentizers that used fluxion were made by BURDICK and by SANTEE. NASH used the SANTEE “Gravity potentizer” to make his high potencies.¹³

In about 1912, JAMES TYLER KENT developed a mechanical potentizer for EHRHART and KARL in Chicago. It was constructed to carefully measure the remedy to diluent in the 1:99 ratio, and to succuss each step ten times. This machine was used by E & K to make remedies through the 1940s. It made potencies from 10M to CM – starting with ERHART’s hand-made 1M¹⁴. A number of machines were made in the 1900s in Europe by several of the pharmacies there.¹⁵

In the late 1980s a pharmacist in California, MICHAEL QUINN, developed a potentizer that made succussed Korsakovian potencies. Shortly after, JOHN MORGAN, at Helios pharmacy in the UK, developed a machine that also made Korsakovian potencies. In the last ten years a number of Korsakovian machines have been installed at several pharmacies in Europe. **Remedia Pharmacy** in Austria also has a Fluxion potentizer in operation.¹⁶

1834 to 1843: The Fifty Millesimal (Quinquagintamillesimal) potencies

But there was a small fly in the “potency ointment.” During the last period of his life, HAHNEMANN was experimenting with yet another way of making remedies to have their effects be more gentle. He wrote all about it in the 6th edition of the **Organon** in 1842, essentially re-writing the whole of Paragraph 270 that discussed the manufacture of the remedies.

But the 6th edition was not released to the public until Richard HAEHL found the manuscript in the possession of the BÖNNINGHAUSEN family, and arranged to purchase it, with the financial help of William BOERICKE and James William WARD. It was printed in German in 1921 and in English in 1922.

Its publication was almost too late. Most of the grand homeopaths had all been trained on the 5th edition. Even though HAHNEMANN had discussed the idea of the liquid dose in the 5th, many of those homeopaths were still using the dry dosing posology of the 4th edition. The changes in the potency scale of the 6th edition either escaped their notice or was ignored.

The new 50 millesimal potencies were made by a unique manufacturing process. Since HAHNEMANN never went above an 0/30, no machinery was needed – only hand labor and a lot of care. They differed from the previous potencies in a number of ways:

First, all the potencies were to start with trituration. The raw material (be it plant, animal, or mineral) was triturated to a 3c potency.

Second, the conversion from the trituration to the liquid potency followed a new method.

Third, the method to make higher potencies depended upon the full saturation of the granule in the first potency.

This is all found in the rewrite of Paragraph 270 where he says:

“In order to best obtain this development of power, a small part of the substance to be dynamized, say one grain, is triturated for three hours with three times one hundred grains sugar of milk according to the method described below up to the one-millionth part in powder form. For reasons given below (b) one grain of this powder is dissolved in 500 drops of a mixture of one part of alcohol and four parts of distilled water, of which one drop is put in a vial. To this are added 100 drops of pure alcohol and given one hundred strong succussions with the hand against a hard but elastic body. This is the medicine in the first degree of dynamization with which small sugar

globules may then be moistened and quickly spread on blotting paper to dry and kept in a well-corked vial with the sign of (I) degree of potency. Only one globule of this is taken for further dynamization, put in a second new vial (with a drop a water in order to dissolve it) and then with 100 drops of good alcohol and dynamized in the same way with 100 powerful succussions.

“With this alcoholic medicinal fluid globules are again moistened, spread upon blotting paper and dried quickly, put into a well-stopped vial and protected from heat and sun light and given the sign (II) of the second potency. And in this way the process is continued until the twenty-ninth is reached. Then with 100 drops of alcohol by means of 100 succussions, an alcoholic medicinal fluid is formed with which the thirtieth dynamization degree is given to properly moistened and dried sugar globules.”

These new potencies were to be administered in water, using a different methodology than in HAHNEMANN’s earlier work. The methodology is beyond the scope of this article.

Because the dilution (as HAHNEMANN estimated at 1: 50,000) was dependent upon the amount of the first preparation that was upon the saturated globule, the size of the globule was critical in the manufacturing process. This was discussed in an article by Chris KURZ, PhD in the March, 1998, **Homœopathy Today**.¹⁷

HAHNEMANN often wrote about his new techniques to his most respected students before he made them public. One of his students was Reverend Thomas EVEREST from England, who was in charge of making sugar globules for HAHNEMANN’s remedies. He was a close friend and confidante of HAHNEMANN’s in his last experimental works. On July 30, 1853 a letter was published in the **Homeopathic Times** that Rev. EVEREST wrote to a Dr. LUTHUR in which he describes the experiments he witnessed HAHNEMANN perform while he was improving the homeopathic system.¹⁸

“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 1, 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 of wine, and adding one hundred drops of spirit of wine; with this he humected a globule as before and called that dynamization 0/2..."

Unfortunately, we do not know when Reverend EVEREST saw this, but since it was published in 1853, and then again in BRADFORD's work in 1895, the information about what HAHNEMANN was doing was available to the homœopathic community (including HERING and KENT) through that time. It was not until the **Organon** was closely examined that this "new method" became known.

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Notes:

¹BRADFORD, T.L. *Life and Letters of Dr.Samuel HAHNEMANN*. Philadelphia: Boericke & Tafel. 1895. 454.

²"On HAHNEMANN's 'Senility,' A Letter from Dr.Malan." *The Organon*. 1878; 1: 284.

³FINCKE, B. "Nomenclature of Potencies." *JAIH*, 1860. 121.

⁴This portrait was given to HERING. It was then in the possession of Calvin KNERR, who gave it to Raymond SEIDEL for safe-keeping. When SEIDEL died in 1980, his sister gave the portrait to an auction gallery in Philadelphia. It has not been seen since. I tried tracking it to no avail.

⁵J.A. BORNEMAN. Custom Potency Price Schedule. Spring 1981.

⁶"The Preparation of High Potencies." *Hahnemannian Monthly*. III: 499.

⁷ROBINSON, W.W. "The High Attenuation: Its history and Modes of Preparation." *The Homeopathic Recorder*. 1941. February: 51ff.

⁸KAERCHER, W.F. "The Fincke Process of Potentization." *The Homeopathician*. 1914. November.

⁹CLARKE, J.H. *Thomas Skinner. MD – A Biographical Sketch*. London: London Homeopathic Publishing. 1907.

¹⁰SKINNER, T. "The Dynamization of Medicines." *The Organon*. 1879. 2:895.

¹¹SKINNER, T. "Dr.Skinner's Centesimal Fluxion Potentizer." *The Organon*. 1878. 1:53.

¹²The Skinner potentizer in use at Boericke and Tafel in Philadelphia appears to have been made in the early 20s or 30s. This judgment based upon the details of the machining on, what appears to be, the oldest parts of the machine. It was made by The Penn Instrument Company, a concern that has been defunct for more than forty years.

The instrument was rebuilt when B & T was acquired by VSM, but the machine was withdrawn from use because the SKINNER method is not an approved method of manufacture (as listed in the *Homeopathic Pharmacopoeia of the United States*) and therefore, all potencies made on the machine did not meet the legal requirements of the FDA.

¹³NASH, E.B., MD. "A New Potentizer." *Homœopathic Physician*. 1889. 9: 106. See pages 84-102 "Homeopathic Pharmacy," in *The Faces of Homœopathy*. Tawa: Great Auk Publishing. 1999.

¹⁴The E & K "KENT" machine resides at Luyties Pharmacal in St.Louis, MO. Since there is no record of how it was used, or how the water was exactly fed into the machine, it is simply an artifact of the history of homeopathic pharmacy.

¹⁵I have seen pictures of several machines, circa 1925, that were identified as the SCHMIDT potentizer, the Abt potentizer, and the NEBEL potentizer.

¹⁶Boiron has a Korsakov machine of their own design. VSM has a Quinn potentizer. Spagyra in

Germany uses a compressed air driven piston to potentize their remedies. Remedia in Austria offers fluxion potencies, and has a newly designed Korsakov machine, which resides at an extremely beautiful spot, inaccessible by car, high up in the Austrian Alps, making its own electricity from a clear mountain creek, whose water is used in the remedy preparation.

¹⁷HAHNEMANN's prescription said that 100 pellets weigh 1 grain. (0.0648g). The density of sucrose (cane sugar): $\rho = 1.5805\text{g/cm}^3$. Therefore the ideal weight of 1 pellet: $W = 0.000648\text{g}$.

The weight of a sphere, $W = \rho \times 4 \times \pi/3 \times r^3$, where "r" is its radius.

Therefore, the radius of the ideal pellet turns out to be 0.46mm, making its diameter 0.92mm. Therefore HAHNEMANN's pellets were of size "9.2," slightly smaller than size 10.

Since the size of a pellet is instrumental in establishing the correct dilution ratio between successive stages of the LM potentization sequence, if we use the slightly larger size number 10 granules, the dilution ration will be 1 : 42,373 – quite a way off from the required 1:50,000.

¹⁸Bradford, T.L. *Life and Letters of Dr.Samuel HAHNEMANN*. Philadelphia: Boericke & Tafel. 1895. 466-467.

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2. The Manufacture of Homœopathic Medicines
Robert MEDHURST (Journal of the Australian Traditional Medicine Society, Oct. 1999, Vol.5, No.3.)

There are a number of different methods of making homœopathic medicines. The ultimate authority on how they are made should really be Dr.Samuel HAHNEMANN, who laid down the principles that underpin Homœopathy around 200 years ago, even though there has been some divergence from his original instructions.

It should firstly be said that remedies made radionically, or by using a 'black box', are not homœopathic medicines, but something else again. Whether or not they are effective is debatable, but anyone calling radionic remedies 'homœopathic' is mistaken. As to their relative effectiveness, a study published in the May 1994 edition of the *Townsend Letter for Doctors* showed that these remedies are not as effective as those made by traditional means.

This was echoed in another study published in Germany in February of this year⁽¹⁾.

Homœopathic medicines are traditionally made by hand, and if done properly are made in accordance with the manufacturer's instructions i.e. according to the sixth edition of HAHNEMANN's *Organon of Medicine*.

From the first to the sixth editions HAHNEMANN changed his mind on this process a number of times. What he ended up with was a medicine that began as a mother tincture in the case of soluble starting materials, or a triturate in the case of insoluble starting material and some plant materials i.e. 1 part of starting material ground with 99 parts of lactose in a mortar and pestle for one hour at each step. One part of this mother tincture was added to 99 parts of diluent, the thing was succussed (struck against a semi-hard surface) and the process repeated again and again until the desired dilution was reached.

What Does It All Mean?

There are a number of 'codes' used to describe what is meant by different types of medicines or 'potencies'. C means centesimal or 1 part in 100, so a 3C for example is a 1 in 100 dilution carried out three times. CH means Centesimal Hahnemannian, or manufactured in accord with HAHNEMANN's directions. So a 3CH is a 3C made in strict accord with HAHNEMANN's last instructions.

X is a decimal or 1 part in 10, so a 3X is a 1 in 10 done three times. D is the European expression of X, so a D6 is the same as a 6X and D potencies may also be written as DH ie DH6. Therefore a 3X is the same as a D3, X or decimal potencies were developed by Dr.Constantin HERING some time after the introduction of the C potencies. Decimal ratios were what he originally used to dilute his medicines eg *Lachesis muta* in the 1820's, and they became popularized by Dr,VEHSEMEYER in the 1830's.

M means 1 in 100 done 1000 times, so a 10M is a 1 in 100 dilution that has been diluted 10,000 times, or you could say that it's a 10,000C. A 50M is a 1 in 100 dilution done 50,000 times.

This is not to be confused with an LM (which is different altogether) which is effectively 1 part in 50,000, so an LM3 is a medicine made from a 1 in 50,000 dilution done three times. Some people call these LM's Q potencies, which comes from the word quinquagenimillesimal, although there are some slight differences between the techniques used to manufacture Q potencies and LM remedies. Going back to the M's, a CM is a 1 in 100 dilution done 100,000 times and an MM is a 1 in 100 dilution carried out 1,000,000times.

Do the Number of Succussions Make a Difference?

Throughout his life, Samuel HAHNEMANN took several different positions on the number of succussions that should be employed to make the medicine. He initially succussed to mix the solute with the solvent as part of a dilution process aimed at reducing the aggravations caused by the undiluted medicine, but found that the way this was done made a big difference to the effect of the remedy. He started in 1801 by succussing vigorously for several minutes, then in 1814 changed this to succussion for three minutes. In 1821 he went to 10 succussions only, by 1824 back to two succussions. By 1837 he was back up to 10.

Does it make a difference? It would seem so. In places where labour costs are relatively low; the manufacturers often get a little busy with their succussions. One pharmacy in India that I bought some medicines from once claimed to use 100 succussions in their manufacturing processes.

These medicines, in comparison with the locally made ones, tended in my experience to cause more symptom aggravations than would normally be expected to occur in the same medicine which is made with fewer succussions. As mentioned above, the main reason for HAHNEMANN's experimentation, and the use of the dilution process itself, was to minimize this problem of aggravation.

Are all potencies Hand Made?

Most manufacturers make their medicines by hand up to the 30th potency. Past this point, machines are normally used to carry out the work. This probably wasn't what HAHNEMANN originally intended, but he apparently was in discussion with the designers and users of these machines and there is no evidence of him raising serious objections to their use. In fact J.T.KENT, one of the pioneers of Homœopathy, is said to have regularly used these medicines, and may have been instrumental in the development of the Kent Potentiser.

The principle of use for these machines is based on the design originally developed by the Russian General, Iseman KORSKOV in about 1828 and has been used for most high potencies ever since. Remedies made under this process are often called CK or Centesimal Korsakov potencies.

The process relies on using a single vial to carry out the dilution process, rather than using a fresh vial with each new dilution. One adds one part of the starting material to a vial containing 99 parts of diluent, succusses, tips it all out, refills with fresh diluent, and repeats the process. Every step provides a potency increase.

There are a number of different types of these instruments, but they can be roughly divided into two groups i.e. fluxion machines and potentisers. Fluxion machines, such as the FINCKE, ALLEN and SWAN machines involve continuous addition of diluent to the vial, and taking it out at regular intervals that are calculated to give the appropriate potency per amount added.

The powerful flow of the diluent into the vial is supposed to produce a similar effect to succussion. Fluxion potencies are made with a 12C or 30C potency as the starting material, to minimize the risk of any of the mother tincture material adhering to the wall of the vial, thereby giving an erroneous potency. Skinner potentisers used intermittent fluxion and have been widely used around the world for the last 90 years or more.

The term SK is used to denote potencies that are made from Skinner Korsakovian potencies, a 200SK for example would be a 200th Korsakovian potency from a Skinner machine. William BOERICKE, who is more famous for his **Materia Medica**, was also involved in the development of these machines.

The second group of machines employs succussion, and examples such as the Quinn potentiser uses similar fluxion principles, except that they also mimic the succussion process normally done by hand. The Quinn machine was made to duplicate the structure, length and characteristics of the actual arm of its originator, Michael QUINN. The Kent Potentiser worked on similar principles to the Quinn machine, succussing each dilution 10 times.

Even though these machines can greatly reduce the amount of time taken to make the remedies, the process is far from instant for they can take a day to make a 10M and a week to make a CM. Anyone who still hand succusses the medicines will normally take a day or so to make a 1M.

More information on the various methods of manufacture can be gleaned from all six editions of the **Organon** and the **Homœopathic Pharmacopoeia** that are the professional manufacturer's bibles. There are pharmacopoeias from Great Britain, Germany, India. France and USA and many other countries. Anyone who is serious about this business will be manufacturing their medicines in accordance with HAHNEMANN's **Organon of Medicine**, most commonly the 6th edition, and one of these pharmacopoeia.

Reference : (1) Dittman J.Kanapin H.Harisch G. Biochemical Efficacy of Homœopathic and Electronic Preparations of D8 Potassium Cyanate. Forsch Komplementarmed 1999; 15 Feb.

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3. A Consideration of the scope of peculiar symptoms

HUTCHINSON John, MD (Reprinted from the Transactions of the IHA 1907, SIM, XV, 1/2002)

The world over, doctors are looked upon as in duty bound to conquer disease. Disease is thought to be everywhere arrayed in forces of greater or less control, and physicians are supposed to combat it. To me there is something charming in the attitude of the little child who has learned but one thing medical - that the doctor is the man to cure the pain. This attitude in the adult is no longer delightful, for the reason that he or she should know that the role of the physician is much higher and more comprehensive. The worthy physician is ever working for the good of his patient, not studying to control a morbid entity, if there be any such thing. He rather seeks ever to teach and practice the science of healing - to restore health to the sick.

At present the situation outside of the dominion of the Law of Cure is governed with laboratory and wholly material methods on one side, and so-called mental and psychic regimen exclusively on the other. In these two camps are lodged many phases and distortions of elemental truth, and so we learn what may safely be reviewed, and what avoided.

Primarily, shall the patient be first considered? Or a disease? Anyone will answer, "the patient." Whatever the method of care, the human being comes first. Furthermore, there will always be some measure of success when real consideration is paid to the individual patient. Just in proportion as the attention is reasonable and scientific will results be worthy of esteem and record.

For example, there are many kinds of patients. An emotional person will exhibit when ill a different state from another patient under the same diagnosis. The ardent and the phlegmatic cases fall into different classes, just as decidedly as do the sthenic and asthenic. Appropriate consideration must always be given to these basic facts.

In recognition of all the possible characteristics of the individual patient, the structure of practical Homœopathy has been built. Since HAHNEMANN declared that the mental symptoms deserved primary consideration, his disciples have been steadily learning how true this is, and it has taught them also that no feature of the personality of the case is without its importance. I have yet to learn of a person well-taught in the principles of

homœopathic care who has gone over to so-called Christian or so-called mental science. On the other hand, I have knowledge of several converts from those illogical organizations.

All the manifestations of a patient have their value. To the praise of a beneficent law it may be declared that nothing is common or unclean. Every truth is recognized in its place. Sometimes it is wise to search long for that which may have been rejected and cast away. It may be the one thing that is indispensable for the cornerstone of the prescription.

In paragraph 153 of the Organon, we are told that the more vague and general symptoms common to almost all diseases and medicines merit little attention. Certain it is that they suggest in themselves nothing definite remedially, any more than does a diagnosis; perhaps even less. Consequently, we look for another guide.

What is that inherent quality that causes one patient suffering from influenza to manifest *Eupatorium perfoliatum* symptoms, another demand *Arsenicum*, and another become helpless without *Gelsemium*? No previous analysis will tell. Only the peculiar symptoms of the sick man will decide.

Quoting from paragraph 153, we have:

In searching after a homeopathic remedy—that is to say, in making a comparison of the entire symptoms of the "natural disease with those produced by known remedies, in order to discover among the latter an artificial morbid power resembling the natural disease that is to be cured we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary, and peculiar*, (characteristic) *for it is to these latter that similar symptoms, from among those created by the medicine ought to correspond*, in order to constitute it the remedy most suitable to the cure.

Times out of mind this gigantic truth has been realized and demonstrated by the members of this association but like all truth it never ceases to be robustly interesting. Personally, I am repeatedly learning its force by illustrations from serious cases which by their peculiar individual syndrome have demanded what had hitherto seemed to me a somewhat superficial remedy, comparatively speaking. But the homœopathic remedy is never superficial. A remedy is always a great remedy when it meets exactly the needs of the **Vital Force** that is profoundly disturbed.

A lady consulted me for arthritis of the tarsal and metatarsal articulations. She had availed herself of much treatment on the uric acid

hypothesis. Prolonged sojourns at springs were of negative benefit. At the outset there was a display of contrary elements in the symptoms elicited. A person of quick perception. Uses the wrong word in speaking sometimes, she says, which worries her. There is a family phase of mental hereditary trouble. Looks cheerful at first, but also gives you the impression of pent-up grief. Does not weep, but says, she often feels like it. Heaviness of feet. Changing their position ameliorates the dull aching. Though could easily ride, she walks much, which seems extremely painful.

Ignatia 200, three powders over a period of two weeks brought prompt and lasting relief. I think you will agree with me that the lady is cured of the condition for which she sought cure. However, if she heeds my advice she will continue under observation for weeks to come, as I do not consider that she is in a state of health. Whether *Ignatia* will cure the patient as completely as it has abolished her complaint, time alone will tell. That which already has been accomplished is altogether satisfactory.

In the field of chronic ills we welcome the difficult case, even the mixed case, though the latter may be incurable, in the sense of no return to illness. HAHNEMANN defined a cure as being "recovery undisturbed by after sufferings," and he described many chronic medicinal diseases as incurable.

Homœopathy is the medicine of the highest experience and most patient observation. Every scientific student can learn its practice by frankly deducing from his work that which proves again and again to be true. Every pathological course is expressed by the language of its human subject—the idiosyncrasy of the patient—in one or more peculiar or striking symptoms, which really define its character for that particular individual.

Now, it seems to me that in order correctly to interpret or discern clearly these peculiar symptoms of the patient and of the remedy, it becomes necessary to have learned the remedy in its complete symptomatology, I might almost say irrespective of its relationships with other remedies. There is a comprehension vouchsafed the student of an extended proving so that its personality in a sense corresponds to the personality of the sick individual. No amount of repertory work can take the place of this dissecting study, which is both analytical and synthetic, in its grasp of symptoms.

Then come to us with particular force the significance and relationships of the peculiar symptoms of patients and remedies. These great characteristics, because peculiar, our provings bring out only rarely, from the nature of the scientific

field itself. Only these provers who are really susceptible to that particular medicine will develop its highest and finest effects in definite symptoms. These peculiar symptoms are invaluable. Read aright, they determine the scope of the remedy. Secondly, innumerable minor features of the anamnesis are then seen to fall easily within the well-defined boundary line and range of this most similar remedy.

Discussion

R.F. Rabe: As I listened to this paper the thought arose in my mind that each physician has his own peculiar grasp of the sphere and symptomatology of a remedy. I have often been astonished when speaking to a brother Hahnemannian to find that his conception of the remedy, under discussion, was quite different from my own. This case described and cured by *Ignatia* as taken by Dr. HUTCHINSON, might not suggest *Ignatia* to the rest of us. At first glance at least, it does not suggest *Ignatia* to me, but to Dr. HUTCHINSON it did at once. Different minds, exerting their faculties over this great subject of Materia Medica, acquire different conceptions of the same remedies. The practical thing that this shows to me is, that in the study of Materia Medica it is well to get ideas of a remedy by different authors so as to get the conceptions of different minds of the same remedy.

H.C. Allen: The thing that arises in my mind is a question whether *Ignatia* is a deep enough acting remedy to cure a case like that. It seems to me like a deep-seated constitutional disease. HAHNEMANN says that *Ignatia* is evanescent in its action. It is like *Aconite*, *Belladonna* and some other vegetable remedies in the fact that its action does not go to the foundation of the disease. Perhaps when thoroughly indicated, as Dr. HUTCHINSON has found, even these are capable of curing deep-seated diseases. I know that *Ignatia* is a good remedy to begin the treatment of a chronic case with, that is if indicated. Just as *Lycopodium* is a poor remedy to begin a chronic case with, even if the symptoms seem to indicate it.

J.F. Edgar: I do not think very much of this notion about a remedy being deep or shallow in its action. It makes no difference to me whether it is a deep-acting remedy or a superficial one, if it is indicated by the symptoms it will cure the case and that is all there is about it. Sometime ago, I went to Colorado to treat what had been pronounced an incurable case of hip-joint disease. The remedy that I selected was *Salicylic acid*. I did not know whether it was deep enough acting remedy or not when I

selected it strictly on the symptoms, but it cured that child with scarcely a scar.

P.E. Krichbaum: The peculiar thing about *Ignatia* is the changeableness of the patient in regard to the symptoms. It is in my experience a remedy apt to require repeating. I have never been able to make out that it had a chronic remedy that follows it well.

R.F. Rabe: What about *Natrum muriaticum*?

L.M. Stanton: Is it true that it is not a good thing to begin a chronic case with *Lycopodium*? I know that HERING says so in the **Guiding Symptoms**. But what are you to do if it is called for? I have began with it frequently and have never seen anything but good results follow. It seems to me that such rules should be given and taken with caution for it contradicts the cardinal law of Homœopathy.

W.L. Morgan: That is my view exactly. If *Lycopodium* is indicated, why give something else and what is that something else to be?

W.H. Freeman: I do not think that either HAHNEMANN or HERING ever said that it was never to be given as the first remedy in a chronic case but that unless undoubtedly indicated, it was not advisable. If indicated in the beginning of a case, of course it would have to be given. Cases that have symptoms that look like *Lycopodium* at the start, usually really need another remedy and on close examination you will find that other remedy indicated. If *Lycopodium* is given to such a case, it will be followed by disagreeable results.

H.C. Allen: In the introduction to the pathogenesis of the remedy in the **Materia Medica Pura** HAHNEMANN says that it is a remedy that is rarely indicated in the beginning of a case but it should be given if it corresponds.

A Voice: That is too much like a dictum without reasons.

Julia C. Loos: Remember that HAHNEMANN had to deal with enthusiastic students who were not infallible in their selection and were apt to jump at the first remedy that they thought of, without definite indications. Probably it was to such that this statement was addressed.

Stuart Close: What or how much is to be included in the totality? It is conceivable that we may include too much in the totality in certain cases.

There are cases, where if you take the entire picture, the anamnesis, the clinical history of the patient's diseases and try to cover the entire picture with a single remedy, great harm might result. *Lycopodium* might be the remedy that came the nearest to the covering the whole case and so many aggravations, from stirring up old states, might result that the patient's life would be put in jeopardy. That is a question not so much of our Law of Cure as it is a question, of policy and method. In such a case it is better to limit your view and cover the patient's present condition only. I would first give a vegetable remedy, the next best indicated, perhaps *Pulsatilla* or *Ignatia* or some other remedy that is complementary to *Lycopodium*. The *Lycopodium* would probably come in with benefit later on. The first remedy would probably put the **Vital Force** in condition to stand the curative action of the *Lycopodium*. My conclusion is that the statement not to give *Lycopodium* in the beginning of a chronic case, is not to put too much of the patient's history into the totality.

J.F. Edgar: HAHNEMANN no doubt gave out that saying about *Lycopodium* as a caution, not to be too rash in prescribing a deep-acting remedy for a trivial case. Our **Materia Medica** is like these warships out here in the bay, we have small guns and we have large guns, we must as part of our training learn to use them properly.

Under *Dolichos*, it is said that *Aconite* generally comes first. It may be that *Lycopodium* is needed in a case but not until some smaller—some lighter acting remedy has got the system in condition so that the *Lycopodium* will do good and more complete work.

P.E. Krichbaum: The people that we have to treat nowadays are a different race of people from those that HAHNEMANN had to handle years ago. I think that people lived a more regular life than they do now and required a less frequent changes of remedies because there were more uniform habits and hence less interference with the action of the remedy.

J.B.S. King: If Dr. KRICHBAUM thinks that irregular and unsanitary habits of living are an invention of recent times he is mistaken. Solomon was an irregular and luxurious liver, the ancient Romans at about the beginning of the Christian era exhibited irregularities and excesses in their lives that could hardly be matched now. The English people of the eighteenth century were gross feeders and heavy drinkers.

W.R. Morgan: I still contend that the remedy indicated by the symptoms is the only remedy to give. We can go on no other rule and I am surprised that anyone here should make any other contention.

Julia C. Loos: The paper suggests to me the importance of repertory study. Many times the long list of symptoms that I have elicited from the patient called to my mind no image suggestive of any definite remedy. The use of the repertory, narrowed the field down to a limited number of which one soon flashed a light upon the case and showed that it included all that was necessary to the making of a cure. We often hear repertory study deprecated but it is impossible to get along without it; its true use is to interpret the case in hand, illuminate the sphere that is to be worked with and to point out remedies appropriate to that sphere.

H.C. Allen: There is a reason why HAHNEMANN knew more about *Lycopodium*, in all probability, than anybody else in the world and that is because he proved the remedy himself. The prover of a remedy knows more about its characteristics than anyone who only reads about it.

John Hutchinson: I am pleased that, my paper has drawn out so many interesting things. Personally I do not like to prescribe *Lycopodium* as an initial remedy in a chronic case. Of course, if it is plainly *Lycopodium* and nothing else, nothing else is to be thought of. Our cases often come to us in a very complex shape and we have a very large group of remedies to consider in order to get the right one. I thought I saw early in this case the remedy needed and my habit is never to let that first suggestion of a remedy get away from me. If it is overthrown by the subsequent complex of symptoms, all right, but I do not seek to overthrow it. In this case *Ignatia* seemed to be coming to the front as the remedy but it did not seem to be a deep-acting enough remedy for such a case. The large number of contraries brought *Ignatia* to mind. Why does she walk to my office instead of driving when she has a carriage at her beck? Here was a woman of engaging personality and good breeding with plenty of means and still she does not seem to be happy. I gave *Ignatia* with satisfactory results.

Another point I make is I never try to prescribe for a pain or a painful symptom alone, I regard it as only one of several symptoms. This case is only six weeks old so that it cannot be considered a cured case yet. Perhaps the interesting part to me is yet to come. I thank you very much for your discussion.

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4. Unicism and Pluralism
T.P. PASCHERO. (HOM. 81/2001)

Real progress in Homœopathy is attained when homœopaths perfect their skills in choosing the correct single remedy.

Every patient's dynamis has a unique way of conditioning his particular morbid process. People are not ill because they have a disease; they have a disease because they are ill. A basic tenet since HAHNEMANN's time is to take note of each patient's individual symptoms and match them with tried and proven remedies – repeated remedy provings have yielded constant psychological and sensory reactions. This Hahnemannian approach is in line with ancient Hippocratic thought and has not been surpassed by any of the dissident homœopathic tendencies which prescribe several remedies at one time in order to address certain symptoms, partial syndromes or even organic lesions, without regarding the whole patient.

The homœopathic **Law of Similars** is correlated to the guideline that HAHNEMANN establishes in Paragraph 3 of his **Organon** concerning the holistic approach in medicine. In order to know precisely what is to be treated in each case, the physician must have something more than a knowledge of therapeutics; he must also have a profound knowledge of chronic and acute disease. The division among unicists, pluralists and those who advocate combination remedies stems from the idea each group has of what must be cured in each case. If the physician has a pathological, organic concept of disease, it is only natural that he may wish to cure what he has diagnosed as the affected organ. Pluralists tend to divide the organism into different levels that react differently to different remedies; thus, pluralists usually prescribe a constitutional remedy, a remedy for localized symptoms and a remedy to stimulate the eliminating function of an organ – all in the name of the practice of drainage.

However, the diseased organ is not the disease. Toxins and tissue damage are only a by-product of the real disease which is, in turn, a result of a dynamic derangement of the whole organism. As the Hippocratic aphorism says: 'Man is but an organ, the organism but a function.' The individualization that homœopathic diagnosis requires is a task that is at once singular and holistic.

HAHNEMANN established as a basic clinical principle the unity of the patient's reaction: that is, the totality of symptoms that reflect the dynamic derangement. This very personal total symptom picture can never be the expression of an affected isolated organ or a disturbed localized function.

To prescribe a homœopathic remedy in terms of a partial number of localized symptoms, without taking into account the individual's mental and physical traits, is to suppress symptoms and reject the Hippocratic *vis medicatrix*. The Law of Cure is fulfilled only by acting on the dynamic core of the disease process, which is not revealed through laboratory tests or physical signs but only through the characteristic symptoms of the patient's complete history.

Nevertheless, in the case of adult patients, it is true that the physician must inevitably base the diagnosis on the totality of the patient's most recent symptoms. This is what determines the prescription for an acute episode or for the patient's current disease. Therefore it is only similar remedy and not the simillimum corresponding to the patient's whole, constitutional symptom picture. The simillimum may be employed in the first prescription for adults without any serious pathological lesions and is generally indicated for children.

In infancy, the single remedy is easily identifiable. The stress of life, with its many transgressions of natural laws, plus the infections we have contracted, tends to mask our pure, original, constitutional symptom picture. As we go through life we accumulate spurious symptoms that are the result of our personal lifestyles. These, however, are often cured by better hygiene, a more natural diet and a lifestyle in harmony with our moral principles. Without using any remedies whatsoever, this is precisely what psychoanalytic cures accomplish: they restore the autonomy of a self compelled by instinct and conscience to waver between hysterical perversions and obsessive guilt feelings.

If a patient has mental but no physical symptoms, he will probably respond well to Psychotherapy. In order to prescribe a homœopathic remedy, it is necessary to obtain a complete mental and physical symptom picture. But even if the remedy similar to the secondary symptom picture produced by infections, toxins or personality disorders is prescribed, it is still necessary to diagnose according to the latent characteristic syndrome that predisposed the patient to infections or neurosis in the first place. We arrive, then, at the goal of true therapeutics: the constitutional predisposition that moulds the

individual's character and vital reaction to the process of adaptation.

HAHNEMANN clearly stated the need to find the patient's simillimum when he or she has suffered a relapse of symptoms after the most recent prescription. In any case, symptoms are the only intelligible expression of the organism's dynamic derangement. Whether to identify the remedy similar to the current acute symptom picture or to the constitutional simillimum, our only true guide is a complete history of symptoms, faithfully translated into the language of the repertory.

We say 'faithfully translated', because symptoms are not a mere transcription of what the patient says, but a correct translation of all observable data.

One 11-year-old patient, according to his mother, was excessively orderly and meticulous. He carried out a nightly ritual before going to bed, laying out, adjusting and readjusting his bedclothes to the centimeter. He also tore up his notebooks because he thought that his homework was never properly done. In Kent's **Repertory** we find two clearly defined mental symptoms that corresponded to this boy's obsessiveness: 'Conscientious about trifles' and 'irresolution'. These symptoms, when linked to his general symptoms, yielded a perfect *Silica* picture that otherwise would not have been evident unless his mental symptoms had been interpreted.

As we have said before, toxins and damaged tissues and organs are not the disease but the result of a dynamic disease process, and cannot therefore guide the homœopath to the diagnosis and prescription. Drainage is not based on symptoms but on the action that remedies exert on certain organs, as in *Chelidonium* for the liver, *Hepar sulphuris* for suppurations, *Pulsatilla* for mucous membranes, *Berberis* for the kidneys, *Ceanothus* for the spleen, and so on. This approach does not take symptom analogies into account and repeats the error of confusing the lesion with the disease itself. We do not take issue with the validity of prescribing draining remedies chosen for their action on organs or tissues – the whole drug is based on the need to favour the organism's eliminating function (as in purging remedies, ulcerations, diuretics and so on, advocated by HIPPOCRATES and PARACELSUS). However, before and after prescribing draining remedies or remedies with local action, the physician must address the dysfunction of the individual that generated the toxins and pathology in the first place. This is only possible by detecting the patient's characteristic symptoms.

If the physician can identify the single active remedy that corresponds to the patient's particular morbid predisposition, and if the patient does not have irreversible tissue damage, cure will be brought about from the center to the periphery with no need of drainage. This is not speculation or esoteric medical doctrine, but a verifiable, everyday clinical reality. Both orthodox medicine and organ-based Homœopathy take only pathological consequences into account, disregarding the patient's dynamic constitutional aetiology. The problem of mental and physical disease treated by this approach cries out for a solution.

The practice of drainage and also organ-based therapies such as nutrition, physiotherapy, surgery and psychiatry make sense if they support the clinical concept of the unique pathogenic dynamism present in each individual patient. If the physician has actually interrogated the patient and not just examined that patient's organism, then he will have the necessary guidelines to know how to stimulate the *vis medicatrix*.

Polypharmacy causes much confusion both in Homœopathy and in conventional medicine. In paragraph 273 of the **Organon** HAHNEMANN states: 'In no case under treatment is it necessary and therefore not permissible to administer to a patient more than one single, simple medicinal substance at a time'. He goes on to say in Paragraph 274: 'As the true physician finds in simple medicines, administered singly and uncombined, all that he can possibly desire ... he will, mindful of the wise maxim that "it is wrong to attempt to employ complex means when simple means suffice", never think of giving as a remedy any but a single, simple medicinal substance.'

It is anti-homœopathic to prescribe a remedy that does not correspond to the patient's characteristic symptoms. Just as a patient cannot have two diseases at the same time, he can never have two or more characteristic groups of symptoms. Moreover, further clinical interpretation of the symptoms that arise after the first dose will never be possible if several remedies are prescribed at the same time, because their simultaneous effects are impossible to register separately. The curative effect does not consist in merely knowing that the patient has improved, but in activating the Law of Cure. When prescribing a well-chosen remedy, it is possible to foresee which symptoms will reappear and which ones will disappear.

Homœopathy is empirically applied. To expect a patient's response to a prescribed remedy only in terms of a mere improvement or the disappearance of symptoms does not make it a rational form of therapeutics.

The homœopathic remedy acts on the deep dynamic cause of disease. With great genius, HAHNEMANN established the three main miasms of Psora, Syphilis and Sycosis, which correspond to the three physiological modes of cellular activity: excitation, inhibition and perversion. There is always a dynamic terrain that provides the conditions for infections, intoxications, traumas, deficiencies and mental disturbances. Thus it is mistaken to believe that the homœopathic remedy is a symptomatic remedy. Basing its diagnosis on the patient's most recent characteristic symptom picture, Homœopathy does not suppress symptoms but modifies their miasmatic origin.

By adhering to dynamic symptom analogies and not speculative diagnoses or tissue damage, the homœopath will be seeking the single remedy with whose pathogenesis he is familiar. This will not only allow the Law of Cure to be observed, but will also enhance his knowledge of **Materia Medica** - the goal of every homœopath. Pluralism claims to be right by virtue of the success it has in the eyes of the general public, but pluralists also recognize that these successes are uncontrollable in their outcome. When based on a thorough knowledge of the patient's symptoms, the well-chosen single remedy will activate the Law of Cure in all the physiological planes in which vital activity is supposedly divided, and will follow a recognized and predictable path.

Pluralists prescribe two or more remedies at the same time, to be taken alternately or serially, contending that each remedy applies to one symptom or one part of the symptoms of the disease. In doing so, they apply the law of coexistence, which is undoubtedly a true law. However, because the **Law of Similars** aims for the total rather than the partial recovery of the individual, it refers to the patient's characteristic totality - that is to say, his or her whole mental and physical symptom picture. Individuality entails unity and indivisibility. Therefore, there cannot be more than one single remedy with the same dynamic action, even though the localized organic symptoms that it can produce in provings may well vary from subject to subject.

Remedy provings have been carried out on many different types of constitutions; thus it will not be possible for each prover to reproduce exactly all the symptoms generated by one single remedy. By the same token, it is equally impossible for a specific remedy with a specific action to account for all the morbid phenomena that one particular individual may have. If the homœopath takes note only of localized organic symptoms, he will naturally find syndromes that correspond to

different remedies. On the other hand, if he takes into account the numerical totality of symptoms, he may find the diversity that belongs to all natural phenomena, but will fail to see the essential unity that rules dynamic vitality as the supreme destiny of every human being: that is, evolution into maturity.

Medicine must seek this essential goal of health and fulfil the Law of Cure. Only thus will medicine enable human beings to exhaust the karma of their disease and evolve towards the psychological maturity that will connect them with values of transcendence and freedom. If not, physicians remain unaware of their true mission, and of what to cure in each case. But if the goal is only to palliate by suppressing symptoms through a pathological approach, the physician may apply several remedies simultaneously for the various consequences of vital phenomena, disregarding their dynamic origin. The practice of medicine very much depends on each physician's ideals and values and on his or her level of maturity.

Personally, I would have more faith in the physician who subscribes both to mechanistic rationalism and finalist vitalism, and aspires to connect with life's transcendental values. This physician would not only have an intellectual conception of the human being, but would also perceive the cosmic unity of humanity with its environment, and have insight into the various centers that regulate complex vital activity. From the time of HIPPOCRATES until today, mechanistic, analytical thought has prevailed over the vitalist teachings of PARACELSUS, HAEHL, HAHNEMANN and others. Because the soul directs and regulates the body, the disturbances it suffers generated disease and pathology.

We do not deny the success that the application of various remedies combined in a complex may have. Neither do we deny the success that several remedies taken successively at hourly, daily or even weekly intervals may have, or the success that remedies prescribed on the basis of iridology, finger nail analysis or an abstract disease diagnosis may also have. Any therapeutic method may be effective. Physicians may inspire confidence in patients who may be especially receptive. Or perhaps, among the various homœopathic remedies, some of them eradicate certain groups of symptoms and this satisfies the patient temporarily. But, from experience and on principle, we know that this success is uncertain and inconsistent because the patient is still ill, albeit in another form, even though he or she may always remember with gratitude the homœopath who 'got rid of' his headaches, lumbago or other ailments.

No conscientious physician can delude himself regarding so-called 'cures' that do not come from rational therapeutic principles, nor from Homœopathy in the true sense of the word. Furthermore, there will always be opportunists who have scant knowledge of the discipline, little confidence in their remedies, and a belief that disease can be treated locally while disregarding the patient's whole life context, and who make a prescription without taking the time to select an individual remedy with care. They are the ones who accuse Homœopathy of being imperfect - because it does not solve the problem of their lack of expertise in 'taking the case' without the effort, dedication and training that this requires.

In spite of everything that has been published in order to make it easier for the homœopath to find the *simillimum* more rapidly, difficulties usually arise when searching for the constitutional remedy. Hunches, impressions or intuitions do not take the place of careful symptom analysis. The homœopath must identify the characteristics that single out the patient's dynamic derangement - that is, his constitutional predisposition to structure a determined pathology. The apparent disease is not a cause but an effect of the real disease that has constituted the patient's characteristic personality, habits and ailments. The patient's underlying diathesis or morbid predisposition is not discovered merely by observing symptoms of organic malfunction or disturbed mechanisms, but by appreciating the integral functioning of a whole person in their adaptation to life.

Syphilitic, tubercular or sycotic stigma will pervert the individual's instinctiveness, leading in turn to the psychological conflict that disturbs his life and, consequently, to the formation of a pathological lesion. No matter what the therapeutic orientation of the physician may be, the state of the psyche and moral conduct are the psychological connotation of the physical problem. In order to attain a cure, the physician must refer the physiopathological mechanisms directly to their main cause, which resides in the mental state. And it is there, in the patient's mental symptoms, that we may find the unique, peculiar traits that determine his or her individuality. This mental symptom picture has a composition similar to one single remedy.

Aside from this, the physician who ponders an individual's life history must know whether that person has oriented his life in a positive and creative way. In other words, the physician must determine whether the patient's actions favour a constructive participation in the community as a mature individual.

The homœopathic concept of disease as a vital defensive reaction supports HERING's dynamic Law of Cure, from the vital centers of the individual to the excretory periphery. However, it must be noted that this law not only concerns the centrifugal path through which toxins are eliminated, but more importantly that it also controls the evolution of the subject towards psychological health. No matter what is valued in different cultures, health in this case implies overcoming dependent self-centredness and growing into morally responsible adults. Health is not attained if a patient continues to be stuck in regressive behaviour patterns, unresolved resentments and frustrations.

Inevitably, this synthetic vision of the clinical symptom picture is the result of a deep perception of chronic disease. When the physician aims to understand the patient's whole history, he will arrive at the constitutional diathesis that generated the current pathological process. There is no such thing as a localized disease in which the whole organism as a biological unit is not involved. However, in clinical practice this holistic approach must include non-mechanical factors which organic medicine cannot comprehend because they lie beyond the frontier of experimental science. We refer to those mental symptoms that stand out with regard to ethical values and which make Homœopathy a humanistic medical practice.

Undoubtedly, in the process of mental life and in the human personality there are extraphysical factors that make the psyche impossible to scrutinize, let alone interpret, in terms of current mechanistic science. However, thanks to experimentation with infinitesimal doses of potentised substances in healthy individuals, it has been possible to expose deeply buried mental phenomena and experiences related to ethics and human values. Homœopathy has made it possible to integrate these values into clinical practice as valuable scientific data, in order to obtain an individualized, pathological symptom picture.

Far from being burdensome, it is a spiritual delight for the homœopath who, imbued with the principles expounded by HAHNEMANN in his **Organon**, aims to draw the distinctive character traits from the patient's clinical history.

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5. Homœopathy: Antidote to a Materialistic Age
PITCAIRN Richard (JAIH 93, 1/2000)

Introduction

Today, I would like to look at the place of Homœopathy within the larger social context of medicine and of society. What I mean by this is to step back from our involvement in the clinical application of Homœopathy in order to see the larger perspective. To do this, let's start by asking questions such as these:

Where is medicine headed?

Allopathic medicine is well established and politically very powerful. Can it be successfully challenged?

Should it be challenged?

What place does Homœopathy have in this scheme as an alternative to allopathic medicine? Why is Homœopathy not more readily accepted in medicine? Why, among all the different ways of treatment that are available does one find such antipathy towards Homœopathy? The answers take us into philosophy because there are very root philosophical differences between Homœopathy and other forms of medicine that result in this non-acceptance.

By this term "philosophy" I do not mean idle speculation (though philosophers would be offended by the suggestion that this is what philosophy is), but rather philosophy meaning deeply understanding knowledge, understanding concepts, and ultimately seeing clearly how one understands reality. I am using the word philosophy in the same sense as Jacob NEEDLEMAN, Professor of philosophy at San Francisco State University, when referring to SOCRATES:

"He was a philosopher in the original sense of the term, which is a lover of wisdom. That is what the word means - to love, to seek wisdom. Wisdom is a state of the whole human being. A person who is wise not only knows the truth, but can live it." (1)

To come to this wisdom we must transcend ourselves; e.g., our unconscious assumptions. For most of us, our attitudes are determined more our upbringing than as a result of deliberate introspection. One can see that in the world philosophical differences, such as we see in religion, can result in very, very strong feelings that sometimes lead to violence. Basic concepts that underlie our daily activity can be very important to understand. Let's go forward in the spirit of seeking and of desiring a true understanding of reality.

Where is Allopathic Medicine Going?

Let's start by looking at the likely direction in which medicine in general is moving in our Western society (and increasingly in other cultures as well). The attitude of the public is mostly that there is one type of medicine, imperfect as it is. There is also some acknowledgement that **Chronic**

Diseases are not effectively treated. Nonetheless most people still consider allopathic medicine the only reasonable choice. The present reality is that medicine, in partnership with economically powerful pharmaceutical companies, is functioning as a monopoly with few or very weak challengers. So, it makes much sense for us to consider what is likely in the future by extrapolating the direction in which allopathic medicine is developing.

Modern allopathic medicine does not have a coherent philosophy. It acts, for the most part, in crisis terms, dealing with problems as they arise with very few available total resources going toward prevention. Those preventive measures that are suggested often emphasize the use of vaccines or very conservative nutritional recommendations. For example, the idea of using wholesome foods that do not contain synthetic chemicals is considered “fringe” and is not advocated by the mainstream organizations. Yet there is much evidence that these chemicals can be harmful to health. It has also been well documented that agricultural practices of the last several decades have resulted in foods that are lower in natural vitamin and mineral content. Nonetheless, nutritional advice today is still assuming that the food available is adequate; e.g., a balanced diet is sufficient, additional vitamins and supplements are not necessary, chemicals in food are insignificant, etc.

To the extent we can recognize the conceptual underpinnings of allopathic medicine, we can recognize two main ideas – the “germ theory” and the “mechanical breakdown” theory, both of which are based on reductionism. The belief that germs are the cause of disease gives emphasis to microorganisms and minimal significance to the natural resistance of the organism. The “mechanical breakdown” idea assumes we are like machines and that normal repair mechanisms are minimal and ineffective - basically that we wear out with use. In both cases, the cause of disease is sought in smaller and smaller aspects of the whole patient. Either one looks to an outside invader or to a very small part of the body rather than to the whole patient; i.e. the individual, that exists within a physical, emotional, mental and social context.

In the last few years there has been much emphasis on molecular biology – e.g. the structure and function of molecules in the cells – which is now evolving into a specific emphasis on genes and DNA. It has gone so far in emphasizing the importance of DNA that some scientists, like Richard DAWKINS in *The Selfish Gene*, have suggested that DNA is primary and our bodies are

simply the “carriers” of genetic information that “wants” to survive and reproduce itself.

Such perspectives consider only a very small part of the organism, which is what is meant by reductionism. The whole patient is not the primary focus, but rather smaller and smaller parts so that the problem is redefined in terms of this small part. (2).

This is well described in *The Ideology of Medicine* by Lesley ROGERS:

“Reductionistic thinking has always been the ideology of Western medicine, as it has of Western science. Diseases are reduced to microbial causes, microbes to molecules, people to bodies with molecular functioning, and so on.” (3)

Here are some of the major trends evident today:

- Use of chemicals that alter brain secretions and regulation – serotonin for example.
- Development of very powerful synthetic drugs that do away with signs of inflammation and other signs of disease; e.g., very powerful suppressors.
- Combination drug therapy; e.g., polypharmacy, given for prolonged periods of time.(4)
- Use of drugs that block normal body functioning like the production of stomach acid. (5)
- More complex vaccines used earlier and more frequently in life.
- Vaccines mandated for adults, such as might happen with an HIV vaccine.
- Insertion of genetic material, synthetic genes and even synthetic chromosomes into patients. A recent report hints at the emerging “ new creatures” that will be coming into our lives. In a short article entitled “Flower Power,” a new (to the world) violet carnation is described, a genetically engineered flower using a gene from petunias. The production of a black carnation, using a gene from eggplant is in the works. (6)
- Another scary development is the deliberate production of “headless mice” through a process of intervening at a particular stage of embryonic development. The rest of the body grows as expected, but there is no head. Strangely enough, the body can be kept alive, and it was suggested that this could be done with human beings by cloning cells from a person, growing a headless doppelganger that would be used later for organ replacement. It is argued that, ethically, this would be all right to do because it is from the same person – rather like growing fingernails but larger.

- Insertion of pathogen genetic material into our food which has been done, for example, with bananas. The idea in this instance is that incorporating genetic material from the cholera organism will immunize people as they eat food. This idea is being developed and promoted as we speak and is featured as a coming advance in medicine at Epcott Center in Orlando, Florida.
- Organ transplantation from animals being engineered for this purpose which would necessitate permanent suppression of the immune system in the recipients.
- Increasingly intricate and invasive surgical techniques that can remove lesions from anywhere in the body – in places previously sacrosanct.

HAHNEMANN, two hundred years ago, clearly implicated allopathic medicine as the primary cause for the accelerating development of chronic disease in human beings:

“For vast centuries, this calamitous art (e.g., allopathic medicine) has..... shortened the natural life span of probably ten times the number of people than the most ruinous wars ever have, and it has rendered many millions of patients sicker and more miserable than they originally were.” (7)

We now have to acknowledge that the means of palliation and suppression are infinitely more varied and powerful than in HAHNEMANN’s time and any criticism of allopathic treatment is even truer today. We can summarize the situation by saying that the trend is towards more powerful and more effective suppressive procedures that will increasingly cause more severe disease and increase suffering in the long term. The eventual outcome of this will be a situation in which one cannot survive or reproduce without being dependent on allopathic intervention, something we already see with some breeds of animals.

As homœopaths we recognize the poverty inherent in this approach. We realize a completely different and more correct understanding of the significance of suppressive treatment. We recognize, or perhaps we only hope, that eventually this approach will be abandoned as the primary means of treatment.

The Growing Power of Allopathic Medicine

It is almost universally assumed that medicine should be given to all who need it and this is an admirable view. The problem arises when the state forces a particular form of medicine on its citizens. This is even more poignant when no alternative is allowed or acknowledged. Allopathic medicine functions as a monopoly. Look at the whole edifice: pharmaceutical companies, insurance companies,

and the many hospitals and HMO’s that exist as a powerful and growing industry. Again, a quote from Lesley ROGERS:

“This stratified medical practice is enormously successful in extracting money from the sick and poor. Not only is it an aspect of capitalism, but a very powerful and significant force in perpetuating capitalism. This is true at the level of its practice, and even more so at the level of ideology. Popular thought and theories in medicine have great power in controlling attitudes of society.” (8)

The article, from which I quote, was written by David Tyson, the father of the child in question. It happened in Eugene, Oregon, where I live.

“When my wife, Kathleen, tested positive for HIV in October, the sixth month of her pregnancy, we were both stunned. Even more confusing was that my blood tested negative for HIV. We have been married for more than 10 years, monogamous, and never received blood transfusions. Our calculations indicate that we have had 300 percent more sessions of unprotected sex than the literature suggests is required for transmission.

“Kathleen is and always has been a robust specimen. Neither of us is an intravenous drug user. It was clear that what we had heard about HIV and what we were observing in our own bodies raised profound questions.

“On our doctor’s advice Kathleen started a regimen of a protease inhibitor and AZT.

“I hit the books, motivated to get a grasp on the science of our situation and, as it turns out, the politics of the plague warriors. After several weeks reviewing the “literature” disseminated by the National Institutes of Health and the Centers for Disease Control and Prevention, I was angry. Nowhere was there any elucidation of a causative link between HIV and AIDS. There were assumptions aplenty, some obscure lab reports, but nothing resembling the precise elucidation that I associate with scientific thinking.

“I was not, I discovered, alone in my frustration.

“An especially thoughtful investigation of this is in the book *Inventing the Aids Virus* by Peter DUESBERG, professor of molecular and cell biology at the University of California at Berkeley, a pioneer in retrovirus research, the first scientist to isolate a cancer gene, and recipient of the Outstanding Investigator Grant from the National Institutes of Health. In his book, Dr. DUESBERG makes a detailed argument as to why the HIV virus is not proven as the cause of the disease seen in human beings and is unlikely to be more than an opportunist secondary to more important causes.

"DUESBERG has studied retroviruses for 25 years and is considered by some to have the most brilliant mind in the field today. DUESBERG, it turns out, has argued all along that HIV cannot possibly cause AIDS. His arguments take on the cadence and power of mathematical certainty. Perhaps the most compelling strategy he uses to arrive at his conclusion is the well-known scientific principle that states that a theory, in order to be useful, must accurately predict observed phenomena. It can be demonstrated that the infectious HIV/AIDS theory predicts none of the observed phenomena. There came a point in my research where I started to doubt our medical establishment. Science and conventional wisdom appear to take divergent paths.

"My failure to find any elucidation of the mechanism of pathogenicity for the HIV/AIDS hypotheses and my success in discovering conclusive evidence of the powerful toxicity associated with anti-retroviral drugs, persuaded my wife and me to abandon her therapy.

"Compelling arguments put forth by John Ylamouy Iannis, Ph.D., Dr. Eleni Papadopoulos, a biophysicist, and Dr. Roberto Giraldo, an infectious disease specialist, which indicate that HIV is, at worst, a harmless endogenous retrovirus, diminished our health concerns considerably.

"So it was that our baby, Felix Hugh, was born at 9:55 p.m. on Dec.7. He weighed 7 pounds, 7 ounces and was as perfect a little boy as anyone could possibly hope."

We were still basking in the glow of the miracle of birth on Dec. 8, when a stranger entered our hospital room. This person identified herself as an infectious disease pediatrician.

It developed that this particular doctor of medicine had become concerned because Kathleen had eschewed her anti-retroviral drugs, refused AZT for Felix and was (horror upon horrors) breastfeeding the little tyke.

She became quite emotional on the subject, evoking the terrible trauma of treating infants with AIDS, the painful decisions regarding ever more powerful combinations of drugs as the virus mutated and the child deteriorated. (HIV has been shown to be incapable of mutating and remaining viable. It barely has 9,000 nucleotides, hardly the crafty foe myth has made it out to be.)

It was simply terrifying, she remarked, how the infernal HIV eluded the earnest efforts of plague warriors like herself to expunge it from its lair in the lymph nodes and bone marrow or its victims. We didn't begin to realize, the doc pleaded, the awful risk to which we were exposing Felix.

As I have indicated we were far from ignorant on these issues. Yet she was intolerant of our view. How dare we question the wise counsel she offered! She snorted with indignation at the mention of Peter DUESBERG 'What an egomaniac,' she muttered. And she then, and to this day, reminded me of no one so much as the evil fairy in Sleeping Beauty who, enraged at not being invited to the birthday celebration, lays a curse on the beautiful child.

We were to discover what form this curse was to take later that evening when hospital security forces cordoned off the maternity ward at Sacred Heart (Hospital). Apparently some concern had arisen that we would attempt to blow that popstand and hightail it to the winter hills with our newborn, inoculating him with the dread HIV, the virus which causes AIDS, through mama's contaminated breasts.

Into this increasingly nightmarish scenario came the petitioner from the court. We were informed the State of Oregon had taken custody of Felix. The petitioner handed me a summons. We were charged with "intent to harm" Felix. Apparently if you don't buy into the unsubstantiated gibberish promulgated by the Centers for Disease Control you are intending to harm your newborn baby.

Felix was released to our physical custody on the condition that we treat him with 0.65 milliliters of AZT every six hours and did not breast feed him.

Now it seems to me that this sort of medical fascism has implications on the civil liberties of us all. When the state sees fit to literally hold your child in ransom for your cooperation with a health program that is based on an unproved hypothesis which is, in turn challenged by some of the best minds in the world, something is horribly amiss. (9)

What we have here is the result of an intelligent person investigating the evidence and making a rational decision in a situation that is very far from being settled and certain. The AIDS's disease is not unique in being little understood or in not having complete agreement within the medical community. It is actually shocking and amazing to realize that a premise, unproven, has become the basis for a \$7 billion federally funded industry - better funding than any other disease, including Cancer. Yet listen to the statement by a medical scientist in trying to find the evidence that HIV virus has been established as the cause of AIDS. This was written by Kary B.MULLIS, who received the Nobel Prize in Chemistry in 1993:

"In 1988 I was working as a consultant at Specialty Labs in Santa Monica, setting up analytic routines for the HIV. I knew a lot about setting up

analytic routines for anything with nucleic acids in it because I had invented the Polymerase Chain Reaction. That's why they had hired me.

AIDS on the other hand, was something I did not know a lot about. Thus, when I found myself writing a report on our progress and goals for the project, sponsored by the National Institutes of Health, I recognized that I did not know the scientific reference to support a statement I had just written : HIV is the probable cause of AIDS.

"So I turned to the virologist at the next desk, a reliable and competent fellow, and asked him for the reference. He said I didn't need one. I disagreed. While it's true that certain scientific discoveries or techniques are so well established that their sources are no longer referenced in the contemporary literature, that didn't seem to be the case with the HIV/AIDS connection. It was totally remarkable to me that the individual who had discovered the cause of a deadly and as-yet-uncured disease would not be continually referenced in the scientific papers until that disease was cured and forgotten. But as I would soon learn, the name of the individual—who would surely be Nobel material—was on the tip of no one's tongue.

"Of course, this simple reference had to be out there *somewhere*. Otherwise, tens of thousands of public servants and esteemed scientists of many callings, trying to solve the tragic deaths of a large number of homosexual and/or intravenous (IV) drug-using men between the ages of twenty-five and forty, would not be allowed their research to settle into one narrow channel of investigation. Everyone wouldn't fish in the same pond unless it was well established that all the other ponds were empty. There had to be a published paper, or perhaps several of them, which taken together indicated that HIV was the probable cause of AIDS. There just had to be.

"I did computer searches, but came up with nothing. Of course, you can miss something important in computer searches by not putting in just the right key words. To be certain about a scientific issue, it's best to ask other scientists directly. That's one thing that scientific conferences in faraway places with nice beaches are *for*.

"I was going to a lot of meetings and conferences as part of my job. I got in the habit of approaching anyone who gave a talk about AIDS and asking him or her what reference I should quote for that increasingly problematic statement, 'HIV is the probable cause of AIDS.'

"After ten or fifteen meetings over a couple years, I was getting pretty upset when *no one* could cite the reference. I didn't like the ugly conclusion

that was forming in my mind: The entire campaign against a disease increasingly regarded as the twentieth-century Black Plague was based on a hypothesis whose origins no one could recall. That defied both scientific and common sense." (10)

Dr. MULLIS goes on to say how he approached one of the "discoverers" of the AIDS's virus to ask this same question and still was not given a reference. He concluded by saying:

We have not been able to discover any good reasons why most of the people on earth believe that AIDS is a disease caused by a virus called HIV. There is simply no scientific evidence demonstrating that this is true.

We have also not been able to discover why doctors prescribe a *toxic* drug called AZT (Zidovudine) to people who have complaint other than the presence of antibodies to HIV in their blood. In fact, we cannot understand why humans would take that drug for any reason.

We cannot understand how all this madness came about, and having both lived in Berkeley, we've seen some strange things indeed. We know that to err is human, but the HIV/AIDS hypothesis is one hell of a mistake.

Now listen, in contrast, to the strong confident statement by one of the immediate doctors involved in the case in Eugene, Oregon, a clinically oriented doctor - not a research scientist—and certainly not a person that is as informed about the facts as the authors in the book just quoted:

"The belief that AIDS is caused by anything other than HIV "is not considered tenable by anyone in the mainstream" said Dr. Paul Lewis, director of the pediatric HIV clinic at Oregon Health Sciences University in Portland. "The time for skepticism on the causation of AIDS has passed." (11)

More than anything else we could present here, this example shows how much contemporary medicine functions as a belief system in the minds of its practitioners.

There are also serious questions about the use of AZT as a treatment:

Dr. Robert Da Prato, who is affiliated with the Portland chapter of HEAL (Health Education AIDS Liasion): "AZT is an extremely toxic drug that stops human DNA from replicating. You do not want to give (this drug) to anyone, but especially not to a baby, which is basically a mass of replicating DNA. I have an 8-year old daughter, and I would never give her AZT - I would leave the state or country first." (12)

Another quote:

"Drugs that have slashed AIDS deaths in the USA and Europe still don't work for enough

patients and are starting to fail even some who looked like long-term success stories, scientists say.

“ ‘The war is not over,’ Italian researcher Stefano Vella said here Monday at the sixth Conference on Retroviruses and Opportunistic Infections. Three years ago scientists first reported that combinations of drugs that included a new class called protease inhibitors could suppress HIV, the AIDS virus, to undetectable levels in the blood. But now they know the drugs don’t work that well in 20% to 50% of patients. And data to be presented today show the virus can reemerge even after two to three years of suppression. A three-drug combination suppressed HIV in 68% of patients after three years, down from 87% in the early months of the study.” (13)

This is perhaps an extreme example, but not an unusual one. I think it is an accurate portrayal of where things are headed. We have a system of medicine, allopathy, that is firmly entrenched as a monopoly with the support of the state behind it. In addition, there is a powerful belief system that supports and justifies the methods of palliation and suppression that the industry provides.

One solution would be to remove the state from the picture. To paraphrase philosopher of science Paul FEYERABEND – there has been separation of church and state. What we need now is separation of medicine and state.

However reasonable and desirable this may be from our perspective, I think it is unlikely to happen. It pushes against the momentum that is often referred to as “progress” in medicine – a trend often linked up with more socially oriented politics. For example, the Clinton administration has pushed forward with the plans for a “super-vaccine” that will be given to all newborn infants and coupled this with a registration of all children in a national vaccine register so that no children can miss the usual childhood vaccinations program. They have publicly espoused the intention to eliminate all loopholes, religious or otherwise, to this requirement. Of course, the attitude behind this is well intentioned. It is truly thought that this is a good thing to do and that any resistance comes from ignorance.

Should Allopathic medicine be Challenged?

The methods of allopathic medicine are palliation and suppression, which are based on fragmentation of the patient and reduction of our human experience. As we will see, it is also based on a philosophy of materialism. These methods and this philosophy are instruments of immeasurable harm in my opinion. Because of non-acceptance or blindness of the unity of the patient, symptoms as expressions of resistance to disease, and the

necessity of localized lesions as a defense, medicine will continue to cause accumulating damage to the human and animal species. So many of our social problems and the tremendous cost to society is from the burden of disease- the mental and emotional disturbances, the birth defects, the learning disabilities, and so on. Yet, the huge edifice of medicine, growing larger all the time, is increasingly invasive of our private selves. I have just heard recently of prescribing Prozac for shyness!

In my opinion it is essential that allopathic medicine be challenged in the form of an effective alternative to its practices. Homœopathy is the best candidate for this as it is the only other form of medicine that relies on drugs for treatment of illness. True, herbal medicine uses substances and there are other things used, such as flower essences, nutrients and so on. Yet it is only Homœopathy that has the possibility of going head to head with allopathic medicine, of treating emergency conditions, acute illness and chronic illness, with more effectiveness. Homœopathic medicine encourages surgery where appropriate. It includes nutrition, repair of injured parts such as applying splints, suturing wounds, and using bandages. In all ways it is similar to allopathic medicine except in the medicines it uses. It is very practical and possible to use Homœopathy as a complete substitute for allopathic medicine, something that cannot be said for the other forms of alternative medicine in existence today.

Why is Homœopathy Not Accepted?

If we accept the idea that Homœopathy has the possibility of providing a real alternative to allopathic medicine, the question immediately arises, “ Why has it not done so?” After all, Homœopathy has existed for over 200 years and has been used by many, many doctors. There have been homœopathic medical schools, hospitals, journals, and organizations. Isn’t it reasonable to expect that it would have been more accepted by now? Certainly Homœopathy has been seen in very favorable light. In this country grateful citizens erected a marble statue of HAHNEMANN mounted on a platform and surrounded by columns. This very large structure was dedicated with the president of the United States in attendance and still stands in Scott Circle, Washington, D.C. Not many doctors have had this kind of honor only to have become unknown. If you look at books on the history of medicine or books on the important personalities in medicine, HAHNEMANN’s name is not found. If Homœopathy is mentioned at all, it is as an aside or footnote.

If we look into this issue – why Homœopathy has failed to take hold and why even now there are strong feelings against it, I think we will expose something of immense interest that will enable us to put all of this into an accurate context.

One might think that the ideas and concepts of Homœopathy are unacceptable to science. This does not seem likely. After all, there have been many very strange ideas embraced by science, things like “protons and neutrons or atoms being made of quarks that have flavor and color”.

If we look at some of the ideas of Homœopathy, they don't seem so far-fetched. For example, the basic idea that a drug can be stimulatory to the body depending on the size of the dose was accepted by medicine in the late nineteenth century and expressed as the so-called **Arndt-Schulz law** – “every drug has a stimulating effect in small doses, while larger doses inhibit, and much larger doses kill.” It was further refined by the German physician, Karl KOETSCHAU, in the 1920's as the “type effect hypothesis.” (14) This effect has been confirmed many times in various experiments. It is not so difficult to see how this could be utilized in medicine to the patient's advantage. Certainly the idea of stimulating the patient's immune system is accepted today.

Another idea, that of using one medicine at a time, though not the usual, is certainly not strange and has been mimicked by choosing one antibiotic at a time.

The idea of considering the patient as a whole, that physical functioning is related to the emotions or that our mental functioning affects our immune status, has been taken up by various groups in medicine. It is true that there has not arisen in allopathic medicine a grouping of ideas that puts all this together as a package. Still, it is not unreasonable to think it could happen and would be accepted.

What then is the obstacle?

Let's look at some of the attacks on Homœopathy to get some idea about this. Here are some quotes from journals reproduced in Harris COULTER's excellent work *Divided Legacy: The Conflict Between Homœopathy and The American Medical Association*:

“The guiding principles of Homœopathy appear to us to be of that character which must render its exercise very injurious to medicine as a branch of science. Based, as it is, on mere extrinsic, secondary phenomena, or symptoms, and exclusively engaged in the search for and adaptation of specific remedies to such phenomena, we cannot but regard it as calculated to destroy all

scientific progress in medicine, and to degrade the minds of those who practice it.”

“We shall endeavor to prove that, in adopting this doctrine in its whole extent, the very foundation of the human intellect would be shaken; and that all experience in the whole range of natural philosophy, scarcely excepting that which admits of a mathematical demonstration, would be much more unsafe now than it was in the darkest ages of superstition.”

“...the system of HAHNEMANN ... is fraught with the most destructive consequences... the system is wholly empirical... the ghostly influence of infinitesimal doses will stamp the system of Homœopathy as one of the wildest vagaries that ever disturbed the mind of man, and its author little less than a lunatic... the system is obviously a lie in its conception, practice, and assumptions, and truth will be impaired whenever it meets with such a moral pestilence.”

“... Homœopathy has, at every stage of its progress, made war upon common sense, drawn largely upon human credulity, violated all the rules of philosophy, and has now settled into that slough of contempt from which its ablest advocates can never succeed in elevating it.”

“Of that class who pretend to have received a new light from other sources than observation, experience, and the study of anatomy; or to possess specifics of marvelous power, no terms would be too harsh to characterize their base traffic in human life.”

“What should be the treatment of (homœopathic) quackery? It should be that of abomination, loathing, and hate. It should be considered the unclean thing- foul to the touch, wicked and treacherous to the soul- as a deadly miasm to every generous and benevolent emotion – as the death of every upright principle... how can we endure their base betrayal and prostitution of our noble profession?”

“Dogs may return to their vomit, and sows to their wallowing in the mire, but the science of medicine, as developed and fostered in the Homœopathic school of today can never return to the chaos from whence it came forth.”

Well, this is enough to give you the idea. Those of us today that have used Homœopathy, seen it work, admittedly limited by our experience and knowledge, are shocked to see the raw emotion expressed here. How can Homœopathy call forth so much dislike, so much hostility? Even if it were only partially effective, still one would not expect such hostility.

The answer to this and to our prior question as to “What is the obstacle?” comes down to one word

- potency. It is potency of the medicine and the associated implication of a life force in the patient that is so offensive.

Look at some quotes that really show us how repugnant this idea was to some:

"...The ghostly influence of infinitesimal doses will stamp; the system of Homœopathy as one of the wildest vagaries that ever disturbed the mind of man, and its author little less than a lunatic..." (15)

"This spiritualizing of matter by trituration is an insult to modern philosophy.. it is the mere adventitious result of habitual modes of thinking in Germany – the result of a kind of unphilosophical dreaming among a people who often show themselves incapable of severe reasoning..."(16)

"Article after article was written calculating the volume of the vehicle required to raise some medicine to the 15th, 20th or 30th dilution. One doctor estimated that a volume of water 61 times the size of the earth was needed for the 15th dilution. Others talked in terms of the Caspian or the Mediterranean, of Lake Huron or Superior. One man calculated that 140,000 hogsheads of arsenic were dumped every year into the Ohio and Mississippi Rivers from the poisoning of rats in Pittsburgh and St. Louis, that this raised the Mississippi water to the 4th dynamization, but that it apparently had no effect on those living downstream." (17)

"It was pointed out that the infinitesimal amounts of many substances are found everywhere in the environment – in food and water and in the air we breathe – and it was asked why these did not counteract the homœopathic remedies or have the same medicinal effect on the organism." (18)

Why there was this antipathy requires us to go back further into the history of science and medicine. In HAHNEMANN's time and even later, it was generally assumed that living things were different than inanimate objects because they had a soul or they were animated by a life force. In other words, that there was something other than a physical basis for life. This was part of the philosophy of important scientific figures such as Issac NEWTON and Wilhelm LEIBNITZ, the co-origins of calculus.

LEIBNITZ felt that all matter is alive and animated throughout ... Certain physical facts, such as the principle of least action, indicated to LEIBNITZ an intelligence within the most basic particles in creation.(19)

This attitude changed and it is important to realize that it did not change because of any scientific proof. There were no controlled studies, no double-blind studies, in fact no studies at all. Rather it was a decision that was made, as a cultural

decision; e.g., it was the mood of the times – that nothing like a life force existed.

This story starts with Rene DESCARTES, born on the 31st of March 1596 near Tours, France, of a noble and moderately wealthy family. He is generally considered to be the initiator of modern philosophy. On the 10th of November 1619 he "discovered the foundations of a wonderful science." The reflections which thus culminated when he was 23 were embodied in the *Discourse on Method*. The wonderful science was not a body of knowledge but a certain way of investigating, the rules of which were these:

"The first was to accept nothing as true which I did not clearly recognize to be so: that is to say, carefully to avoid precipitation and prejudice in judgements, and to accept in them nothing more than what was presented to my mind so clearly and distinctly that I could have no occasion to doubt it.

"The second was to divide up each of the difficulties which I examined into as many parts as possible, and as seemed requisite in order that it might be resolved in the best manner possible.

"The third was to carry on my reflections in due order, commencing with objects that were the most simple and easy to understand, in order to rise little by little, or by degrees, to knowledge of the most complex, assuming an order, even if a fictitious one, among those which do not follow a natural sequence relatively to one another.

"The last was in all cases to make enumerations so complete and reviews so general that I should be certain of having omitted nothing." (20)

This became the basis for our scientific method and, though originally it was not as defined as it is today, it was a separation of inquiry from religious restraints. To put it simply, his proposal was to make a separation in reality - considered to descend from heaven – into two parts. One part was the world we experience, to be studied as described above. The other part was the province of the mind.

He identified consciousness with mind or soul, which to him was a substance as real and as concrete as the substance he called body. DESCARTES defined body as extended (space filling), physical material and defined mind as "thinking thing" which was unextended (did not take up space) and was not made of any physical material, but was purely spiritual. He also posited that these two substances mutually affect each other, giving the name interactionism to his position. (21)

I think it is most interesting that he attributed all of his philosophic ideas to images that appeared to him either in dreams or when he was in the

hypnagogic state just before awakening. Still, this was an extraordinary move in consciousness, one that could have been cut short as some wanted to burn him at the stake!

DESCARTES' original proposal therefore was not a rejection of the ideas of a spiritual dimension to the existence of the world but rather a way that phenomena could be explored on a new basis. However, this gradually changed, not with him, but as the years and centuries have gone by. Basically, since that time, there has been a steady movement towards materialism as the functional philosophy for our culture.

What materialism means is that the world, reality, all that exists, can be explained as expressions of physical substance. There is no need for, and therefore there is not, a spiritual dimension to our existence.

Here is a succinct expression of this philosophy by Nobel Prize winner (in Physics) Richard FEYNMAN:

"Everything is made of atoms. That is the key hypothesis. The most important hypothesis in all of biology, for example, is that everything that animals do, atoms do. In other words, there is nothing that living things do that cannot be understood from the point of view that they are made of atoms acting according to the laws of physics." (22)

What follows from this is the idea that our minds and consciousness are epiphenomena; e.g., these expressions of our beingness are secondary to our physical structure. In terms of development, evolutionary progress, our minds have arisen due to chance. They are not connected to any spiritual reality or anything outside the material universe. In fact, there is nothing outside the material universe. In a nutshell, this is materialism.

To present it like this will seem strange to some of you because you perhaps have never made a conscious decision about it, or you may have religious or spiritual leanings and do not really believe the philosophy of materialism. But it is extremely important to realize that, philosophically, this is the basis of science, and therefore medicine, as it exists today. Many people will function as materialists during the week and perhaps give the appearance of belief in some higher reality at other times (church on Sunday?). Somehow, however, almost all of us have absorbed the unsupported conclusion that there is no life force in ourselves or in other objects of our physical world.

This idea became an important influence in allopathic medicine as well.

"So the questions 'Who is sick, and why, and how? What does illness mean to the diseased

subject?' have gradually been turned into questions such as 'Which part of the body is worn out or broken, and why, and how can it be repaired or replaced? And in case repair or replacement is impossible, can we scrap the useless part without losing all useful function, or should we scrap the whole thing?'" (23)

Disproving the Life Force

How could this have come about? Surely, a question of this importance must have been extensively investigated. You will best understand what follows if you realize that the mood, culturally, was towards freedom from religious restraint and therefore, by default, towards materialism. Very little evidence was needed to confirm this propensity. It is just like for us, as individuals, having a like or dislike for someone and not needing very much evidence to confirm that conclusion.

There are a couple of experiments often referred to as showing there is no life force. One is the achievement of Friedrich WÖHLER (1800 – 1882), an important German chemist. He was the founder of organic chemistry and refuted the theory that a life force was necessary to synthesize organic compounds by synthesizing urea. The interpretation was made that there is no life force because he was able to synthesize a compound only found in living creatures.

The other was an observation by Hermann Ludwig Ferdinand von HELMHOLTZ (1821-1894), a German physicist and physiologist who formulated the mathematical law of the conservation of energy in 1847 and invented an ophthalmoscope in 1851. He felt that he disproved the existence of a life force because he was able to measure a signal passing down a frog's sciatic nerve at the rate of 27 meters a second. Since he was able to demonstrate a living function as having a physiological component, the conclusion was that a life force was unnecessary; therefore, it did not exist.

As far as I have been able to find, and I have searched extensively, these are the only historical experiments that are said to disprove the existence of any energetic or non-physical aspect to living creatures.

Here is an interesting question. What is it that these two scientists have assumed that enables them to make the conclusions they did? There are many possible answers to this question, but the one that addresses the fundamental assumption, I think, is the idea that a life force, if it exists, would not act through a physical mechanism. That is, a life force would act energetically directly on the heart or the nerves making them do things directly - sort of like

a puppet on a string. But of course there is no reason to assume (or any evidence for) this idea. A life force, an energy field around living beings, could certainly act “in the background” directing the chemical and physical processes in a cascading informational flow.

The continuation of this scientific prejudice can be seen in the utterances of today’s scientists if one is on the lookout for these referenced. For example, in a *Time* magazine issue on the 100 “Century’s Greatest Minds,” the work of WATSON & CRICK, discoverers of the structure of DNA, is described. Two quotes from WATSON reveal the materialistic underlying assumption:

“We have found the secret of life.” (referring to the discovery of DNA). (24)

“... DNA, once unveiled, left little room for the ethereal, vitalistic accounts of life that so many people had found comforting. Indeed, CRICK, a confirmed agnostic, rather liked deflating vitalism – a mission he pursued with zeal...” (25)

WATSON also presents a similar idea about Linus PAULING, one of the most important chemists of our time (linking quantum mechanics to chemistry) and a Nobel prize laureate:

“ I most remember PAULING from 50 years ago, when he proclaimed that no **Vital Forces**, only chemical bonds, underlie life.”(26)

What is important to understand here is that these underlying (and probably never consciously examined) assumptions are not scientifically proven ones. These were culturally determined and have been passed on from generation to generation to the extent they are now embedded in our culture.

But what of the idea that an energy field, the life force, can exist around living creatures or even non-living substances? Is it really so far-fetched? Does it necessitate a state of consciousness that is superstitious and ignorant to accept this possibility?

The Concept of Energy Fields

Let’s take a diversion for a moment and, in a roundabout way, come back to this question. If we were asked “What is the most materialistic of scientific studies?” I think we would answer, “physics.” After all, this is the study of solid, physical substances. If we look at the development of this science, we see a very interesting thing. It started with a very materialistic assumption – that there was an objective reality ‘out there’ and it was very much unrelated to our state of mind. It has come now, in the present day, to the point that consciousness is seen as essential as an aspect of any phenomenon studied.

Physics assumed objectivity (as opposed to subjectivity – that the world is subject to our consciousness):

“So far, natural sciences have been based on the belief in the existence of an objective reality which is independent of our perceptions and in its describability by the rational methods of science. This belief is so categorical today that it is not possible to even discuss its reliability.” (27)

This changed dramatically with the discoveries of EINSTEIN, BOHR, PAULI and others. As the nature of material reality was penetrated further and further, counter-intuitive discoveries were made. What was thought to be basic, irreducible units – the atoms – were found to actually be made of particles. Then these particles, even more basic than atoms, were found to propagate as waves as well as discrete particles, and – here is where it gets very strange – elementary nuclear “thingies” move as both particles and as energy waves at the same time.

Now get this: whether the movement of these “thingies” is seen as particles or as waves depends on the intervention of the experimenter! If the detecting instrument is set up to detect particles, this is what is seen. If it is set up to detect waves, then waves are found. Somehow, at the very bottom, fundamental matter units exist as both particles and as energy waves at the same time. Yet, to our minds, this is an impossibility. How can a something be a particle, discrete and localized in space, and also be an energy wave that spreads throughout the entire universe? Nonetheless, this finding has been more clearly established than any other discovery in science. It is not a tentative idea. This is reality!

EINSTEIN stated that the energy field is the reality, the particle secondary. Whether this is so I don’t know, but it is most interesting, isn’t it, that we have come to the idea of an energy field being the primary reality for physical substance?

Suffice it to say that, after much introspection and discussion of some of the greatest minds of this century, certain unavoidable conclusions were reached:

- Physical reality is not an objective reality, separate from our consciousness.
- It is our asking of questions, the nature of our experiments, and our intention that determines the outcome.
- It is not possible to predict what will happen with an individual because there is an unpredictable aspect which cannot be described or captured by our rational methods.
- What we are able to learn of reality is an approximation. We cannot know reality directly as it is transcendent to the abilities of our minds to capture it.

Let’s look at each of these conclusions as they

are very important to our present discussion.

Physical reality is not objective:

"According to PAULI an observation (e.g., in Physics) is not just a physical interaction between the object and the measuring apparatus but some kind of 'interaction' between the object and the consciousness of the observer. This interaction cannot be described by the means of the now-prevailing science because it is an 'interaction' between a material object and the psyche of the observer. In the interpretation of physics is included here something which physicists are not accustomed to think of: the consciousness." (28)

"Therefore, traditional realism which presupposes the possibility of comparing theories with an objective reality, independent of observations, is not possible." (29)

The way we ask questions determines the outcome:

"For PAULI and the other physicists of the old generation, who found the introduction of the consciousness to be necessary in the interpretation of quantum mechanics, its role meant realizing a change in the outer world and drawing consequences from the observed facts – a shaping process. It is not possible to measure psychic processes by using physical measuring methods. The consciousness (or more generally, the psyche) is not in any causal interaction with the object of an observation... The 'interaction' between the consciousness and the observed system means an 'interaction' over the 'insurmountable borderline' between matter and spirit. There must, of course, be some 'interaction' between the world of spirit and the world of matter in order for experimental research to be possible." (30)

We can't predict what will happen with an individual:

"Now there comes the major crisis of the quantum of action: One has to sacrifice the unique individual and the 'sense' of it in order to save an objective and rational description of the phenomena. If two observers do the same thing even physically it is, indeed, really no longer the same: only the statistical averages remain, in general, the same. The physically unique individual is no longer separable from the observer – and for this reason it goes through the meshes of the net of physics." (31)

We can't directly know reality; it is beyond us:

"An important aspect of this lesson is that reality remains transcendent, in principle, but in spite of this it is possible to know something of reality – something that is so certain that it is possible to base practical actions, even technology, on this knowledge." (32)

"If we try to use language which might make the matter clearer to theologians, we can say that 'independent reality' appears to be transcendent (not reachable by human reason), but belief in it is necessary in order for empirical research to be meaningful at all." (33)

The Significance of the Discoveries in Physics

What is important to understand here is that even if medicine is based on materialism, to be consistent with this it must be in alignment with what has been found out about the physical world. Especially these concepts must be considered:

All physical objects and down to the very smallest subunits of physical matter are composed of fields of energy that vibrate and propagate through time and space. These basic units differ from each other only in how fast they vibrate.

It is not any stretch in imagination to think that living things may have a field of energy around them that is coincident with being "alive". At least we can say that it is a reasonable hypothesis, one that is expected as an extrapolation of what has been found for physical reality. It certainly has never been disproved and a proper scientific attitude would be one of neutral consideration of the hypothesis.

Our interaction with and experience of reality cannot be separated from our consciousness. At best reality is approachable but transcendent, beyond our ultimate reach and what we experience, during our scientific investigations, is the result of how we approach it.

Double-blind studies cannot be the basis for determining reality as our consciousness is an essential component of what is perceived. It is like a game we play with ourselves to think that we are able to separate ourselves from what happens. Further, one can predict different results with double-blind vs. non-blinded experiments as our intention and the parameters of the experiment influence the outcome. This does not mean that one outcome is "true" and the other is "false", only that they are different. But, we must realize that each perspective has built-in limitations as well as eventual impact on our daily experience. I think it a reasonable conclusion, from what has been learned in physics, that the non-blinded experiment is a more accurate demonstration of what will happen in clinical practice.

What seems to me to be the most accurate and practical way of approaching reality and understanding it (instead of methods like double-blind studies) is the process called "meaningful thinking," so-coined by Sigmund KOCH in his presidential address to the Divisions of General

Psychology and of Philosophical Psychology of the American Psychological Association.

"In meaningful thinking, the mind caresses, flows joyously into, over, around, the relational matrix defined by the problem, the object. There is a merging of person and object or problem. Only the problem or object, its terms and relations, exist. And these are real in the fullest, most vivid, electric, undeniable way. It is a fair descriptive generalization to say that meaningful thinking is ontologistic in some primitive, accepting, artless, unselfconscious sense." (34)

This very much describes my experience in learning and I think any leaps of understanding, or what seems like leaps to me, have come about in the way described above. This seems a real experience—an engagement with reality, a wanting to know which includes desire and intention in the same way one wants to understand and experience a person that one loves. In comparison, the scientific, non-subjective, double-blind and statistical studies are very sterile and devoid of meaning.

Comparison of Allopathic and Homœopathic Perspectives in Medicine

If we now go back to our original discussion about the rejection of Homœopathy because of its premise of a life force, we see that the homœopathic perspective is much more in alignment with what has been learned about reality. Even more, we see that allopathic medicine is based on some very outmoded ideas: that there is a separate reality which is objective, that we can find out how medicines act by removing consciousness from the equation, that there is only a physical reality, like a concatenation of billiard balls, and that energy fields as a basis for living beings do not exist.

Studies and development of treatment programs in allopathic medicine are based on statistics, but as we have seen statistics remove the individual from the equation. Statistics is something that is used when it is not possible to make a prediction about an individual. Example: Statistics is not needed to determine if something will drop to the ground if we release it from our hand. We know the "rule of gravity" will always hold true. Homœopathy is like this – we know that if the similar medicine is used, it will act in that individual. Statistics is necessary when the effect of an action is uncertain and not individual.

Allopathic medicine, basing its knowledge in statistics, can only treat by grouping people (or animals) together into diagnostic categories in a process that deliberately eliminates the individual

characteristics in each patient. To paraphrase the previous quote from PAULI:

Only the statistical average remain The physically unique individual is no longer separately from the observer – and for this reason he goes through the meshes of the net of allopathic medicine.

Homœopathy recognizes that each patient is, in actuality, an individual and each patient must be treated in that way—with a carefully chosen individual medicine. This engages reality in a way close to what has been determined by physics to be most accurate.

This distinction is of the utmost importance because it completely determines how the patient is to be approached, how the patient is to be understood, and ultimately, how treated. The allopathic determination of medicines by mathematical, statistical methods results in patients receiving drugs that have demonstrated very modest effects, as little as a 4 or 5% improvement in symptoms. Furthermore, patients in a diagnostic category all receive the same treatment even though only a percentage will show beneficial effect from the medicines used.

It may be said that 50% of the patients showed "good to excellent" results, but that leaves 50% unchanged or even worse. If we add in the toxic side effects, the suppressions and other harmful effects, then it is difficult to see any benefit from this approach. We then come to the "risk/benefit" analysis where the possible benefit is weighed against the known risk of harmful effects. Is the benefit greater than the risk? If so, then the treatment is justified. This is an approach of "management" of illness, at base a program of palliation and suppression as drugs are used to influence the expression of disease without eliminating it from the individual.

In summary, we see that the emotional reaction that some have against Homœopathy is a rejection of the idea of a life force because it is considered part of an earlier superstitious stage of human consciousness. Yet, this conclusion is not supported by any research or by any evidence and, in fact, is moving in a direction opposite that of physical science.

Allopathic medicine, founded on the materialism of 150 years ago, is now an anachronism, but we must remember that this does not mean that it is without harmful effect. An analogy would be the use of bleeding as therapy of 200 years ago. It was universally practiced, supported by medical authorities, taught in medical

schools; indeed, it was the standard of practice, yet it killed many, many people.

The Dangers of Assimilation

In closing, I want to mention one more thing, which is the importance of keeping Homœopathy a true alternative to allopathic medicine. The premise of the life force and the potency of our medicines, though providing a rationale for the rejection of Homœopathy are what really make Homeopathy distinct from Allopathy. Only in its pure form and based upon a recognition of a life force does Homœopathy offer an alternative to materialistic medical practice. The very worst thing that could happen is for Homœopathy to be “watered down” and assimilated by allopathic medicine. This has happened before and could happen again.

In the article by Daniel COOK and Alain NAUDÉ; **“The Ascendancy and Decline of Homœopathy in America: How Great was its Fall?”** the corruption and decline of Homœopathy is clearly shown. The most pernicious influence was the large body of pseudohomœopaths, practitioners that presented themselves as homœopaths yet actually ignored the principles of Homœopathy in their daily practice. These doctors used combination remedies, mixed Homœopathy with other modalities, used homœopathic remedies in allopathic ways by treating symptoms individually, used methods of palliation and suppression, and so on. Far from being a “fringe” phenomenon, in sheer numbers they came to dominate the profession and in a very real way undermined the basic principles upon which Homœopathy was founded. Even worse, this group, because of the desire to be free to practice as they wished, free of restraint from principle, became the greatest opponent to true Homœopathy:

It is a current notion in certain homœopathic circles that an arbitrary division among American homœopaths in this era was created by members of the I.H.A. - KENT, H.C.ALLEN, LIPPE, BOGER, NASH, and others – who, so we are told, insisted that remedies be prescribed only in high potencies, thereby alienating thousands of honest and devoted homœopaths who merely preferred lower potencies to high ones. This notion is not only completely wrong, but also terribly sinister in its implications for Homœopathy today. First of all, every member of the I.H.A., including KENT, NASH, AND H.C.ALLEN, prescribed low potencies as well as high potencies, and published cases successfully employing such potencies in their texts and journals. Every President of I.H.A. always made it clear that low potencies were accepted in Homœopathy. What was not accepted was a complete disregard for the basic principles that

Homœopathy consists of, and without which Homœopathy, as a systematic, orderly, rational method cannot exist. The pseudo homœopaths were operating outside the bounds of Homœopathy; they were doing something else. That was the issue dividing them from true homœopaths.

Moreover, this notion blames the decline of Homœopathy on precisely those people who alone kept Homœopathy alive during this era! It was the pseudo homœopaths who undermined public confidence in Homœopathy by their vicious public attacks against genuine Homœopathy, not the other way around. True homœopaths numbered so few that they had enough difficulty creating any sort of association where Homœopathy could really be discussed, maintaining a journal that provided a forum of real Homœopathy, or establishing an institution where Homœopathy could really be practiced. Stirring up public sentiment against pseudo-homœopathy was not one of their concerns.

The reason why Homœopathy did not successfully establish itself in the last century is because of obstruction from pseudo-homœopathy (35). The pseudo-homœopaths, to protect their own interests, became obstructionist:

“... whenever a group of homœopaths tried to create a forum for Homœopathy by forming an independent society (which they usually designated as “Hahnemannian”) to distinguish it from the abused term, the medicine it practiced. The pretext usually employed for this condemnation was the issue of potency, which was a convenient means to ridicule Homœopathy before a public skeptical of metaphysical ideas.” (36)

This same propensity exists today and is our greatest danger. Some of us are susceptible to the complaints of those that ask for tolerance and acceptance of deviations from the Homœopathy established by HAHNEMANN because of the wish not to appear rigid or uncompromising. One of the justifications I most frequently hear is that even doing Homœopathy poorly will gradually bring practitioners to having interest in learning true Homœopathy. I have enough experience now to be able to say, in very definite terms, that with very, very few exceptions, this does not happen. In fact, I see the opposite – once started incorrectly, one never changes.

Others have made the same observation:

“...It is a myth that pseudo-homœopathy inspires people to investigate real Homœopathy. In fact the only beneficiary of pseudo-homœopathy is Allopathy. The ‘trickle down’ theory - which holds that the proliferation of pseudo-homœopathy gradually leads to greater interest in real Homœopathy - is completely disproved by the

lesson of history. What did eleven thousand pseudo-homœopaths bequeath to real Homœopathy at the beginning of this century? Only the devastation of Homœopathy.

“.. pseudo-homœopathy does not benefit, encourages, or in any lead to true Homœopathy. It leads only to confusion, and to more allopathy. The only way to create a cadre of true homœopaths is for people to support and encourage and teach true Homœopathy, and true Homœopathy alone, and leave pseudo-homœopathy to its own fate.” (37)

Contemporary Homœopathy

If we turn to the homœopathic community of today we find that many practitioners simply do not accept or believe in HAHNEMANN's simple explanation of how the remedy acts – its effect on the life force rather than a materialistic explanation.

Here is an example in an article by a well-known homœopathic doctor and teacher. In discussing research that is needed in Homœopathy:

“The final reason that we need to do research in Homœopathy, and indeed the most important reason in some minds, is to discover the mechanism of action of Homœopathy... We must find the answers to the following questions: 1) How is information stored in highly dilute solutions? 2) How do these solutions act in the human body to enhance the healing process?” (38)

It is very possible that the author's true feelings are not expressed in these statements, that the presentation is political in the sense of appearing scientific to the larger community of doctors and scientists. Still, the implication of these questions leads thought in this direction: “What is the physical basis for the action of homœopathic medicines?”; i.e., how can it be explained within a context of materialism so that Homœopathy will be accepted by mainstream science?

I think this point is very important for us to understand. Let's say that in some way a presumed physical mechanism is demonstrated. This, of course, does not mean there is no life force but rather that part of the way in which the life force acts is through physical changes (which is what we assume anyway). Nonetheless, just like with the measurement of the nerve excitation measured in the frog nerve, this will be seen as an “explanation” within the context of a continued materialistic perspective.

Here is another example. Some recent research direction and theory, supported and celebrated by much of the homœopathic community, is to demonstrate that water, in which a substance or remedy is diluted, retains an “imprint” or “memory” of the original substance. This idea actually came from non-homeopathic scientists as

an attempt to explain how homeopathic medicines can act. The question above includes the same idea—How is information stored in highly dilute solutions?

Here is an example of the kind of thinking put forward in a recent article. The very first sentence is this: “The mode of action of homeopathic preparations has not yet been determined.” (39)

So, we start with the unsubstantiated statement that “no one” knows how homeopathic treatment works in the patient. Those of you who took training with me know this is simply not so. The mechanism of homeopathic action of medicines has been very carefully worked out. Whether or not HAHNEMANN's explanation is correct or not, it cannot be a fair statement to say, “The mode of action of homeopathic preparations has not yet been determined.” What this really means is that HAHNEMANN's explanation is not accepted and that the “real action” is yet to have a materialistic explanation.

Further into the article this becomes clearer:

“BARNARD has developed what may prove to be the pivotal concept around which the rest of homeopathic theory revolves. It centers on the proposal that water polymers are formed during the succussion process and that the configuration of these polymers reflects the information stored in internal molecular modes as a result of energy transfer from the original drug molecules. It should be pointed out that homœopaths have long maintained that the mere dilution of a drug is in itself no guarantee of homœopathic efficacy. As well as a stepwise dilution, succussion is also considered essential, although the usual explanation of liberation of the medicinal power due to succussion is too esoteric to be useful.”

Can you see how this scientist, who obviously does not understand Homœopathy, is dismissing HAHNEMANN's explanation without any basis for doing so? He also is not clear about the necessity of succussion, a process that many – from HAHNEMANN on – have shown to be absolutely necessary for producing medicines with healing power (as compared to simple dilution). Thus the statement that “the mere dilution of a drug is in itself no guarantee of homœopathic efficacy” shows how ignorant the author of this study is about Homœopathy. Nonetheless, contemporary homœopaths have embraced and celebrated this kind of work.

Why would they do so? I maintain that most of us, having absorbed unconsciously the orientation towards a materialistic explanation of reality, have a propensity towards this kind of explanation. No, a more accurate word than

propensity is a longing, an unfulfilled desire, for a satisfying explanation that fits in with and sustains our conceptual framework. Unless we consciously confront our conditioning, we will move right along with the masses in deepening our existential plight, in rejecting any aspect of existence beyond our physical boundaries.

How is it proposed that information be stored in water? Here is an example of the kind of stretching of our credulity necessary to keep this in a materialistic framework:

“In homeopathic potentization the dilution-succussion process ...becomes a water-borne stack of crisis states that cascade highly organized (i.e., coherent) time-pattern shapes through the nested collection of ‘acetate’ clock-sheets constituting the transparent information ground.” (40)

It is said that the “information” in homeopathic remedies is a particular arrangement of water molecules assembled as the dilution-succussion process is performed.

Why The Water Information Model Cannot Be Correct

What is the problem with this concept? Simply this: The remedies are not made in water, but in alcohol. All right, let’s say the same thing happens in alcohol—even though the theory hinges on the unique characteristics of water molecules and their ability to arrange themselves in macro structures. So what? In practice, we do not use water or alcohol solutions; at least they are not necessary. What most practitioners administer are dry pellets. Even if one were able to show that water or even alcohol solutions were organized in some way, how can this organization impact on a dry sugar pellet? It organizes the sugar molecules? This kind of limited perspective can only come about because the researchers are not familiar with Homeopathy.

All right. Suppose one can come up with a theory that explains the transfer of healing effect to dry pellets from organized water. Consider this: Two hundred years ago, HAHNEMANN reported this experiment—dry medicated pellets, when mixed with unmedicated dry pellets and shaken together, transfer the full medicinal effect. Can you see that if this is so (and many practitioners have done this to “stretch” remedies—what is called “grafting”), then the effect of homeopathic remedies has nothing to do with water molecules?

In essence, this research approach is an attempt to construct a materialistic mechanism and reject the simple explanation of life energy—an energy field that animates living beings as HAHNEMANN described 200 years ago.

So we come to this realization. What sets Homeopathy apart and what makes it a true

challenge to materialism—in my opinion a false doctrine—is the premise of the life force. Yet, if it should happen that in some way a physical mechanism is demonstrated in a way acceptable to our present materialistic science, then that same science will embrace it within the unchanged materialistic paradigm. If this happens, it will be the end of Homeopathy. This is what has happened before to Homeopathy and almost caused its disappearance from the medical scene. It is our greatest danger.

Conclusion

I think this conclusion is unavoidable. We must not support attempts to “prove” Homeopathy within the materialistic or allopathic model to allopathic doctors or to scientists. To do so will compromise its basic principles, inevitably simplifying what Homeopathy is. Even worse is the possibility that Homeopathy will be taken up by allopathy and used inappropriately.

How can Homeopathy be an antidote to the present materialistic trend in medicine? By remaining distinct, by adhering to the idea of the life force and to potency in the same terms as did HAHNEMANN, and by not buying into a materialistic explanation of how Homeopathy acts.

The only way that we can keep Homeopathy intact and uncorrupted is to demonstrate clinical effectiveness, maintain the principles, and to resist assimilation by allopathic medicine. In this way, we truly help our patients, but even more so, we provide a true alternative in medicine—not a complementary therapy added on, but a true and complete alternative that can in practical terms take the place of a medical system that is outmoded, conceptually bankrupt, and immensely harmful. In its own way, Homeopathy can be a “thorn in the side” of the materialistic paradigm, constantly reminding us of a greater reality beyond the sterile image of a limited physical universe running down into inevitable entropy.

In closing, let me quote from Hermes TRISMEGISTUS, one of the greatest ancient philosophers:

“Again and again we are told the whole world is alive. If therefore the world is always a living animal—was, and is, and will be—nothing in the world is mortal. Since every single part, such as it is, is always living and is in a world which is always one and is always a living animal, there is no place in the world for death.” (41)

Notes:

1. Quoted by Jeffrey Mishlove, *The Roots of Consciousness*, Marlowe & Company, New York, 1993, p.43.

2. Paul Ewald, review of "Portrait of a Pathogen", *Scientific American*, May 1997, p.112. "Much of biology and medicine has been a race to understand life processes at ever smaller scales. Researchers are now arriving at the finish line: the parts of molecules that regulate and encode life processes."
3. Lesley Rogers, "The Ideology of Medicine", a chapter in *Against Biological Determinism*, Allison & Busby, London: New York, 1982, p.79.
4. "Drug Reactions Kill Thousands: Researchers," *The Globe & Mail*, 4/15/98: Dr.Lexchin works as an emergency room physician at the Toronto Hospital and is the co-author of *Drugs of Choice*, a prescribing guide for general practitioners. He said it can be extremely common for hospital patients to be given six or seven different types of drugs, and "nobody really has a good handle on what happens when you have all these things floating around in your blood stream at the same time."
5. "Will Viagra look as good the morning after?" *Register Guard*, 5/10/98. "By definition, all drugs are poisons. They are given to interfere with normal bodily functions," said Brina Storm, a professor of medicine at the University of Pennsylvania's medical school. "I cannot tell you how many times, when I start (prescribe) a drug, the patient asks: 'Does this drug have side effects?' And the answer is, 'Of course it does. All drugs have side effects.' The real question is, what are its side effects?"
6. "Flower Power" *Time*, June 21, 1999. p.22.
7. Dr. Samuel HAHNEMANN, *Organon of the Medical Art*. Edited and annotated by Wenda Brewster O'Reilly, Ph.D. 1996. p.3.
8. Rogers, Lesley. "The Ideology of Medicine," a chapter in *Against Biological Determinism*. Allison & Busby, London: New York, 1982, p.79.
9. Eugene, Oregon *Register Guard*, December 29, 1998.
10. From the foreword to the book *Inventing the AIDS Virus* by Peter H. DUESBERG and Bryan J. Ellison. Regnery Publishing. Washington, D.C. 1996.
11. Eugene *Register Guard*..
12. *Ibid*.
13. "Bright Promise of Drugs Dims for some with HIV" by Kim Painter, *USA Today*, Feb. 2, 1999.
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16. Charles Alfred Lee, "Homœopathy: An Introductory Address to Students of Starling Medical College," November 2, 1853. Columbus: Osgood, Blake, and Knapp, 1853, p.31.
17. Harris Coulter. *Divided Legacy: The Conflict Between Homeopathy and the American Medical Association*. North Atlantic Books, Richmond, California, 1973, p.170.
18. *Ibid*.
19. Jeffrey Mishlove. *The Roots of Consciousness* Marlowe and Company, New York, 1993, p.65.
20. Wallace I. Matson. *A New History of Philosophy*, Vol. 2, Harcourt Brace Jovanovich, San Diego, 1987, p.269.
21. Jeffrey Mishlove, p.64.
22. Richard Feynman. *The Feynman Lectures on Physics*, Vol. 1, Addison-Wesley Publishing, Reading, Massachusetts, 1963, pp. 1-8 to 1-9.
23. Giorgio Bignami, "Disease Models and Reductionist Thinking in the Biomedical sciences," *Against Biological Determinism*, Allison & Busby, London: New York, p.94.
24. "Molecular Biologists: Watson & Crick," *Time*, March 29, 1999, p.172.
25. *Ibid*, p. 178.
26. *Ibid*, p.174.
27. Kalervo V Laurikainen, "Hubris and Punishment, A Personal Vision," *The Message of Atoms*, Springer-Verlag Berlin Heidelberg 1997.
28. Kalervo V. Laurikainen, "Ontology Implied by the Copenhagen Interpretation: Is the Observer Detached" *The Message of Atoms*, p.43
29. Kalervo V. Laurikainen, "Scientism: Towards a New Conception of Science," *The Message of Atoms*, p.26.
30. Kalervo V. Laurikainen, "On the Meaning of Complementarity," *The Message of Atoms*, p.66
31. Kalervo V. Laurikainen, "Ontology Implied by the Copenhagen Interpretation: Is the Observer Detached?" *The Message of Atoms*, p.43.
32. Kalervo V. Laurikainen, "On the Meaning of Complementarity," *The Message of Atoms*, p.68.
33. Kalervo V. Laurikainen, "Scientism: Towards a New Conception of Science," *The Message of Atoms*, p.27.

34. Sigmund Koch, "The Nature and Limits of Psychological Knowledge. Lessons of a Century Qua 'Science' *American Psychologist*, 36(3), March 1981, p.260.
35. Daniel Cook and Alain Naudé, "The Ascendance and Decline of Homœopathy in America: How Great was its Fall?" *Journal of the American Institute of Homœopathy*, 89(3), Autumn 1996, pp. 136-137.
36. *Ibid.* p. 136.
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38. Jennifer Jacobs, "Why Do Research in Homœopathy?" *Homœopathy Today*, April 1999, p.18.
39. Paul Callinan, "The Mechanism of Action of Homœopathic Remedies – Towards a Definitive Model," *Journal of Complementary Medicine*, July 1985, p.35.
40. William L. Pensinger, Douglas A. Paine, Julia Jus, "Time- Logics of the Quantal Base State in Homœopathic Potentization," *Journal of the American Institute of Homœopathy*, 90(2), Summer 1997, pp.86-87.
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6. Samuel HAHNEMANN and the causes of failure in Homœopathy.
SAINÉ Andre, (SIM XIII, 4/2000).

Homœopathy is becoming more and more popular. More and more people espouse the profession of Homœopathy. At first glance we could suppose that this current rapid growth of Homœopathy is progress.

However, we cannot evaluate the health of a profession by the number of its adherents. We just have to consider the fact that the number of homœopaths in the U.S. went from several thousands, 100 years ago, to a few dozen, 50 years later. Numbers and enthusiasm are not signs of progress forward. In reality, we have to look at the quality of the work done and its subsequent success.

The real question to evaluate the health of our profession is, how successful are we in the practice of Homœopathy? How well do we practice

Homœopathy? Have we yet reached the promised land predicted by HAHNEMANN?

The history of Homœopathy provides us with a good gauge to evaluate the status of our profession. It has been so far very clear throughout the history of Homœopathy that the further we diverge from the fundamental principles of Homœopathy as taught by HAHNEMANN, the less success we should expect in practice.

Our present generation is characterized by great enthusiasm for Homœopathy and unfortunately, at the same time, great divergence from the basic principles of Homœopathy. And this cannot be termed progress forward.

Before we examine the causes of failure, let's first examine some of the parameters of Homœopathy.

The first parameter we are going to examine is the scope of the **Law of Similars**. (The word parameter is very appropriate for our examination of the **Law of Similars**, as the word parameter, borrowed from mathematics, means a constant whose value varies with the circumstances of its application.)

When we homœopaths declare that the **Law of Similars** is the law of healing, what are we saying? (the word healing literally means to become whole, or to become sound, well or healthy again.)

Are we saying that all healing depends upon the **Law of Similars**?

Are we saying who everyone that is sick will recover his or her health through Homœopathy?

Not really. For healing to happen, many factors are at play, and any of them can go wrong. Also there are many different aspects to healing.

Therefore which healing is related to the **Law of Similars**?

The healing associated with the **Law of Similars** has two principal characteristics:

1. The first one is that the **Law of Similars** is applicable in all cases where the causes of sickness are due to an inadequacy of the **Vital Force**. (inadequacy : "not being sufficient for a certain purpose.")
2. The second characteristic of healing with the **Law of Similars** is that the healing is limited to the capacity of the **Vital Force** to heal.

What is curable in Nature is curable with Homœopathy if the cause of sickness is related to an inadequacy of the **Vital Force**. It would be false expectations to try to address health problems not related to an inadequacy of the **Vital Force**.

An obvious example illustrating this situation would be to attempt to heal with Homœopathy someone presenting with a full-blown case of Scurvy due to a completely inadequate diet. The

patient's response to Homœopathy can only be partial because the primary cause of the ill health is not related to an inadequacy of the **Vital Force**.

Now let's assume that our patient has a problem which is primarily related to an inadequacy of the **Vital Force**. The patient can therefore potentially be healed with Homœopathy. Let's say a patient presents with, among other conditions, a chronic inflammatory condition such as Multiple Sclerosis, Rheumatoid Arthritis or Lupus.

We know by experience that these types of inflammatory conditions can disappear with Homœopathy and the patient can recover health, but it is unlikely that the recovery would be complete. Why ? Because the end point of inflammation is tissue destruction and/or scar tissue, and there is a limit to the capacity of the **Vital Force** to heal, to return tissue to wholeness. Our experience as homœopaths is that what is potentially curable in Nature, is curable with Homœopathy, as long as it is related to a primary inadequacy of the **Vital Force**. For instance, the destruction of the substantia nigra found in someone having Parkinson's is known to be irreversible in Nature, and therefore irreversible with Homœopathy.

Again we are not dealing with failure of the **Law of Similars** but rather with wrong expectations of the capacity of the **Vital Force** to heal.

Now let's assume that we have a case in which the primary cause of ill health is an inadequacy of the **Vital Force**, and that the disease process is reversible in Nature. Potentially this case would be totally curable with Homœopathy. From the potential of being curable, to the actual cure, many factors will enter into play. And any of these factors could go wrong. Right, Murphy?

Let's examine some of these factors.

One of the greatest sources of failure is a "defective" patient. This is the patient who does not properly communicate his symptoms to the homœopath. It could be related to one's culture, to lack of self-awareness, to inadequate use of language, shyness, etc., or it could be related to a non-compliant patient.

Another great source of failure would be patients having a "defective" disease related to an apparent paucity of symptoms (**Organon**, paragraph 172)

What other major cause of failure exists besides the ones already mentioned? In fact, the greatest source of failure of all in Homœopathy is the "defective" physician. If we had to evaluate the success of individual homœopathic practitioners

with more than a few years of experience we find out the range of success varies greatly between about 20 and 85%. What is the reason for such a big gap? We find out that success in practice greatly depends on the knowledge, skills, method, tools and experience of each individual practitioner. Up to 80% of our failures are related to the physician himself:

- Defective case taking, 40%
- Defective case analysis, 15%
- Difficulty searching the **Materia Medica**, 10%
- Wrong assessment on the follow-up, 5%
- Defective tools, 10%.

Defective patients represent only 10% of treatment failures:

- Defective diseases 5 %
- Incurable cases, 5 %.

But why does the rate of success vary so much from one physician to the next? When we study the history of Homeopathy we realize with great astonishment that, of the many thousands of homeopathic physicians, very few mastered their discipline. It is well recognized that aside from HAHNEMANN, the two physicians who obtained the greatest success in Homeopathy were LIPPE and BOENNINGHAUSEN. We can say that they both reached the promised land of Homeopathy. Other great prescribers of our school would include P.P. WELLS, H.N.GUERNSEY, Carroll DUNHAM and Constantine HERING.

Now let's examine what was common to all these great practitioners. They were all Hahnemannians. They all practiced pure Homeopathy, the Homeopathy of HAHNEMANN. They all confirmed that the most successful way of practicing Homeopathy is the Hahnemannian way. But what made them better than the other Hahnemannians? There are two keys common to the success of these masters. The first one is constant study of the writings of HAHNEMANN. It seems that the more they studied HAHNEMANN and understood his genius, the greater was their success.

When BOENNINGHAUSEN died in 1864, LIPPE wrote in his memorial that after HAHNEMANN's death, BOENNINGHAUSEN studied all of HAHNEMANN's writings, and by these "he became still more penetrated by and convinced of the truth of HAHNEMANN's observation and the great work accomplished by him."

It was similar with LIPPE. He kept studying the work of HAHNEMANN to deepen his understanding. He read the **Organon** once or twice a year, and in 1883 he said that "It is now over 50

years since I first read the **Organon**. I just begin to comprehend it.” (CMA 1883; 14:337) the road to success is very narrow in Homeopathy. These masters stayed on the path. They let HAHNEMANN lead them to success.

The second key of success of these masters was that they were all great students of the **Materia Medica**. The more they studied the **Materia Medica**, the better prescribers they became.

Let’s look again at the first point. Essentially, the more these physicians understood the Hahnemannian method, the more they mastered Homeopathy. What LIPPE once said is very characteristic of the path followed by the ones who mastered Homeopathy: “Let us read the **Organon**, and be governed by its elementary and fundamental principles.” **Hahnemannian Monthly** 1875; 10:393.)

What are the key steps of the method of HAHNEMANN? Let’s look at the most important:

1. In order to cure, HAHNEMANN says first we must make a careful and thorough examination of the patient. In the **Organon**, which is a blue print of the classic way of practicing medicine, HAHNEMANN dedicates a large section to this aspect. In paragraph 3 he says the first prerequisite for success is to find out what needs to be cured. (The physician to be successful must first “clearly perceive what has to be cured in disease, i.e., in each individual case of disease.”) In paragraph 71 he asks, how do we investigate about the disease in order to cure? HAHNEMANN proceeds in the following 32 paragraphs to instruct on this matter. It is the classic description of the examination of the patient. “How does the physician ascertain what he needs to know about diseases in order to cure them?” He then proceeds to tell us in paragraphs 72 to 104.
2. Then he asks us to know about the disease producing capacity of each individual medicine. Again, in paragraph 3, HAHNEMANN says the physician must clearly perceive what in medicine heals, i.e., in each individual medicine. In paragraph 71 he asks the question, “How does he investigate the pathogenetic power of medicines, the instruments provided for curing natural diseases?”. He then proceeds to tell us in paragraphs 105-145.
3. Next we need to know how to prescribe successfully. In paragraph three he says the physician needs to know how to use these proved medicines, and in paragraph 71 he asked the pertinent question, how to use them? He then proceeds in paragraphs 146-285 to

instruct on how to use the medicines in the most effective way, which is essentially the single remedy in an optimal posology.

4. Avoidance of concurrent palliative treatment.
5. Attention to the patient’s hygiene. (Paragraph 3: “....lastly, if in each individual case he knows the obstacles to cure and how to remove them, so that recovery is permanent, then he knows how to treat thoroughly and efficaciously, and is a true physician.” (Paragraph 7: “It is obvious that every reasonable physician will first of all remove the *causa occasionalis*...”))

The two key qualitative aspects to every step of the Hahnemannian method are:

Constant and strict individualization (paragraph 82). Individualization at all times in the selection and administration of the remedy.

Complete objectivity. This means total objectivity in our examination of the patient, in conducting provings, and in the selection of the remedy.

As he would say, “In order accurately to perceive what is to be observed in patients, we should direct all our thoughts upon the matter we have in hand, come out of ourselves, as it were, and fasten ourselves, so to speak, with all our powers of concentration upon it, in order that nothing that is actually present, that has to do with the subject, and that can be ascertained by all the senses, may escape us.” (Quoted from HAHNEMANN’s essay “The Medical Observer.”)

“Poetic fancy, fantastic wit and speculation, must for the time be suspended, and all overstrained reasoning, forced interpretation and tendency to explain away things must be suppressed. The duty of the observer is only to take notice of the phenomena and their course; his attention should be on the watch, not only that nothing actually present escape his observation, but that also what he observes be understood exactly as it is.” **Materia Medica Pura Vol. II.)**

Now let’s examine: where does the current generation of homœopath fail? The first and most obvious one is **lack of thoroughness in case-taking**.

How often have I heard that, in front of a class or seminar, a teacher has taken the case of a patient with a chronic disease in 15 or 20 minutes? When I was in school, we were taught to take a case in an hour, as the consultation rooms in the teaching clinic were available for an hour at a time. When I came out of school I noticed that I would take one and a half hours to take a case. Then it became two hours. Now that I am dealing almost exclusively with very serious cases, it takes me on the average

about three hours. But cases of four or five hours are not unusual.

Let me tell you an anecdote illustrating this point. In January of this year, I saw a patient suffering from a chronic disease of 15 years duration. She had consulted five other homœopaths during the previous 14 years before consulting me. Three of them were teachers of Homeopathy, two from Europe and one from here in America. She traveled a lot, often crossing the continent for a 20-minute follow-up visit, and needless to say, spent a fortune trying to regain her health, but to no avail. In 14 years of homeopathic treatment she received about 50 different remedies, some in many potencies, but without success.

I took her case, which took me over five hours before I was satisfied that I had taken a complete case and had obtained a clear picture of the remedy. The remedy, by the way, was confirmed only in the last hour of the five or so hours of case taking. Over the years, the patient herself had become interested in Homœopathy and studied the **Materia Medica**. Before I prescribed, she said to me “Is my remedy *Natrum muriaticum*?” I replied that I was quite certain that *Natrum muriaticum* was the most similar remedy to her condition. I prescribed this remedy, and our faithful patient immediately responded curatively to the remedy, as if by magic, and has continued to do so ever since.

There are two interesting aspects to this story. The first one is that she had asked the last practitioner she saw, a very experienced and prominent homœopath on the West Coast whether her remedy could be *Natrum muriaticum*. He responded that *Natrum muriaticum* was not at all indicated in her case, and instead he prescribed a remedy having no reliable proving. It is no wonder that if teachers miss such clear case, we can not expect better of their students.

The second interesting point of this story is that I asked her to tell me how much time each practitioner took to take the initial case. Her answer was that the least experienced took two hours, while the others took between one and one and half hours. It was obvious to both of us that no one could have ever obtained a good picture of her case in two hours or less.

Let me tell you another anecdote. Recently I saw a man with a terminal lung condition. After realizing the impotence of conventional medicine to help him, he sought alternatives. He sought a special clinic in Germany where three homœopathic doctors took his case. He told me that they spent about four hours to take his case. The strange aspect about this is that they didn't investigate his lung disease or his other physical

complaints, but limited the interrogation to his personality and his childhood. Needless to say that after two years of “homœopathic treatment,” he didn't notice any improvement, just constant deterioration of his condition. This misrepresentation of Homœopathy does not help our cause or the sick. One of the fundamental aspects of Homœopathy is thoroughness in case-taking, which means getting the totality of symptoms in each and every case. The principle of prescribing on the totality of symptoms becomes meaningless unless each case has been thoroughly taken, which nowadays seems to be very rare. About 50 percent of the patients I see have been previously treated with Homœopathy. Unless the case is referred to me by one of my students, I rarely notice that their case has been well taken. And this in spite of the fact that these cases have been treated by very well-known homœopathic practitioners and teachers of our current generation.

The second cause of failure would be **using unreliable Materia Medica**. How often have I heard of “pretend” homœopaths doing provings by putting the remedy under the pillow, or of considering as part of the proving the symptoms occurring up to two weeks prior to taking the remedy, or of including in the provings the symptoms of the people surrounding the provers. Most of the current teachings on **Materia Medica** have little to do with carefully carried out provings and clinical observations. Instead it is often replaced by the free-flowing imaginations, opinions, interpretations and poetic fancies of their authors.

Have these teachers not read the first paragraph of HAHNEMANN's favorite paper, “The Genius of the Homœopathic Healing Art”? It says, “It is impossible to guess at the internal nature of diseases, and at what is secretly changed by nature in the organism, and it is folly to attempt to base the cure of them on such guess-work and such proportions; it is impossible to divine the healing-power of medicines according to chemical hypothesis or from their colors, smell, or taste; and it is a folly to use these substances for the cure of diseases based on such hypotheses and such propositions.”

Have these teachers forgotten to read paragraph 144 of the **Organon**: “All conjecture, everything merely asserted or entirely fabricated, must be completely excluded from such a **Materia Medica**: everything must be the pure language of nature carefully and honestly interrogated.”

Or the footnote to paragraph 285(a): “It is a cardinal principle that distinguishes the homœopathic physician from all so-called

physicians of the old school that he never uses on any of his patients a medicine whose pathological effects he has not previously determined by careful proving on the healthy.”

Or in the introduction to *Camphora*: *Camphora* “...must have a sort of general pathological action, which, however, we are unable to indicate by any general expression; nor can we even attempt to do so for fear of straying into the domain of shadows, where knowledge and observation cease, whilst imagination deceives us into accepting dreams as truth; where we, in short, abandoned by the guiding of plain experience, grope about in the dark, and with every desire to penetrate into the inner essence of things, about which little minds so presumptuously dogmatize, we gain nothing by such hyperphysical speculations but noxious error and self-deception.”

Another interesting anecdote on this subject relates to P.P.WELLS. When he first started to study Homeopathy in 1841, HAHNEMANN's **Materia Medica** had not yet been translated, so he had to first learn German to read HAHNEMANN. About 40 years later, when asked by a younger colleague which **Materia Medica** should he study, he answered HAHNEMANN's **Chronic Diseases** and **Materia Medica Pura**. When the student asked “What else?”, Wells answered, “That is enough.”

At the bottom of all this development and use of unreliable **Materia Medica** is the lack of understanding of the strict inductive method of HAHNEMANN which essentially consists in finding the truth through the most careful observation and meticulous experimentation. It consists of deriving principles from facts, as compared to the common deductive approach which consists of using your imagination, opinions, hypotheses, suppositions, poetic fancies and extrapolations to constantly interpret what is partially observed. There is a French historian of science who wrote a book on the history of errors in science. The title of the book is *I think Therefore I Am Wrong*.

Poor knowledge of basic sciences: The more you practice with very sick patients, the more you realize that this work cannot be done properly without a thorough knowledge of anatomy, physiology, pathology, ethology, psychology and other biological sciences. The less you know about these basic sciences, the more difficult it will be to develop accurate clinical judgement, and therefore the greater will be the mistakes and the more time and life will be wasted. It is a great delusion to pretend to practice Homeopathy without a sound knowledge of the basic and diagnostic sciences.

LIPPE, the best prescriber of our school, often repeated that the more one knows about pathology the better homeopath he can become.

Today we are pumping people out of school with very little knowledge of how to conduct a thorough physical exam of the patient, and with insufficient knowledge of basic sciences. The more one is ignorant of physiology and pathology, the greater will be the mistakes in evaluating the symptoms, which is totally crucial in determining the most similar remedy. This is because we prescribe on peculiar symptoms, not on symptoms common to a disease. If you don't know which symptoms are common, how can you know which are peculiar? Without that crucial knowledge, judgement becomes even more difficult. What HIPPOCRATES said 2500 years ago still holds: “the art is long, life is short and judgement is difficult.”

In order to really fulfill the promise of Homeopathy, here are solutions to our current difficulties:

1. Rediscovering the strict inductive method of HAHNEMANN. Read HAHNEMANN, LIPPE, BOENNINGHAUSEN, P.P.WELLS, DUNHAM. Never forget the last admonition of HERING to the profession: “If our school ever gives up the strict inductive method of HAHNEMANN, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”
2. Rediscovering the basics in taking a thorough case, as instructed by HAHNEMANN.
3. Rediscovering the study and use of the reliable works of **Materia Medica**. The rest needs to be sent to the paper shredder, as LIPPE often said when referring to the unreliable texts.
4. Obtaining the necessary knowledge in basic sciences of anatomy, physiology, pathology, differential diagnosis, etc.

I will leave you with this little story: Once, towards the end of a meeting of the **International Hahnemannian Association**, KENT, who was the I.H.A. President for that year, saw P.P. WELLS in the back of the room get up to go catch his train. He interrupted the meeting to ask him for a few words of advice for the coming 12 months, and Wells said:

“The great principles of the greatest master of healing that ever lived should be just those that we would take into our hearts, stick to them, defend them, and practice upon them, and live them, and we are sure in the end to live by and by a life which will be a life full of usefulness.”

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. **KOPPIKAR'S CLINICAL EXPERIENCES – of 70 Years in Homœopathy, S.P. KOPPIKAR, B. Jain Publishers (P) Ltd., New Delhi, 2002. 405 pages. Hardbound. Rs.250/-.**

Here we have the accumulated knowledge of the senior-most living Homœopath; knowledge tested in his daily practice and confirmed. We have not had this good luck in the recent past; many have written treatises, **Materia Medica**s, repertories, but material based on own practice even though here and there the author may break some rule slightly, has not come out. We must salute Dr. KOPPIKAR.

I have the privilege of knowing Dr.KOPPIKAR for nearly 35 years now and I had the benefit of membership of the **Society of Homœopathic Physicians, Madras**, of which he was the President for decades; I was the Secretary for some years. We held regular fortnightly clinical meetings so well organized by Dr. V.Sundara Varadan, who was the Secretary before me; late Dr.A.N. RAMANATHAN former Reader in Bio-Chemistry, was an ardent supporter of Homœopathy and used to attend many of these meetings and lend the 'scientificity'. Except for 2 or 3 all the other members were the now much-abhorred 'lay'. It is these 'lay's who kept the torch of Homœopathy burning and fought for the Homœopathic Council and recognition of the Science. Dr. KOPPIKAR was present in all these meetings and spoke. Much of what is contained in the book under review was my privilege to hear in person; and even discuss! Unfortunately as soon the Government 'recognition' came the Society became limp for various reasons and soon became extinct. It was the great wish of many of us, and I had personally made several requests to Dr.KOPPIKAR, to write his experiences but he did not give in; he shunned publicity and honors. Somehow, it has come to pass now that he has, at last, fulfilled our wishes. We should be grateful for this.

As I said above the book is compiled from the various lectures he gave in different platforms, and articles of his published earlier. The book is

divided into Chapters: 1. Memories, 2. History, 3. **Materia Medica**, 4. Repertory, 5. Practice, 6. Therapeutics, 7. Research, 8. Miscellaneous. Quite comprehensive, he has touched all aspects. The book is also a grand **testimony against all cavils about Homœopathy**.

Dr. KOPPIKAR expresses gratitude to the 'old masters' at every opportunity, throughout the book. We should ask ourselves whether we have such a worshipful attitude to the great, grand old masters. Do we approach the study of Homœopathy with the reverence which is evident in Dr. KOPPIKAR's writings?

Dr. KOPPIKAR never hesitated to recommend 'Key-note' Practice, but not exclusive of other well-tested and proven methods. He gives various examples of these. In some instances he has given a remedy to be taken for several days/months while the patient went on improving; in one case the patient was taking the remedy (*Sulphur* 6) for as long as three years (p.32), and in one case the patient who was given *Carbo vegetabilis* 30 daily for "shrivelled finger and toe (dry gangrene) took the medicine for more than 6 or 7 years, daily (p.188); in some cases he has alternated (p.33) and in all these cases the patient has been benefitted, no doubt. The ultimate is the cure of the sick and that makes these exceptions acceptable.

A few printing errors have to be pointed out for next edition which I am sure will be called for soon. P.41 – should be "Dr. Seshachari Memorial Lectures"; p.44 – the Dr. GROSS associated with STAPF was William GROSS while it was R.H. GROSS who wrote the **Comparative Materia Medica** edited by HERING; in the same page RUMMEL edited the "Allg. homöopathische Zeitung"; same page, should be "von " not "van" BOENNINGHAUSEN; p. 47 and p. 115, BOENNINGHAUSEN's 'Croup Powders' were *Aconite*, *Hepar sulph.*, *Spong.*, in that order. P.61, the right hand man of HAHNEMANN was LEHMANN not LEHRMANN; p.149 "the large five volumes of Concordance Repertory by Gentry" should read "the large six volumes"

In these days of many 'schools' of Homœopathy each claiming to be the legatee of HAHNEMANN (!), it is so refreshing to read the attributes of von BOENNINGHAUSEN in this book. BOENNINGHAUSEN not only treated animals with Homœopathy but he says in his last but ripe work, **The Aphorisms of HIPPOCRATES**, that **he made his experiments of high potencies in animals first and only after that he applied them to humans** – scientific indeed. With regard to the waters of *Sanicula*, I would like to point out that the *Sanicula* stream has been covered, cemented and closed and there is no more *Sanicula* waters. Perhaps we may get the genuine *Sanicula aqua* for some time more from the stock available and later on the remedy may not be available; indeed even now some pharmacies supply *Sanicula europea* a plant remedy instead of *Sanicula aqua*, if we simply mention *Sanicula*.

I feel that the publishers could have used better quality paper; when I used the highlighter pen it soaked through to the other side of the paper!

The neo-phyte as well as the gray-haired practitioners, will both profit immensely from a careful, repeated reading of the words of wisdom and experience of Dr. KOPPIKAR.

K.S.SRINIVASAN

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2. ALIEN INVESTIGATOR

The case files of Britain's leading UFO DETECTIVE – by Tony Dodd. Publishers : Headline Book Publishing Company, 338, Euston Road, London NW-1 3Bt, ISBN-No.: 0747222851 Price: £16.99

The author of this book served in the police force in England for 25 years during which his service as a detective he took part in many major murder inquiries. It was while he was in the police force that he and a colleague saw a large disc shaped object as they were driving across the Yorkshire moors in the early hours of the morning. This apparently strange encounter triggered a life long interest in UFOs and aliens.

He states, "For more than 20 years I have been battling to have the existence of extra-terrestrial visitors recognised by the authorities. At first I believed that a combination of fear and ignorance led to the subject being side-lined, now after many years as one of Britain's foremost UFO investigator I know I know better. The authorities including the governments of all major countries not only know of the reality of the UFOs but actively cover up their existence and the contacts that take place between them and us."

In 1978 he first saw a UFO and came to realize that there was life beyond the horizon of this planet. The author left the police force after 25 years of exemplary service and as an alien investigator he has brought into his investigation the same hard-headed disciplined approach for which he was known in his police service. Over the course of years he has collected plenty of evidence to back up his belief and says that the general public are being deliberately misguided and conned by senior politicians and government agencies who, for a variety of reasons want to keep the general public in dark. Briefly the author in his book has described 3 types of aliens that have been periodically coming on earth. One type whose photos are given in the book can be described as neutral with reference to human beings, they have abducted people taken them to their space ships and have done various experiments on these abductees especially withdrawing fluids from the abdomen and other organs. These alien types are known as 'greys' and an artist impression of such a type is given on page 54 of this book. These aliens – "The Grey's" are intrinsically not harmful and are mainly concerned with finding out the body physiology and pathology of human beings. Some of these Greys have been photographed talking to USAF officers.

Another type of alien shows a reptilian head and powerful body with two legs and two arms and over 7 feet tall. This alien is very aggressive, highly intelligent, dangerous and fearsome. Some of these aliens seem to have underground bases in remote desert areas of USA known to us authorities, some of whose soldiers have been killed or wounded by these aliens when their surveillance came too close to them.

The third type of alien have dark skin and an oriental look and are most friendly of all. Abductees who have been taken by these people have spoken of an intense feeling of calmness in the vicinity of these oriental beings. These oriental aliens have come to warn the human race about the attention that aggressive, predatory reptilians are now showing to us. Like the Greys who also abduct people and animals for medical research, the reptilians are interested in the functioning of human and animal bodies but their methods are much crueller and less subtle.

It was a UFO crash in the Kalahari Desert where living aliens were first captured by governmental agencies. The book also reveals what the author has disclosed for the first time the existence of vast under water alien bases in the north sea where regular meetings are taking place between high level governmental representatives led by the Americans and alien leaders.

The rest of the book also reveals how the author teamed up with a hypno-therapist who has helped many abductees during hypnotic sessions to understand, reveal and come to terms with their experiences. Photograph of one such abductee from Yorkshire has been given in the author's book.

The author himself has stated that he is also one of the abductees from childhood, abducted by oriental aliens who have particularly assigned him a role as a "teacher" in order to bring out the truth about this extra terrestrial phenomenon.

Tony Dodd is now the foremost alien investigator at least in Britain and even at the risk of his life, threats from government agencies, he has along with a team of interested individuals brought out this remarkable book. It is left to the individual reader to judge for himself the veracity of the events of this book. It had already come to my notice when I had reviewed books on N.D.Es for H.C.C.R. published and reviewed in earlier issues of H.C.C.R. that such phenomenon were hardly evident in India, atleast or in the East. A similar conclusion I can draw for the events in this book where one hardly has come across cases about abductees or mutilations in our country. Curiosity impelled me to give this book and show it to two spiritual personalities whom I know intimately. One of them remarked that all the events in this book are factual and cannot be dismissed as impossible events. The other spiritual personality who is a siddha purush actually revealed to me his own experience of having seen from a distance a UFO landing near his village and an alien getting down collecting earth samples, entering his craft and going away. This alien which he saw 15 years ago was about 2½ feet tall and some what resembling the photograph of the alien given in this book. When I asked him why these aliens are not coming to India he smiled and said our Siddha purushas and especially the Lamas from Tibet are so powerful that such disturbing intrusions are not possible. We are being protected by them.

The book is not available in India but can be ordered from the publishers directly. Excellent photographs and broad print type, makes this a wonderful book to read though its price in terms of rupees is pretty costly.

DR. D.E.MISTRY.

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3. Thomas Feichtinger, Susana Niedan Feichtinger: Praxis der Biochemie nach Dr.Schüssler, Das Repertorium. 2. überarbeitete Auflage, Karl F.Haug verlag, Stuttgart, 2002. S.243. SFr50, 30.

William H.Schüssler (1821-1896) founded the 'Bio-chemic System'. He opined that the disease of body is the same as disease of the cells, and cells become diseased from loss of inorganic salts. Therefore if the cells are provided with the cell salts which are deficient the cells become well and thus the body. To prevent medicinal aggravations and make the medicine sweatable to be picked up by the cells the medicines must be potentised.

Although SCHÜSSLER's Bio-chemic salts are not 'homœopathic' medicines in the sense that this therapeutic method is not based on 'similars' or on 'Provings' it is used extensively by many homœopaths as an adjuvant. The only similarity between Homœopathy and Schüssler bio-chemistry is the 'potency', the very small quantity of drug.

In the Homœopathic colleges in India Schüssler is also taught. We have observed many wonderful results obtained by this method. We have also seen many experts in this manipulate the applications of the 12 salts so efficiently, know their relationship to each other, that quick and satisfying results have come about. These remedies are also used in combination. While all these techniques have nothing to do with Homœopathy, these are widely used because they are also harmless. In households it has been considered a boon since with a few remedies many acute ailments can be taken care of at least so in India, as I had the opportunity to observe over 40 years. There is no need to make very fine distinctions as needed in Homœopathy.

Remedies like *Ferrum phosphoricum*, *Kali phosphoricum*, *Magnesium phosphoricum*, *Calcarea phosphorica*, *Natrum muriaticum*, *Natrum phosphorica*, *Silica*, *Kali sulphuricum* are in the Homœopathic **Materia Medica**.

The book under review has chapters on:

1. What is Biochemistry?
2. The main indications of the 12 major remedies
3. Extension remedies – a brief overview
4. Internal application – Taking of the medicine
5. External application
6. Contra indications
7. Indications
8. Index

Chapter two contains brief write-up of the

Materia Medica and application.

Chapter three indicates the extension remedies. Here another 12 remedies – like *Kalium arsenicosum*, *Kalium bromatum*, *Lithium chloratum*, *Cuprum arsenicum*, etc., etc.

Chapter four: Internal applications, dosages etc.

Chapter Five: Explains external application: application upon skin, bath water, footbath, etc.

Chapter Six considers the ‘contra indications’. No for continuing the medicines.

Chapter Seven deals with, ‘Indications’, in alphabetical order – beginning Abscess, Allergies, Anaemiato Z.

Chapter Eight gives information about the authors.

At end details of literature and Index of Key words.

The book is handy easily carriable, well tabulated, highlighting, etc.

Useful certainly, in day to-day quick work.

K.S.SRINIVASAN.

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4. **Handbuch der homöopathischen Arzneibeziehungen, Abdur REHMAN, 2000. Karl F.Haug Verlag Heidelberg. ISBN 3-8304-7026-6 S.374. DM. . (German).**

Knowledge of remedy relationships is a very great help in day-to-day practice. The earliest person to appreciate the importance of remedy relationships is von BOENNINGHAUSEN. His famous **Therapeutic Pocket Book** contained a chapter on Remedy Relationship and scholarly study of this has been done by distinguished masters like C.M.BOGER von BOENNINGHAUSEN’s excellent essay “The sides of the Body and Drug Affinities” (see **The Lesser Writings of CMF von BOENNINGHAUSEN compiled by T.L. BRADFORD**) is very relevant. Hitherto the most quoted work was Gibson MILLER’s ‘Relationship of Remedies’. In the recent times Dr.H.L. CHITKARA, New Delhi published a booklet on the same subject which contained few additions conveyed by me. Karl F.Haug Verlag published a book by “Robert Gibson MILLER/Will KLUNKER” which is an expanded version of Gibson MILLER. This booklet was further revised and a new edition(10th edition) was brought out in 1995. All these, each one of these have been of help in our practice. The number of remedies covered by these references did not include the hundreds of remedies that have added to the **Materia Medica** treasure.

Abdur REHMAN’S current work is **immense in every aspect**; while he has enclosed everything from the earlier works, he has brought in large number of additions and variations. It encompasses a great treasury of Homœopathic **Materia Medica**. It contains: the Miasm covered by the remedy; the Temperment; the Side relating to the remedy; the number of days the remedy acts; the Bowel Nosode related to it; some important observations; food and drinks which one should keep off from; food and drinks adviseable; the order of the remedies that follow well.(like *Sulph.*, *Calc.*, *Lyc.*); intercurrent remedies; complementary remedies; remedies that follow; inimical; antidotal; chemical antidote; collateral remedies. So much in respect of the Polychrest remedies. Surely, a lot of labour over many years. Some remedies have only few areas of relationship.

This book is in a way a comparative Materia Medica. For example, in respect of *Arsenicum album*, under Food and drinks to be forbidden are Alcohol, Butter, Ice, Meat, Frozen things cold foods, milk ...; and under complementary medicine, there is a long list, e.g. *Aesc.* (throat exertion) ... ‘remedies A to Z, in this case (*Arsenicum album*) *Aesculus* to *Veratrum*. Similarly in remedies that follow: *Acon.* (Childhood fever, while *ars.* is given in vigor., *Acon.* is to be given when a reaction is set like Fever, thirst, etc.). this list too is quite exhaustive. Similarly under collateral remedies.

The author has given the source in respect of each and every entry. He has a list 195 sources including the latest.

The book is a 'must' for every practitioner, it is so thorough, rich in useful information. Strongly recommended.

Well bound, small, but clear prints.

K.S.SRINIVASAN.

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5. Homœopathy at its best, by Dr. P.S. KRISHNAMURTHY, Salimashraf Publishers, Dr.Sayed Sams Babar, No.4 Banjara Hills, Hyderabad, A.P., 2002. pp. 436. Rs.475/-.

This is a collection of some essays, lectures, Seminar/Conference presentations of Dr. P.S. KRISHNAMURTHY over a period of more than thirty years. Quite some of them I had the privilege of reading when they appeared in the Hahnemannian **Gleanings**, Calcutta and other journals. I was very much impressed by these articles. Dr. KRISHNAMURTHY wrote on all aspects of Homoeopathy – Philosophy, **Materia Medica** and Provings, Therapeutics, Repertory. However, the papers in this volume do not contain **all** his works which include his presentations in International Meets.

The book under review carries 72 articles: 21 on Philosophy, 9 on Research, Provings and clinical investigations, 10 on **Materia Medica**, 7 on Repertory, 19 on Therapeutics, 6 on lives of some great homoeopaths.

A list of the Remedies covered by this work and their abbreviations is given at the beginning the book; some remedies have been distinguished with an asterisk mark, what it signified is not clear.

Except in respect of few papers in respect of which the journal in which they appeared first have been given, there is no indication for the other papers and we cannot fix the chronology of the papers. The relevance of the paper can be judged better if the chronology could be identified.

In the last chapter 'Short-Biographies' a brief sketch of life of late Dr. P. SANKARAN is given without date. It is wellknown to most of the older colleagues that Dr. SANKARAN left us in 1979 and therefore this article must have been written before that. Whereas there is an appreciation of Dr. B.N.CHAKRAVARTHY who is still with us. This article too is not dated.

In the present day when much speculative methodologies, creation of fascinating imageries etc. seem to be the fashion articles that deal with the fundamentals and the well-treaded path are scarce. This book is a good guide to those seeking methodologies laid down by HAHNEMANN, BOENNINGHAUSEN, HERING, KENT, Pierre SCHMIDT, who are the beacon lights.

In the Foreword Prof. V.PRAKASH has said (in the first paragraph) that Homoeopathy is deductive. No, Homoeopathy is inductive and no less a person than HERING said so.

'Printer's devils' could have been avoided. (P.4: 'Hehnnemann' instead of HAHNEMANN); p.12: 'Mr.Schauf of Dussaldof', instead of Mr.Schaub of Düsseldorf; p.14: 'Frank Boadman', 'Broadman' instead of Frank Bodman; 'Hoschtetter' instead of Hochstetter; similarly in p.12 the name of Hochstetter has been misspelt; 'centismal', 'millismal' instead of centesimal, millesimal; there are more examples. In p.3 is mentioned "The Apothecaries of Lexicon" instead of Apothecarys Lexicon. Same p.3 last sentence says "HAHNEMANN conceived the same idea one year before Pinel and he reformed the 1791." It should be "HAHNEMANN conceived the same idea one year before Pinel who reformed"

The paper, printing, binding and get up are good. The types are easy to read and do not strain the eyes of the readers. Keeping all these in view the price is not unreasonable. **I would strongly recommend the book to all.**

K.S.SRINIVASAN.

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COMING EVENTS:

1. PREDICTIVE HOMŒOPATHY School based on the teachings of Dr. PRAFULL VIJAYAKAR. For further details contact Predictive Homœopathy, Near Balaji Society, Opp: Canara Bank, Kalina-Kurla Road, Kalina, Mumbai – 400 098.

2. **Homeocases.org presents a 2 day Seminar** with Dr. PRAFULL VIJAYAKAR on “Treating Incurable cases with Homeopathy” on 16th and 17th August 2003 at Birla Matushri Sabhagar, 19, Marine Lines, Mumbai – 400 020. Further details contact: Dr.Pravin B.Jain, Homeocases.org 212, 1st Floor, New Mahavir Building Telang Road, Matunga Central Railway, Mumbai-400 019.Email: seminar@homeocases.org
3. **The Bombay Seminar 2004 on January 16 – 18, 2004 in memory of late Dr. P. Sankaran. Programme: Seminar – Jan.16 – 18, 2004** for Overseas and Indian delegates; Intensive Workshop: Jan. 20 – 25, 2004 exclusively for a small group of Overseas delegates. Venue: for Seminar: Birla Matushri Sabhagar, 19 New Marine Lines, Near Bombay Hospital, Mumbai – 400 020. Fees: for three days (Fees do not include meals or accommodation).for Medical Doctors:Rs.600/- until Oct. 30, 2003; Rs.700/- from Oct. 31, 2003. Spot Registration Rs.800/-. For Medical Students & Interns Rs.400/- until Oct.30, 2003, Rs.500/- from Oct.31, 2003. Students and Interns must produce their I.D. cards at the time of payment. For further details contact: Homœopathic Research & Charities, 201 Dinar, 20 Station Road, Santacruz (West), Mumbai – 400 054. e-mail: seminar@Homeopathyindia.org.
4. **International Foundation for H.E.A.L.TH Jointly Present the 14th Homœopathic Congress 2003 *A Disease-Free *Drug-Free *Darkness-Free Planet! Dates: 17th, 18th, & 19th Oct. 2003 Venue: Air-force Auditorium, New Delhi.** For further details contact: Secretary General – Dr. A.K. Seth, B2/11 Vasant Vihar, New Delhi – 110 057. E-mail: IHCongress@hotmail.com
5. **The Progressive Homœopathic Society is organizing 3rd Dr.M.L. Agrawal Memorial Lecture on the 12th October 2003 at Dr.Yudhvir Singh Auditorium, Nehru Homœopathic Medical College & Hospital.** Further details contact: Secretarial Office, 101, Sidhartha Enclave, New Delhi – 110014. e-mail: homoeopathygyan@rediffmail.com
6. **The Kerala Homœopathic Medical Graduates Association is organizing a Central Zone Conference & Scientific Seminar Dr.Praful Vijayakar’s PREDICTIVE HOMOEOPATHY on 12 Oct. 2003, Sunday Hotel Pearl Regency, Thrissur. Speakers: Dr.Vijay Shah & Dr. Anita Salunkhe.** Further details contact: Dr.Shah Ali, ‘Firdous’, Kura, Nellikunnu, Thrissur –680 005. e.mail: cenzoseminar@khmga.org

2. QHD, VOL. XX, 3 & 4, 2003.

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 of Part I. Part II contains selected essays/articles/extracts, while Part III carries original articles for this journal, Book Reviews, etc.

I. PHILOSOPHY

1. Eine Untersuchung zur Entstehung der so genannten Arzneimittelbilder – von der rationellen Arzneikunde zum spekulativen System (An Inquiry into the genesis of the so-called Drug Pictures – from the rational medical therapeutics to a speculative system) **HOLZAPFEL. Klaus** (ZKH, 46, 3 & 4/2002)

‘Drug Pictures’ in Homœopathy can be traced back to James Tyler KENT who through an image of world influenced by SWEDENBORG, changed the scientific Homœopathy into a speculative, deductive system.

In response to the article Dr. BLERSCH says (ZKH, 46, 6/2002) that HAHNEMANN thought differently from his times (GOETHE). However, the trend of division between the ‘Hahnemannians’ and those who attempt to develop further the teachings of the Master keeps recurring.

Mathias RICHTER refers (ZKH, 46, 6/2002) to the fact that HAHNEMANN speaks of ‘drug picture’ (16 times in the Organon alone) which is put against the symptoms of the remedies. Thus there is the compulsion to formulate a ‘remedy picture’. It is not KENT who was the first to speak about ‘drug picture’ but already Constantin HERING brought in this

concept. In his essay in 1861, long before KENT, he mentions about the ‘remedy picture’ (‘Wo ist der Beweis für diese Symptome?’ 1861). HERING was, of course, a Swedenborgian, but far from a conditioned philosophy and cannot therefore be compared with KENT. Still, ‘drug picture’ arose before KENT.

2. Seven habits of highly effective (and enlightened) homœopaths.
ULLMAN Reichenberg Judyth & ULLMAN Robert (HT, 21, 10/2001)

Receive and perceive the person.
Stay in the present.
Stay open.
Get out of the way.
Go beyond your knowledge.
Ceaselessly seek the simillimum.
Be one with nature.

The article discusses briefly the above 7 steps.

3. Symptoms as arbitrary phenomena
ROBINSON Karl (HT, 21, 11/2001)

A PROVING IS AN ARBITRARY OCCURRENCE.

Various substances produce various symptoms in well persons. These symptoms are not entirely random. But they are arbitrary, that is, capricious and without reason. There is no grand design. There is no meaning. There is no essence. There are only symptoms. In this sense, Homeopathy is clean.

It is a characteristic of the human mind that it rather compulsively sorts all manner of sensory input and labels it. Thus, a very warm something is labeled “hot”, unpleasant sensations when intense are called “pain,” objects which impinge on the

retina are sorted into recognizable forms and shapes, labeled and categorized. This is what the mind/brain does: it takes in sensory input and classifies it with a word or phrase and files it away. The filing away is called a function of memory.

This is the mind's genius, for it makes the external world recognizable and understandable. The mind, then, is constantly filtering sensory impressions and naming them. So in a proving, the provers take a medicine and begin to note various sensory data, which they accurately or erroneously ascribe to the medicine, and then variously label this data calling them sensations, thoughts, and feelings. What makes the proving data usable is the fact that more than one prover claims to experience the same (or nearly the same) sensations, thoughts, and feelings. So if a homeopathically prepared substance causes two or more provers to experience a chill, or become anxious when alone, those symptoms are deemed more characteristic of that substance than if only one prover reported them. Clearly, if in a proving with twenty provers no one experienced the same symptoms, one would be hard put to know how to use such a proving. Replication of symptoms, then, is deemed essential for a proving to be considered useful.

This is not to say that single symptom reported by a single prover is useless. It is not. But it is not as characteristic of the remedy as a symptom that several or many provers reported.

No "meaning"

I would argue that there is no "meaning" in a proving. It simply is - a happening. Persons take homeopathically prepared substances and note any and all changes in sensation, feelings, mentation. There is no particular meaning to it. If enough provers experience the same symptoms we exclaim, "Aha! A pattern!" The mind loves patterns. And patterns are useful. As I said earlier, without replication of symptoms we would have a difficult task knowing how to utilize the proving in the treatment of the sick.

How then does it happen that various celebrated homeopaths (those that write books and teach) love to hold forth on how various remedies behave? Some used to say that *Pulsatilla* was particularly needed in blonde young females! What an extraordinarily

limited view of a medicine with hundreds upon hundreds of symptoms!

I remember years ago hearing George VITHOULKAS talk about *Platina* saying that she (not he) was rakishly dressed, often with dark sunglasses, and sauntered into the consulting room in a sexually provocative way. I do not doubt he saw such persons who did well on *Platina* and I am sure he did not mean to limit the use of *Platina* to such a caricature of a person, but for some years a number of us were eagerly awaiting her appearance.

The old homeopaths wrote of *Natrum muriaticum* curing intermittent fever or Malaria. The modern homeopath rarely prescribes it unless the patient speaks of a deep grief or disappointed love.

"Sulphur types" were once said to be disheveled and dirty. Since such persons are rarely seen except among street people, the modern homeopath has, perforce, had to change his conception of how "Sulphur people" present in an era of modern plumbing and daily showers. So why do homeopaths keep mentioning it? There was a time (when I first learned Homeopathy) when, all "Sulphur people" were, ipso facto, warm-natured. Fortunately, that bit of misinformation crashed and burned sometime in the 1980s. Now, most homeopaths know that half of the "Sulphur people" are warm-natured and the other half are cold-natured.

***Nux vomica* was said to be an irritable businessman who worked too hard and drank too much. A workaholic lifestyle can often create a *Nux vomica* facade, but that in no way implies the remedy is the person's constitutional medicine.**

Now these and countless other limited views of Materia Medica need correction. I propose a method that would surely work. Stop reading and teaching Materia Medica in ways that attempt to piece together a “picture” of the remedy. Simply use the proving symptoms and the repertory symptoms. That should do it.

As for the Doctrine of Signatures? Rubbish. Unfettered balderdash. And the “essence” of a remedy? Seems to me it depends on who you read. Remedies do not “have” essences. Remedies “produce” symptoms. That is all they do. It’s not random, but it is arbitrary. Group analysis? Something to entertain and confuse the mind.

An *Arsenicum* case

The following *Arsenicum album* case illustrates my point.

In January 2001, I travelled to Reynosa, Mexico, where I go once a month to do a clinic. A woman, in her early forties, had had stomach pains for over ten days and was scheduled to see me the next day. I happened to be next door at her sister’s house for dinner that night when she called to say her pains were much worse. I walked over and found her shivering and obviously in a lot of pain. She was unable to describe the pain very well except to say it was very strong. She was having rigors. The pain had often waked her during the night in the last week. I asked if there had been any difficulties lately and she said, yes, she was under stress at work. She worked managing a hair salon and mentioned that her employees didn’t want to work. Apparently, they worked on commission and were dissatisfied and it was very stressful for her. She was not very communicative about her job

problems whether because of the pains or because she was naturally reticent.

As she was obviously suffering with her chills, I covered her with a blanket and drove across town to fetch my computer and remedies. When I returned she had moved into her sister’s house and was clearly worsening. She was in bed, covered and still having chills. The pains brought tears to her eyes.

Temperature: 40° C (104° F).

Heart rate: 150 (sometimes higher) and regular.

Respiratory rate: around 40 per minute.

On examination, bowel sounds were present and there was no guarding or rigidity of the abdomen though it was tender to palpation.

She was making moaning or groaning sounds with the pain. Every so often she would move around the bed with the pain. There was no perspiration with the fever.

What struck me was the intensity of pain. Using pain as the “peg,” I used the following repertory rubrics:

Fever, heat; pain, from

Chill, pain; with

Respiration, accelerated; chill during

Mind, weeping; pains; with

Fever; heat; perspiration; absent

What was interesting about this *Arsenicum* case was that it did not contain any of the keynote or characteristic symptoms of *Arsenicum* with which we are familiar, to wit, she was not particularly restless nor was she anxious; she had no fear of death and she was not thirsty. Yet so confident of the prescription was I that I walked away from her bedside after one and a half hours, certain that her fever would continue to decline and that the pain

would subside. By morning she was a bit weak, but fine. How could I have had such confidence when all the best-known symptoms of *Arsenicum* were absent? Because she had other symptoms, interesting ones that I deemed peculiar to her case, which were also characteristic of *Arsenicum*. Had I had a preconceived notion of how an *Arsenicum* patient was supposed to look and act I could not have prescribed it.

Hundreds of symptoms

Now, let's try to understand something. When *Arsenicum* was proved, a great many symptoms were deduced, many hundreds of them. These can be verified by looking in ALLEN's Encyclopaedia of Pure Materia Medica. Then along came a homœopath with the "gift" of making sense out of all these disparate symptoms, and he and others decided that typically a patient needing *Arsenicum* would be restless and anxious, quite suspicious, have a fear of death, be constantly thirsty, and have a night-time aggravation around 1 to 2 a.m. Voila! A Materia Medica of *Arsenicum* was born. Best of all, when those symptoms were present *Arsenicum* often cured. What could be more perfect? Nothing except for the fact that there are hundreds of other symptoms in the proving of *Arsenicum* which presumably are also valid and which never made it into most Materia Medicas. So what's a poor student of Homeopathy to do when he has been taught that *Arsenicum* presents as thus and so? I'll tell you what – miss a great many *Arsenicum* cases.

Beware of ever prescribing on mental symptoms. A close perusal of the "Mind" section of a modern repertory will show that the overlap is bewildering. Anger, fear, grief, and sadness are in virtually all remedies.

Alfons GEUKENS, one of the better homeopaths in Europe if not the world, once said, "I never prescribe on mental symptoms."*

Take the case, emphasize the totality of symptoms with special emphasis on strange, rare, and peculiar symptoms – the characteristics of the case that HAHNEMANN discusses in paragraph 153 of the Organon. That's it folks.

*GEUKENS, Alfons, Homœopathic Practice, Vol.III (VZW Centrum Voor Homœopathic, 1991), p.193.

4. Hahnemann's Psora in Light of Goethe's Science
SHEPPERD Joel (AJHM, 95, 4/2002)

Goethean Science is experiential, wherein sensory phenomena are primary; this approach parallels Hahnemann's urging to focus upon the signs and symptoms in patients as opposed to disease categories. Hahnemann's depiction of Psora was the result of extensive observation of disease signs and symptoms, and not mere theorization. There is similarity between Hahnemann's concept of Psora and the Ur-phenomenon of GOETHE, his contemporary. The modern identification of various microbes as pathogens does not refute the validity of the theory of Psora, which condition precedes and might predispose to such infections. Hahnemann's identification of Psora and Chronic Diseases led to a significant deepening and broadening of case taking strategies.

5. A Re-examination of Homœopathic Philosophy and a simplified approach to practice

CARTWRIGHT Steven (HOM, 84/2002)

The author has presented some basic facts, observations, arguments and where possible some conclusions. Two causes of inconsistent results among practitioners is because of their misunderstanding and perception of what is to be cured and unsound philosophy.

Homoeopathy treats states of ill health and not ailments *per se*. So, in transforming a state of ill health into a state of health, many, if not most, ailments resolve.

Symptoms may mislead, though they may point to and indicate the state.

The provings represent the state of ill health a substance can induce.

An ailment needs to be seen within the context of the state and with the knowledge that they are the manifestations of the state.

He opines that qualities describe a state of ill-health, and symbols represent the state of ill-health and causation is the reason for the state of ill-health.

One becomes aware of the qualities and symbols, on the basis of their intensity, repetition, absence or foreignness.

To establish cause, one must have a definite, specific and identified agent or event - assumptions are insufficient, however seemingly justified.

The potency is determined by the intensity of the state. The more intense the state of ill-health, the higher the potency, that is called for.

II. MATERIA MEDICA

1. The Brown spider *Loxosceles laeta*: Source of the remedy *Tarentula cubensis*?
RICHARDSON, C-BOEDLER, C.,
(HOMEOPATHY, 91, 3/2002)

The homoeopathic remedy *Tarentula cubensis* (Cuban tarantula), used in Homeopathy to treat

Abscesses with burning pains, Gangrene, Septicaemia, Toxaemia, has been grouped by homeopathic authorities with either the mygalomorph or wolf spiders. The original specimen used for preparation of the mother tincture was decomposed, leaving the spider's exact identity in doubt. Investigation of the toxicological and clinical literature, compared with homeopathic **Materia Medica**, reveals the brown spider, *Loxosceles laeta*, indigenous to South America but present also in Mid -and North America, as a more likely source. Venoms of spiders of the genus *Loxosceles* cause severe necrotic arachnidism, as well as, in some cases, a life-threatening systemic reaction marked by Renal failure, Disseminated intravascular coagulation, Thrombocytopoemia, Coma and Convulsions.

2. *Laurocerasus*

TAYLOR Will (HT, 21, 9/2001)

The history of this medicine along with its preparations and chief indications are given.

Case: Boy aged 13, had rheumatism last winter confined to the lower extremities and was treated with external applications. Now he has disease of the heart. Cough mostly after midnight. Sitting posture causes gasping for breath and fluttering of heart. Diagnosis - mitral insufficiency with hypertrophy of heart. He has dropsy associated with this disease. *Laurocerasus* given. A week later, sleep better, gasping disappeared and oedema legs improved. 2 months later he was entirely relieved of all his sufferings, auscultation revealed the same abnormal sounds of heart, although somewhat modified in degree.

3. *Helleborus niger*

FULLER Diane (HT, 21, 11/2001)

The history of the remedy with its characteristic features are given. Dr. CASE in 1893 tells of an 8 year-old girl recuperating from Scarlet fever who seemed to be doing well until one night, she awoke her mother in a convulsion, in which she remained, with her left arm in constant motion. Dr.CASE gave her one dose of *Helleborus niger* CM. Within 5 minutes there was a lessening of the severity of jerking and she slowly improved. In three quarters of an hour she was thoroughly conscious and the convulsions did not return.

It is said that French prisoners of war at Norman Cross were suffering from an epidemic of night blindness. Because they were out of snuff, they began using powdered black Hellebore as a substitute. Much to everyone's surprise, they were cured of their blindness in a few days.

4. Die tierischen Arzneien, Nosoden and Sarkoden unserer **Materia Medica** (The animal remedies, Nosodes and Sarcodes of our **Materia Medica**)
BÜNDNER Martin (ZKH, 46, 6/2002)

An attempt is made to draw up a complete list of the animal drugs, Nosodes and Sarcodes of our **Materia Medica** and their pharmaceutical manufacturers. The Bowel Nosodes are also included. The list is followed by detailed bibliographical reference and valuable explanatory notes.

5. The toxicology of *Amanita phalloides*
BONNET, M.S. & BASSON, P.W.
(HOMEOPATHY, 91, 4/2002)

Symptoms appear in two phases, separated by a short period of apparent recovery. During the first phase the gastrointestinal system is mainly affected, with symptoms appearing 6-24h after ingestion lasting about 24-48 hrs, characterized by severe diarrhoea with dehydration, vomiting, abdominal pains and hypoglycaemia. It is followed by a quiescent interlude for 2-3 days, giving the impression of recovery, the anicteric phase. The second and more serious phase begins with weakness, general deterioration and hepatic necrosis. This phase culminates in rapid deterioration of the central nervous system, intravascular coagulation with severe haemorrhagic manifestations including disseminated intravascular coagulation (DIC), renal failure and occasionally death. Even patients who appear to have total remission, often develop chronic active hepatitis. Total remission should not be taken for granted.

Mind

Disorientation; others, well oriented and conscious.
Distress, mild.
Psychomotor agitation (baby).
Drowsiness (baby)
Stupor and neurological deterioration appear with more pronounced jaundice.

Central nervous system

Confusion, lethargy, somnolence leading to coma.

Disorientation, confusion and generalized paratonia herald recovery from coma.

Convulsions, may be followed by coma and death.

Encephalopathy, progressive.

Respond only to noxious stimuli with non-purposeful tonic extensor movement of extremities (in coma).

Vertigo.

Deep tendon reflexes including extensor plantar: increased, bilateral and symmetrical (in coma).

Lumbar puncture unremarkable (in coma).

EEG: bilateral and generalized slow-wave abnormality, with irregular 2-4 cps activity consistent with severe metabolic Encephalopathy (in coma).

Head and Neck

Neck supple (in coma).

Eye

Corneal reflexes depressed (in coma).

Eyes conjugated without roving movements (in coma).

Hippus (in coma)

Horizontal and vertical oculocephalic reflexes elicitable easily (in coma).

Lachrymation, slight.

Pupils round, symmetrical, 3-4 mm in diameter, and briskly reactive to light (in coma).

Scleral jaundice.

Tonic oculo-vestibular responses to cold water present (in coma).

Face

Jaw muscles tonally contracted but no myoclonus or adventitious movement (in coma) .

Symmetrical facial grimacing in response to supra orbital noxious stimulation (in coma).

Gastro intestinal system

Mouth dryness with intense thirst.

Gastrointestinal symptoms onset 12-15h after onset of illness; complete recovery after 10 days.

Mucous membranes, dry.

Anorexia.

Hiccups (possibly an ominous sign)

Haematemesis, rare but indicating gastrointestinal toxicity, Nausea, persistent severe.

Vomiting, recurrent; earliest symptom.

Abdominal cramps shortly following the severe nausea.

Abdominal distension, ascites and fluid waves.

Abdominal and epigastric pains, severe; earliest symptom.

Abdomen soft and scaphoid (in coma) with mild tenderness, no guarding or rebound.
Abdominal sensitivity/tenderness in right hypochondrium (liver palpable 10cm below costal margin).

Borborigmi, diffuse (baby)

Liver percussable to 8 cm but not palpable (in coma); hepatomegaly; no splenomegaly.

Abdominal erect and supine: elevated diaphragm leaves; gaseous distension of stomach, of multiple dilated loops of small bowel and entire colon, marked; air-fluid levels within colon, several, small; no evidence of free air nor obvious ascites. Pattern compatible with severe adynamic ileus.

Diarrhoea, uncontrollable, cholera-like, frequent occurrence; can lose up to 500ml of liquid during each bout, lasting at least 1 day often with blood (pink); earliest symptom.

Rectal examination: watery stool without occult blood.

Urinary system

Creatinine increases within the first 24h, followed by a gradual normalisation within the first week; however, some patients show a more persistent increase in creatinine values, with a delay of normalisation. Diabetics maintain high values longer.

Kidneys: mild progressive renal failure secondary to acute illness, with oliguria/oligoanuria indicating renal toxicity and shutdown after short apparent remission of gastrointestinal symptoms.

Water and salt losses in physiological proportions (isotonic derangement), with consequent marked hypovolaemia (without hypovolaemic shock), blood concentration and oligoanuria.

Excretory urogram: kidney function poor bilaterally but normal-sized kidneys and smooth renal contours.

Pyelocalyceal systems: no distention.

Renal biopsy: contraction (by 14-15%) in both kidneys in chronic phase, several years later.

Interstitial fibrosis, diffuse, in acute illness phase.

Proximal and distal convoluted tubules necrosis, in acute illness phase.

Pyelocalyceal systems normal even in chronic phase.

Pregnancy

Normal third trimester pregnancy, birth at the expected date of delivery and neonatal period, despite maternal illness during mid-second and third trimester of pregnancy.

Respiratory System

Breath sounds diminished in both lung bases.

Dyspnoea, early symptom

Costovertebral angle tenderness, bilateral.

Pleural effusion.

Chest X-ray: Bilateral alveolar pattern and right pleural effusion.

Bilateral lower lobe, discoid atelectasis.

ECG: ST changes, non-specific, without evidence of infarction.

Extremities

Generalized increase in resistance to passive movement of all extremities in flexion and in extension (in coma).

Fever

Fever.

Perspiration

Sweats, abundant.

Skin

Jaundice (cutaneous) (others, anicteric) occurring after an apparent remission of gastrointestinal symptoms; increasing rapidly, with concomitant elevation of liver enzymes, BUN and creatinine.

Appears on fourth day of illness.

Haematology

Fibrinogen: 70mg/100ml (DIC).

(normal: 150-400mg/100ml).

Hæmatocrit: 53-60% (normal: m: 42-50%. f: 40-48%).

Leukocyte count: 14,400-36, 100/cu mm. (normal: 4,800-10,800/cu mm).

Leukopenia.

Neutropenia; with neutrophils: 80-84% of leukocytes (normal: 40-75%).

Partial thromboplastin time: > 112s (control: 40s) (DIC) (NORMAL: 19.6-34.0s).

Platelet count: 221,000-10,800 (DIC) (normal: 150,000-400,000X10⁹/l) resulting in prolonged prothrombin time of 39.4s with a control of 12.9s. prothrombin time: 47s (normal: 10.5-13.5s).

White cell count: 3500/mm with 18% band form.

Biochemistry

Alanine amino transferase (ALT, formerly SGOT): > 2500-2790 units/l. (normal: 45 units/l).

Ammonia (blood): elevated at 75µmol/l. (normal: 11-35µmol/l).

Aspartate amino transferase (AST, formerly SGPT): >2500 units/l. (normal: 35 units/l).

Bicarbonate: 8.3-18.5mmol/l. (normal: 24-32mmol/l).
 Bilirubin (direct): 3.4mg/dl (normal: 0.1-1.2mg/dl).
 Blood urea nitrogen (BUN): 28-202mg/dl (normal: 8-23mg/dl).

Chloride: 72-119mmol/l (normal: 95-105mmol/l)

Creatinine: 1.9-14.8mg/dl (normal: 0.6-1.2mg/dl)

Glucose: 208mg/100ml (normal: 70-100mg/100ml).

Lactic dehydrogenase (LDH): 311-1400 units/ml (normal: 60-100 units/ml).

Potassium: 4.6-6.6mmol/l (normal: 3.7-5.2mmol/l).

Sodium: 108-154mmol/l (normal: 133-143mmol/l).

Arterial blood gases

pCO₂ : 34.0mmHg (normal: 35-45mmHg).

pH: 7.53 (normal: 7.35-7.45).

pO₂: 87mmHg. Hypoxæmia (DIC) (normal: 75-100mmHg).

Histopathology/Autopsy

CNS:Meningeal oedema, gross.

Cerebellar tonsillar herniation.

Meningeal congestion.

GIT: Intestinal and large bowel mucosae: necrosis.

Hepatic necrosis, massive (cariolysis), similar to 'acute yellow atrophy'.

Liver: anisocytosis, but inflammatory infiltrate, absent.

Liver: centrilobular and parenchymal necrosis.

Liver: intracellular cholestasis trabecular distortion.

Mesenterium: red obliterating thrombi in upper venous mesenteric branches.

Small bowel: congestion, oedema and generalized necrosis.

Small bowel: preservation of Lieberkühn's crypts.

Small bowel: submucosal and mucosal veins thrombi.

Spleen: Congestion and disappearance of trabecular pattern.

US: Acute tubular necrosis particularly of proximal tubule cells.

Glomeruli of normal volume or retracted, within normal glomerular package/cells/membrane and capsule thickening. Only a small Bowman's capsule' space enlargement.

RS: Lungs: desquamated pneumocytes and serohæmorrhagic alveolitis.

Pulmonary abscesses, several.

CVS: Heart: epicardial hæmorrhages, myocarditis and subendocardial fatty infiltration.

Generals

Acidosis, metabolic.

Dehydration, mild to severe.

Differential diagnosis

Cholera.

Gastroenteritis, staphylococcal.

Hepatitis, chronic active.

Moderate-to-severe illness cannot easily be distinguished from viral hepatitis.

Salmonellosis.

Synonyms and provings

In **Kent's repertory** and the **Synthesis repertory**,

A.Phalloides is called *Agaricus phalloides* (agar-ph.). Provings: Allen in **Cyclopoedia**, Vols. I and X.

6. The Proving of *Lac asinum*

LAMOTHE Jacques (HL, 14, 4/2001)

This is a 'proving' of Ass Milk conducted in 1998 and 124 symptoms came up to form the pathogenesis. (see part II of this QHD for full proving)

7. The Proving of *Neptunium muriaticum*

LUSTIG Didier & REY Jacques
(HL, 14, 4/2001)

This is a 'proving' of the element *Neptunium*.

8. *Xantoxylum fraxineum*

COLIN Philippe (HL, 14, 4/2001)

Mrs.A.B. 31, presented with left sided Sciatica which began during her pregnancy and was worse after delivery. Better by lying on back and stretching. Dysmenorrhoea with copious and irregular menses and left sided ovarian pain, extending to left thigh during every ovulation. Depressed since delivery. *Sepia* 30 CH every week for one month, improved her mood and regularized menses but did nothing for her ovarian pain or Sciatica.

Xantoxylum fraxineum 15CH and then 30 CH reduced the pain, but her menstrual disorder returned.

Sepia 30 CH every two weeks alternating with *Xantoxylum* 30 CH every two weeks has stabilized her state.

9. *Arnica montana*

FULLER Diane (HT, 22, 2/2002)

Arnica's healing powers extend to every area of the body. It prevents as well as cures. It is recommended before surgery, labour and dental work. An interesting case is reported by Dr. CHARETTE of Nantes in **La Matiere Medicale Pratique**.

For 7 years after having an operation, a woman was plagued with urinary incontinence. The doctors could find no reason for this and tried many means, but nothing availed. One drop of *Arnica* in a glass of water stirred and a coffee spoonful three times a day was administered and she was cured of her problem 8 days later.

10. *Chelidonium majus*
TAYLOR Will (HT, 22, 3/2002)

A brief history about the plant and its use in various systems are given. A case of *Chelidonium* by J.C. BURNETT from his '**Diseases of the Liver**' are given.

11. *Salix alba* – White Willow
OLSEN Steven (AJHM, 95, 3/2002)

63-year-old female with **Alzheimer's disease** did not get much benefit inspite of treatment for over three years.

The author summed up the "persistent" symptoms of the case and picked out the word "denial" as the most central and most specific to the patient's psychological adaptation. As a child, and all through her life, she had tried to deny what was happening around her, denied and suppressed her own feelings about her father's betrayal of her family. Later, in her adult life, this suppression reappeared as delusional thinking which she could not control.

A search in **Radar's Encyclopaedia Homeopathica** programme and the closest to the patient's state was found under *Salix lasiolepi*.

As *Salix lasiolepi* was not available in potency, *Salix alba* 30 was procured and administered. It began to help soon and the progress went on. She has been on this remedy for an year now, whenever needed one dose of the 30c, which was about once a month.

Steven OLSEN compares this remedy with *Coca*. [An interesting case report. Steven has published a book of Provings of 5 trees "Trees and Plants that Heal" = KSS]

12. Proving of *Chlamydia trachomatis*
BOCOCK Richard (HOM, 83/2001)

The proving of this Nosode was carried out by students at the South Downs School of Homœopathy between January and April 2000. One prover took Placebo and there were just 4 active provers and 5 supervisors.

The mental and physical symptoms are presented, though it can be only an outline because of the small number of provers involved.

III. THERAPEUTICS

1. Die externe Anwendung homöopathischen Arzneien (the external use of homœopathic medicines)
GENNEPER, Thomas (ZKH, 46, 3 & 4/2002)

Homœopathic remedies are used almost always internally, their external application are kept off. With the help of literature and his own experience the possibilities of external application are demonstrated. It is concluded that: (1) There are purely local diseases which are caused by simple injuries. (2) An external (surgical) treatment exclusively, is possible and right. (3) An external treatment can be made with homœopathic medicines.

Readers' response to this article is interesting. In the ZKH, 46, 6/2002, Dr.Hermann LANG narrates a case: 58 year-old female patient with breast Cancer (Metastasis in lymph nodes, bones, brain and liver) developed a large tumor in groin with a large cavity as if punched out. Offensive smell emanated from this and it appeared gangrenous. Surgeon opined that it was a life-threatening situation but however, couldn't decide to operate. A Gynaecologist who was caring the patient recommended to immediately treat this tumor externally with *Kreosotum* powders. Since *Kreosotum* powder which are poisonous was not available *Kreosote* 4x tablets – 4 or 5 placed everyday in the ulcer. *Calendula* salve was applied on the border of the ulcer. After 14 days the tumor began to disintegrate and the ulcer became clean, the foul odor also came down. 14 days further the tumor was fully dissolved, the ulcer was clean and no blood complication was feared. All in all a happy development, it was, locally restricted and the general process was not however, halted. Attention **Organon** §260 FN.1. § 186.

The patient was also at the same time treated internally with Homœopathy, but this deep lying tumor/ulcer could not be influenced. The patient was treated earlier also with Homœopathy which could not in any way stop the development of the tumor.

The treatment of ulcerated wounds and tumors of female breast with *Kreosotum* powder was practiced by the then Chief Physician Dr. SCHLÜREN in the Women's ward of the hospital of Rentlingen.

Dr Martin BÜNDNER writes (ZKH, 46, 6/2002) that homœopathic medicine for patients with intubation may be given as a spray into the mouth under the tongue without fear of aspiration.

2. Wider die Unselbsthaftigkeit der Homöopathie

ROHRER, Anton (ZKH, 46, 3 & 4/2002)

Dr. Will KLUNKER (1923 – 2002) who studied Homœopathy with Dr. Pierre SCHMIDT passed away on 26th March 2002. He was also the editor of the **Zeitschrift für klassische Homöopathie** for some years. The ZKH 3 & 4/2002 is dedicated to Dr.KLUNKER.

KLUNKER always asserted that Homœopathy was based as a medical art on principles which when fulfilled will lead to a cure conforming to the rules. HAHNEMANN conceived Homœopathy only in this sense. It is not just a Principle of similarity, but a sure method, following a certain healing methodology. Homœopathy claims this as basis. Only the disease phenomenon on one side and on the other side the remedy's, will lead to the choice of the curative remedy.

KLUNKER taught a 4 – group classification of the symptoms for analysis. The first group is of the general symptoms and the synchronous individual symptoms; Group two consists of the local symptoms and the synchronous individual symptom; Group three consists of general symptoms and synchronous common symptoms; Group four of local symptoms and the synchronous commons symptoms.

The case of a 76 year-old female patient is presented in this manner.

3. Die Bedeutung von objektiven und subjektiven Symptomen in der naturwissenschaftlich-technischen Medizin und in der Homöopathie (The significance of objective and subjective symptoms in the Scientific – technical Medicine and Homœopathy)

WEGENER, Andreas (ZKH, 46, 3 & 4/2002)

The significance of objective and subjective symptoms in scientific medicine and in Homœopathy is investigated. While in Orthodox medicine, the symptoms are manifestations of a disease, in Homœopathy the actual disease does not

show itself directly, but the symptoms are the disease itself. Therefore Homœopathy is a phenomenon-related method of healing. The importance of a symptom for the choice of a homœopathic remedy does not depend whether the symptom is objective or subjective, but rather on the fact whether the symptom is characteristic with regard to the case. The development of the homœopathic method of finding remedies is shown with the methodology, which differs in the case of acute and chronic diseases.

4. Anwendung und Bestätigung homöopathischen Arzneien in der Krebsbehandlung (Application and confirmation of homœopathic remedies in Cancer treatment)

FRIEDRICH, Uwe (ZKH, 46, 3 & 4/2002)

The homœopathic treatment of Cancer is, among others, made more difficult by the fact, that Cancer often is a one-sided disease. Incomplete repertories further complicate the choice of remedies. The author discusses, with actual cases, the application and confirmation of homœopathic remedies in the palliative and tumor-influencing homœopathic treatment of Cancer.

1. *Arsenicum album* as an effective remedy in the case of advanced Cancer with pain.
2. *Arsenicum album* as an effective remedy in the case of Cancer pain and its correlation to *Nux vomica*.
3. *Aloe vera* and *Ruta graveolens* as palliatively effective remedies in the case of advanced intestinal Carcinomas with a tumor inhibiting effect.
4. *Conium maculatum* as an important remedy in the case of pulmonary metastases following mammary Carcinomas and for the normalization of tumor markers in the case of metastatic mammary Carcinomas.
5. *Lycopodium clavatum* as an effective remedy for the reduction of pulmonary metastases in the case of mammary Carcinomas.
6. *Arsenicum iodatum* as a remedy in the case of painful skin metastases following mammary Carcinomas.
7. *Natrum muriaticum* for the normalization of increasing tumor markers in the case of advanced metastatic mammary Carcinomas.

Six cases are narrated. Works of BURNETT, CLARKE, GRIMMER, SCHLEGAL, SPINEDI amongst others, are recalled.

The application of homœopathic medicine and proof of its efficacy in Cancer cases is difficult since different medicines at frequent interval, have to be given besides Chemotherapy, Radiation,

Hormone therapy, and other methods are simultaneously applied. Still the effect of the homœopathic medicine may be evidenced by the relief of specific symptoms for which the homœopathic remedy was applied.

[In a recent case of a 75 old Chinese man in Singapore who was in 'terminal' state with Cancer and many other complications, was groaning and shouting with pain in spite of the allopathic medicines. Nothing more could be done in his case. His relation asked, through a friend here, whether some homœopathic medicine could be given so that his pain could be lessened and he could die peacefully. *Arsenicum album* XM was sent and he calmed down, stopped groaning and died peacefully. His people were grateful for this = KSS].

5. Eine Art Allergie – *Elaps corallinus* (A kind of Allergy – *Elaps corallinus*)
ANDERSCH-HARTNER, Peter
(ZKH, 46, 3 & 4/2002)

Case of a longstanding Pollinosis and dust allergy cured by repeated doses of *Elaps*; the potency was changed once. Intercurrent administration of a Nosode after vaccination. Despite new symptoms the remedy was not changed, only exception the Nosode mentioned – In the course of the cure an Eczema develops, is first treated by ointment, then the Eczema reappears and heals up after another dose of *Elaps*.

6. Meine Erkenntnisse zur Symptomenwahl
(My knowledge of Symptoms choice)
BONDZUS-ENTZIAN (AHZ, 246, 6/2001)
Lösung der Fälle (Solution to the case)
BONDZUS-ENTZIAN, C. (AHZ, 247, 1/2002)

In the first article the author discusses the analysis of case taken and the choice of the symptoms for selecting the curative remedy.

The author discusses briefly HAHNEMANN, BOENNINGHAUSEN, H.C.ALLEN, Ad. LIPPE, KENT, VITHOULKAS. He concludes that §153 is the most important in this work. Comparison of the 'characteristic' symptoms of the patient with the relevant remedy is the core of Practice. The perception of the § 153 symptoms is the creative, mental work of the homœopathic physician and is not to be delegated to the computer programme or assistants. We require for that, time and clarity of a thorough anamnesis, at least 1½ hours (in chronic cases).

What we seek for is the 'fingerprint' of the individual and it can come from any symptom even a so-called 'local' symptom. Thus it is not that in every case the 'mental' is more valuable than the 'local'. It is a question of the §153, which can be from 'general', a 'mental' or a 'local' symptoms.

Whatever methodology we may adopt – ALLEN, BOENNINGHAUSEN, KENT, SEHGAL, etc. – depending upon the anamnesis – we can individualise the case with the instruction in §153, and to that extent we will be successful.

The author cites three cases to demonstrate this.

7. Selection of potencies by medical and non-medical homeopaths: A Survey: DEROUKAKIS, M. (HOMEOPATHY, 91,3/2002)

Objectives: To examine the difference between medical and non-medical practitioners with regard to the selection of potency.
Design: Postal survey to medical homœopaths belonging to the Faculty of Homœopathy, and to non-medical homœopaths, members of the Society of homœopaths.
Participants: One hundred medical homœopaths and 100 non-medical homœopaths. **Results:** Homeopaths from both groups agreed on certain fundamental concepts. Medical and non-medical homœopaths differ in the prescription of potency most significantly on greater use of LM potencies by non-medical homeopaths. Medical homœopaths more likely to prescribe on descending scale, and also prescribe lower potency in the case of an aggravation. **Conclusions:** Despite the differences in education of medical and non-medical homeopaths, there appears to be general agreement on the philosophical aspects of potency prescription.

One of the reasons that there is so much disagreement on potency selection is that the **Organon** was re-written 5 times, each time with different instructions on posology.

8. Prescribing on a single rubric
COHEN, D. (HOMEOPATHY, 91, 3/2002)

Case 1: 27 year-old female presented with hoarseness of voice since 3 weeks. The diagnosis by ENT doctor – chronic laryngitis. *Causticum M* and *Carbo vegetabilis* 30c given had no effect. Taken prednisolone 30mg for 5 days from her GP also had no effect.

Hoarseness of voice with almost total voice loss on waking in the morning. This is a one remedy rubric with *Ailanthus glandulosa* at degree two. Two doses of 30c at 12h apart demonstrated dramatic improvement.

Case 2: Karen developed diarrhoea and fever after she nursed her children through Shigella. *Eupatorium perfoliatum* 200 seemed to take away the fever and severe pains. 5 days later *Sulphur* 200 improved the diarrhoea dramatically. *Colocynthis* 200, next day, reduced the cramps almost totally.

2 days later, the diarrhoea returned somewhat. Burning pain in abdomen, which made her bend double. Severe burning in rectum associated with diarrhoea. *Sulphur* was repeated to no effect.

A **Materia Medica** search found *Iris versicolor*, which in 200th potency made her asymptomatic in 24 hrs.

Case 3: 31 year female, consulted after being diagnosed of apical dental root infection. Pain in her teeth around the whole of the left side of her mouth. Pain, dramatically < on lying down. *Aranea diadema* 12c t.d.s. for 2 days completely relieved the pain.

9. Traps for young players: when the well selected remedy fails to act
ASHER, E. (HOMEOPATHY, 91, 3/2002)

Two cases of apparent failure to respond to well-indicated homoeopathic treatment are presented in a case of nephrotic syndrome, there was dramatic response to exclusion of food of bovine origin.

A case presenting with palpitation seemed to respond to *Naja*, but proved to have a Pheochromocytoma which was successfully resected. The clinical lessons learnt are discussed.

10. Chronic Asthma and Acute Pneumonia
BRENNAN Carrie, (HT, 21, 9/2001)

7 year-old Williams, hospitalized 8 times for Pneumonia in 5 years. Fever since 3 days,

decreased appetite and vomiting. Dry, barking cough relieved by cold water. Acute suffering of asthma, since a week using Corticosteroid inhaler. Enlarged nodes on both sides of neck, a reddened and inflamed ear drum, and enlarged and reddened tonsils with no discharge, worse in cold weather, prefers ice cold water and likes to chew on ice. Sensitive to criticism and odors.

Phosphorus 30c, t.d.s. 3 days later has persistent cough. Fever close to 102°F every morning. Feels better and coughs less in the evening. Appetite has increased.

The peculiar symptom of remittent fever spiking in the morning, his soreness of legs and his feeling of hardness of pillows, sofa and bed, indicated *Arnica* which was given in 200c, every 2 hrs.

Next day he woke up and had no fever. Three days later, has more energy, coughing less frequently. No cervical nodes and no chest congestion. Stop *Arnica*. Three weeks later, no coughing episode or labored breathing. Two weeks later, Williams is greatly improved. He has been experiencing Eczema over his knees, which he encountered when he was younger. Three weeks later, he is doing great. No difficulties in breathing and no inhaler.

11. Homoeopathic help for pain.
DOOLEY Timothy, R. (HT, 21, 9/2001)

Case 1: Painful Heart Condition: A woman with recurrent Pericarditis and with a back pain for which 3 surgeries have been performed. She lived in constant agonizing pain in spite of pain killers.

Spigelia was given because of numerous strong characteristics. Five weeks later she said her back pain improved continually and for last 10 days no pain. Her Pericarditis was also doing well.

Case 2: 60 year old with metastatic Melanoma, responded dramatically to *Picric acid*. He died peacefully without any need of morphine.

Indications of *Arnica*, *Bryonia*, *Chamomilla*, *Ledum*, *Mag-phos.*, *Nux-v.*, and *Rhus tox* are given.

12. Homoeopathic remedies for traumatic stress.
CASTRO Miranda (HT, 21, 10/2001)

The effect of post traumatic stress can be helped by our remedies. The tragedies of September 11 evoked widest range of emotional responses like shock and horror followed by in-

comprehension, disbelief and finally numbness. Anger and rage came next, grief for those who lost someone, guilt for those who didn't, anxiety and fear for the future, hopelessness and depression, despair.

The indications of remedies *Aconite*, *Stramonium*, *Arnica*, *Opium*, *Gelsemium*, *Phosphoric acid*, *Ignatia*, *Natrum muriaticum*, *Pulsatilla*, *Causticum*, *Calcarea carbonica*, *Arsenicum*, *Cocculus*, *Nitric acid* and *Aurum metallicum* are discussed.

13. Each one is different
MESSER Stephen (HT, 21,10/2001)

Suzie had been in an automobile accident the previous week and was suffering from after effects. She was really frightened then as well as afterwards. Mental dullness and confusion after the accident. *Phosphoric acid* M one dose. Suzie reported that by next day, she was much improved and back to normal.

Note: **The best remedy will be the one that fits their particular reaction to the trauma.** In addition many people will respond to trauma in a way that is more in line with their chronic or constitutional state, in which case, they will need a dose of their 'constitutional medicine'.

14. The process: Choosing the remedy
Ann Jerome CROCE (HT, 21, 10/2001)

The process of repertorisation can produce remedies that are not clearly indicated even if they appear in many of the rubrics that apply to the case. In such case, it may be fruitful to explore remedies closely related to them or a smaller remedy or a miasmatic Nosode in the repertorisation could lead to a more precisely fitting remedy that addresses the same miasm.

Whether the chosen remedy matches the pace of the disease, body systems most affected, the miasmatic pattern, is to be checked before the final selection.

When nothing seems to fit the case well enough, the homoeopath must go back a step or two and see whether she has missed something in receiving the case or in analyzing it or whether the rubrics chosen are the most appropriate.

15. Homoeopathy and Motion sickness.
DOOLEY Timothy, R. (HT, 21, 10/2001)

Indications of *Cocculus*, *Tabacum*, *Bryonia*, *Nux vomica* and *Colchicum* are given.

Ginger is effective to both prevent and treat motion sickness.

Agg. in *Cocculus* is from side to side motion and while that of *Tabacum* is from forward and back motion.

16. Don't Panic
CASTRO Miranda (HT, 21, 11/2001)

The author discusses the situation of anxiety and fear of catching diseases and suggests practical actions and tips to build our immunity and indications of *Aconite*, *Argentum nitricum*, *Arsenicum*, *Calcarea carbonicum*, *Gelsemium*, *Sulphur* and Rescue remedy to deal with such situations.

17. Homoeopathic Nosodes – Are they useful for bio terrorism?

BORNEMAN, J.P. (HT, 21, 11/20001)

The author discusses the potential clinical utility of Nosodes in the event of a widespread outbreak of an infectious disease and concludes to look for a Genus Epidemicus to emerge.

18. Is there a remedy for Bio-terrorism?
HOOVER Todd, A. (HT, 21, 11/2001)

The author discusses the history, risk and weapons of bioterrorism, and discusses history of epidemics where Homoeopathy was useful. Indications of *Thuja*, *Antim-tart.*, *Silica*, *Bell.*, *Malandrinum* and *Variolinum* in the treatment of vaccinia syndrome are given.

19. Homoeopathic Prophylaxis?
ROSEMARY C. Hyde, (HT, 21, 11/2001)

Homoeopathic prevention for epidemic diseases has been done. Both clinical experience and laboratory findings offer enough evidence of its potential effectiveness to make us realize that we need to learn more about how the prophylaxis works and when and how to use it?

The history of homoeo-prophylaxis, homoeo-prophylactic treatment in epidemics and the usefulness of scientific studies are discussed.

20. Homoeopathic help for indigestion
LAMPE Kristy (HT, 21, 11/2001)

Indigestion after every meal needs the attention of a professional. Severe pain of any kind, dehydration or excessive vomiting and diarrhoea needs immediate medical attention. Indications of 17 remedies are discussed.

21. A story of sudden stomach ache
LEBENSORGER Mitzi (HT, 21, 11/2001)

2 hrs after a big family dinner, my sister doubled over in pain, holding her abdomen and complaining loudly. She began to pace up and down with pain. It was a terrible cramping pain.

In Panos' Homœopathic Medicine at Home, she had given *Cuprum arsenicum* for usual *Arsenicum* like symptoms alongwith severe cramping pains. A dose in a 30c was given and within 10 minutes, she was better. 15 minutes later she got up and began pacing again. Another dose was all she needed.

22. Choosing the right remedy dosage
DOOLEY Timothy. R. (HT 21, 11/2001)

A frequent question asked by the student is how do you decide what potency to give and how often to repeat it?

It depends on the patient, the type of illness they have and their reaction to the illness. It also depend on the practitioners, who, as experience grows, could use different approaches.

The indications for choosing the potency and dose are also discussed.

23. Zur Kritik der pathognomonischen Symptome – Eine standortbestimmung (A criticism of pathognomonic symptoms – A position finding)
HOLZAPFEL Klaus (ZKH, 46, 5/2002)

Dr. HOLZAPFEL says that the exclusion of the pathognomonic symptoms for the selection of the homœopathic remedy arises from a misunderstanding of DUNHAM's which was influenced by R. VIRCHOW.

In the AHZ 246 and 247, BONDSZUS-ENTZIAN, C., and S.REIS, discussed characteristic symptoms in reference to §153 and two extreme standpoints were taken: while one said that the characteristic symptoms are what remains when from an individual disease case the pathognomonic were taken away, the other opined that the pathognomonic symptoms **must** be contained in the remedy selected and that they should be similar to the case.

'Pathognomonic' means specifically characteristic of a disease or pathologic condition; a sign or symptom on which a diagnosis can be made (Dorland's Dictionary); i.e. leading symptoms for making a diagnosis.

A German dictionary of the 19th century ('**Universal-Lexikon der practischen Medicin und Chirurgie**', by BEGIN LJ et al., Leipzig; Franke, 1841) gives the meaning of 'Pathognomik' as: pathognomonik means theory about the disease indications – every illness which man feels in his interior, reveals itself through conspicuous signs which are inseparably bound with every disease, which are their nature and therefore generally last from the beginning to the end and are called '**pathognomonic signs**'. All the indications which in their alterations of form and state, colour of bodies, their position and stance like the different kinds of facial features, the different pain arousals, the appearance of shivering and colds, heat or sweat, etc. belong to this pathognomonic signs subsist and through circumstances are bound with the disease intimately in the interior."

Attention is drawn to §83 and particularly to the Foot notes to §§ 89/90; & also to §§153, 133, 95, 178, Foot Note to §67, §§164-165 § 102, § 217, § 220, § 221, § 105, § 70, § 82.

The role of pathognomonic symptoms are, for HAHNEMANN, only to be considered as criteriae for diagnosis and for HAHNEMANN's close followers they have no relevant role in therapeutics, since disease is to be seen everytime as individual and not as in clinical medicine then also as of now, as a fixed conglomerate of symptoms which means collective and not at all individual in so far as diagnosis and therapy are concerned. Some fixed exceptions are mentioned by HAHNEMANN – e.g. Goitre, Syphilis, Itch, Swamp fever which are characterized as arising from a specific, invariable miasm – the contagious diseases like Pox, Measles (§ 100) belong to these; also illnesses from knocks, falls, contusions, sporadic diseases which occur as a result of invariable meteoric influences.

According to HAHNEMANN only those symptoms help choose the medicine, which are closest well-defined and thereby have an individuality which can be differentiated from the generally undefined symptoms. (Ref. §133 for exact determination of characteristic symptoms.) In §95 "Characteristic" is qualified with the term "well indicative". To the above two symptoms classification – the **peculiar** and **undefined**, another class is added. In § 178 HAHNEMANN says that in respect of cases with a paucity of symptoms, the choice of remedy may be made with "the few disease symptoms which are very striking, definite and of a rare kind, that is, when they are particularly excellent (characteristic)". The term "unusual" in the 5th edition has been replaced with the term "of a rare kind" in the 6th edition. It is

clear from these that HAHNEMANN saw not only the closely well-defined symptoms as characteristic indicative but also the individual, as also the diseases with fixed cause and course – and the rarely appearing symptoms, in other ways excellent and therefore characteristic.

Footnote to §67 differentiates the “intermediate and minor disease symptoms”. §§164,165 clearly delineates the difference as to what to expect from the application of the “Characteristic” symptoms and the application of the general, indetermined state, not closely designated symptoms.

HAHNEMANN says nowhere that only those symptoms are to be kept in view which are not typical for a definite disease form - disease forms interested him, in fixed disease states. - but he completely excluded those which occur usually in every disease.

§102 instructs about obtaining “Characteristic” symptoms in epidemic diseases, which he calls also as ‘collective disease’. How to obtain the definite individuality, ‘character’ of mental diseases is explained in § 217. In this the totality, whether the disease is acute or chronic, of the mental disease is decisive.

In §105 HAHNEMANN says the selection of the curative remedy should be on the basis of “similarity of the set of symptoms as similar as possible to the totality of main symptoms of the natural disease to be cured”.

How could the pathognomonic symptoms be discredited now? In 1860 BOENNINGHAUSEN in his essay “Characteristic value of symptoms” – said that the internal alterations of health investigated with the aid of auscultation, percussion, etc. are important for a disease diagnosis but will in no way help clinch the curative homœopathic remedy. They are useful for prognosis. However the remedy selected homœopathically must not be opposed to them.

Careful study of HAHNEMANN, BOENNINGHAUSEN, DUNHAM et al would make it clear that pathognomonic symptoms in the sense tissue alteration could indeed influence remedy choice but cannot in any case be an “indicating symptom” since they are obtained from clinical experience (not from provings) and cannot also therefore be of an eliminative characteristic. This refers to all the clinical rubrics in the repertory including the Cancer rubrics in KENT.

24. Die Behandlung von Krebs in der Homöopathie (The treatment of Cancer in Homœopathy)
SPINEDI Dario (ZKH, 46, 5/2002)

Results of 75 patients suffering with Cancer, in different stages, who were treated in the Clinica St. Croce are studied for evaluation. There were patients who were treated with (1) Homœopathy exclusively, (2) in the beginning allopathic and then homœopathic, (3) Homœopathic as well as allopathic at the same time.

In the experience of the author the tumor specific remedies were not predominant, Polychrest remedies were the most useful for treating Cancer. Patients were certainly better with Homœopathy whether alongwith Allopathy or otherwise and needed much less pain-relievers. Life span too with Homœopathy was better. It was also more economical; less costly medicaments, less surgical measures, less recurrence.

Homœopaths should take up treatment of Cancer and can work in cooperation with Allopathy.

25. Tumorbehandlung mit Homöopathie
(Homœopathic treatment of Tumors)
WURSTER Jens (ZKH, 46, 5/2002)

This is a very interesting Case Report of a 65-year-old female patient suffering from advanced MALT Lymphoma. Chemotherapy and Radiation were unsuccessful and she is treated homœopathically and becomes completely free from her complaints and functioning normally. In the course of treatment old bone Tuberculosis is reactivated which is also treated homœopathically successfully. A given-up patient is cured by Homœopathy.

The relevance of the methodology laid down by J.H.ALLEN and J.C.BURNETT is pointed out.

26. Mundfäule und drohendes prärenales Nierenversagen (Aphthae and threatened Renal failure)
BÜNDNER Martin (ZKH, 46, 5/2002)

A 1½ year-old infant with aphthous Stomatitis and threatened pre-renal failure is reported. It is a rare, one sided case. Homœopathic treatment relieved rapidly.

27. *Kalium bromatum* bei infektiöser Mononukleose (*Kalium bromatum* in infectious Mononucleosis)
BAHEMANN Alois (ZKH, 46, 6/2002)

In homœopathic practice, *Kalium bromatum* is known as a remedy in cases of paranoid delusions, e.g. if someone suffers from the delusion of being the object of divine revenge, of being damned, or of being pursued. It is also a very important remedy in the case of nocturnal fears in children as well as in the case of convulsion, when they are hereditary, when they occur in childbed, or during teething. A case is given to demonstrate the above – a severe Mononucleosis cured by *Kali bromatum*.

28. Enuresis und Harninkontinenz (Enuresis and Urine incontinence)
BLEUL Gerhard (AHZ, 247, 6/2002)

Dr.BLEUL has been writing a series of articles furnishing for our ready reference in daily practice, repertorial rubrics from the many different repertories now in vogue, in many diseases we come across.

This is the sixth in the series, very useful.

29. *Molluscum contagiosum*: a case series.
RAJENDRAN, E.S.
(HOMEOPATHY 91, 4/2002)

30 patients with *Molluscum contagiosum* were taken up for the study and detailed history taken. Prescribing was individualized depending on constitutional peculiarities. In all cases potency was 10M. Initial prescription in every case was six doses, three times daily for 2 consecutive days. Medicine was repeated only when an increase in the number of lesions was noticed. Patients were reviewed after every 7th or 14th day according to the convenience of the patients and the stage of disease. 15 showed rapid resolution, 12 improved, 3 showed no response. This paper summarises the histories of the 15 patients who responded fully to the treatment.

[While there is no question of the fact that the patients got over their complaints, it is bewildering and beyond our understanding as to why 10M was the potency of choice in **all** the cases, what is the rationale for repeating 10M t.d.s. for two days again in **all the cases**, etc. What and whose 'rules or principles' such prescriptions follow? = KSS.]

30. Immunthyroecoiditis – Hyperthyrose (Immune thyroiditis)
WEIGELT Elisabeth (AHZ, 247, 5/2002)

On 8 March 1999: a 24-year-old female complained of Immunothyroiditis since some time.

She was taking daily L-Thyroxin 50. This was stopped in January 1999 because of T₃ hyperthyroid with slightly enhanced TS1-AK.

Internal restlessness with depressive mental state, irritability and hair fall. Craving for sweet, with weight decrease. Rapid heart beat; chronic irritability and nervousness. Pulse frequency 120 minute. T₃ 291 ng/dl, T₄ 12.8mg/dl.

Important symptoms for repertorisation: the enormous over excitability of the senses and mind, the depressive state, the excessive hunger with loss of weight and much hair fall.

Phosphorus 200 – one dose of 3 pills. Improvement set in rapidly. The remedy was needed to be repeated.

Laboratory findings normal.

31. Die Geleentliche Überlegenheit der Homöopathischen Therapie (The occasional superiority of homœopathic therapy)
LANG Gerhardus (AHZ, 247, 5/2002)

Three cases are presented – Introcular bleeding, Pericarditis rheumatica, Polyarthrits rheumatica.

1. 47 year-old man. On 5.3.1985 called during the night because of severe heart pain radiating to the left arm. He was treated for Perimyocarditis with conventional therapy and a two weeks stay in the clinic. For few weeks he was unable to go to work.

Two years later, on 16.10.1987 again called during the night by the same patient. Same complaint but more severe. The diagnosis Pericarditis was clear. He could not lie down, pain came on at once. He sat or at least he must have his head high. Deep breathing aggravated the symptoms, everything was severe in the heart, felt an anxiety in the region of the heart.

Inflammation, heart, pericardium.

Chest pain, heart, lying with head low agg. The Kent Repertory gave *Spongia* in the highest grade. *Spongia* 200 one dose was given and rapid improvement followed. Two hours later, repeated, after which the patient could lie down flat and sleep peacefully. Blood pressure was 180/120. Next day was totally well, no complaints, no noises in the heart region. Blood pressure 120/80. After a week he went back to work. The first time when he had the attack and was treated by conventional therapy, he couldn't go to work for five weeks.

2. Three months ago, a 11 year-old boy was on a holiday in France. He suddenly became blind in the right eye without any accident or other such event to the best of his memory. A massive

haemorrhage was in the vitreous humor of the eye diagnosed at the holiday resort. The location of the haemorrhage could not be identified. After over a month long examination etc. in the University Eye Clinic surgery was done and the vitreous humor was removed and an artificial one placed. The prognosis was uncertain. Now, Homœopathy as a last chance, to prove whether in this case restoration is possible “in the shortest, surest, safest manner on clear principles.”

In 1989 he suffered a Salmonella infection with high fever for three days. This was after an intake of ice. The grandfather who was lying in the next room with a Lung Cancer died recently. As an infant he did not sleep through the night and had to be breastfed every hour; he was breastfed until two years when his mother got pregnant again. 1987 Sinusitis with right eye swelling. At 5 year age Pertussis, two years Measles, eight years Chicken Pox. He withstood well all vaccinations: Diphtheria, Tetanus, Polio, Mumps.

Cannot bear constriction around the neck, like his mother. He cannot bear darkness, the door must be open and a light must be on in the hall. Rajan SANKARAN had said in a Seminar that the root of the disease may be found in the state of the mother during the pregnancy.

The mother was working during this pregnancy in a prison for the young. She experienced an incident which caused much fright.

Crotalus horridus cured.

3. Mr.XX, 70 years, had suffered earlier with heart infarct an year ago; had Psoriasis vulgaris of the whole body treated by homœopathic complex medicine; also for Hypertension. Now on single homœopathic medicine in Q (LM) potency. While he was somewhat better, a clear progress was not seen. He was visiting patiently and regularly for joint pains. He also has sleep apnoea, auricle flimmering and severe rheumatic pains. He now consulted a rheumatologist who gave him Prednisolone.

The homœopathic remedies prescribed by me were not effective. Meanwhile new symptoms came up.

Careful reassessment of the case indicated *Stramonium* which brought about great alround improvement.

32. Pseudokrapp (Laryngitis subglottica)

BLEUL Gerhard (AHZ, 247, 5/2002)

40-60 remedies are given in the repertories for Laryngitis sub-glottica. The choice in individual case has to be made on the basis of modalities and concomitants.

Corresponding rubrics in the different Repertories are mentioned for easy reference.

Six main remedies (*Aconitum*, *Bromium*, *Cuprum metallicum*, *Drosera*, *Hepar sulphuris*, *Spongia*) are briefly described.

33. The characteristic symptoms – A clinical case GALASSI Renzo (HL, 14, 2/2001)

Dr. Renzo GALASSI studied with Dr.P.S. ORTEGA. A case of Paget's Disease: A man of 82, presented with Paget's disease of 25 years which affected particularly tibias, with painful repercussions/consequences in knees and ankles with rigidity and pain with the slightest movement or pressure with difficulty in standing and forcing him to live in wheel chair. The pain is excruciating. The more he thinks about it, the worse he gets.

Terrible pains in ankles as if they were broken. Generally much worse if the weather changes. The odor of perspiration urinous.

He had already 'tried' Homœopathy for eight years without any result. Based on the technique learnt from Dr. ORTEGA author analyses what is to be cured in this case, and selects *Causticum*

The rubrics:

MIND, THINKING; ailments, complaints, of: agg.

(Predominant, striking)

EXTREMITY PAIN; BROKEN, as if; Ankle

(Predominant)

EXTREMITY PAIN; LOWER LIMBS; Ankle;

Walking, while; agg.

(peculiar)

GENERALITIES; WEATHER; storm; agg;

approach of (peculiar).

PERSPIRATION; ODOR; urine, like (peculiar).

Prescribed in LM 6 dose and reviewed 2 months later. Only slight mitigation of pains in 2 or 3 days following the dose.

Causticum 200 and reviewed 3 months later. His articulations are little more mobile. He bikes a few minutes on an exercise bike.

Causticum M and 4 months later, he stands up from chair and walks for hundreds of meters in his little town, to everybody's great surprise.

The **predominant symptoms** are those corresponding to the most intense suffering and to those alterations which make a stronger impression on the patient.

The **striking symptoms** are those which break into the flow of everyday life in an uncommon and unusual way.

The **peculiar symptoms** derive from the particular way in which the individual modulates his/her reactions giving them personal peculiarities.

The **singular symptoms** coincide with those deriving from the specific nature of the medicine.

34. I want to become a Hitler and a Mother Theresa. A case of *Veratrum album*
VOHRA Ranjit (HL, 14, 3/2001)

A 15 year old boy with recurrent Styes in left lower eyelid with sticky whitish discharge. Painless. Feels as if some quantity of stool remains inside after passing stool. I want more salt in food than others. Interested in knowing each and everything. My thoughts are like Hitler. I want to rule the world like him, but for the betterment of my country. I can't support injustice. I like society and at the same time I hate it. Sometimes I want to become like Nehru and sometimes like Hitler. I get confused between two.

"I like different things, different from everybody else. I write letters to famous personalities in various fields and do get reply from some.

Complete Repertory:

- Delusion, distinguished; great person, he is; rank, he is a person of.
 - Confusion of mind; identity, as to his; duality, sensation of
 - Inquisitive
 - Injustice, cannot support
 - Generalities; Food; salt; desires.
 - Rectum; Faeces remained in, as if.
- Veratrum album* 200 1 dose.

One week after, discharge from eye reduced, Stye became smaller. Placebo. After 2 weeks, Stye is 75% better, no eye discharge at all. Placebo. After 3 weeks: No stye at all; No stool complaints. *Placebo*. After 10 months: No recurrence. No thoughts of Mother Theresa, Hitler, etc. and also no thoughts of fighting injustice. After 22 months, father told that he is a completely changed person and is in good health now.

35. I want to be remembered like Mahatma Gandhi

A case of *Veratrum album*
VOHRA Ranjit (HL, 14, 3/2001)

A young girl, 13 years with vague pains in the occipital region, the nape of neck, with sensation of fullness in that part. Pain worse bending the head forwards while writing, better rubbing. Pain shifts to both shoulders and more on

right side. Desires pickles. Sweating on face, occasionally on palms, staining the linen yellowish. Dreams of falling from stairs while descending. I want to get a name just like Mahatma Gandhi. She said: 'God notices me when I say my Ramraksha'.

Complete Repertory:

- Delusion; God, communication with, that he is in.
- Delusion, distinguished
- Dreams falling
- Pickles, desires
- Face, perspiration
- Perspiration, staining yellow.

Veratrum album 200.

After one week: Pain occipital region is little better. Now pain does not shift to shoulders.

After two weeks: Pain in neck and occipital region is totally gone.

After 4 months: no problems.

After 11 months: no other complaints and the mental state has also changed.

36. Is everyone telling me the truth?

A case of *Ruta Graveolens*.

SHACHINDRA & BHAWISHA Joshi
(HL 14, 3/2001)

40 year old Marine Engineer came with severe disabling backache not responding to painkillers. Pain began in 1994, while bending over a tap when he felt a catch on his back. He continued work and came down with a severe attack of excruciating pain causing him to be bedridden for 5 days. Associated with a paralytic feeling of lower extremities. He must lie on either of his sides but never on back. Diagnosed as prolapsed intervertebral disc at L₄ – L₅.

Repeated episodes of pain for the past 5 years and in between the attacks a sensation of paralytic stiffness restricting all his movement. "Life is difficult for me because of a series of restrictions like refraining from running, bending, carrying heavy weights, indulging in light exercise etc".

Generals: Extremely restless, perspiration profuse which makes him irritable. Sleep: Alert due to some fear, which he can't define. Even the sound of footsteps can wake him up, from a sound sleep. Weakness for two to three days after intercourse. He wants to check things himself only then is he satisfied. He feels people are not honest and they hide facts from him. A feeling so strong, it drives him away from his family, away from land and away from civilization at the mercy of sea.

Complete Repertory rubrics:

Deceived, always being: *Ruta*.

Delusion, deceived, is: *Ruta, Drosera, Ozone*.

April 99: *Ruta* 200 one dose.

May 99: After just three hours, felt the stiffness loosen up completely. No pain even on doing what was restricted so far. Sleep sound. Perspiration markedly reduced. No weakness after sexual intercourse.

September 99: No problems.

It has been a year and half now and neither a single episode of backache nor any repetition has been necessary. It was encouraging to see the pace of the results in this case at all levels.

37. The favourite colour as a homœopathic symptom

SIGWART Herbert & WELTE Ulrich
(HL, 14, 3/2001)

The authors treated villagers in South India, where people were poor, undeveloped rural area, under very difficult conditions. Remedies were chosen on the basis of the favorite colour.

Dr.H.V.MÜLLER attributed remedies to specific colours. It was established purely clinically, i.e. from good cases and not from provings.

The hypothesis was that a favourite color represents an individual's basic feeling.

Some colour standards are developed and some of the cases treated are given. Interesting.

38. Hypothyroidism: Case of *Bufo rana* ANSARI Anwar Amir (HL, 14, 3/2001)

Miss L.V.23 years, presented with hypothyroidism and many other complaints. The author prescribed *Baryta carbonicum* from 1M to CM without much benefit over a period of 20 months. Basis: Wanted to do many things but could not complete anyone. She attributed it to many factors but not actually to her incapacity and lack of talent.

- Sensitivity towards age.
- No control over anger, weeping and laughing.
- Low self esteem, lack of confidence.

As there was no improvement, the case was re-studied. The material remained the same, but the pattern of the interview gave the solution. Not what was in the presentation, but how the presentation was. *Bufo rana* 1M, 1 dose – March 1994. In January 1997 – the thyroid levels were normal. She has become responsible and doing well. This time she was given a CM dose, inspite of normal counts.

Her attitude to life has become more serious and giggling reduced.

39. The tall nervous flyer. A case of hyperthyroidism PARTHASARATHY Vishpala (HL 14, 3/2001)

A 48 year old woman, tall, thin with highly toxic goitre since 23 years of age with severe attacks at infrequent intervals. Also hypertensive and Urticaria < during sleep, from sweat. > by cold application. 54Kg. Easy bruising. Halitosis, bleeding gums. Cold palms and soles. Regular menses. Appetite increased. Salivates and talks during sleep. Hot patient. Mental rubrics considered were affectionate, optimistic, friendly, loquacious, outgoing, singing choir, *Phosphorus* and *Lachesis* came up for differentiation (**Murphy Repertory**).

Plan: Acute – *Pulsatilla* for Urticaria, Chronic – *Phosphorus*. Intercurrent: *Tuberculinum bovinum*.

Follow –up: All drugs have been withdrawn since September 1997. After 3 years she is normal.

40. Homœopathic concept of Cancer treatment and management

NARASIMHAM, A. (HL, 14, 3/2001)

It is true that Cancer is a very difficult disease to cure. The incurability depends upon the fact that

the true symptoms are not easily obtainable, except those of the cancerous tissue change. Finding symptoms that preceded this period is quite necessary.

Prescription based on the superficial, acute disorder, not covering the deeper, chronic nature will result in > of the acute disorder, meanwhile suffering of the deeper affection will increase and the progress rapid.

Surgical technique may stimulate tumour growth, and the secondary growths after surgery signify incurability.

Homœopathy offers a great many and wide range of opportunities.

Suspected signs and symptoms tending towards Cancer.

- Sudden loss of weight without a tangible cause
- A sudden increase in the size of a mole or wart
- Sleeping in the knee-elbow posture (genu-pectoral position)
- A brownish café-au-lait complexion or spots on the face
- Numerous moles and blue sclerotics

- Easily influenced by sea air, better or worse at the seaside
- Warts, condylomata and extra growths
- Fastidiousness with fear of Cancer
- Emotional disturbance with a background of fright and prolonged fear or unhappiness
- Craving for or aversion to salt
- Insomnia with delay in falling to sleep, frequent waking and a tendency to stay awake after 4 a.m.

The Cancer pulse is weak and is quicker than normal. The white of the eye is pearly tint with greenish yellow spots.

Cancer is the final state of an overacid body and if discovered early enough can be completely controlled through a raw food diet.

Milk is not allowed in Cancer treatment as it excites the growth of embryonic cell, which the Cancer cell resembles. Buttermilk can be used plentifully.

Clay pots are best for cooking. The food should consist of fresh vegetables and fruit juices and certain raw vegetables. 75% of food should be uncooked and 25% should be cooked. The author has discussed many precancerous conditions.

41. I want a reputation for myself – A case of ***Bryonia alba***
KAWAN Bishnu Bhakta (HL, 14, 3/2001)

31 year-old male, with sneezings and watering from eyes and nose from dust, sudden change of temperature. Head pain from delayed food and indigestion. Warts over back of neck and dark discoloration around eyes after business loss 2 years ago. Wants to be quiet, does not like crowds and being disturbed. Always busy with business and wants a reputation for himself. ***Bryonia alba*** 200 was prescribed.

3 months after: Allergy problems 100% better, indigestion much better. Much better physically and emotionally.

14 months after: remains well.

42. I do not care to live – A case of ***Lac defloratum***
PANCHAL Manish (HL, 14, 3/2001)

Mrs. P.S., 26 years, was depressed for quite sometime. “I don’t know why I am depressed, I have no desire to live, I do not care to live and I am not happy to live”. The feeling is ‘how you feel when someone has died.’ Thinks of simplest form of suicide. Forsaken feeling. She also had severe and persistent headaches for the last four to five years. “I have to tie my head very

tightly”. Thirst and sweat very less. Can’t tolerate milk and milk products, even the smell of milk.

Lac defloratum 1M, 1 dose.

The rubric, Delusion dead, all her friends are dead and she must go to a convent has to be understood in a deeper sense.

The headache immediately reduced very much in intensity, though continuous. Depression once lasting for only two days, no suicidal thoughts. Feels thirsty and perspires. For at least one year, she had no problems.

43. Delusion young, she is – Case of ***Ginseng***.
SHAH Prashant (HL, 14, 3/2001)

Miss P.P. Age 47, has swelling of face more on right side since one year. Hot flushes on body due to menopause. Dryness of mouth. She loves adventures. She is looking after the marketing division of a leading company and her clientele are mostly males. Not married as she did not find anyone suitable for her.

This case belongs to imaginative ***Materia Medica*** where understanding is derived from the medicine’s nature, habitat and its physiological properties. The author is open to accept any logical criticism.

Her adventurous nature gave a feeling of a young and energetic person. That is the state of being in which she liked to stay.

The remedy given was ***Ginseng*** 200. Slowly she started feeling better and had a relapse after 2 months. Dose was repeated. 2 months later, one more dose and after that she never had relapse again. [‘Imaginative ***Materia Medica***’! The ‘innovation’ have brought Homœopathy to this level = KSS]

44. Malaria cases
MASTER Farokh, J. (HL, 14, 3/2001)

The author presents five cases of Malaria treated by him. Quite interesting.

45. I’m a sinner. I’m stuck – A case of ***Thuja***
VOHRA Sangeeta (HL, 14, 3/2001)

This case presents many prominent hard facts and a prominent mental state. Most striking is that she used the word ‘stuck’ very often while describing her state. A feeling of inner weakness, low self-confidence. ‘Broken’ virginity leading to tremendous self reproach, feeling as if a great ‘sinner’ and feeling of utter worthlessness.

Prominent dreams of teeth breaking off, craving for sour and salt, offensive sweat.

Other important aspects: Stressful childhood, sexual desires and disappointments, still getting into relationships which are sure to break.

Self contempt, guilt, concealing and hiding her desires. Timidity.

Thuja 200 was prescribed.
Follow up: 2 weeks after: Respiratory complaints better. Skin itching better. Premenstrual complaints persist. *Thuja* 1M.

4 weeks after: All complaints better, except right shoulder and neck pain, *Thuja* 1M, 1 dose.

4 months after: Premenstrual complaints persist. *Thuja* 1M, 1 dose

5 months after: Feels overall better.

10 Months after: Since a month, allergic papular rash, dreams reappeared and mental state going back to initial state. *Thuja* 10M.

After one year: Much better.

After 14 months: *Thuja* 10M.

After 16 months: Viral Meningitis and seven days of antibiotics. *Thuja* 10M and she is still under observation.

46. Small remedies pulled out from behind the woodpile

GRANDGEORGE Didier (HL, 14, 4/2001)

Those who have read Dr.GRANDGEORGE's book "**The Spirit of the Homœopathic Remedies**" will very well appreciate the nice little cameos of drug pictures that will be indelibly imprinted in the memory. He says that the small remedies are "the spice that flavours a happy homœopathic doctor's day."

The proving of the *Bombyx processionea* – the processionary caterpillar – produced symptoms similar to twisted testicle. And clinical verification confirmed it repeatedly. So he gives the remedies for other ailments.

Twisted testicle – *Bombyx processionea*. Think of *Bombyx processionea* wherever there is testicle problem.

Phimosis – *Castoreum*.

Pyloric stenosis – *Ornithogallum umbellatum*

Ankylosing spondilitis – *Oleum Jecoris aselli*

Cases for each condition are presented.
[Dr.GRANDGEORGE is grand indeed!
= KSS].

47. Death of the Father
GRANDGEORGE Didier (HL, 14, 4/2001)

The author using his own experience, with several clinical observations shows how *Urtica urens* can be applied to patients who have never accepted their father's death. He illustrates this with 7 cases. The distinctive unusual symptoms and *Urtica urens* picked out from Kent's Repertory are given.

48. Sexual gratification
GASTEUIL Denis (HL, 14, 4/2001)

Case 1: A woman, 48 years, small, short hair, very talkative and very restless, passionate communist, has pelvic spondylitis since age 12. Recurring dental abscess and alcoholism. *Lachesis* M.

4 months later: No change. Rheumatism has worsened and > only by *Morphine*. She had very 'hot' dreams about a former teacher, which concluded in climax. *Causticum* M.

Three months later: the pains were much better. *Causticum* M.

Next month: Loquacity persists. Confused dreams.

Crotalus cascavella M 1 dose.

2 months later: No need of *Morphine*.

5 months later: Another dose taken a month earlier. She has become almost pleasant and no longer alcohol. *Crotalus cascavella* XM.

Case 2: A woman 26, having severe facial Acne since puberty; worse before menses and better as soon as the flow begins. At 16 had anorexia was in psychiatric hospital for 6 months. At that time, she was very much in love with her father, with a strong physical and sensual desire. Dreams of her father, naked, on the horse pursuing her. Does not like tight clothes around neck.

Mind: Delusions: people, behind him,
someone is

Dreams Horses.

Dreams Nakedness, about

External throat: Clothing <

Crotalus cascavella M.

Three months later: Her Acne quickly disappeared. Few pimples before periods. *Crotalus cascavella* M.

Since that date, she no longer suffers from Acne.

49. A 'reasonable' abortion.
ZALA Michel (HL, 14, 4/2001)
32 years female, desire to do things well, as well as at her work, in her class, and in her family. *Arsenicum album* 200K.

4 months later, her demand is urgent, her voice seems worried. "Till 15 days ago, everything was fine. Then I had an abortion with the 'pill'. I am ashamed and guilty about this unprotected sex. The expulsion happened at home and I still see it in my sanitary towel; that image upsets me." *Opium* 10M one dose.

One week after: "The first two days after remedy I was euphoric. Straight away, the obsessing visions ceased. And I sleep well."

"This week, twice in a row, I had to cry for about half an hour about something. As if I was evacuating some sadness that I hadn't realized was there ..."

50. A fatherly woman
LAFORGUE Denis (HL, 14, 4/2001)

Mrs.J., had hypertension and palpitations. Her mother died of brain haemorrhage. All her problems started when her husband died. She likes taking care of others. Complains of nervousness and lack of confidence.

"My mother did not care for me". Patient is a child of divorced parents. She is dependent on a woman who underestimates her and criticizes her publicly and the patient can't defend herself. She feels luminous flashes and has the impression that there are flies in her right eye, which irritates her. *Phosphorus* and *Staphysagria* did not relieve much. *Magnesium carbonicum* 30 one dose.

One year later: No more flashes, flies, palpitation and the blood pressure has fallen to 130/80. "A sort of inner calmness with more respect for myself and able to defend myself."

51. In search of the Genius of the Remedy.
An utopia?
LAMOTHE Jacques (HL, 14, 4/2001)

Among the different methods used to reach the simillimum, the most worthwhile is the so-called 'academic' method, i.e., preceeding with repertories and **Materia Medicas**, focusing on the most peculiar symptoms. There is another method, based on knowledge of the genius of the remedy and on intuition, but never in any case are we allowed to eliminate classical methods. This second way is an additional help in the search for the remedy. Moreover, it aids homeopathic research and allows clarification of ideas and facilitates the teaching of Homœopathy.

Through three cases – a plant, an animal and a mineral – we see, besides a classical research method, a discovery of the concordance between the problem of each patient and the genius of the

remedy on a very deep level. [Full article in this QHD Part II = KSS.]

52. Ailments from sexual abuse in children – *Lac caninum*.

LE ROUX Patricia (HL, 14, 4/2001)

The author observed excellent results from *Lac caninum* in some of his cases of children sexually abused. He presents a case, followed by a short review of the remedy and gives a brief differential diagnosis of other remedies like *Aconitum*, *Arnica*, *Carcinosinum*, *Ignatia*, *Natrum muriaticum*, *Opium*, *Sepia*, *Staphysagria* used in such condition. Also mentioned are *Medorrhinum*, *Platina*, *Anacardium*, *Lycopodium*, *Nux vomica*, *Thuja*, *Kreosotum* and *Cimicifuga*.

53. Stocks of Food and Money
FAYETON Marie Luc (HL, 14, 4/2001)

In a case, where *Silicea* and *Stannum* were thought of, *Germanium* was prescribed by referring to the Mendeleiev table, as *Germanium* is between *Silicea* and *Stannum*.

Another case of *Germanium* is presented.

54. Inflated with pride
SERVAIS Philip (HL, 14, 4/2001)

The author presents a case of serious pathology of Dermatopolymyositis and feels in such cases, the solution should be found off the beaten path.

Here he prescribes *Bovista* on the basis of his dreams and cured.

55. Undercover: Homœopathy in the neonatal unit.
AGUILA Magda (HT, 22, 1/2002)

A baby was delivered very prematurely after just 24 weeks gestation. Shortly after birth, the baby was having bleeding in the brain. A solution of *Arnica* 30c was prepared and put in a brown bottle with a dropper. The baby had tubes everywhere, so a couple of drops were put on the bottom of her feet. The brain bleeding stopped after only one dose. There were several other instances where symptoms arose and each time homœopathic medicinal solution helped.

Often the hospital staff is unfamiliar with the benefits of Homœopathy and may be opposed to use it. Homœopathy is starting to be accepted in a few U.S. hospitals and this is a good sign. However in many cases "undercover Homœopathy" is still the norm for those of us who want to use homœopathic medicines while in the hospital [The author is a Veterinarian and trained under Richard PITCAIRN and David LITTLE].

56. Homœopathy in the emergency room
LAMPE Kristy (HT, 22, 1/2002)

Dr.Urban MATHIEU, treats ER patients using homœopathic remedies along with other modalities available to him at Memorial Medical Centre in New Orleans.

The symptoms of remedies should be known inside and out, so that you are always prepared to 'treat what you see in front of you'.

He has discussed about Blunt trauma, Eye injury, Musculoskeletal injury, Fractures, Wounds, Bleeding, Mountain sickness, Burns and Drowning in this article.

Deep tissue injury to breast – *Bellis perennis*

Deep healer of tendon injuries – *Ruta graveolens*

Neuralgia of punctures – *Plantago*

Infected wounds with Cellulitis – *Belladonna*

Mountain sickness – *Carbo vegetabilis*.

57. Homœopathy for traumatic and post – traumatic stress

DOOLEY Timothy, R. (HT, 22, 1/2002)

The two main remedies are *Aconitum napellus* and *Arnica montana*.

At the scene of an accident or disaster, people needing *Aconite* appear in a restless anxious state or may be wide-eyed and trembling in terror, or they may be in a state of panic, unable to focus, unable to act.

The mental state of persons needing *Arnica* at the scene of disaster is one of denial and isolation.

The other remedies discussed are *Opium*, *Stramonium*, *Phosphorus*, *Natrum muriaticum*, *Phosphoric acid*.

58. The art of taking care of a Sick Child
CASTRO Miranda (HT, 22, 2/2002)

Illness can be scary, especially for new parents. There are times when our children are sick and they need urgent medical attention. It is important that we know when to step in and when to step back. Tampering with nature is always not successful – vaccinations – the older we are when we contract a childhood illness, the more severe it is likely to be.

Nursing a sick child: Giving sick children medication and to encourage them to carry on a normal life is wrong. It is important to get extra rest and sleep when we are unwell, as this aid the

body's natural ability to get better. Reassure, if they are frightened, comfort if they are in pain, sponge down if they are too hot and distract from an itchy rash. Encourage them to drink plenty of fluids. If you are breast-feeding a sick baby, continue to nurse as often as your baby asks. Don't encourage sick children to eat – if they don't want to. Fasting encourages the body in its healing. Give children who are hungry, light nutritious meals.

59. Homœopathy for childhood illnesses
CASTRO Miranda (HT, 22, 2/2002)

The author discusses briefly about Chicken pox, German Measles, Measles, Mumps, Roseola, Scarlet fever and Whooping cough. Indications of 25 remedies are given.

60. Scheduled for surgery? Homœopathy can help.
DOOLEY Timothy, R. (HT, 22, 2/2002)

Sometimes people need surgery and there is no alternative. In such situations our approach is to help the person deal with the trauma, shock and stress of the experience. Sometimes a remedy specific to that patient's response to the surgery is needed.

Indications of *Arnica*, *Staphysagria*, *Hypericum*, *Phosphorus* and *Chloralum* are given.

61. Parents: How to make the most of them while taking a child's case.

ULLMAN Reichenberg Judyth & ULLMAN Robert (HT, 22, 2/2002)

Parents' impressions, information and feedback regarding the child can be invaluable. With behavioral and learning problems, parents generally feel much freer to spill their concerns if their child is not sitting in the room. Don't always rely on the parents' judgement in these situations. In the initial case taking of a child, we might speak to the parents alone for half the time and the child alone for the rest. The authors have pointed out few situations which may arise during the interview and how to approach them.

62. Homœopathy heals a hip fracture
FURIE Noel (HT, 22, 3/2002)

This is a personal experience of a 57 year old woman who is interested in Homœopathy. She fell, left hip hitting the concrete floor. Her friend gave *Arnica* 50M immediately. However she was in shock, shaking uncontrollably and in an

enormous amount of pain. Another friend put *Aconite* 200C under her tongue and shaking stopped immediately. Several doses of *Arnica* 50M were given during the next half hour.

The following night, because of extreme restlessness from pain, *Rhus tox* 1M, which settled her and made to sleep.

After 3 days, still great deal of pain and X ray was taken which revealed hip fracture and was advised to consult Orthopaedic Surgeon. She started taking *Symphytum* 30C, 2-3 times a day for 5 days and then 200C for 3 weeks once or twice a day.

4½ weeks later, another X-ray revealed, the bone was healing. She started taking *Rhus tox* 10M for the pain and also continued with *Symphytum* 200C.

X-ray taken 4 weeks later revealed a completely healed bone. Shortly thereafter, started on a course of physical therapy to strengthen the leg and regain co-ordination.

[This case is very interesting for more reason; the fracture needed, in the opinion of the Orthopaedist a surgery and a pin to be put; but the patient rejected these. Secondly no 'expert' homœopathic advices were taken. It was all simple. For Injury, bruise *Arnica*. Pain from movement *Rhus toxicodendron*, but bone pain *Ruta*, quick repair of bones *Symphytum* and so on taken by the patient, as required from time to time. Great healing. = KSS.]

63. Many strategies of prescribing
TAYLOR Will (HT, 22, 2/2002)

Different homœopathic practitioners get real cures using different prescribing strategies. Why does each get cures if, as each side often says, there is only one "Bible" (**Organon of medicine**).

There is the parable of the blind men examining an elephant. And this is the way with a case, as well. We might recognize the similimum by a Keynote, an essence, by repertorization; but what we need to **teach** and to **strive for** is a recognition of the totality in the most encompassing way possible for our small brains.

Low potency, high potency, LM potencies, repeated 30C pellets etc. – all can work. This has been amply demonstrated over the 200 year history of Homœopathy.

The best question though, is not "will it work?" but rather, "what would we wish to emulate?"

There are places in our art for all potencies and dosages and our task is to learn where and

when. And we do this by making and eating the pudding.

64. Homœopathic help for people with Shingles.

DOOLEY Timothy, R. (HT 22, 3/2002)

He discusses about Shingles and the indications of *Rhus tox*, *Ranunculus bulbosus*, *Arsenicum album*, *Graphites*, *Hypericum* and *Cantharis*. The indicated remedy may, in Shingles, be repeated frequently.

65. Healing torn ligaments KALINA Kim (HT 22, 3/2002)

This is a personal experience of the author. She misstepped and landed on her face. Her ankle was contorted and pop was heard, and had torn all the ligaments on the outside of her right ankle.

The Orthopaedist told she would be in a cast for 8-12 weeks, in physical therapy for several weeks after and even after that a 50/50 chance of surgery.

She was given a walking cast and crutches for one week. She started with *Arnica*; later on *Ruta*, *Rhus tox* and *Strontium carb*. Massaged with *Arnica* oil and wheat germ oil and took *Manganese*, *Glucosamine* and *Chondroitin* and Vitamin C. A week later, the orthopaedist removed the cast and found dramatic healing, was put on air cast and physical therapy. Two weeks later, she was driving again.

66. Using Vital Sensations to connect the disturbed Vital Force and the Simillimum: A Model Case.

BAKER Jeff (SIM, XV, 3/2002)

"This paper presents a case, which illustrates a somewhat new way of practicing Homœopathy..... It is 'new' only because it involves utilization of phenomena known as **vital sensations in tandem with the miasm** of the case".

Jeff BAKER has studied with Dr.Rajan SANKARAN and extolls the methodology. In this case he has used the 'Kingdoms' and Miasm analysis.

The remedy that was prescribed for the case was *Caladium seguinum*. At the time of

reporting this case to the journal "I believe my patient still has a long way to go, but I do not see another remedy on the horizon. In two or three more years she should be much more healthy....".

Jeff BAKER further says: "Considering the relatively small amount of information in the literature an *Caladium*. I found what was available to be impressive. But I would have given the remedy nonetheless and with great confidence, had I not found one single symptom listed, despite the fact that I had never prescribed it previous to this case." [What can one say with such statements? The basis of the prescription Dr.Sankaran's teaching and nothing to do with the information drawn from the provings! = KSS].

67. A seriously busy woman: A case Report
OWEN, Jonice M. (SIM, XV, 3/2002)

43 year-old woman with Endometriosis and Irritable Bowel Syndrome of many years duration. The complaints came on night from the onset of her menstrual cycle.

She was given *Lycopodium* 0/1, then 0/2 and lastly 0/3. Patient remains well.

68. Anxiety and urinary retention in a child
WEINER Gary (SIM, XV, 3/2002)

9 year-old boy with urinary problems at night since last three months when he got a new bed. Before bed, he would go back and forth to the bathroom, trying to urinate, but pass only small amount and would go back to bed, when on lying down felt full bladder and so go back and forth to the bathroom, trying to urinate, but in vain. Then he would fall asleep and wet his bed, wake up in panic, very upset about what he had done. This has been going on for months. The new bed coincided with long absences of his father.

The boy worried much, in general. He was clingy. Very sensitive and caring for others very sympathetic to others' pain. He could sink into the depths of depression, or be loud and playful.

Pulsatilla 200 and no more urinary problem. Six months later when he had Pneumonia he was treated with antibiotics after which he needed repetition of *Pulsatilla* 200. He then developed symptoms calling for *Argentum nitricum* 200 and then *Medorrhinum* 200 and that was the last.

69. The Nightmare of *Solanum tuberosum aegrotans* – A case of anger and terror.
HERON Krista (SIM, XV, 4/2002)

DANIEL a 22 month-old child had been prescribed *Belladonna*, *Mercury*, *Chamomilla*, *Stramonium* and *Cuprum*, over a few years, but with only slight improvement.

In 2001 DANIEL was 6 year old and the case was retaken. He had chronic ear and throat infections and more recently eye infections and cough. He had nightmares.

The totality of the case indicated *Solanaceae* remedy. The remedy *Solanum tuberosum aegrotans*

suit his state and it was prescribed thrice from Feb. 14, 2001 – Dec. 3, 2002. DANIEL is doing well after this.

70. A Psoriasis Case.
POPEN, Andre, Y. (SIM, XV, 4/2002)

56 year-old female with Psoriasis which appeared at first as cracks on the bottom of the feet, very painful and the skin peels. Antifungal cream and then Steroid and then light treatment. No relief but blisters developed. It spread to the palms. She had recurrence of Lymphedema.

30 years ago she had Skin Cancer which was surgically removed. There was lot of Cancer in her family.

Repertorisation was mainly on physical symptoms. Among 13 remedies *Corallium rubrum* also came up last. The exact location, condition matched *Corallium*. The remedy was given in LM 1. She went on improving and the succussions were increased from 5 to 6, 7 – one dose every other day.

No flare up of Lymphedema.

71. Placebo Reaction versus Homœopathic Effect: How to Distinguish the Two?
CHAPMAN Edward (AJHM, 95, 3/2002)

Dr. CHAPMAN presents two cases from his Minor Traumatic Brain Injury (MTBI) study both having responded to treatment. One, however, clearly responded to placebo, giving rise to the question of how, if at all, one might distinguish between a favorable response to placebo and a response to the Simillimum. Dr. CHAPMAN provides initial input into this question and suggests that the Verum response displayed uniformity (the favorable response occurred throughout the full range of symptoms versus spotty improvements), consistency (in rate of progression to cure), and a clarity (improvements in various constitutional features were readily apparent, while same were

lacking in the placebo group). Also, the functional capabilities of the Verum recipient were enhanced while those of the placebo recipient were not significantly.

72. A case against Essence Prescribing
ROBINSON Karl (AJHM, 95, 4/2002)

The author presents his thesis opposing the utility, even accuracy of **Materia Medica** Essence depictions. Such depictions contain bias and are incomplete, and can lead the practitioner astray. He illustrates his point with case histories where pure repertorization led to correct remedy and contends that had he strictly observed commonly held impressions of the **Materia Medica** of the prescribed remedies, he would have omitted them from consideration. **Finally, he asserts that proving symptoms alone provide the best and most accurate guide to homœopathic medicines.**

73. Trichotillomania
MERIZALDE Bernardo. A.
(AJHM, 95, 4/2002)

The diagnostic criteriae of Trichotillomania are presented, with a homœopathic case history of a patient with that disorder. After alternating *Zincum metallicum* and *Natrum muriaticum*, the patient remained well – one and a-half-year follow up.

Trichotillomania: Diagnostic Criteria:

- A. Recurrent pulling out of one's hair resulting in noticeable hair loss.
- B. An increasing sense of tension immediately before pulling out the hair or when attempting to resist the behaviour.
- C. Pleasure, gratification, or relief when pulling out the hair.
- D. The disturbance is not better accounted for by another mental disorder and is not due to a general medical condition.
- E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

74. A child with Recurrent Laryngeal Papillomatosis
NOSSAMAN, Nicolas (AJHM, 95, 3/2002)

A 4 year-old (as on 1997) girl with a recurring Laryngeal Papilloma and hoarseness of voice. After each surgery the child's voice would become raspy for a week and become better and then become a hoarse whisper within six weeks of the surgery, her larynx was painful with talking. Since her first surgery in July 1996, until her visit

to the author in June 1997, she had required repeat excisions approximately every three to four months. When she came to Homœopathy she had just had her fifth laryngeal surgery to remove as many of the Papillomata as possible.

On examination the prognosis was for repeated laryngeal surgeries. Recurrent respiratory papillomatosis has been linked with the presence of Human Papilloma Virus in surgical specimens, the same virus group involved in genital and peri-rectal Condylomata. Statistics indicate that first-born children delivered vaginally to young mothers under age twenty with active Condylomata during pregnancy, are at greater risk.

Calcarea phosphorica was the remedy on the totality of this case, and it was administered at appropriate intervals after each surgery – from 200 to 1M potency. She did undergo 7-8 surgeries but after each surgery the number of lesions became lesser and lesser. She remains free from the disease since a long time now.

75. A Case of Cervico-brachial Neuralgia
GUESS, George (AJHM, 95, 4/2002)

A case of Cervico-brachial Neuralgia with protruding cervical disks is presented. *Magnesia carbonica* yielded essentially complete relief of symptoms. The **Materia Medica** of *Magnesia carbonica*, as well as brief descriptions of other Magnesium salts, is reviewed.

76. A Case of Near-drowning
GRANDISON, Kathleen (AJHM, 95, 4/2002)

A 12 year-old boy who suffered 'near-drowning' which resulted in severe anoxic Encephalopathy. As soon as he was saved from the water CPR was begun. Immediate on shore test recorded no pulse, respiration or blood pressure for 14 minutes. He was defibrillated with 200 Joules, and his color slowly improved. After two weeks he was extubated and after further six weeks in hospital sent home. He was receiving all his nutrition by g-tube. He was sent home.

The boy was filled with terror. He screamed and cried, but was unable to talk. Each afternoon about 2.30 to 3 P.M., which was the time of the near drowning, he experienced a "storm". His neck hyper-extended, his body tensed and he had intense sweats. These storms lasted until 8 or 9 P.M.

Opium 200: Improvement set in rapidly. *Opium* 12 was continued. From November 1998 until June 2002 this remedy was given in 200/12 as required and the boy progressed steadily.

At the time of reporting of this case “he is gaining weight on oral feedings and is able to walk for short distances with one person assisting. He still cannot speak, but makes many sounds.”

77. A case of Hepatitis C
ZIRKIND, Givon (AJHM, 95, 3/2002)

A case of Hepatitis-C responding dramatically to *Natrum sulphuricum* is presented.

The case is very interesting indeed in that a day after she was given *Natrum sulphuricum* 1M (once a day for five days!) the laboratory test revealed no indication of liver disease at all. It was as if she had never been infected. The case report is followed by a thought provoking discussion by the author.

78. A case of Wegener Granulomatosis
CROTHERS, Dean (AJHM, 95, 3/2002)

A 15 year-old female presented with Wegener Granulomatosis taking multiple allopathic medications (Cytosan, Prednisone, Furosemide, Atenolol, Bactrim, Heparin, Epotin, Enbrel, and Solu-Medrol). Homœopathic treatment was instituted without altering the allopathic regimes. Within five months she was taking no allopathic medications, her renal function had improved and stabilized, and she was feeling healthy and living a normal life.

79. Homœopathy can cure Anthrax
BAIG Mirza Saleem (HOM, 84/2002)

The author discusses Anthrax and the indications of *Anthraxinum*, *Arsenicum album*, *Crotalus horridus*, *Echinacea*, *Pyrogenium* and *Streptococcinum*.

80. Simple language and simple gesture in case analysis
ASPINWALL Mary (HOM, 84/2002)

Much can be gleaned from the body language, choice of clothes, and other non-verbal signals. The first few words or the last few can often hold the key to the case. Similarly, verbal tics or particular expressions that are often repeated and seemingly meaningless fall into the same category. The simple language will decide the remedy.

Verbatim notes can be searched in **Reference Works** which can match key words and phrases from over 200 sources.

The author presents 14 cases which were treated in this manner successfully. Very interesting.

81. *Ignis Alcoholis*
HEWES Nick (HOM, 84/2002)

The author compares the picture of Christ of St. John of the Cross (1951) by SALVADOR DALI and the symptoms of *Ignis alcoholis*, with sufficient reasonings.

The feelings expressed by the portrait are similarly expressed in the provings of *Ignis alcoholis*. (Fire).

82. Increasing cure rates with the application of the Chinese Meridian System
ADALIAN Elizabeth (HOM, 83/2001)

The author explains how the application of the concept of Chinese Meridians, can assist us to unlock both acute and Chronic Diseases. Illnesses like headache, sciatica and vertigo are usually a reflex - the source being in a vital organ along the same meridian, originating in the stomach or large intestine.

Many examples are given to substantiate the facts. The author concludes with some charts, showing the application of this concept to headaches, which can open up our lateral thinking. [An interesting article; we may as well apply it: - KSS.]

83. Keeping it Simple.
DAWSON Jude (HOM, 83/2001)

The author illustrates with a case that Homœopathy can be simple and straight forward without new, complicated and challenging ways of case taking and finding the similimum.

The main issues in this case were home sickness, disappointment, need for relationships and oversensitivity. Four remedies: *Staphysagria*, *Phosphoricum acidum*, *Pulsatilla*, *Phosphorus* were differentiated with the help of various sources and *Phosphoric acid* 1M single split dose was given.

Follow up after one month and two months later: all her complaints were gone.

84. Children's health
GASCOIGNE Stephen (HOM, 83/2001)

This is an extract from the author's book **The Clinical Medicine Guide, a Holistic Perspective**.

Disorders in childhood may arise because of a problem with the child or because of disharmonies and imbalances within the home and with family relationships.

He discusses the growth and development of children and recommendations for healthy babies and children.

Some specific disorders of childhood like cot death (SIDS), failure to thrive, febrile convulsion, undescended testes, infantile phlegmy, colic, attention deficit and hyperactivity disorder are discussed.

IV.REPERTORY

1. Mittelverwechslungen und Fehleintragungen in Repertorium und **Materia Medica** (Remedy confusions and wrong entries in the Repertory and **Materia Medica**)
ANDERSCH HARTNER Peter
(ZKH, 46, 6/2002)

Materia Medica – Agar.

“Spine sensitive > pressure or touch” (BOGER, **Synoptic Key** p.114)

In the same book: *Agaricus*: “Worse Pressure, Touch.” (p.113).

Also : “Pressure agg.: *agar.*” (p.27).

Sources:

“The whole spinal column is very sensitive to touch, even by a sponge, or leaning against a chair.” (GS, Vol. 1, p.187).

“**Touch. Passive motion. Injuries:** Body sensitive to touch or pressure; burning in Canthi; pain in spine, between vertebrae;” (GS, Vol.I. p.207)

“Spinal column sensitive to the touch.” (EN, Vol.I, p.103, Sy. No.153).

“Mornings the spinal column is so sensitive that even leaning back against the chair causes pain.” (EN. Vol.I, p.104, Sy. No.158)

With fair certainty the modality in p.114 of **Synoptic Key**: > (amel.) may be corrected to read < (agg.).

Alumn-Alum

“Generalities. Desire, soft food: *alum*,” (SR, Vol.II, p.269 – Source EN) (CR. P.2500 – Source EN).

Sources:

Alumn: Symptom in EN, Vol. 1 and Vol. 10 – not found. Also in GS.

“Desire, soft food.” (EN. Vol.11, p.305); *alumn*, (Index for EN) *alum*: “appetite for soft food” (CD, Sy. No.421).

“Strong appetite for vegetables, fruit and soft food.” (EN, Vol.1, p.215, Sy.No.427 – Source HAHNEMANN). The rubrics in the repertories may be corrected “*alumina*”.

Materia Medica – Benz-ac.

“**Inner head: While sitting pressure on whole lower part of head and whole spine, as if they were pressed like an elastic body, so that he stretched himself involuntarily and bent forward; anxiety.**” (GS, Vol.2, p.423)

In another page further on is written “**Sensations; as if spine and head were pressed like an electric body; ...**” (GS, Vol.2, p.432).

Sources:

“**Pressure on the entire vertex and the whole vertebral column, as if it is pressed like an elastic body, so that he involuntarily stretched bending forwards. The sensation was painless, exceptionally alarming.**” (C.HERING, *Amerikanische Arznei - Prüfungen*, p.513, Sy. No.10)

Correction may therefore be made in the GS, Vol.2, p.432 to read “**elastic**” instead “**electric**”

Lap-a - Lappa

“**Generalities. Pain, sore: *lap-a.***” (SR. Vol.2, p.445 – Source BOGER) (CR, p.2565 – no source given. CR gives additionally *Lappa*, with BOGER as source).

Sources:

Lap-a.: “**sore: lap**” – lap as abbreviation for *Lap-a.* (BOGER’s Synoptic Key, p.413).

Lappa: “**Heavy, sore aching.**” (BOGER’s Synoptic Key, p.230 – same in the **Materia Medica of PHATAK, p.349**). In **Materia Medica part of Synoptic Key symptoms of *Lappa* are given (p.230), but *Lapis albus* has not been given.**

‘**Supplement**’ part of the Synoptic Key. **Lap.** is given under “**sore**” (that is,

Lapis albus) (p.413). In the Materia Medica part is found lapp (that is, lappa) under “sore” (p.230).

Actually it is due to an error in writing that the confusion between *lap-a* / *lapp* has occurred and in the entry under rubric “sore” *Lappa* should be given instead of *lap-a*. *Lap-a*. should be struck off from the rubric.

Laur - Lam.

“Extremities, Numbness, back of hands: *laur*. (K. p.1039; CR.P.1971).

Sources:

Laur: Symptom in EN, GS, Hartlaub & Trinkas are not available.

Lam.: “Creeping numbness and as if sleepiness of the back of hand and the ball of thumb (sensation to touch) with painfulness of the skin of these parts, merely by moving the hand as by cracking the whip.”

(STAPP’s Archiv, Vol.2, S.644, Sy.No.74)

The relevant symptom is also found in EN, Vol.5 p.513 Sy.No.78.

The entry in the Repertory may be corrected as *Lam*.

Linu-c - Lim.

Perseverance in performing irksome duties: *Linu-c*. (SR, Vol.I, p.794; CR, p.281 Source EN)

Sources:

Linu-c.: Symptom in EN, Vol.5 not available

“Perseverance in performing irksome duties: *Linu*.”

- *linu* as abbreviation for *linu-c*. (EN, Vol.12, p.883)

Lim.: “The great disinclination to work and inability to accomplish much, which he had experienced since the sea bath, disappeared completely during day, and gave place to mental quiet and steadiness, with constancy and perseverance in performing irksome duties.”

(EN, Vol.5, p.582, Sy. No.3).

Probably there was an error in transcribing when into the Repertory from the EN (Vol.11 and 12) and thus the confusion of *Linu* with *Lim*. This error was carried over from Vol.12 of EN to the SR. The entries may be corrected in the EN, Vol.12, p.883 and also in the SR, as “*Lim*”.

The source of the symptom from C.HERING says: “The severe disinclination and inability to accomplish much which he had experienced since the sea bath, disappeared completely during the day, and a mental calmness and steadiness made it possible for him to perform with perseverance duties repugnant to him; the 1st day.” (C.HERING,

Amerikanische Arznei - Prüfungen, S.469, Sy No.2).

Materia Medica - *Limulus*

In the English version of **Materia Medica** of CLARKE (Vol.2, p.283, in the Mind part is given: “The great disinclination to wash and inability to accomplish much ...”. In this the term ‘work’ has been wrongly translated as ‘wash’ (translation from German to English).

Generalities: “Peculiar feeling as if poisoned” (**Materia Medica** of CLARKE, Vol.2, p.285)

Sources: *Limulus*:

“A peculiar feeling as if possessed; above all here and there pains, which cannot be described; they are at first to be compared with streaks of heat.” (EN, Vol.5, p.588, Sy.No. 134 – Source: C.HERING.)

“Peculiar feeling of being possessed; all over now here now there pains which cannot be described, are comparable at best with streaks of heat (C.HERING, *Amerikanische Arznei-Prüfungen*, p.474, Sy.No.144). [Translation mine = KSS]

In the English and in the German versions of the **Materia Medica** by CLARKE, “poisoned” must be corrected as “possessed”.

Materia Medica – *Mosch*.

“Vertigo: > in open air, on stooping, going off on rising.” (GS, Vol.7, p.490).

“Rest. Position. Motion: stooping; vertigo >.” (GS, Vol.7. p.494).

As sources the Proving from the **Materia Medica Pura** of HAHNEMANN is given.

In KENT’s Repertory the opposite is given: “Vertigo, aggr. Stooping: *mosch*.” (K.p.104)

KNERR’s Repertory (KNERR, p.92) which is a Repertory to HERING’s GS gives: “Vertigo, on stooping, going off on rising: *mosch*.” (It is the same as in the KENT: worse from stooping).

Source: “Revolving in the forehead and before the eyes, worse from stooping.” (**Materia Medica Pura**, Vol.I, p.316. Sy. No.4).

In EN a similar meaning symptom from another remedy proving has been given: “Vertigo on stooping, that disappears on rising.” (EN, Vol.6, p.401, Sy. No.41).

Accordingly correction may be made in HERING’s **Guiding Symptoms** p.490 and p.494 as < (that is, agg./worse).

Past – *Oena*/Materia Medica

“Rejects everything offered to him: *Past*.”

(SR.Vol.I, p.827 – Source EN, CR, p.290).

Source:

Past: "... they rejected everything that was offered to them and were obliged to be restrained by force." (EN, Vol.7, p.291, Sy. No.2) (Source mentioned: Dr. UNGER).

Symptoms of remedy proving of *Oenanthe* also are based on Dr. UNGER and introduced in EN; many mental symptoms of *Oenanthe* accord with *Past* almost word for word. For example:

"The patients refused everything that was offered, and constantly endeavored to escape so that it was necessary to keep constant watch over them." (a symptom of *Oena* – EN Vol.7, p.130. Sy. No. 7).

It will be seen from the above that a matching symptom in EN could be found for *Past*, as also in *Oena* and *Oena* can be supplemented in the EN.

The symptoms of both *Past*. and *Oena* arise from Dr. UNGER published in the same journal which source is not now available to us for verification.

Materia Medica – Raph.

Female sexual organs: Every day between 3 and 4 p.m., a little blood flows from vagina, like rose-coloured water," (**Materia Medica** of CLARKE, Vol.3, p.963) Different in the SR.

"Leucorrhoea, bloody, night, *raph*."

(SR. Vol.3, p.482 – source EN). Thus it is at night and not afternoon as in CLARKE.

Source:

"Every day between 3 and 4 o'clock; a little blood flows from the vagina, like rose-coloured mucus," (EN, Vol. 8, p.284, Sy. No.256) whether a.m., or p.m. not explicitly mentioned).

The Repertory to EN has the clarity: Vagina, discharge, bloody, 3 to 4 a.m., *rap*." (EN, Vol. 12, p.1261) (*rap*. as abbreviation for *raph*.)

Evidently **Materia Medica** of CLARKE must be corrected to read 3-4 hours.

Sabad. – Sanic.

"nose, discoloration, brown: *sabad*."

"nose, discoloration, brown, across: *sabad*"

(CR. P.749-an addition to Kent-rubric from PHATAK)

Source

Phatak Repertory: Nose, brown, across: *sanic*."(p.253)

However, in the **Materia Medica** of PHATAK it is not these under *Sabad.*, or *Sanic*.

C.M. BOGER in his **Synoptic Key** says: "Nose, saddle across, brown: *Sanic*." (BOGER, **Synoptic Key**, p.64)

Search in BOGER, BOENNINGHAUSEN Repertory was without result.

In the light of PHATAK and BOGER as explained above the remedy may be corrected as *Sanic*.

Sabad. - Sabal.:

"Consolation, sympathy agg.: *Sabad*." (SR, Vol. I, p.181 – source BOGER and P. SCHMIDT) (CR, p.70 gives beside *Sabad* – source P. SCHMIDT – also *Sabad*. – source BOENNINGHAUSEN).

Sources:

BOGER's Additions to KENT's Repertory: "Consolation aggr: *Sabal*." (p.16).

BOGER's **Synoptic Key**: "*Sabal*: worse Sympathy." (p.293).

BOGER-BOENNINGHAUSEN Repertory gives *Sabal*. in the relevant rubric (BB. P.229).

A synonymus rubric in SR is referred to here: "Sympathy aggr.: *Sabal*." (SR. Vol.I, p.985 – BOGER and P. SCHMIDT are mentioned as sources).

P. SCHMIDT's source is not clear BOGER's is from BOENNINGHAUSEN.

Evidently *Sabad*. is not therefore correct.

Spira (Spiranthes) – Spirae (Spiraea):

"Anxiety of conscience, as if guilty of a crime: *Spira*." (SR, Vol.I, p.69; CR. P.30 – source = EN).

Sources:

Spira: Source verification in EN: negative.

Spirae: "At 1 a.m. he was attached with remorse over a long past slight indiscretion, with most fearful qualms of conscience and loathing of himself; on account of this he could not rest, but he was obliged to rise and walk about." (EN, Vol.9, p.101, Sy. No.1).

It is very clear that in the above rubric *Spirae* must find the place and not *Spira*.

The rubric "qualms of conscience: *spira*. in the EN should also be corrected *Spirae*.

[Readers will, it is hoped, note the necessary correction in their repertories without fail = KSS.]

V. PHARMACOLOGY

1. Neue Prüf- und Herstellungs- vorschriften für homöopathische Arzneimittel aus tierischen Ausgangssubstanzen (New Proving and manufacture instructions for homœopathic medicines from animal sources)
GRIMM Andreas (ZKH, 46, 3 & 4/2002)

The European Pharmacopoeia (PH, EUR.) came into law in 1997. In the Monograph 'homœopathic preparations (Præparationes homœopathicae)' is laid down, that all the remedies with an animal origin must be free from any pathogenic agents. The German Homœopathic Pharmacopoeia (HAB 2000) refers to this regulation. The initially considered autoclavation of the raw material was thought to cause a denaturation of the animal proteins and therefore to cause a reduced quality and a big difference from the remedy proved originally. So this procedure was refused by many homœopaths. A team "viral safety" composed from the BPI elaborated other procedures to guarantee viral safety without autoclavation. After one year's work, the German Federal Authority BfArM accepted the following procedures and documents: monographs of risk-evaluation, studies for virus validation, expert reports for viral safety of any remedy, virus reduction in ethanolic solution, personal responsibility of the manufacturer for viral safety, if the treatment with Ethanol is not possible.

2. Plant names in Homeopathy: an annotated

checklist of currently accepted names in

common use.

BHARATAN, V. & HUMPHRIES, C.J. (HOMEOPATHY, 91, 3/2002)

The imminent publication of a new checklist of all plant species used in homeopathic medicine is described and discussed. This brief article shows how the nomenclature of all names in the Complete Repertory have been revised and checked against the original

publications. In addition, the names used in the French, German and American pharmacopoeias have also been checked. In the checklist additional notes on common and vernacular names are provided, misidentified names have been corrected and names peculiar to Homeopathy have been brought into line with the modern International Code of Botanical Nomenclature.

3. What is in the bottle?

BORNEMAN J.P. (HT, 21, 9/2001)

To a question "How can we as consumers be assured that when we receive a homœopathic medicine, what we think is in the bottle is really what is in the bottle? At a lecture, the author answers that in the USA homœopathic medicines are classified as drugs under US Federal law since 1938. The methods and standards of preparation of homœopathic drugs are found in the Homœopathic Pharmacopoeia of the United States (HPUS). Manufacturers have some variation in process, however the outcome is identical if the product bears the letters HPUS after its name.

4. On the physical basis of succussion

TORRES, J-L (HOMEOPATHY, 91, 4/2002)

It is argued that succussion drives the homeopathic tincture undergoing potentisation to a turbulent regime, where vortices continually form and disappear, ranging in size from the linear extent of the container to a minimum scale determined by viscosity and the rate of energy dissipation. Input mechanical energy cascades down this

population of eddies and becomes available at the microscopic level to perform work (chemical, electrical, etc). A structure generated in the tincture would be ruptured by vortices smaller than it, and this sets definite limits on the strength of succussion, so the power input leads to larger vortices than the structures one is trying to create and preserve through potentisation. An experimental procedure to test this proposal is suggested, based on Rayleigh scattering.

5. Prescription homœopathic medicines

BORNEMAN, J.P. (HT, 22, 2/2002)

A homœopathic drug is considered to be official if it is manufactured and sold pursuant to an approved monograph in the HPUS. The HPUS is recognized in the Federal Food, Drug and Cosmetic Act. It is labeled as e.g. *Arnica Montana* 3X HPUS.

If a medicine does not have HPUS after its name, it is considered as non-official. This was originally intended for small or little known remedies used by physicians for which too little information or interest existed to produce a monograph.

VI. VETERINARY

1. Cats don't talk ZAREN Ananda (HT, 21, 9/2001)

Clarke, age 7, 12 pounds, handsome, territorial, robust, jealous and aggressive with an inclination to

attack suddenly and loves to stroll outside of the patio at his leisure.

For 3 days, he came out of the house and had torn the screen, very neatly and inconspicuously. On finding this escape route, he was told that his career as an outdoor cat was over. His ears went down and with his head hung low, he went to his closet and cried and did not come out. After 3½ days, he became weak, lethargic, sad, would not eat or drink and lost 45% of his weight. He had photophobia. Vet. told he had toxic Hepatitis.

Analysis: He felt the grief of never going out and then his organism could not work out the toxicity. Based on the Liver pathology and his 'mind', *Natrum sulphuricum* 200 was given. 24 hrs later his appetite returned. Another dose was given later, when there was a relapse. 8 days after, his liver enzymes were 40% better. In homœopathic practice, if practiced elegantly, we see so many miracles all the time.

2. Cats in crisis PITCAIRN Richard (HT, 21, 9/2001)

Case 1: Misty, a cat suffering from Septicemia in a pitiable condition with high fever and vomiting. Dark blood leaked from her back, under belly, legs, feet, mouth and vagina. She could hardly bear being touched at all. A tablet of *Arnica* was given and repeated every few hours. Later in the day she was much improved. By next morning her fever dropped and she was no longer bleeding. She was calmer and eating for the first time, since she became ill. Within 48 hrs the only evidence of a life-threatening condition were a few dry scabs where the haemorrhage had been and Misty was discharged. A rapid cure indeed.

Case 2: An older cat, whose lab tests confirmed Feline Infectious Peritonitis, a terminal condition with repeated vomiting, diarrhoea, loss of appetite and swelling of the abdomen. *Arsenicum album*, one dose, was given, which was followed by a short aggravation of symptoms for a couple of days and then continued improvement for a long period; he needed another dose two months later.

3. Irritable steer
KING Kitty J. (HT, 22, 1/2002)

Billy ray, the Steer, had been getting less and less sociable. The outward display of symptoms were irritable, cross, disagreeable, cannot be soothed, discontented, nothing pleases, inconsolable and diarrhoea. Few pellets of *Chamomilla* 30 were put in a water bottle. Billy ray stuck out his tongue and lifted his chin to start slurping the remedy. Six or seven doses in few weeks and the improvement is remarkable.

4. Homœopathy is for the birds
ABROMOWITZ Jennifer (HT, 22, 2/2002)

A small bird was lying on the ground after crashing in on the glass window. It was grimacing and peeping a tortured little cry, with its whole body stretched out rigidly and only its toes moving in spasms of apparent pain. 3 globules of *Arnica* were placed inside its beak. The bird now stood woosily on her own and her peeping stilled and was dozing off to a good sleep. Few hours later, she was awake and ran off into the bushes where she had a nest. Over the days following the bird was seen enjoying good health.

5. Tarbaby, the pig that would not grow.

PITCAIRN Richard (HT, 22, 2/2002)

One month old pot bellied pig was having a lot of trouble growing up properly. She was small at birth and never nursed well. She could not walk properly and was stilled and slow. She would lie down rather than walk, or if walking, she would do so on her knees. She acted cold and shivered, but she sought out cold corners. Among several pigs in that shelter, this one was the most friendly and affectionate. *Pulsatilla* 30 one dose, once a day for 3 days.

Three weeks later, no change. Recent X-rays – knees and elbows were not calcified. The case was re-evaluated. Generalities: Development arrested; extremity pain, paralytic joints; Mind: Company; desire for. Generalities cold, amel. *Calcarea carbonica* 10M. Within 3 weeks, Tarbaby had grown to almost normal size. Even better, she was now walking and running normally.

6. Three little Pigs – Homœopathic version

DEACON Pat (HOM, 83/2001)

Three huge and formerly thriving pigs, now lying prostrate, unable to move, drink, or eat for the past 48 hours. There had been a fever, rash. Diagnosed as Swine Erysipelas. When they tried to stand up the previous day their legs had wobbled and they had collapsed. It was a very hot sunny weather. Few pellets of *Gelsemium* 30c were slipped in the mouth. By the time the third pig had received the remedy, the first one had already got up and begun vigorously rooting around in the mud. Within 2 minutes, all three were

on their feet, eating, drinking and running around the pen. They never looked back.

VII. RESEARCH

1. Individualised homœopathic therapy for male infertility

I.GERHARD and E.WALLIS
(HOMEOPATHY, 91, 3/2002)

This prospective observational pilot study investigated the effect of individualized Homeopathy on male infertility based on sperm count, hormone values and general health. Forty-five subfertile men were treated with single homeopathic remedies for an average of 10.3 months. The drugs were prescribed on the basis of the overall symptomatic situation. The variables 'sperm density', 'percentage of sperm with good progressive motility' and 'density of sperm with good propulsive motility' improved significantly, especially in cases of Oligoasthenozoospermia. The general health of patients improved significantly. The following factors emerged as positive predictors of therapy success: alcohol consumption below 30 g/day, non-smoking, the presence of less than five dental amalgam fillings, no exposure to noxious substances at the workplace and no previous inflammatory genital diseases. The factors stress, age above 36, high coffee consumption and long duration of unwanted childlessness did not have a negative impact on therapy outcome in this study. The rate of improvement in sperm count through homeopathic therapy is comparable to the improvement achieved by conventional therapy, so that individualized-

homeopathic treatment may be considered a useful alternative to conventional treatment of subfertile men. For further investigation, a randomised, therapy-controlled clinical study with parallel group design would be useful (homeopathic therapy vs conventional andrological therapy).

2. Oscillatory effects in a homœopathic clinical trial: an explanation using complexity theory, and implications for clinical practice.

HYLAND, M.E., LEWIS, G.T.
(HOMEOPATHY, 91, 3/2002)

Four double-blind, randomised, placebo controlled clinical trials of Asthma or Rhinitis treated with homeopathic immunotherapy (HIT) a 30C potency have been published. The most recent study, involving house dust mite allergic asthmatics, failed to confirm a therapeutic improvement at the end of the study, but did provide preliminary evidence for an oscillation in outcome (both physiological and subjective) in with verum treatment to placebo. In this paper we show how such an oscillation is consistent with a complexity theory interpretation of how the body functions as a whole, and speculate on why different studies have produced different results. If the complexity theory interpretation is correct, then this will have a significant impact on the design of clinical trials in Homeopathy and, possibly, other complementary medical interventions.

3. A new database on basic research in Homeopathy

ALBRECHT, H., van WIJK & DITTLOFF. S.
(HOMEOPATHY, 91, 3/2002)

A new database on 'Basic Research on Homeopathy' has been established. It contains research on biological systems and physico-chemical

effects of the succusion process. It is aimed at the elucidation of the working mechanism of the homeopathic similia principle following application of low doses and potencies of substances. By the end of 2000, this database included 829 experiments in 782 primary publications. The publications are classified according to organism and field of interest. Several reasons for the relatively high number of experiments and publications are presented. It is concluded that the research community would benefit from a European research agenda with a priority on the translation of relevant publications from the different European languages into English.

4. Homœopathic Prophylaxis: Synopsis of Published Research

TRAUB Michael (HT, 21, 11/2001)

Small pox: In 1902, during the Smallpox epidemic in Iowa, *Variolinum* 12x and 30x were used as prophylaxis for 2,806 patients of 15 doctors. Of these, 547 were subsequently known to be exposed to Smallpox. Only 14 of these got Smallpox.¹

Diphtheria: CHAVANON published his book *La Diphterie* in 1932, in which he discussed the use of the Schick test to demonstrate the immunizing ability of *Diphterotoxinum* 4000K or 8000K, one dose, in 45 children.² In 1941 PATERSON and BOYD re-tested 33 Schick-positive (susceptible to diphtheria) children following doses of *Diphterinum* 200c and *Alum precipitated toxoid* (A.P.T) 30c. Twenty of these children became Schick-negative (indicating measurable antibodies to diphtheria in the blood). Thus 60.6% acquired immunity.³

Similar results were obtained by ROUX in 1946⁴

Polio: In the 1957 Polio epidemic in Buenos Aires, *Lathyrus* 30c was given to thousands of people. Not one case of Polio was reported in these individuals.⁵ Between 1956 and 1961, *Lathyrus* 200c, 1M and 10M was given to over 50,000 cases worldwide. One subject developed non-paralytic polio, occurring one day after his dose of *Lathyrus*.⁶

Influenza: In 1958, an Influenza Nosode was given to 1,100 industrial workers in Britain. 12.6% got the flu. Of 500 who did not get the Nosode, 15.5% got the flu. (This was not a statistically significant difference).⁷

Tetanus: In 1960, *Ledum* and *Hypericum* were found to not prevent Tetanus in guinea pigs, but *Hypericum* did retard the appearance of the disease.⁸

Meningitis: In a 1974 epidemic of meningococcal Meningitis in Brazil, 18,640 children were given *Meningococcinum* 10C, one dose. Four cases of Meningitis occurred in these children (0.02%). Of 6,340 children who did not receive the Nosode, there were 32 cases of Meningitis reported (0.5%).⁹

Pertussis: A 1987 report suggested that *Pertussin* 30c was more than 50% effective at preventing Whooping Cough in children of 694 parents who responded to a questionnaire after their children had received the Nosode (the group was not large enough for the results to be statistically significant).¹⁰ In another study, *Pertussin* 30c also reduced the severity of Whooping Cough when used in the treatment of diagnosed cases. This result was statistically significant.¹¹

Tularemia: In a 1999 study, mice were given *Francisella tularensis* Nosode

three times per week for one month before and after being infected with *F.Tularensis*. Protection rates averaged 22% in the Nosode group over the control group. Protection rates in the conventional vaccine treated group was 100%.¹²

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3. PATERSON, J. & BOYD, W.E., "Potency Action: A Preliminary Study of the Alteration of the Schick Test by a Homeopathic Potency," *British Homeopathic Journal*, V.31, 1941, 301-309.
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11. ENGLISH, J.M., "Symptoms and treatment of Whooping cough, 1980-82," *The British Homeopathic Journal*, April 1987, Vol.76, 66-68.

12. JONAS, W.B., "Do homeopathic Nosodes protect against infection? An experimental test." *Alternative Therapies in Health and Medicine*, September 1999, 5(5):36-40.

Suggested readings

Here is a brief list of some relatively available publications that deal in some depth with issues of homeopathic prophylaxis, for those who may wish to study this subject further.

BOENNINGHAUSEN, Lesser Writings, "Typhoid Fever and High Potencies."

BURNETT, J.C., *Vaccinosis and its Cure by Thuja*, "Some Remarks on Homeoprophylaxis" (written in 1884)

CURRIM, Ahmed N., Editor, *The Collected Works of Arthur Hill Grimmer, M.D.*, 1996 "Prophylaxis," pp. 147-186.

GOLDEN, Isaac, "Homeopathic Disease Prevention," *Homeopathy Online Journal*, Dec 2000, www.lyghtforce.com

HAHNEMANN, Samuel, Lesser Writings, "Cure and Prevention of Asiatic Cholera."

HERSCU, Paul, *Herscu Letters* 33-38, 1999, www.nesh.com/letter.html

HOOVER, Todd, "Homeopathic Prophylaxis: Fact or Fiction," *Journal of the American Institute of Homeopathy*, Autumn 2001. (For journal subscriptions or single issues: www.Homeopathyusa.org)

KEIZER, Willa Esterson, ROSEMARY C.Hyde, et al., up-to-date information on prophylaxis and treatment for specific diseases that may be used by bioterrorists, including a comprehensive article on Anthrax is posted at www.Homeopathyhome/caduceus

LITTLE, David, "The Origin of Homoeo-Prophylaxis." www.simillimum.com/thelittlelibrary/homoeopathicphilosophy/prophylaxis.html

TRAUB, Michael, "Homeopathic Prophylaxis," *Journal of Naturopathic Medicine*, 1994, Vol.5, No.1, pp.50-61. (For a reprint, send \$5 to Michael TRAUB, ND, DHANP, 75-5759 Kuakini Highway, Suite 202, Kailua Kona, HI 96740.)

5. Does a homœopathic ultramolecular dilution of *Thyroidinum* 30cH affect the rate of body weight reduction in fasting patients? A randomised placebo-controlled double-blind clinical trial
SCHMIDT, J.M. & OSTERMAYR .B, (HOMEOPATHY, 91, 4/2002)

Objective: To test whether an ultramolecular dilution of homeopathic *Thyroidinum* has an effect over placebo on weight reduction of fasting patients in so-called 'fasting crisis'.

Design: Randomised, placebo-controlled, double blind, parallel group, monocentre study.

Setting/location: Hospital for internal and complementary medicine in Munich, Germany.

Subjects: Two hundred and eight fasting patients encountering a stagnation or increase of weight after a weight reduction of at least 100g/day in the preceding 3 days.

Intervention: One oral dose of *Thyroidinum* 30cH (preparation of thyroid gland) or placebo.

Outcome Measures: Main outcome measure was reduction of body weight 2 days after treatment. Secondary outcome measures were weight reduction on days 1 and 3, 15, complaints on days 1-3, and 34 laboratory findings on days 1-2 after treatment.

Results: Weight reduction on the second day after medication in the *Thyroidinum* group was less than in the placebo group (mean difference 92g, 95% confidence interval 7-176g, P=0.034). Adjustment for baseline differences in body weight and rate of weight reduction before medication, however, weakened the result to a non-significant level (P=0.094). There were no differences between groups in the secondary outcome measures.

Conclusions: Patients receiving *Thyroidinum* had less weight reduction on day 2 after treatment than those receiving placebo. Yet, since no significant differences were found in other outcomes and since adjustment for baseline differences rendered the difference for the main outcome measure non-significant, this result must be interpreted with caution. *Post hoc* evaluation of the data, however, suggests that by predefining the primary outcome measure in a different way, an augmented reduction of weight on day 1 after treatment with *Thyroidinum* may be demonstrated. Both results would be compatible with homeopathic doctrine (primary and secondary effect) as well as with findings from animal research.

6. Is there scientific evidence that suppression of acute diseases in

childhood induce chronic diseases in the future?

M.Z.TEIXEIRA
(HOMEOPATHY, 91,4/2002)

Seeking to understand the individual in his symptomatic totality has been an aim of Homeopathy since its beginning. Throughout its history, homeopaths have been concerned that inadequate treatment of acute diseases in childhood may lead to future chronic diseases. HAHNEMANN cautioned that by treating acute diseases with allopathic medicine, with strong doses of drugs, or suppressing local symptoms of those diseases, would increase the risk of future chronic diseases. BURNETT proposed the theory of Vaccinosis and warned of chronic manifestations subsequent to smallpox vaccination. French homeopaths, seeking the physiopathological origin of chronic diseases, correlated it to the abnormal reaction of the reticuloendothelial system (RES.).

Through the study of experimental pathology, MAFFEI attributed symptomatic manifestations to the imbalance between the immunological phenomena of allergy and immunity. He termed the sensitizing and pathogenic effects of medications and vaccines, 'metallergy' and 'parallergy', respectively.

The hygiene hypothesis is based on evidence that the imbalance of immunological response in childhood, specifically among the Th1 and Th2 lymphocyte subpopulations, is responsible for the development of some allergic and chronic diseases in the future. The deranging factor for the predisposition to future allergic response (Th2) is the obstruction of natural manifestations of infectious diseases (Th1 response) in young

children. Homeopathic treatment aims to equilibrate vital reaction, corresponding to an integrative physiological response, it may regulate Th1/Th2 imbalance. However, clinical trials to support this hypothesis are lacking.

7. Potentized *Mercuric chloride* and *Mercuric iodide* enhance α -amylase activity in vitro
N.C.SUKUL, A. DE, A. SUKUL
S.P.SINHABABU
(HOMEOPATHY 91, 4/2002)

Mercuric chloride 30c and *Mercuric iodide* 30c were prepared by successive dilution in 30 steps of 1:100 followed by sonication at 20 KHz for 30s at each step. Both were prepared in two media: 90% ethanol and distilled water. Three preparations of *Mercuric chloride* 30 in water were used: 12-month old, 1-month old and 4-day old. The controls for the water and ethanol-water preparations were pure water 30c and 90% ethanol 30c, respectively. For the three water preparations there were three matched controls of water 30c of the same ages. Each potentized substance or its control was mixed with distilled water 1:100 before testing. Hydrolysis of starch by α -amylase was measured by the standard procedure after incubation for 15 min. at 27°C.

Mercuric chloride 30c and *Mercuric iodide* 30c in both water and aqueous ethanol media, enhanced enzyme activity significantly, compared to their respective controls. *Mercuric chloride* 30c, prepared in water 12 months previously, produced no significant change in the enzyme activity compared to its control.

We hypothesize that the structure of the active molecule imprinted on water polymers during the

process of dynamization. The specifically structured water interacts with the active sites of α -amylase, modifying its activity. Ethanol molecules have large non-polar part stabilizing the water structure and thus retaining activity for a longer time.

8. Improving homeopathic prescribing by applying epidemiological techniques: the role of likelihood ratio

**STOLPER, CF, RUTTEN, ALB, LUGTEN, RFG, BARTHELS RJWM
(HOMEOPATHY, 91, 4/2002)**

A committee of the Dutch Association of Homeopathic Physicians is trying to validate *Materia Medica* by evaluating successful cases. These cases are presented and assessed by a group of experienced homeopathic physicians to provide indications about the prevalence of symptoms related to particular homeopathic medicines. The next logical question is whether epidemiological techniques can be applied to them. We have some ideas concerning the information these data can provide, based on epidemiological theory and limited experimental data. Theoretical investigation suggests that the epidemiological concept of likelihood ratio is well adapted to Homeopathy. Researching and applying likelihood ratio will lead to more accurate *Materia Medica* and repertory. These considerations already indicate some short-comings in the representation of rare remedies and the use of grading in the current repertories.

**9. Effects of Homeopathic Intervention on Medication Consumption in Atopic and Allergic Disorders
(FRENKEL, M. & HERMONI, D.
(HOMEOPATHY 91, 4/2002)**

The authors report a retrospective evaluation of

Conventional medications used by patients treated with Homeopathy for Atopic and Allergic conditions at a complementary medicine clinic in Israel. A wide spectrum of patients and their medications was included in the study. Individualized remedy prescribing was carried out along classical homeopathic lines.

The authors conclude that homeopathic intervention led to modest economic savings and modest reductions in the use of medications commonly used to treat allergic conditions and their complications. They recommend that more studies of this kind should be undertaken in order to verify or refute their findings.

Commentary

This is a rare example in the research literature of an alternative trial design in the use of Homeopathy. Most research published to date has examined Homeopathy in 2-group trial designs, where comparison has been made either with placebo or with the effects of a conventional medicine. In this novel approach, the authors should be commended for making changed use/cost of conventional medication their primary outcome measure, and in a paired before-after comparative design. Its concentration on Allergic and Atopic conditions is also wise, for those are amongst the most promising therapeutic areas for Homeopathy, as evidenced in the research literature.

An important caveat is that an observational study of this kind cannot

infer a direct causal relationship between treatment and outcome – it can only point to an association between the two. And there are obvious flaws in the paper, including its lack of clarity as to which specific medical conditions were represented, the study's small sample size, its retrospective nature, and its unclear statistical methods.

Nevertheless, this publication sets a useful and an important example for others to explore when selecting the most appropriate trial design for their own research in Homeopathy. [Robert T.MATHIE Faculty of Homeopathy.]

10. How does Homœopathy Work?
CONNELLY, Brian. R (SIM, XV, 4/2002)

“Many theories have been proposed to explain how homœopathic remedies seem to work ranging from the misapplied ‘Quantum Theory’ to the ‘Doctrine of Signatures’. Many homœopaths feel that ‘science’ may never solve the mystery.”

Recent researches support the idea that the unusual physical chemistry of water may offer a unifying theory for Homœopathy not only in terms of the actual nature of the remedy as it is prepared, but in terms of its bioactive interaction with the organism.

The author at first ‘reviews’ the ‘current’ theory then delineates the proposed model and discusses it in detail.

A very interesting article. [May Homœopathy remain a ‘mystery’ and continue to confuse the ‘scientists’ =KSS]

VIII. HISTORY

1. Homöopathie und die große politik – Zäsuren der deutschen Geschichte im Spiegel der AHZ (Homeopathy and the big politics – Caesura of German History as reflected in the AHZ) JÜTTE Robert (AHZ, 247, 6/2002)

The first issue of the AHZ was published in

1832. This article does not intend to be a short review of the history of this journal during the past 170 years. Instead this 170th year Jubilee offers a chance to find out, how political events are reflected in the pages of a medical journal which was also the mouth piece of the Central Association of German Homœopaths. Such turning points are: 1848/49 (March Revolution), 1870/71 (German unification), 1914 (beginning of the World War I), 1918 (November revolution), 1933 (Nazis’ accession to power) 1949 (founding of the Federal Republic and the GDR), 1989/90 (German Reunification).

This is a very interesting study in brief covering 170 years during which period momentous changes took place all over the world, which changed the destinies of most of the countries in the world.

2. Homöopathie in den USA (Homœopathy in the USA) KARIN, Von & VIGOUREUX, Ralf (AHZ, 247, 6/2002)

This article is based on a journey through the USA investigating the practice of Homœopathy. Leading homœopaths are profiled, current trends are discussed, and a history of Homœopathy is included.

**3. Homöopathie in Australien
(Homœopathy in Australia)
KARIN, von & VIGOUREUS, Ralf
(AHZ, 247, 5/2002)**

This article, like the one on the USA, is based on an investigational tour of Australia and conversations with Homœopaths of that country. The history of Homœopathy and current practices in education and treatment are covered. There is great potential for homœopathic provings. Some of the most poisonous snakes are there.

The authors sum up: enthusiasm for Homœopathy is very much evident. Many homœopaths find it difficult to make a living with homœopathic practice alone. The different homœopathic organizations must unite. The future of Homœopathy depends upon the good results obtained by the homœopaths. [Indeed that alone would promote Homeopathy and the homeopathic earning = KSS]

**4. Homœopathy in Russia.
ULLMAN Dana (HT, 22, 1/2002)**

Homœopathy is still in minority practice. There are approximately 1 million medical doctors in Russia and its surrounding Republics and 15,000 of them using homœopathic medicines regularly and about 3,000 specializing in classical Homœopathy. They are committed to learning high quality Classical Homœopathy. Homœopathic physicians tend to earn slightly more than conventional physicians because patients who go to homœopaths pay out of their pocket rather than receive a salary from the government.

5. Homœopathy in Oklahoma

LUKAS Kathy (HT, 22, 2/2002)

Oklahoma has a history unlike any other state in the United States, where unlicensed homœopaths have been able to practice since before statehood in 1908. Oklahoma allowed consumers to choose an unlicensed homœopath with the same liberties that they exercise when they choose licensed health care. Since 1993, Oklahoma allows physicians to practice a wide range of alternative and complementary medicine.

IX. GENERAL

1. A Tribute to Francisco EIZAYAGA.
FIOR Tim (HT, 21, 9/2001)

Francisco Xavier EIZAYAGA, 80 years, passed away in Buenos Aires, Argentina on June 25, 2001. Xavier EIZAYAGA was clearly a master homœopath, teacher and published several seminar books. He translated Kent Repertory into Spanish. He had enormous compassion for the sick and always made himself available to those who were suffering. He also practised and taught with a degree of honesty and integrity. He taught a specific way of looking at the patient according to lesional, fundamental and miasmatic layers. His insights and clinical instincts were finely honed. Yet he was very open to the opinion of others. He stuck with the two hundred-year-old principles of HAHNEMANN. He was one of the brightest stars in the universe of Homœopathy.

2. Ein Herz schlägt für die
Homöopathie – Laudatio zum 150th
Guburtstag von Emil Schlegel (1852-

**1934) (A Heart beats for
Homœopathy – Tribute on the
occasion of the 150th Birthday of
Emil Schlegel)**

**EMMRICH Peter (AHZ, 247,
6/2002)**

**Emil SCHLEGEL (1852-1934)
was a great homœopath of the last
century. He was a great admirer of
PARACELSUS. He authored several
books including Homœopathic
treatment of Cancer.**

Peter EMMRICH who has written this tribute mentions of a case of a woman with Mammary Carcinoma successfully treated by Dr. SCHLEGEL with *Conium* and *Bryonia*. The woman lived for over 21 years (71 year age) after this – healthy and well. As now even in those days (1886) these were surgically treated. Now Chemotherapy and Radiation are added. SCHLEGEL treated many cases of Cancer with Homœopathy. Emil SCHLEGEL has left a legacy of Books, Booklets, articles for us to read and benefit immensely.

3. A survey of the use of over-the-counter homeopathic medicines purchased in health stores in central Manchester.

REID, S. (HOMEOPATHY, 91, 4/2002)

Background: There is little research on the use of over-the-counter (OTC) homeopathic medicines.

**Objectives: To obtain data on
conditions treated by OTC
Homeopathy; perceived effectiveness;
how long respondents had used OTC
Homeopathy; if respondents combined
them with prescription drugs; reasons
for using OTC Homeopathy.**

Methods: 75 users of OTC Homeopathy completed questionnaires while purchasing OTC homeopathic remedies in three health-food shops in central Manchester.

Results: The most frequently treated conditions were respiratory, mental/psychological and bruises/injuries. Respondents perceived OTC Homeopathy to be effective for relieving these conditions. There was a trend for respondent's first using OTC Homeopathy 4 or more years previously. Thirteen percent combined it prescription drugs. The most strongly endorsed reasons for using OTC Homeopathy were that it

was a natural treatment and was perceived as harmless.

Conclusions: This study and possible future larger scale studies may show which conditions/ailments are being treated by OTC Homeopathy and the reasons why people choose to use it. Such information may lead to further integration within the NHS.

4. Patient-practitioner-remedy (PPR) entanglement. Part 1: a qualitative, non-local metaphor for Homeopathy based on Quantum theory.
MILGROM, L.R.
(HOMEOPATHY, 91, 4/2002)

**In this paper, he has attempted to
develop a metaphor for Homeopathy
based on the transactional
interpretation of Quantum Mechanics.
This could allow the medicine to be seen
not only in deterministic, biomedical
terms but also within the context of an
entangled relationship between the
patient and the practitioner. I have
called this PPR entanglement by
analogy with non-local EPR
entanglement in Quantum Mechanics.
By treating the patient-practitioner-
remedy relationship in such a non-local
context, it may be possible to develop a
concept of miasms based on the action of
disease and susceptibility across time.
Homeopathic aggravations and the
treatment of animals are also explicable
using this model.**

Although the justification for this approach rests primarily on the observation that the process of Homeopathy (like Quantum processes) can be imagined in terms of a set of non-commuting operations, other reasons exist for wanting to proceed down this path. Tensions exist between those wishing Homeopathy to be seen purely within conventional therapeutic terms, and those advocating a more metaphysical approach. A Quantum mechanical description of Homeopathy (with its emphasis on non-locality and all that it implies in terms of acausality, synchronicity, and non-determinism) could help to bridge this developing divide.

However, it remains to be seen if such an approach could be expanded into a more formal and

rigorous algebra perhaps along the lines of the weak Quantum theory being developed by ATMANSPACHER et al. If so, as well as being able to perhaps delineate complementarity between the medicine and the patient-practitioner relationship, it might also suggest ways of testing and verifying Homeopathy beyond that of the double-blind placebo-controlled trial.

5. Bioterrorism and Alternative Medicine. Government hears testimony
CREEL Catherine (HT, 22, 1/2002)

On November 14, 2001, the U.S. House of Representatives Committee on Government Reform held a full Committee hearing entitled. "Comprehensive Medical Care for Bioterrorism Exposure – Are We Making Evidence-based Decisions? What Are the Research Needs?"

Dr. WAYNE Jonas Director, **Samueli Institute for Information Biology**, outlined Homœopathy's historic successes in treating epidemics, along with modern day research indicating some efficacy against potential biological threats. He also spoke of his own peer reviewed research studies in homœopathically treating Tularemia while working directly for the department of Defense. It also came out that Dr. JONAS' findings were not submitted to the FDA. However, Major General John PARKER of the US Association Medical Research Institute for 'Infectious Disease' was aware of this.

6. NCH – Crisis Response Team, replies to House Committee
LEBENSORGER Mitzi (HT, 22, 1/2002)

Homœopathic medicine has something to offer in virtually every aspect of the current national terrorist crisis from the First response and First Aid to prophylaxis and endstage treatment of infectious disease alongside conventional support care. Additionally, it has uses in the treatment of anxiety and the effects of trauma and shock.

The NCH in concert with the AIH, and **Homeopaths without borders** is anxious to collaborate with public health officials in organizing appropriate interventions and in helping

to determine what research is needed to assess the efficacy of Homœopathy in helping to improve and safeguard the health of the nation.

7. Confessions of a Neo-classicist
HERON Krista (SIM, XV, 3/2002)

[The Vol.XV, 3 & 4/2002 of '**Simillimum**' is carrying more contributions from the 'new trend' homœopaths after the 'conservative' Editors were purged. Signatures, Themes, Kingdoms, etc. fill more pages. The 'Trojan Horse' has entered. We will see the further developments = KSS.]

In this the author argues that – the natural history of the substance, thematic groupings besides provings – all form the legitimate source of remedy information. This is contrary to what HAHNEMANN said and wrote all through including the **Organon** VI edition.

X. BOOKS

1. Ähnlichkeit macht stark – Homöopathie und Selbstheilung bei seelischen Krankheiten (Homœopathy and Self-healing in mental diseases), by BURKHARDT-NEUMANN, Carola. 253 S., Zenit Verlag, 2001, E. 19.90 (German), reviewed by Gerhard BLEUL (AHZ, 247, 3/2002): **"The authoress, doctor in Psychiatry and also in Homœopathy makes here a total personal stock-taking. She occupies herself here with a critical consideration of the basics of Medicine. ... The prevailing ideas in Psychiatry is strongly criticized from the standpoint of "Biological Psychiatry". Why was the book written?" so that the broken discussion between the homœopaths and their scientifically orientated colleagues (sic!), is again brought back, ... to inform the patients correctly" and "to put Psychiatry in right view". "What the authoress says against the pharmaceutical theories and the Psychiatry holds exactly good to Homœopathy too."**

2. **Memorix – Homöopathische Praxis, (Memorix – Homœopathic Practice), by WIESENAUER, MARKUS, und ELIES, MICHAEL 618 S., Hippokrates Verlag, 2001. E 44.95. (German) reviewed by Gerhard BLEUL (AHZ, 247, 3/2002): “The clinical “Recipe Book” is the compilation of the small “Practice of Homœopathy Volumes of WIESENAUER. In six titles (ENT, Skin, Orth., Gyn., Paed., Geriatry), the diagnosis, with tables with “symptoms” and the “remedies” and the so-called characteristic and suggested doses are listed. Positive aspects are instruction according to individual - clinical criteriae under many diagnosis. e.g. Anorexia, Molluscum infectiosum etc. In general, this book has made Homœopathy easy to learn, but fearfully easy.”**

3. **Der Gute Arzt – Lehrbuch der Ärztlichen Grundhaltung (The good Physician – Textbook of Medical basic attitude) by DÖRNER, Klaus. 334 S. geb., Schattaner Verlagsgesellschaft, Stuttgart 2001. E. 35.95. (German) review by Heinz EPPENICH (ZKH, 46, 3 & 4/2002): “Klaus DÖRNER who became well known by his publication on Psychiatry and on NS-Medicine, leading Physician of a Psychiatric hospital and an initiator of reform movement in Psychiatry has now published a “Textbook on medical basic attitude”. In his Introduction on use of the book he says that his book is “easy and difficult to study at one and the same time”, because it is “Practice and Philosophy at one and the same time. Just as HIPPOCRATES said “one must bring in Philosophy in medical practice and medicine in the Philosophy.”**

4. **Impfen – Pro und Contra (Vaccinations – Pro and Contra), by Martin HIRTE,**

Broschiert, 332 Seiten, Th. Knaur Verlag, Nachf. München, 2001; E. 8.90. (German) review by Karl-Heinz GEBHAROT (AHZ 247, 4/2002): “The author is Homœopathic paediatrician in Munich with speciality in Allergology. He says at first that the official vaccination propaganda has as its aim the protection in general from infections, as a “herd immunology” of the people, in its view. Thereby the individual infection is often overlooked. Through 15 year age 27 substances are recommended for vaccination. these “disturbance of the defense regulation through vaccinations” makes the Organism receptive for allergic and autoimmune diseases. We find that particularly after the vaccination for Pertusis, Asthma and allergies increase and other vaccinations cause Diabetes and MS. The author advices that we have to weigh the advantages and risks of every vaccination. The discussion about the need and risks of vaccinations have not been objective, many of those who support vaccinations have been purchased by the Industry because the vaccine manufacturers make enormous money. On the other side is the so-called “Homœopathic vaccinations” which have never been proven. The author is to be appreciated for his objective study. The book has been written in an easily readable flowing style and will help parents and physicians decide for or against vaccination.” (Vaccination industry seem to be big money indeed because every child born in a potential customer. It is incorrect to say that homœopathic vaccination have not been proven. They don’t accept the proofs = KSS)

5. **Enders’ Handbuch Homöopathie: Gesundheit für Sie und Ihre richtige Anwendung (Enders’ Handbook of Homœopathy: Health for you and your family all important remedies and their correct application) by Norbert ENDERS 579 Seiten, Haug Verlag, Neuauflage 2002. E.39.95 review by Gerhard BLEUL (German) (AHZ, 247, 4/2002).**

“The best seller “Domestic medicine chest for Homœopathic patients” and “Homœopathic Home Remedies” are here in new color and form. In 400 pages from “A to Z” (“Abszess” bis “Zahnziehen”), the diseases are dealt with, their appropriate medicines are given, in 70 pages 266 remedies are briefly described, further 60 pages contain Repertory

6. **Der kurze Weg zum homöopathischen Arzneimittel (the short way to Homœopathic medicine), by Willibald GAWLIK, 372 Seiten, 3., durchgesehene Auflage 2002, Sonntag Verlag,**

E. 44.95 (German) review by Gerhard BLEUL (AHZ, 247, 4/2002): "a mine of first rank. What was first seen as helpful in Turbo practice has turned out to be as differential repertory of course ("ailments from", "ailments since"), "as if" symptoms, anxiety, anger and depression symptoms. A small clinical **Materia Medica** of rare remedies has also been tucked in No wonder that a new edition has been called for every three years."

7. **Integrierte homöopathische Arzneimittel Therapie (Integrated Homœopathic Medicinal Therapy)** by Walter ZIMMERMANN. 352 Seiten, 6. überarbeitete und ergänzte Auflage 2002. Sonntag Verlag, E.39.95 (German) review by Gerhard BLEUL (AHZ, 247,4/2002): "327 homœopathic medicines, each ½ to 1 page, with information about the source and manufacture, in thorough manner with the range of action, person types, psyche, leading symptom, modalities, heart and circulation, respiration, digestive and urogenital organs, skin, clinical indications. A practical book for the conventional, clinically oriented physician."

8. **Leit- und wahlanzeigende Symptome der Homöopathie (Leading and Pointer Symptoms in Homœopathy)** by Adolf VOEGELI, S.108, 5. Auflage, Haug Verlag, 2002. E.19.95 (German), review by Gerhard BLEUL (AHZ, 247, 4/2002): "Five editions in 16 years - the value of the book is clear from this. The 357 important medicines have been given in concise captions, genius brought to the fore, and also much drawn from William BOERICKE's Handbook. Wonderful for quick orientation...."

9. **Teufelskralle-Harpagophytum procumbens. Homöopathische Arzneimittelprüfung (Harpagophytum procumbens - Homœopathic Medicinal Proving).** 153 Seiten, Verlag für Homöopathie, Weilburg 2001. E.16.40 (German), review by Gerhard BLEUL. (AHZ, 247,4/2002): "11 women and 3 men took under the leadership of Bernd SCHUSTER *Harpagophytum* Q6 (how long, has not, unfortunately been mentioned). One woman and one man proved by contact. (Pocket, Pillow). The time of observation was 55 days.

In 65 pages the proving symptoms are given in exact words, divided in repertorial captions. These give an exact, good uncommented and thereby and right impressions of the Proof substance....1144 additions to the Repertory, according to Kent have been given....

Harpagophytum is compared with *Helleborus*, *Colchicum*, *Bryonia*, *Phytolacca*, *Gelsemium*, *Sarsaparilla* and *Veratrum album*. ...Like his earlier provings (*Bambusa* and *Cola nitida*) this too is on solid work which helps in artistic application of this remedy."

10. **Die andere Wirklichkeit der Homöopathie Heilweise zwischen Alchemie, Schamanismus und Wissenschaft (The other actuality of Homœopathy. Healing methods between Alchemy, Shamanism and Science)**, by Jörg WEICHMANN, 175 S., brosch., Neue Erde Verlag, Saarbücken 2002. E. 14.90 (German) review by Rainer APPELL (AHZ, 247, 4/2002): "Patients have been repeatedly asking for a good readable, understandable but not a simplified introduction into Homœopathy with elucidation of its application, its structure, its picture of disease and Healing, its origin in mental depth and its closeness to other disciplines and lastly the relationship of Homœopathy and Allopathy.... Nevertheless, a book which should find its place in homœopathic education...."

11. **Die Milchmittel der Materia Medica**, by Harry van der ZEE, Corrie HIWAT (Hrsq) (The Milk remedies of the Materia Medica), 251 Seiten, brosch., Homeolinks Publishers, Haren 2002, E.35/- (German) review by Rainer APPELL (AHZ, 247, 5/2002): "..... Interesting is the comparison of *Lac humanum* prepared from milk obtained from one woman and the remedy *Lac maternum* which was prepared from milk obtained from nine women and also from milk of three days (Colostrum) upto ten months after delivery. Central point of this remedy is for Tinus SMITS the needed incarnation which begins in the mother's womb and is not over in anyway with the delivery. At the end we come across *Lac owleum*, a fascinating new medicine which makes us enquire inquisitively about the Mille theme. A readable book."

12. **MINDMAT. Vollständige Materia Medica der Ichnahen Symptome. Psorinum – Scutellaria lateriflora (MINDMAT. Complete Materia Medica of the Mind Symptoms. Psorinum – Scutellaria lateriflora)** by Veronica RAMPOLD. 1190 Seiten. Band 3, gb. Similimum Verlag, Ruppichterth 2002. E.130. (German) review by Rainer APPELL. (AHZ, 247, 5/2002): "A **Materia Medica** which gives the remedy picture of *Radium* with life story of Mary SKLODOWSICA better known as Marie CURIE, which also does not simply give a bunch of

symptoms of *Raphanus sativus*, but also informs of the diet of the Zen monks and also about the different kinds of radishesgives information about Quercus as RADEMACHER's Spleen medicine..... a **Materia Medica** which gives the dosage, the observation of HIPPOCRATES, DIOSCORIDES, PLINIUS, PARACELSUS.The depiction of *Rhus radicans* is rehabilitated and a helpful differentiation with *Rhus toxicodendron* with repertorial rubrics is given. We must be grateful to Veronica RAMPOLD for a **Materia Medica** which is thorough and competent and good to browse over. A rare art piece."

13. **Theorie und Praxis der Homöopathie (The Theory and Practice of Homoeopathy)**, by GUNAVANTE, S.M., Hahnemann-Institut für Homöopathische Dokumentation Greifenberg, 1999 (German) review by Karl-Heinz GEBHARDT (AHZ, 247, 5/2002): "The author, an Indian, relies exclusively upon the English-language homoeopathic literature. His aim is to prepare a text book for doctors who are interested in Homoeopathy which will teach them in simple ways this difficult and complicated Science. This aim has been achieved throughout. The book is in 13 chapters. ... Every chapter has, at the end, questions which would help the reader to test his understanding of that chapter. The book contains much interesting information which will be helpful even to the experienced homoeopath. The translation is excellent, the book is well got up. ..."

14. **Ästhetik des Ähnlichen (Aesthetics of the Similars)** by FUNK, G., MATTENKLOT, G., PAUEN, M. (HrSq.), 223 S., Fischer, Frankfurt a M. 2001. E. 12.90 (German), review by Reiner G. APPELL (AHZ, 247, 6/2002): "One who talks about Similars knows really nothing exactly – with this opening the editors of this volume discuss different contributions to poetry, the modern artificial philosophy. These deal with the correspondences, analogies, relationship with sympathy in literature and Poetry, Music, Art and Film. A significant book on Similarity, not for homoeopaths may be, but exactly because of that these lectures are recommended!"

15. **Evidence based Herbal medicine** by Michael ROTBLATT and Irwin ZIMENT, Hanley and Belfus: Philadelphia, 2002 \$35.00 ISBN 1-56053-447-8 review by Saul BERKOVITZ (HOMEOPATHY, 91, 3/2002) "The book is designed as a practical reference guide The

introductory chapter includes chemistry of herbs, dosage formulations and herb-drug interactions. The second contains monographs of 65 herbs. Each monograph concludes with a boxed summary evaluation paragraph and a list of references quoted in the text..... Third section focuses on ethnic traditions of herbal medicine (Chinese, Ayurvedic and Mexican) The fourth section,....contains three short chapters demonstrating progressive attitudes....

Finally there are some useful appendices containing written resources and websites and a table of additional herbs not covered in the monographs with dose ranges and traditional indications. An adequate index is provided."

16. **Synthesis Repertorium Homeopathicum Syntheticum. Edition 8.1** Frederik SCHROYENS (Ed), Homoeopathic Book Publishers: London £89.00 (full size edition) £73 (Pocket size) ISBN: 1902572002 review by Marysia KRATIMENOS (HOMEOPATHY, 91, 3/2002)

The new Synthesis is expanded with many additions to the rubrics, which have come from the **Materia Medica** of the 'classical' authors such as HAHNEMANN, ALLEN and KENT, as well as contemporary homoeopaths like MORRISON and VITHOULKAS. The hypothetical additions that are not from Classical experience are in square brackets, thus immediately recognizable.

The Synthesis book is available in two beautifully bound versions printed on good quality paper, a standard text book and a pocket sized version with a magnifier. The enclosed booklet, 'Blue print for a New Repertory, explains clearly the thought processes and the logic behind the work.

The organization of the rubrics cross-referencing, abbreviations of remedies and the clarity of text have been improved. Contemporary medical terms are included, further facilitating repertorisation.

17. **Remedy Relationships – First English Edition 2001.** Thomas BLASIG and Peter VIM. Translated by Phil EDMONDS and Hanna WALDBAUM. Hahnemann Institute:Griefenberg, 2001. £11.00, ISBN: 3929271265 review by Marysia KRATIMENOS (HOMEOPATHY, 91, 3/2002)

"The relationship between the remedies is often a neglected sphere in our knowledge, and yet the use of complementary remedies can enhance prescribing. The old masters were aware of the interplay of remedies and how to use remedy cycles

for maximum effect.

Thanks to the dedication of Phil EDMONDS and Hanna WALDBAUM, this gem of a book has been translated from German into a portable aide memoir. There is a clear explanation of all the relevant terms and an extensive bibliography, so that one can trace the origins of the material. Each remedy is referenced back to the original text.

The literature base is exceptionally broad, from Hahnemann right to contemporary homœopaths; such as SANKARAN and SCHROYENS. There is a vast amount of useful information contained within this small spiral bound book, ranging from complementary and inimical remedies, through remedy cycles and possibly most useful of all, the association with the bowel Nosodes. There are also numerous useful practical clinical tips.

The section on poisoning is sensible, recommending general guidelines of modern medical interventions rather than outdated and potentially dangerous old-fashioned treatments.

....This is a useful reference book..."

18. Integrating Complementary Therapies in Primary Care by David PETERS, Leon CHAITOW, Gerry HARRIS and Sue MORRISON. Churchill Livingstone: London, 2002. £34.95, ISBN: 0443063451 review by Michael CANNELL. (HOMEOPATHY, 91, 3/2002).

The book is in three parts. Part 1 leads with chapters on introducing complementary medicine in mainstream medical care to a chapter on various models of healing as well as research evidence in specific conditions. Part 2 has three chapters dealing with the issues of integration, delivery, funding, practitioner professional development and then methods of evaluation, coupled with debate on whether complementary medicine can be cost-effective in primary care. Finally, Part 3 has three chapters and three useful appendices. This part focuses on providing practical help to busy practitioners with information sheets on the management of common disorders which include complementary approaches. The appendices include self-help sheets for patients which provide further information on various CM therapies such as 'What you need to know about Naturopathy' and patient advice sheets on various conditions such as inflammatory joint disorders or irritable bowel syndrome. Finally, there are useful sheets on various diets such as exclusion rotation diet, dairy and wheat-free diets as well as information concerning various forms of exercise.

I feel this book provides a unique contribution to the emerging health-care debate, I know of no other similar book that has been published in the United Kingdom. As the introduction says '...this is a book for clinicians. It is a snapshot of a prominent trend in health care: the increasing use of non-conventional treatments by the public and also by the mainstream practitioners. The book provides a moving picture of a reflective approach to use complementary therapies in family practice'. I recommend it wholeheartedly."

19. Homeopathic Method: Implications for Clinical Practice and Medical Science, Jeremy SWAYNE, Churchill LIVINGSTONE, London; 1998, Soft cover. 228 pages review by Neil TESSLER (SIM, XV, 3/2002): ".... Jeremy SWAYNE, British Medical doctor and Dean of the Faculty of Homeopathy, offers a physician enthusiasm for what Homeopathy can bring back to common medical practice. There are two audiences for whom the book is written. First it is directed to the orthodox profession, a call for return to a study of the natural history of the patient. In the age of technological and laboratory medicine, Dr.SWAYNE alerts physicians to the dying out of understanding the patient as a whole. It is also a book for students of Homeopathy, as it provides a bird's eye view of the methods and considerations that are necessary to practice. This is a book much less about the medicines of Homœopathy and for more about the process hence the title. In this regard the author has offered a surprisingly thorough and well written presentation of almost every facet of what must be considered in the clinical application of Homœopathy. It is a book with the integrity to follow where ideas lead and give adequate discussion within the limits of his presentation. ... Clearly this book is excellent as a thorough introduction for medical doctors. Yet the author has also written something close to a fine modern primer on homœopathic methodology for students. Dr.SWAYNE has the concision, order, and practicality of a medical mind,".

20. Homeopathy: A Frontier in Medical Science, Paolo Bellavite, MD and Andrea Sigorini, M.D. North Atlantic Books, Berkeley, California: 1995, 335 pages \$25 review by Neil TESSLER (SIM, XV, 3/2002): ".... Here homœopathic principles and medicines are held to the light of scientific consideration. This is among the most important and interesting books in recent homœopathic literature for its articulation of the potential value of Homœopathy for Science and of

Science for Homœopathy. One is impressed that when Homœopathy and experimental science finally meet in earnest, both will be affected. ... a book of great depth and high prose that should be savored by anyone interested in Homœopathy. The central section of the book, buries the reader in a very detailed discussion of the concept of complexity, according to both mathematical and bio-regulatory models. ... is a book to be discovered and explored. It raises Homœopathy from its interior world view and leads her to face the scientific paradigm, as it exists in the world at large.”.

21. **Homœopathy for the Soul: Ways to emotional Healing by LORIUS Cassandra, Thorsons: London, 2001, p.b. 252 pages, \$16 95. ISBN-0-7225-3929-0** review by WINSTON Julian. (HT, 21, 9/2001):

“The author is a homœopath in U.K. and the book is written from the author’s particular spiritual perspective. The first chapter explains how homœopaths “understand the soul” and details techniques the homœopath uses to read the disturbances in your soul.

The second part of the book outlines things you can do to prepare your soul for homœopathic treatment, and explains how homœopaths view and treat psychological problems.

The third part contains **Materia Medica** pictures of remedies that are commonly used to treat emotional problems. In summary, this is a nicely put together book easy to read and filled with information.”

22. **Dynamic Materia Medica – Syphilis, Jeremy SHERR, Dynamics Books, London, 2002. Hard cover, 279 pages** review by Neil TESSLER (SIM, XV, 4/2002): “Jeremy SHERR is one of the great treasures of our profession. ... It is a book of rare beauty in design through which SHERR takes us on a journey of thirteen remedies well expressive of the syphilitic miasm. He does so in a manner both systematic and multidimensional. Remedies are presented with both proving and narrative. The total effect is that one gains a vivid image of each remedy as well as the miasm, grounded in the provings, mellowed and focused by narrative discussion, enriched by poetry and the analogies of literature. Very highly recommended.”

23. **An Insight Into Plants – Vols. 1 & 2, Rajan SANKARAN, Homœopathic Medical Publishers, Mumbai, India. Hard Cover, 992**

pages review by Neil TESSLER (SIM, XV, 4/2002): “.... **Insight into Plants** will be pondered, considered, argued over and learned from for some years to come. It is a book to be studied and applied, to find how the ideas presented hold up to clinical reality, and hopefully to deepen one’s understanding and end in achieving the simillimum. To Dr.SANKARAN’s credit, his insights, while richly illustrated with rubrics and cases, are offered in a spirit of material in development. It should be received in this spirit. ... The structure of the book is systematic in exactly the manner of his lectures. At the end Dr.SANKARAN provides a series of appendices. ... **An Insight into Plants** is an invaluable addition and advance in our understanding of plant remedies and families. ...”

24. **The Homœopathic Journey – A Guide for Homœopathic Teachers, Learners and Leaders by Todd ROWE, M.D.,** review by William MANN (SIM, XV, 4/2002): “... What do you do if you are called to Homœopathy? ROWE attempts to answer this question with a meticulous map of the homœopathic journey. The details how to choose a homœopathic school, how to study, and if one is called, how to teach Homœopathy and how to administrate a homœopathic program. ... ROWE cites a myriad of reasons as to why people come to study Homœopathy. ... It is apparent that ROWE has immersed himself deeply in the subject of homœopathic education and what it is to be a student, teacher and a leader. I believe this beautifully written volume will be a beneficial resource for students, teachers and administration in Homœopathy for many generations to come.”

25. **Taking charge of your Fertility by Toni WESCHLER, Harper Collins Publishers, New York. 1995 & 2002. Paper back ISBN: 0-06-039406-4(hc); 0-06-0937645-5 (pb) 459 pages. \$23.95.** Reviewed by Jacob MIRMAN (AJHM, 95, 3/2002): “.... This book provides my patients with a method of birth control that is easy to use, reliable, free of harmful chemicals and hormonal manipulations. The method allows for maximum spontaneity and empowers couples by providing a valid sense of reproductive control. Of course the other side of the coin is true..... It is surprising how many fertility specialists quickly resort to drugs and other expensive methods of infertility treatment before giving this simple system a chance. It is hard to believe but WESCHLER claims that many so-called fertility specialists are not aware of the signs of fertility of the body and are therefore unable to counsel their patients in simple and effective natural methods before using

potent therapies..... Well written and easy to understand.... an invaluable tool for all serious homœopaths and should be a part of all office libraries.”

26. Homœopathic sketches of Children’s types – COULTER Catherine. Ninth House Publishing: Bethesda. Maryland 2001. Paper back. 180 pages. \$22.95 ISBN – 0-9713082-6-8 review by GWYNETH A. Evans. (HT, 22, 3/2002): The author explores the homœopathic body – mind typology of children from infancy through adolescence.

The material has not been simply extracted from her three earlier volumes, but rather extracted with added material, and sewn together by the author in her usual easy-reading style.

23 remedies are covered in the book and COULTER mainly focusses on the psychological profile.

XI. NEWS & NOTES

I. In the **Guest Editorial**, Dr. Cees BAAS discusses the **methodo-logical problems of case reports** with regard to clinical research. Dutch epidemiologists used Homœopathy as an example. Basically they wanted to show that even flawless research can lead to erroneous conclusions. An article which appeared in a Dutch medical journal concluded that it was useless to research Homœopathy. Evidence of effectiveness is not going to persuade those who cannot believe, and the authors of the article count themselves within those ranks. Also, believers will not be convinced by research that shows no effects. Research is useful only for those who have a question.. . . . If we want to continue to do research, it is wise to have a new look at our questions. There are questionable provings with ill chosen and badly described substances, following methodologies based on personal charisma. When reading the results, it is impossible to distinguish fact from fantasy. There are case reports that do not answer basic questions. The problem is not scientific quality. The problem is that somehow, people do get better, as they have been doing for 200 years of homœopathic medicine. The question that has been dragged into spotlight is how is it done? As long as the outcome of the treatment is the only gold standard by which we can gauge the quality of the prescription, case-based research seems the best way to improve our daily work. It is inevitable that Homœopathy goes its own way. We

will have to define our own questions, and find our own answers. . . .” (HOMEOPATHY, Vol. 91, 3/2002)

II. Dr. Gerhard KÖHLER, born 7 July 1916, passed away on 10 March 2002 in Freiburg. Although death was a deliverance for him from a severe disease, he leaves a gap within the homœopathic medical world, difficult to be closed.

Dr.KÖHLER had a thorough clinical training in Surgery and Women’s diseases (Gynaecology & Obstetrics). As a Surgeon in the Army he learnt the work of a War Surgeon in Russia. He showed great courage in the War. After a serious injury he set up practice in a hospital in Surgery, Women’s Diseases and Internal Medicine where he soon established homœopathic treatment. He underwent further intensive training in Homœopathy under VOGELI, KÜNZLI, etc. He took active part in the Central German Homœopathic Physicians Association. He was very successful in his homœopathic practice which extended beyond his home town Freiburg. He tried his best to integrate Homœopathy with the Main School Medicine. He had many students and wrote two books which were hailed as great works, as standard works. These books were translated into many languages.

Dr.KÖHLER was not only a very successful physician, solidly scientific and genial teacher but he was also a model man. He was a philanthropist in its best sense, who loved his students. It is difficult to find one so extensive in his actions. He was a model for the young and for us as well at a time when model personalities have become scarce. We cannot ever forget him and remain ever thankful to him (**Karl-Heinz GEBHART, in the AHZ, 247, 3/2002**).

III. Reflections on three medicines rarely prescribed in Paediatrics, SCIALOM A.

1. A new born who went to sleep while suckling at the breast and mother suffered from pains at the nipple. *Phellandrium* 9CH resolved the case in few days.

2. A boy of 8 months, with cough lasting 3 weeks. It emerged that this child was unwanted. The delivery was painful, the mother had a particular symptom during the labour; she was very thirsty (*Ars, Caul, Cham, Kali c.*). The cough disappeared in 2 or 3 days with *Caulophyllum*.

3. Six years young girl, had a croupy cough, which did not disturb her sleep: *Cyclamen* 9 CH cured the cough within 24h. (**CGH 2001; 7 in HOMEOPATHY, 91, 3/2002**.)

IV. Reflections on Materia Medica the left laterality of *Lycopodium*, the anguish of *Sulphur* and the psoric side of *Thuja*. Colin PHILIPPE.

Close study of Hahnemann's **Materia Medica Pura** and **Chronic Diseases** along with T.F. Allen's **Encyclopaedia of Pure Materia Medica**, sometimes reveals a picture which is different from the picture we currently have.

Lycopodium, has numerous left sided symptoms, in particular, headache, sore throat, abdominal or thoracic pain, shoulder or hip pain. The right sided sore throat is not pathogenetic, but only a clinical addition by HERING.

Sulphur is described by HAHNEMANN as depressed, indifferent, anxious as if going to die, having fixed ideas. The symptom optimism comes from GALLAVARDIN.

Thuja has numerous psoric symptoms: periodicity and morbid alternances are emphasized by Constantin HERING in a whole chapter of his **Guiding Symptoms** and are also found in HAHNEMANN's **Materia Medica** and T.F. ALLEN's **Encyclopaedia**. The obsessions of *Thuja* are in fact delusions, and are different from fixed ideas.

The author concludes that HAHNEMANN's work is too often underused. We should not confuse these clinical additions with the clinical verifications of pathogenetic symptoms. (**L'Homéopathie Européenne 2001: 5** in HOMEOPATHY, 91, 3/2002).

V. Light story of heavy headaches, CAMBONIE P.: 29 year- old manager consulted in 1997 for occipital headaches since childhood. Before sleeping, he always imagined a nightmare scenario; he imagined how he would react, and could sleep only when he had resolved his problem, as if he always needed to foresee the events. He often dreamed of accidents and falls.

Repertorization gave *Aconitum* as the main medicine. Single dose each of 200, then 1000 resolved this case. (**CGH 2001:5** in HOMEOPATHY, 91, 3/2002)

VI. Cobaltum or self-control. Maido de JAMBLINNE: The main psychic symptoms of this medicine are: great vivacity, increased desire for study, ability to do with less sleep, self-deprecation, condemned feeling, sensation as if guilty of some deed of which others know, delusion that he is a criminal, indisposition to mental and physical labour, disposition to lie down. The main problem seems to be the fear of not controlling one's strength.

The main physical symptoms are: Numerous kinds of headaches, itching of scalp at night, impotence and backache aggravated when sitting and improved when walking, standing or lying. (**Revue Belge d'Homéopathie 2001:3** in HOMEOPATHY, 91, 3/2002).

VII. Petroleum. A. COSTE: The main symptom of this medicine seems to be a need for stability. *Petroleum* is quarrelsome, refuses to talk, contrary, homesick, indolent and does not like to move, to work.

Some of the physical symptoms – Fever from vexation, appetite increased after stool, asthmatic respiration aggravated by cold air and an aversion to open air. (**Revue Belge d'Homéopathie 2001: 4** in HOMEOPATHY, 91, 3/2002).

VIII. Consequences of fear, SEROR, R. : 12 year-old boy suffered for 4 years from visual problem: his field of vision showed a concentric reduction. He was passive, absent-minded and had a blissful smile. All neurological tests were normal. These symptoms began after the explosion of a bomb. *Aconitum* was selected and 3 doses of 30CH given every 8 hour for one day only. One month later, this boy was cured, not only from his visual symptoms, but also from his blissful and distracted attitude. (**CGH 2001: 8** in HOMEOPATHY, 91, 3/2002).

IX. Opium and the stress of the modern life, DOMALAIN, MN.

1. 2 year old girl who had febrile convulsion followed by several hours of coma, and constipation with soft stools. Just before the pregnancy the mother suffered from several shocks, which she related without apparent emotion. *Opium* M was given; the constipation was cured and no more convulsions.

2. 4 month-old baby had eczema around the mouth *Sepia* did not help. The delivery had been very difficult, with an injection of *Morphine* before the epidural and foetal distress. After 3 doses of *Opium* (9, 15 & 30CH, one dose every day), the eczema was aggravated, but *Sepia* was very effective when prescribed afterwards.

While reviewing, the author says that two features may be encountered in a baby requiring this medicine; previous history of anaesthesia or epidural in the mother, or constipation with soft stools. (**L'Homéopathie Européenne 2002: 1** in HOMEOPATHY, 91, 3/2002).

X. Clinical case for the admission to the Société Belge d'Homéopathie L. SCHEEPERS.

38 year-old man had eczema on his hands and his arms. He was dissatisfied with his life, rejecting the things he longed for: a simple family is not enough he wanted his business to expand. He could not live in the present, he was restless, sentimental.

Between 1992 and 2001, *Kreosotum* was prescribed 12 times, curing the eczema and helping to change the life of this patient. (RBH 2002; 1 in HOMEOPATHY, 91, 3/2002)

XI. Spice for salts. J.ECHARD

1. Young girl with anxiety and depression, was afraid of death, was a perfectionist, was sad and jealous. *Kali arsenicosum* was given.

2. A nurse consulted for Colitis and anxiety; was a great perfectionist, afraid of disease and of germs. She wanted to be protected, having a feeling of fragility. This combination of symptoms of *Arsenicum album* and *Calcarea carbonica* led to a prescription of *Calcarea arsenicosa*.

3. The third clinical case: A woman who had symptoms of *Arsenicum album* and of *Cuprum metallicum*; she was cured by *Cuprum arsenicosum*. (CGH 2001; 10 in HOMEOPATHY, 91, 3/2002)

XII. First human clinical case J.PERICK. A woman suffered from after-effects of head injury. The main rubrics were: loss of memory after injuries, confusion of mind - location, indifference and apathy after concussion of brain, night sweat. The medicine was *Cicuta virosa*.

Cicuta is useful for convulsions, but also has other interesting symptoms: mental blanks, tendency for automatic actions, tendency to make mistakes about locations or about time.

This medicine is appropriate for sensitive individuals, who have high ideals about the future of mankind, but who are disappointed or shocked by the realities of society and human behaviour. (Les Echos du Centre Liegeois d'Homéopathie 2002; 87 in Homeopathy, 91, 3/2002)

XIII. NCH Conference. STEVENSON Sharon

About 400 NCH members attended the conference in Boston. It was a unique opportunity to sample more than 40 presentations, get hands on the latest books and software, speak to representatives of homœopathic schools and organizations.

Of war and peace: Remedies of the Papavaraceae family.

Report on a presentation by HERSHOFF Asa.

HERSHOFF contends that all of us contain an inherited "*Opium* miasm" because this drug was so widely used from cradle to grave in past eras.

Key words for the remedy *Opium* are chaos and confusion.

He explained some of the factors that might cause an *opium* state: Injury, drugs, alcohol, hypoxia, lead, sun, fumes, stroke, fear, shock, being humiliated, loss or grief, excess, joy, anger, death of someone especially a child, disappointed love:

It is a crucial remedy for violence, war, and terror.

Some of the mental/emotional and physical symptoms are given. (HT, 21, 10/2001)

XIV. At the NCH Annual conference in Boston, awards were presented: The Henry N.WILLIAMS Professional Service Award to Wyrth Post BAKER, M.D., D.Ht., and the Martha OELMAN Community Service Award to Harris Livermore COULTER Ph.D. – (Report by Sandra M.CHASE – HT, 21, 10/2001).

XV. Anti-depressants up – The Wall Street Journal on October 12, 2001, reported that since September 11, sales of anti-depressants are up 16% from the same period last year, and sales of drugs for anxiety and insomnia are up 7%. Individual physicians cited a 33% increase in prescriptions for "coping" drugs - many to patients who never would have requested them previously. Clearly, many are in need of help at this time.

Homœopathy has much to offer for these problems. Dr.Jonathan DAVIDSON, Professor of Psychiatry at Duke University found a 58% response rate with Homœopathy in patients who had failed conventional therapy. (DAVIDSON J.R.T.,MORRISON R.M., DAVIDSON, R.T., BEDAYN G., **Homeopathic Treatment of Anxiety and Depression, Alternative Therapies in Health and Medicine, 1997; 46-49**, HT, 21, 11/2001).

XVI. Kay COOPER writes Essential Tremor is an inherited movement disorder which can be socially isolating and incapacitating. It affects children as well as adults. The correspondent suffered from tremors and *Natrum muriaticum* has helped her a lot. There is a website for the International tremor Foundation: www.essentialtremor.org. (Letter to the Editor, HT, 21, 11/2001)

XVII. Jean HOAGLAND, writes: About the reprint article titled 'The value of Homœopathy in a Rural 'out clinic' in HT, 21, 7/2001: "The incredibly difficult practice Dr. May C. WHARTON had in Pleasant Hill, Tennessee, is depicted in a book called **Doctor Woman of the Cumberlands** by May Cravath WHARTON, M.D..... the book was out of print. ... If anyone is interested in this autobiography of Dr.WHARTON, used copies are available from Amazan.com's out of print list. ... I recommend the book to anyone who wants a good story."

[The small article from HT, 21, 7/2001 is given below. Surely, it will make you realize the 'great' work done by unknown people in remote places = KSS.]

[I found the following in the January 1938 Journal of the American Institute of Homœopathy. It was presented to the Southern Homœopathic Medical Association in October 1937. The author was a 1903 graduate of the Homœopathic Department of the University of Michigan at Ann Arbor. – JW]

It seems to me that a rural mountain out-clinic is the best test in the world for homœopathic remedies, though the most difficult for the doctor. Here is the clinic fifteen to twenty miles from a drug store; the homes from which the patients come the most humble; the resources of the families the meagerest; the education of the district the lowest; and most of all the bodies pitifully undernourished. Yet here is the clinic; fifteen to twenty people all needing help sorely and all faithfully expecting it. Some have come many miles. The doctor knows that these patients will not be seen for at least a week and probably not for several weeks. There is no opportunity of watching the action of drugs and following up constructively. There is little hope in prescribing diets or enemas for there is no way of getting the wherewithal to carry out the orders. One hand-out of medicine must do the work.

One feels almost hopeless in the face of such difficulties, yet here is where Homœopathy shines. Let me give a picture of just one such clinic. The day is rainy. The people must wait out under the trees for their turn and each by necessity must pass quickly before the doctor. No careful case records can be kept, but the highlights are noted. Here they come.

FIRST: Woman, age forty, acute early morning diarrhea, profuse, yellow, offensive; gagging without vomiting, whole abdomen sore with dragging down feeling, great depression of spirits, has had "bilious spells" often. One prescribes *Podophyllum* with complete assurance of the outcome.

SECOND: Boy of twelve months, teething, cross, won't eat, has to be carried, one cheek red, green stools with screaming, has had convulsion but is twitching now. Everyone would have prescribed *Chamomilla*, with the immediate good results this child had.

THIRD: Woman, age twenty-six, goitre, neck-measures fifteen and one-half inches, sense of choking, sagging feeling in uterus, teeth loose in sockets, protruding piles, easy to take cold. *Calc fluor* 6x was given four times a day with gradual improvement; sense of choking stopped. In six weeks neck-measure was fourteen and one-half inches. Relief of symptoms while the remedy was taken, with a permanent reduction of size.

FOURTH: Women, thirty-five, Pellagra recurring, lesions on both hands and arms, sore burning mouth, very nervous, diarrhea with great exhaustion and burning, beginning to have mental symptoms of fear and anxiety, dry cracked lips, midnight aggravation of neuritis pains in many nerves. *Arsenicum alb* 6x four times a day together with the giving of yeast and advice for simple change of diet accomplished wonders.

FIFTH: Women, age forty-five, irregular heart, "smothering" extreme dyspnea, pain from heart to clavicle, heart dilated, pulse intermittent, much perspiration. *Crataegus* tincture five to eight drops three times a day gave great improvement during the following weeks.

SIXTH: Boy, six years, "rising in head," ears discharge fetid pus, long-standing roaring in ears, boy emaciated, takes cold easily, sweats on head. *Silicea* 30 once a day for several weeks cleared this case up.

SEVENTH: Woman, age thirty-five, has six-month-old baby, breasts swollen hard, they throb, back aches. When child nurses, pain radiates all over body. *Phytolacca* tincture cured.

EIGHTH: Man, age fifty, Sciatica for a month, not following strain or accident, no rectal trouble, bruised pain relieved by gentle motion, worse from strenuous exercise, pain during rest, feeling numbness, depressed mental state, lack of strength, sleepless from nervousness. *Kali phos* 6X given every two hours brought gradual improvement.

NINTH: Baby, ten months, emaciated, no teeth, peevish, face pale, threatened convulsions, gums pale, wants to nurse all the time, enlarged tonsils, open fontanelles, bones soft, bow legs, neck thin, restless sleep. What more perfect picture of *Calc phos*! This given in 6X brought out the teeth almost immediately and improved general condition greatly.

TENTH: Four cases of enuresis: no special

symptoms, no apparent physical cause, no worms. Gave to one *Belladonna*, to one *Equisetum*, to one *Ferrum phos*, to the other *Sulphur*. None of them improved till I made an autogenous remedy from the urine of each when much benefit became apparent. Would like suggestions.

ELEVENTH: Husband and wife, twenty-seven and twenty-five years of age. Both with Gonorrhea Cystitis, thick white stringy discharge, non-irritating. Man had rheumatism in right knee, woman has swollen glands in neck. Not being able to see these patients for a long time, I wondered what was best to do. Gave *Kali mur* over a period of a few months with the result that the cases when next seen were much improved and went on to complete recovery.

TWELTH: Made detour on way home in order to see a woman who was in the last stages of Pellagra-so thin and with such terrific pain in the sciatic nerve that she had to be turned in a sheet. Distention of abdomen, painless diarrhea, gurgling with white stools, patient apathetic, bleeding gums, tongue swollen. I had nothing in my case that appealed to me for this patient but *Phosphoric acid* 30th. This I left, asking them to report soon and expecting to hear of her death any time. She was unable to eat except a little fruit juice so there was little one could do in the way of diet, though I left instructions in case she improved. I heard nothing from this case for seven weeks, when she walked into my office saying, "I reckon you don't know me, do you?" She looked perfectly well, full face, good strength and with no breaking out on her hands or arms and entirely rid of the sciatica. Pellagra has never returned. She was advised as to diet and followed rather well the directions. She felt this was a miracle as well as I.

THIRTEENTH: The only other miracle I have had lately was in the case of a child of three who was brought into the clinic one day. The mother said she was perfectly well except that she could not endure downward motion - cried as a baby when put down and as she grew older was nearly frantic when for any reason she was lowered into a bed or down in an elevator. I could think of only one remedy with this symptom and hesitated to use it for fear of disappointment. But one dose of *Boric acid* high [potency] did the work.

Now there has been absolutely nothing new or scientific or even instructive in the recital of these simple cases, but I am glad to give them as all in a day's work, to share with you the gladness and security which a lone homœopathic physician feels even if 100 miles from one of kindred faith. It is just such witness borne by others telling of their faith in the homœopathic remedy, and reciting their

successes, that has kept up my own faith in and loyalty to "Similia similibus curentur." (Letter to the Editor HT, 21, 11/2001)

XVIII. *Medorrhinum* – eine Arznei für "moderne" Kinder – zur Behandlung allergischer und neurösen Kinder (*Medorrhinum*

- a remedy for "modern" children – for treatment of allergic and nervous children) by Jutta GNAIGER-RATHMANNER and Mirjam BÖHLER: The authors reported 37 case histories to support their conclusion that *Medorrhinum* was a valuable children's remedy. Peter HEGEMANN writes in this connection (AHZ, 247, 5/2002) that he wouldn't include *Medorrhinum* in children's remedy; it is more indicative of older group. It is clear from the case-studies of 37 children that use of this remedy was more in terms of miasmatic stigma and inherited taints. Reality is that *Medorrhinum* is useful for older men and women. HEGEMANN says that a misunderstanding remains since long in the homœopathic literature. Sometimes *Medorrhinum* is viewed as an anti-sycotic Nosode and sometimes as a normal homœopathic medicine. This misunderstanding is because of poor understanding of Vol.I of Hahnemann's **Chronic Diseases**. There is a difference between acute Gonorrhoea and chronic Sycosis that arose from that. When a sycotic father has a child through a not necessarily sycotic mother, the child has the Sycosis. Then would develop, sometime during the course of the child's life, *Thuja* or *Medorrhinum* symptoms, either due to inoculations or antibiotics or other allopathic treatments or by itself. *Medorrhinum* can be given then if the symptoms like nail-biting, nappy rash, genupectoral position, infections come up. If the remedy is given rightly then the Sycosis goes away, never to return, the Sycosis has been treated. The organism then may go into the next inherited Miasm, Psora or Syphilis, and after treating the miasm that came on the third may come to surface which can then be treated accordingly. This may be called treating miasmatically. Each phase may extend over years and a person may thus become robust and well 70 years and more.

It may be particularly said that grinding teeth does not come under *Medorrhinum*, but *Tuberculinum* is probably the one there or the *Solanaccae*. The rubrics with striking, knocking and breaking, throwing are in *Tub.*, *Verat.*, *Stram.*, *Bell.*, *Tarent.*, and *Hyos*. With these finer distinguishing differentiation the right remedy may be chosen.

Prescribing on diagnosis – Allergies, Atopic or Behavioural Disorders – are

unhomœopathic, they are allopathic. In Homœopathy the medicine is given on the basis of symptom and the miasmatic back ground.

The author of the article under discussion, Dr.Jutta GNAIGER-RATHMANNER comments that in his work *Medorrhinum* is chosen as single homœopathic remedy. Behind every case cited there is sharply differential comparisons and sharp individualization. It has always been legitimate in Homœopathy to give clinical experience to supplement the Proving symptoms. *Medorrhinum* is to be considered as medicine for children in these times and is not mentioned as a "Children's Medicine".

Parents bring their children with a diagnosis already made and as physicians we have to take it or correct it. It is interesting to treat with lasting success in a clinical situation with a thorough homœopathic parameters. (AHZ, 247, 3/2002)

XIX. Healthy serenades: The tuneful displays of male songbirds are advertising the quality of their immune systems to attract a mate. Ecologists know that female songbirds go for males with the widest repertoire. And the offspring of great reed warblers, for example, have low mortality rates if the father has an extensive collection of tunes. Scientists from Curie University in Paris studied 38 different species of songbirds. They found that the size of the spleen, a measure of the immune system is closely linked to the size of the bird's repertoire. (The Hindu, Chennai, 13 April, 2000).

XX. Words work medical miracle: LONDON: Eleven words spoken by his best pal reportedly saved the English schoolboy, Alistair Bannon (8) by waking him from a two-week coma. All efforts to revive accident victim Alistair had failed until Mark McLaughlin visited, according to the The Sun. Mark (10) strolled up to his hospital bed and said: "Hello, ally. How are you doing? When are you coming home?" Doctors were stunned as Alistair snapped awake instantly. He leapt out of bed, ripped out the tubes that had been keeping him alive and walked from the ward, the tabloid said. His mother, Ms Denise BANNON (38), said: "It was a miracle, unbelievable." He must have recognized who was talking. He knew it was his little pal. I grabbed Mark and cuddled him for ages. He's my hero." – DPA (The Hindu, Chennai, 5 April 2000)

XXI. The perception of Homœopathy by Belgian paediatricians, SIMAR, J. The study involved a survey of 650 French speaking Belgian

paediatricians. 235 replies were received. 43% were against Homeopathy, 39% were in favour and 18% were puzzled or neutral.

The main criticisms were: The anti-immunisation behaviour of some homeopaths, their fees, their lack of co-operation as regards ward duties or data transmission and the lack of serious clinical homœopathic studies. Also that homeopaths have an inferiority complex towards allopaths. (RBH 2002; 3: in HOMEOPATHY, 91, 4/2002)

XXII. Causticum: E.DELENS: This medicine is to be thought of when we meet effects of suppressions: mental symptoms after suppressed eruptions, complaints from suppression of perspiration for example. The main physical symptoms are summarized: tearing or drawing pains muscular or tendinous contractions, local paralysis, constipation, involuntary micturitions, respiratory or rheumatoid symptoms, warts. (Les Echos du Centre Liégeois d'Homéopathie 2002: 88 in HOMEOPATHY, 91, 4/2002).

XXIII. Intolerance to pregnancy by G.COQUEREL. According to the author, intolerance to pregnancy means the incapacity or difficulty of the future mother coping with her social life and occupation. Along with information and an adequate environment, Homeopathy can help these women in some cases.

In cases of impending abortion, *Sabina* (useful also in placenta previa), *Sepia*, *Pulsatilla*, *Apis*, *Kalium carbonicum* (sense of duty), *Plumbum* (cannot find her words, materialistic) may be helpful.

In cases of unwanted children or transgenerational anxiety, *Opium*, *Veratrum album* or *Moschus* (secretive pregnancy), *Platina* (narcissism), *Sepia* or *Pulsatilla* (child wanted to replace the father), *Hura braziliensis* or *Phosphoricum acidum* (child wanted to replace previous dead child). (L'Homeopathie Européenne 2002; 2: in HOMEOPATHY, 91, 4/2002)

XXIV. Comocladia Dentata by M. ZALA. A clinical case is described: a 42-year-old woman who suffered from a chronic Cervico-brachial Neuralgia; she was deeply disappointed by her married life and sacrificed everything for her children and grandchildren. After an attack of Herpes corneae with a burning pain radiating from eye to occiput, *Comocladia dentata* was prescribed and resolved the case. The follow-up was 10 years. The **Materia Medica** of *Comocladia* is described:

troubles from disappointed love, eye pain extending to occiput, rheumatic pains in chest, neck, back, limbs, aggravated by warmth and rest, ameliorated by motion. There are also numerous skin symptoms: itching, swelling, small shiny scales, Herpes simplex and zoster. Pleasant, almost clairvoyant dreams.

Comocladia dentata resembles *Rhus toxicodendron* with its aggravation by rest, but *Comocladia* is aggravated by warmth whereas *Rhus* is aggravated by cold.

To conclude, *Comocladia* is a medicine of excessive motherly affection. (**L'Homéopathie Européenne 2002:3** in HOMEOPATHY, 91, 4/2002)

XXV. International drug regulators discuss Homeopathy by Sessan BEHJAT. The 10th International Conference on Drug Regulatory Authorities (ICDRA) was held in Hong Kong on June 2002. This is an important gathering of national drug regulatory authorities to discuss international harmonization of drug regulation all over the world. For the first time Homeopathy was included in the agenda and a paper '**Registration criteria of homeopathic medicinal products in UAE was presented.**

After discussion consensus was reached and the following draft recommendations were made.

WHO should co-operate with Member States to harmonize definitions of 'homeopathic medicinal products' and 'homeopathic tradition' in order to allow proper classification and identification of homeopathic products available in the national markets.

WHO should co-operate with government institutions in developing guidelines on the assessment of quality and safety of homeopathic medicines taking into account the heterogeneous origin of homeopathic starting materials (stocks) such as plants, animals and toxic metals. Special attention should be given to the assessment of products of animal/human origin.

WHO should co-operate with government institutions to establish recommendations for safe degrees of dilutions of homeopathic preparations such as preparations originating from toxic metals, toxic plants or from products of animal/human origin. A reference list of information resources on homeopathic medicines including official homeopathic pharmacopoeias should be made available.

WHO should develop information and provide guidance to government and NGOs for training of homeopathic medicine providers and to develop

information to consumers on how to make the best use (information on risks and indications) of homeopathic medicines.

Adverse Drug Reaction monitoring reporting for homeopathic medicines should be maintained.

Homeopathy will again be included in the 11th ICDRA!

(Sassan BEHJAT, Coordinator, Office of Complementary and Alternative Medicine, Ministry of Health, Abu Dhabi, United Arab Emirates. E-mail: sbehjat@moh.gov.ae) - (in HOMEOPATHY, 91, 4/2002).

XXVI. Obituaries: Dr.Francisco EIZAYAGA – born 23 Jan. 1921 – he became known throughout the world as an authority in homeopathic medicine, a physician of absolute moral integrity and dedicated to teaching. Graduated from the University of Buenos Aires and in 1949 and 50, studied Homeopathy in the Asociación Médica Homeopática Argentina. In 1972, he published his 'Treatise of Homeopathic Medicine'. Another noteworthy publication was Kent's modern repertory. **He radiated optimism and confidence in homeopathic therapeutics, based on the results of clinical observation.** He has given over 350 seminars and taught how to learn from clinical work, which he sought to systemize. **He was a loyal defender of the best clinical tradition of Homeopathy, and was against what he considered to be theoretical and philosophical abuses.** He transmitted his knowledge unflinching to many young followers. Dr.EIZAYAGA died on 26th June 2001 - (HOMEOPATHY, 91, 4/2002).

Dr.Robin Gordon GIBSON – born on 2 November 1931. he graduated in dentistry from Edinburgh University in 1955 and in 1960 from Medical faculty of the University of Glasgow. While still at school, Robin had come across Homeopathy in the National Library in Edinburgh and 10 years later he began to study it in earnest. He became a consultant in 1972 at Glasgow Homeopathic Hospital.

Robin masterminded the first clinical trial of Homeopathy in Britain, comparing Homeopathy with Aspirin in Rheumatoid Arthritis. Robin also investigated many other aspects of complementary Medicine, including the Australian Bush Essences, hypnosis, neurolinguistic programming and other aspects of psycho therapy, the use of natural progesterone instead of HRT and more recently bio-energetic therapies aimed at balancing and harmonizing the energy fields of the body. He died on 14 March 2002. – (HOMEOPATHY, 91, 4/2002).

XXVII. Full day Fourth Quarterly Special Seminar on Dec. 8th 2002 at Don Bosco School, New Delhi. (Vital Informer, Jan. 2003.) Some Extracts: Depressed Mood and Depressive Disorder are two different things i.e. the former leads to anxiety < in the morning and Insomnia etc. whereas the latter amounts to feeling of worthlessness and it may be categorised as
(a) Affective Depressive Disorders and
(b) Non-affective Depressive Disorders.

He quoted the case of a fifty year old patient who was suffering from mental disorder consequent to fear caused by the delusion of a ghost in the living room leading to sudden uncontrolled micturition. Since then he was suffering from depression. 1 dose of *Aconite* restored the patient to normal health.

2. A child with Syphilis was cured of Depressive Disorder with a dose of *Syphilinum* in 0/2. In case of background of rabies – 1 dose of *Hydrophobinum (Lyssin)* 30. Chronic headache with a history of dogbite temporarily improved with indicated remedy but a dose of *Hydrophobinum* cured him.

A child spat on him soon after entering his clinic without rhyme or reason. The mother said the child has been spitting like this for the past 2½ years. A dose of *Hydrophobinum* 30 cured the child.

A child who was observed killing ants: a dose of *Abrotanum*, overcame his habit of cruelty. Sharing his experience with Dr.Nair M.D., Dr.Gupta said that their study revealed that homœopathic medicines if given alongwith allopathic treatment also work. If the patient is subject to homœopathic treatment there will be quantum jump in the progress. The patient may be allowed to continue with their medicines allopathic drugs/Steroids alongwith homœopathic drugs.

A boy with seizure every 10 minutes with a history of head injury and a dog bite. He was treated with a dose of *Natrum sulphuricum* followed by a dose of *Lyssin* 30. 18 year old girl cured of Alopecia with no other particular symptom with *Fluoricum acid* 30. A patient always looking down cured with *Magnesium carbonicum*. An accident victim, grafting of the injured parts of the body without response to the hospital treatment cured with repeated doses of *Calendula* 30.

DR.RASTOGI:

Repertory is nothing but the arrangement of vast symptoms of drugs in a retrievable manner. Repertory is a tool. **Materia Medica** must be

referred and it plays a decisive role in each case.

1. A lady with Insomnia and unbearable pain in left scapular region. There was no growth. She was irritable. A dose of *Grindelia* relieved her sufferings.

2. A patient suffering from blepharospasm in both eyes with photophobia cured with *Euphrasia*.

3. Nasal discharge while eating was treated with *Trombidium* 30 after referring to Murphy's Repertory.

4. A young girl having Warts on genitals with itching was cured with *Sabina* 30 for 15 days.

5. A child whose hair was sensitive to combing was treated with *Cina*.

6. *Nux vomica* and *Pulsatilla* have similarities but *Nux* is a chilly remedy and has a desire to hurt others whereas *Puls* is a warm remedy.

7. For Sinusitis with nose blocked, vertigo < rising < cold weather *Nux vomica*.

Right side double vision where *Gels* and *Caust*.

failed *Curare* in LM potency (0/1 during first week and 0/2 second week)

In case of fibrous joint with dragging in females, *Guaiacum* is the remedy.

XVIII. Seminar "Homoopathische Behandlung bei metastasierenden Mammakarzinomen" am 13.10.2001 im DKFZ Heidelberg. (Seminar on homœopathic treatment of metastising Mammary Carcinomas on 13.10.2001 in the German Cancer Research Centre, Heidelberg) (AHZ, 247, 5/2002). It is gratifying that the main school and Homœopathy are coming together with the aim that they accept each other in the better interests of the patients. This was not possible 10 years ago, said Prof. Mr. GERHARD, one reason being that there was no homœopath to take part in such venture. The enthusiasm and interest shown by Dr.SPINEDI in this connection was recalled. One of such persons who took part early was Uwe FRIERICH who three years ago gave homœopathic medicinal support to metastising Mammary Carcinoma cases in the University Women's Clinic, Heidelberg. This experience was the major content discussed in this Seminar.

Uwe FRIEDRICH's method is influenced by the Indian Dr.RAMAKRISHNAN who has claimed to have treated 4000 Cancer patients. RAMAKRISHNAN has standarised his concept and has been using the "plussing method".

XIX. Dr.Gerhard BLEUL has drawn up a

Project for documentation of all new Remedy Provings including toxicological observations and clinical experiences. (Institut für Homöopathie (InHom) (AHZ, 247, 5/2002)

These would include

1. All English and German language proving of new remedies published from January 2002.
2. Evaluation according to certain standards,
3. Obtain full details and Proving Books and archiving them.
4. Publication of these in writing and electronically (Internet)
5. The journal sources that would be referred to in this regard are:
 - Homöopathie in Österreich
 - Homöopathie- Zeitschrift
 - Homöopathische Einblicke
 - Similia
 - Homöopathic Links
 - AHZ
 - ZKH
6. Maintain Databank.

XXX. WHO and LMHI working together (AHZ, 247, 5/2002): From May 2002 WHO and the LMHI have formed into an organisation in Genf. The LMHI is to take part in three WHO projects. According to WHO, Homœopathy comes under CAM (Complementary and Alternative Medicine).

XXXI. Hospital gets Homœopathic in-patient Service, TOROK Leonard. J. (HT, 22, 1/2002). After 2 years of preparation, the Wadsworth-Rittman Hospital in Wadsworth, Ohio, has a homœopathic service. Homœopathy is starting to be accepted in a few U.S. hospitals. This article explains the establishment of Homœopathy in the hospital.

XXXII. Seminar Review – of Alfons GEUKENS Chicago IL June 28 – July 1, 2001 by CHASE Sandra. M. (HT, 22, 1/2002) Homœopathic prescribing for serious physical pathology was a video case tour de force presented by Dr.Alfons GEUKENS of Belgium. He emphasized on the totality of the case, rather than just taking the symptoms until we see a remedy and then prescribing. The practitioner has to decide whether the individual's case is constitutional or situational. In the former instance, the patient's constitutional remedy had been there at the beginning and is that for which he/she remains in need throughout life. In the latter instance, the condition dated back to a situation. Dr.GEUKENS said what HAHNEMANN said as Chronic Disease was the same which KENT called constitutional.

In the 4 day – Seminar, Dr.GEUKENS presented few Video Cases. He can be contacted at – homœopathisch.centrum.hechtel@skynet.be

XXXIII. A correspondent, Deborah HAYES writes (HT, 22, 1/2002) with regarding to the debate on “Homœopathy versus Speculative Medicine” in the October 2001 issue of the HT: “.... I completed a four year course in San Francisco at the Institute of Classical Homœopathy. there are places where Hahnemann's principles are taught in detail, and adherence to his method is considered of paramount importance. I have seen repeated successes in the treatment given in the Institute's free community clinic. Here students put into practice the skills of the unprejudiced observer in case taking, the careful analysis of the case in terms of the totality of striking, individualizing characteristics, the accurate repertorization of the case to select the one remedy that fits the case, and the study of the **Materia Medica** to confirm it. No speculation here! ...I see the effectiveness of applying the methodology taught by Hahnemann – it works even for a beginner!”

XXXIV. From the President, the National Centre for Homœopathy, (NCH), USA, Creating Standards and competencies for homœopathic practice (HT, 22, 2/2002): The establishment of standards for the professional practice of Homœopathy strengthens the Homœopathic community by creating greater unity in the profession and has important implications and benefits for the interdependent components of the Homœopathic community – schools, accreditation organizations, certification boards, and professional organizations. These standards can eventually lay the ground-work for the recognition of an independent profession of Homœopathy in the United States.

In January 2000, the **Council on Homœopathic Education** held a summit in New Jersey from various key homœopathic organizations in North America and the final document was to be ready soon.

XXXV. Report – NCH Annual Conference April 2001 – PHILPOTT Denise (HT, 22, 2/2002): BELLO Lia made a presentation on the creative use of remedies. She intrigued the listeners with stories and examples of her own and others' experiences using Homœopathy in innumerable afflictions, giving details of remedies for all manner of acute and chronic diseases, including emergencies.

XXXVI. On miasms: An interview with Will TAYLOR by Dana ULLMAN (HT, 22, 3/2002). Many consider an appreciation of the chronic miasms irrelevant to daily practice because of misunderstanding. The topic of miasms has not been effectively elaborated upon by the classical authors. BOENNINGHAUSEN related: "It may be unquestionably received as an axiom that we must first know an evil accurately before we are able to give any effectual aid against it". Thus an understanding of the chronic miasms becomes essential to effectively treat acute problems. In his practice everyone seen for any chronic or recurring complaint are given a miasmatic remedy. HAHNEMANN's Chronic Diseases must be read carefully and thoroughly. It is a 'dense' book and requires careful reading.

XXXVII. The Homœopathic treatment of eating disorders. Reported by LAMPE Kristy (HT, 22, 3/2002)

ALLISON Maslan gave some excellent insights on the role of Homœopathy in the successful treatment of these disorders. Babies that do not receive love, nurturing, touch and encouragement seldom develop healthy views of themselves. They have no healthy way of soothing themselves and often learn to use food behaviours as a way of controlling chaotic environments.

The patient's susceptibility is what causes the background trauma to develop into eating disorders. In other individuals, similar childhood traumas could result in completely different types of compulsions. In each case, the homœopath must treat the total patient including what Rajan SANKARAN calls the delusion that is central to that patient's case.

She gives a list of 50 of the most important anorexia remedies. While analyzing the case, 'what is the wound that needs to be healed is thought of? She uses Jan SCHOLTEN's new theory of Homœopathy and the periodic table in her analysis.

A video case with follow-up was presented.

XXXVIII. In the Editorial of SIM, XV, 3/2002 Titled 'A question of Balance', the Editor, Neil TESSLER attempts to justify the 'new trends' in Homœopathy. For the past three years there have been strong criticisms from several homœopaths, about teaching of what they call as 'speculative' as against facts, 'themes', 'periodic table' as a sure indicator of the Simillimum, 'signatures' as a sound technique of remedy selection (without bothering about Provings), stressing most on 'delusions', 'dreams', prescribing on 'mentals' alone, etc.

There have been in certain letters, rather unnecessarily harsh statements. Many of these arguments, from both sides appeared in the '**Homœopathy Today**' (Journal of the 'National Centre of Homœopathy', USA), the '**Simillimum**' (Journal of the Homœopathic Academy of Naturopathic Physicians, USA), the '**Journal of the American Institute of Homœopathy**'. Some articles have appeared in the German Journals too. The International journal – **Homœopathic Links** - is in the hands of the 'new trend' homœopaths.

When the 'Editor' of the **Simillimum** insisted that the articles for their journal should be only those which fulfill the 'classical' methodology and not the 'new trends', there was a big cry and many members (of HANP) threatened to quit and ultimately the Editor Barbara OSAWA and Peter WRIGHT resigned giving way to new set up who would be 'liberal' and allow 'new trends' in the **Simillimum**.

It is in this background that the Editorial in this number of **Simillimum** has been written. I will give only few extracts from this: "... As students and practitioners of Homœopathy, why demonize or recoil from the new insights of brilliant thinkers in art field? We may at first react skeptically; be critical, discerning, and curious. We might choose to stick to the methods with which we are comfortable. However, new knowledge in Homœopathy will continue to arise and must be allowed to prove itself." "On the other hand, the incessant use of the term 'science' by the most conservative homœopaths, as if it is their exclusive province, suggests that purity casts a shadow." [Pure indeed. HAHNEMANN spoke of 'Pure **Materia Medica**', 'pure effects' = KSS.] "I would think most homœopaths discover that working with a system encompassing the person on a whole leads to an awareness of relationships spreading out in many directions. Besides a healing system, Homœopathy leads to a healing perspective where boundaries blur between science, art and philosophy. Thinking homœopathically, a unitary accommodating view of life is gained." [That is true = K.S.S.] "While some homœopathic conservatives resent the occasional characterization of their arguments as 'theological', it is hard to escape consideration of the metaphor. The very use of the term "pure reinforces the impression of an elite wishing to pressure Homœopathy against heresy practiced in its name. [That seems to be so. Is it wrong to keep it 'pure'? Is it liberal to allow inflow which would pollute the purity? **Surely if we agree for the 'signature', why not Anthroposophy and accept PARACELSUS as our Founder and leave HAHNEMANN? = KSS].**

Neil TESSLER says that while ordering systems such as kingdoms are theoretical structures, rather than pure observations of nature, yet it is also true that these theories are insights derived from erudite reflection on verified **Materia Medica**, supported by careful study of the Repertory [Are 'reflections' and 'insights' facts? = KSS].

Neil TESSLER recalls that the masthead of **Simillimum** was “**dedicated to the practice of Homœopathy as formulated by Samuel HAHNEMANN in the Organon of Medicine**” [The **Simillimum** still has the same Masthead = KSS] but that we should not therefore be conservative but have “a generally more open approach” and allow the many valuable success with **Materia Medica** and methodologies” should be heard. [We hope that with this liberality the ‘**Simillimum**’ does not become another ‘**Homœopathic Links**’ soon = KSS]

In the next 30 pages Richard MOSKOWITZ’s interesting article. Dr.MOSKOWITZ concludes that both – the ‘conservatives’ and the ‘innovators’ need the other far more than the rest of Medicine needs us either as a whole or in part And agree to disagree as we seem to have to.”

XXXIX. The Art and Science of Homœopathy – An Interview with David MUNDY by Jenny CALOGEROS-SMITH. (SIM, XV, 3/2002): David MUNDY is a British homœopath who teaches post-graduation. In this Interview he speaks mostly, in response to questions raised by the Interviewer, about the new trends – Delusions, Themes, Signatures, etc. MUNDY says rightly that there has always been divisions and disagreements amongst homœopaths. He stresses that the homœopath must be well grounded in the fundamental philosophy and principles of Homœopathy so he is able to push the boundaries of Homœopathy. He also says that for strict individualization one needs vast knowledge of **Materia Medica**, Repertory and the ability to recognize strange, rare, peculiar symptoms. Life experience is important. It takes time to become a homœopath. That process takes place over a number of years, and it is never finished.

In his experience, MUNDY has found that SCHOLTEN’s method works and he could cite many cases of his.

MUNDY also says that synchronistic occurrences are part of the joy of Homœopathy. He recalls a lady who fell on spikes pierced her lung and she did well from *Hypericum*. The simple fact was that she needed *Hypericum* even before she fell on the spikes. So the potential is there and that’s

why we do attract recurrent situations in our lives. It is about recognizing synchronistic happenings when they are happening. One of the fascinating cases of synchronicity: a Diamond case. A female patient whose case worked out to Diamond which was sent and she took it without knowing what the remedy was. After that she did a guided meditation. In this meditation she met her older self and went into the center of the earth where there were diamonds and then diamonds were coming out of the sky. She even had a diamond tattooed on her finger. When she got engaged she didn’t like to be associated with the cruelty of the diamond mines. So both she and her fiancé had had a diamond tattooed. This she had not told the prescriber at any time of her treatment over a period of one year. Once she had that remedy it all become revealed.

MUNDY concludes that Homœopathy is the most difficult and time-consuming therapy; it’s hard work, but on its other side it is the most rewarding system known.

[It is unfortunate that there is no stress on study of **Materia Medica**. Repertory and Rubrics are the most often spelt literature, in these and other modern writings. Many **Materia Medicas** are built from the repertory rubrics. This is putting the Cart before the horse. It may seem novel, may be the cart may even move, but is it alright? = KSS]

XL. The Courage to go Ahead: An interview with Divya CHHABRA – Interviewed by Neil TESSLER (SIM, XV, 4/2002): This is a **very interesting** ‘Interview’ where Divya CHHABRA explains many things about the methodologies of the ‘Innovators’ i.e. those who speak in terms of Dreams, Delusions, Themes, Signatures, Periodic Table and of new remedies like Plutonium, Neon, Hydrogen etc.

At the end of the Interview speaking of the ‘Innovators vs Classicists’ she says: “I think that the fundamental root behind this is, on one side, the fear of change that we collectively as human beings have. We are afraid of the unknown, primarily because we are not sure that we, individually, can cope with the unknown. That is why from time immemorial people who suggest something new are initially always criticized, before people have the courage to go ahead and join them ... if we do not innovate, grow, we will stagnate. People who are innovating today are responsible people, whose goals in their lives are to cure their patients. In that struggle, in the struggle of their failures they are coming out with new ideas.... So you innovate, you grow, and what is not true, you and other

people can try, use and discard. That's the idea of growth and growing together."

XLI. Divya CHHABRA Seminar, Vancouver, BC 2002. Reviewed by Ian R.LUEPKER. (SIM XV, 4/2002): Divya CHHABRA wants to discover the inner feeling, the core delusion, which ultimately interlinks all of the patient's mental, emotional and physical expressions. She uses the image of a spiral with a series of three interconnected circles to find her way to the root through the patient's entire experience of the world and is expressed in every aspect of that story. She invokes the classical psycho-analytic method of free association. Through the use of the free association, she invites the unconscious its own language.

A homœopathic Interview conducted according to Divya's method may take 3-4 hours.

XLII. Discussion has been going on in the AJHM (Vol. 95, 4/2002) regarding scientific proofs about Homœopathy's efficacy. A correspondent Givon ZIRKIND, writes (AJHM, 95, 4/2002) rightly that no research would convince the conventional doctors to capitulate and agree that Homœopathy is efficacious. "Science is not as scientific as we would like to believe". It should not be forgotten that since the inception of Homœopathy, homœopaths were treating epidemic diseases with extremely high cure rates of 97-100%. Ad. LIPPE challenged that if a full blown Diphtheria was brought to him at whatever stage and if it was untreated by conventional medicine or anyone he would cure it with a single dose of a single medicine! People have seen him do it. Even today homœopaths are doing wonderful work everywhere yet the conventionals scorn them. To promote Homœopathy those who support it have to argue according to appropriate rules of debate. The debate against Homœopathy is not based upon experimentation and efficacy. It is based upon irrational logic and must be exposed as such.

XLIII. "Homœopathic Asthma Study questioned" (AJHM, 95, 4/2002). In the **Journal of Family Practice** Dr. Mitchell FLEISHER wrote in response an article that appeared in that Journal which was a review of the results obtained in a study on Asthma which appeared in the **British Medical Journal (BMJ 2002: 324:520-3)**. In that study 242 subjects with Asthma with allergy to house dust, were given *House Dust* 30 three doses or placebo. In the end of 16 weeks, it was concluded that the *House Dust* 30 did not show any 'significant improvement' over placebo, and

therefore "oral homœopathic immuno-therapy could not be recommended or supplemented" our effective pharmacologic agents in the treatment of Asthma.

Dr. Mitchell FLEISHER responded to this pointing out the difference between Isopathy and Homœopathy; and that homœopathic medication means a medicine selected on the totality of the individualized characteristic physical, emotional and mental symptomatology. There is therefore a need for the conventional practitioners to undergo introductory courses of homœopathic medicines.

XLIV. Controversy in Homœopathy: Homœopathy vs Speculative Medicine (AJHM, 95, 3/2002; 95, 4/2002; 96, 2/2003): Since nearly three years a major controversy has been going on which has reached to personal attacks once or twice; however, the general discussion has been interesting and kept above personalities. The controversy that was carried on in the **Homœopathy Today** (Journal of the National Center for Homeopathy, USA), the **Simillimum** (Journal of the Homœopathic Academy of Naturopathic Physicians, USA) have already been covered in the QHD Vol. XX Nos. 1 & 2/2003. However the **American Journal of Homœopathic Medicine**, has opened its pages for airing the views of both sides. The full text of the arguments of the so-called 'anti-new trends' or 'anti innovations' have been spelled out in an explanatory essay 'Magic or Science?' published in the AJHM 96, 2/2003, to which is appended a 'declaration' signed by 40 homœopaths across the globe.

In this connection George DIMITRIADIS writes with profuse quotes and source references from HAHNEMANN, against the current 'trends'.

Julian WINSTON whose Editorial in the HT, December 2000 started the controversy clarifies why he wrote so. There have been, in the past, many wellknown homœopaths including GUTMAN, WHITMONT who used radionic machines for diagnosis. What is more objectionable in the present 'trendy' Homœopathy is the 'cured' cases with new remedies whose **Materia Medica** are based on their 'signature', themes, and the inclusion of such information in the Repertory.

[There are those who want 'peace' with the 'innovators' and advice to maintain 'unity in diversity'. Should unity be maintained at all costs? Even sacrificing the very ground ? = KSS]

Mark BROODY writes (AJHM, 95, 4/2002) that when innovations occur, there is always a conservative backlash. Creativity destroys the old and the old is deeply cherished. The history of

Science has been manned by reactionary villifications of those proposing new ideas. Whether the new ideas will become a useful supplement to our armamentarium of clinical tools or not perhaps too early to tell.

Joel SHEPERD writes (AHJM, 95, 4/2002) That in the past American homœopaths had conflicts with practitioners who wanted to prescribe by diagnosis of a disease name based on pathology. Now there is conflict with those who want to prescribe by diagnosis of a category name based on commonalities. These new "category diagnoses" include: 1) Ordinary chemical or element categories as a diagnosis, such as a 'halogen type'; 2) animal, plant or mineral "family categories" as a diagnosis, such as "snakeness"; 3) Interpretation of psychological symbolism as a diagnosis, such as "courage like a lion". Prescribing based on these preconceived named entities is using the same methodology as prescribing by traditional disease names. HAHNEMANN spoke against all preconceived categories. Only the perceptible signs and symptoms and circumstances are verifiable. Group provings are exactly contrary to the intent of Provings. The unique characteristics of each person are easily lost in the collective resonance. HAHNEMANN starts with the sensory experiences, both subjective and objective; he starts with the perceptible signs and symptoms, and ends with all that is needed to be known about how to cure the whole disease process. Symbols and theories are not more deep or more profound. They are just more intellectual. Sensory phenomena are the only practical and reliable guide. This is still today considered a radical frame of reference in Science. Instead of seeing the sensory phenomena first and last as did HAHNEMANN, some modern homœopaths want to explain away the meaning of the experiences, and then apply their theoretical interpretations to the phenomena.

XLV. Forum: What Constitutes a Cure: (AJHM, 95, 3/2003) Larry MALERBA, Richard HILTNER, Bernardo A, MERIZALDE constituted the panel to discuss this question. Some of the questions that were posed to the main question 'what constitutes a cure?' are: Should there be a different criteria to define cure in respect of an acute case versus, chronic one? Are we justified using the term when the corresponding allopathic diagnosis has been fully resolved? Does a person have to be well from inside out and on all levels - physical, mental, and emotional? Is it a life long process? Is it possible to so clearly define the complex nature of health, disease, and cure?

The views of the Panel are very interesting [In his Introduction to *China* in the **Materia Medica Pura** HAHNEMANN clearly says what he meant by "cure". It is a "recovery undisturbed by after-sufferings." = KSS]

XLVI. Hahnemann Monument Restoration Project of the American Institute of Homeopathy. (AJHM, 95,4/2002), Sandra M. CHASE, reports that this Project is for the **American Institute of Homeopathy** to acquire funds to underwrite the renovation of the world's largest and most beautiful memorial to the medical world's innovative Founder. The goal is for \$30,000.00. A net fund of over \$20,000 has already been acquired. Donations have been received from overseas too. Donations may be made to the **American Institute of Homeopathy Foundation** designating the Hahnemann Monument as its purpose, and mail it to the AIH Hahnemann Monument Preservation Committee, 10418 Whitehead Street, Fairfax, Virginia 22030.

XLVII. Very interesting information is furnished by Chris ELITHORP about Charles Henry NIEHAUS (1855-1935) who was the sculptor of the Hahnemann Monument in Washington D.C., USA. (AJHM, 95,4/2002): Time has obscured the great sculptor. The tours for German visitors in D.C. have a website which includes the Hahnemann Monument. In 1895 NIEHAUS's sketch model of the Hahnemann Monument was chosen from submissions from America and Europe by the Sculptors' Society Committee. The model was considered an "exceptionally engaging work, and so fine is the sketch model that it has been given permanent placement in the Cincinnati Museum of Art.

NIEHAUS received many public commissions.

The beautiful sketch model of the Hahnemann Monument by NIEHAUS is, at present, unlocatable and its whereabouts are unknown.

XLVIII. Finding the innermost state through the circle - Inspiration and compelling teaching from Divya CHHABRA. Report by Penny EDWARDS (HOM, 84/2002)

Divya advocates two things to be done in Homeopathy today: First we need to get to the patient's deepest inner state, and secondly, we need to have a secure knowledge of remedies, in order to prescribe successfully to match this state.

What we must determine is: What are the **expressions** of the case, and what is the feeling of the case. Symptoms are representative of the feeling. The problem is, in different situations, the

feeling would be represented in a different way. Expressions can be the same in different people, but the inner feelings can be different and the only successful prescription comes from prescribing for the individual's inner feeling.

Certain words are repeated often, certain words are conveyed in a way not heard before. Also highly significant is any spontaneously denied feeling. By asking to tell more about the word repeated often, patient's deeper state is revealed. One more way is the **Freud's** technique of 'free association' to understand the patient at the deepest level.

A large part of each case lies within the subconscious and/or the unconscious. These are the parts that you don't want to accept in your consciousness, or that you can't change through a matter of Will. Depth of pathology increases when unacceptable ideas are forced into the unconscious, they seek expression elsewhere (in pathology).

Underline the expressions, 'feelings' and pick them up and arrange them in circles. Expressions – more refined expressions - feelings – rubrics – repertorisation – compare **Materia Medica**.

Divya has done something, which has never been done before, that is doing a potency proving. Provers took *Natrum muriaticum* and *Calcarea carbonicum* in potencies from 30c to 50M, and has come to certain conclusions. For e.g. Fear of dog at 30c is not so intense, which means that the person can express the fear and still live a normal life. In a person who needs 1M, however it is difficult for them to cope with the fear, and to continue their normal life, as it is even present. The 200c person, will get into the situation which creates the problem, and then feel they have to prevent it going any further: feeling "I should never have done that".

The clues to a state requiring 1M are found in the language, which is more intense than the 200c. They express more denial, in avoiding or preventing situations: "I would never, I have never ..." or I am very it is very The 10M state expresses this more intensely still.

In her next seminar, she dealt with the *Strontium* line, *Baryta* line and presented cases of each remedy along the line. She cautions that until we have any provings, or cured cases, her ideas are only speculation.

Healing, she says, is not a one time prescription, it is a process. When every aspect of the case is tied in one thread together, when everything is explained by the group of symptoms, when whatever the patient says can be seen in the remedy, confidence is instilled.

XLIX. Letters – Ralf JEUTTER (HOM, 84/2002) The author joins a debate on what the official 'face' of Homeopathy should be. The situation for a new student of Homœopathy is confusing because of few reasons.

The modern teaching brings about revolutionary approach and innovative thinking. If we do indeed operate according to timeless principles, then the need for innovation is nonsense.

The feeling that we have to change according to modern needs shows that we don't root ourselves anymore in the full history of Homeopathy.

Modern journals, conference programmes and seminars do not give an impression that Hahnemann's writings are bed rock for these.

Not much of Hahnemannian **Organon** or **Materia Medica** provings are taught in the colleges nowadays.

The genuine confidence as practitioners comes much more from a clear understanding of what Homeopathy is, of what it can do, and how we can do it and not by the "need at our own level of self-understanding".

L. The management of acute diseases during the treatment of deep chronic cases – an overview of a Seminar by Farokh MASTER – review by Heloise MOORE (HOM, 83/2001)

The correct management of acute disease occurring during the treatment of chronic (miasmatic) diseases is essential for the eventual cure of the patient. An acute remedy according to the presenting totality is required in episodes of relapsing nature or periodicity.

Prescribing the constitutional medicine in the prodromal phase of an acute disease prevents it from developing.

In the event of the absence of a clear picture either Nosodes, organ medicines or pathological prescribing can be used.

E.g.:

Staphylococcinum in Myocardial infarction.

Bacillus No.7 in Cardiac arrest.

Streptococcus hemolyticus in acute Endocarditis.

Paratyphoidinum B in acute Gastro-enteritis.

Secale cornutum in acute Haemorrhages.

Four video cases are presented.

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. **AJHM:** American Journal of Homeopathic Medicine formerly Journal of the American Institute of Homeopathy(JAIH) 801 N. Fairfax Street, Suite 306, Alexandria, VA 22314.
3. **HL:** Homœopathic Links, Homœopathic Research and Charities, F/2, Saraswat Colony, Saraswati Road Ext., Anusaya Road, Off Niwas Path, Lane Opp. To HDFC Bank, Linking Road, Santa Cruz(W), MUMBAI – 400 054.
4. **HOMŒOPATHY:** Formerly British Homœopathic Journal (BHJ), Publisher, Elsevier Ltd.,The Boulevard, Langford Lane, Kidlington, Oxford OX5 1GB, U.K.
5. **HT:** Homœopathy Today, National Center for Homœopathy, 801, North Fairfax Street, Suite 306, ALEXANDRIA, VA. 22314, USA.
6. **HOM:** The Homœopath, The Society of Homœopaths, 4a, Artizan Road, NORTHAMPTON, NN1, 4HU.
7. **SIM:** Simillimum, The Journal of the Homœopathic Academy of Naturopathic Physicians, 1412 W. Washington St., Boise, ID 83702, USA.
8. **VI:** Vital Informer, ED-94, Tagore Garden, NEW DELHI – 110 027.
9. **ZKH:** Zeitschrift für Klassische Homöopathie, Karl F. Haug Verlag, HEIDELBERG, GERMANY.

PART II

(This section contains abstracts/extracts from selected articles; even the entire article in some cases)

1. Homœopathic prescribing and oppressing the child within.
Libby de MARTELLY (JAIH, VOL.82, 1/89)

Homœopathic prescribing for persons in emotional distress can be potentially suppressive which could be most unfair to the homœopathic client. From my current perspective, based on several profound healing experiences, I have noticed that many Materia Medica descriptions of remedies are highly judgmental and only quasi objective. Very subtle assumptions are made in homœopathic circles that emotional expressions are considered and referred to as symptoms. Symptoms imply sickness.

It is natural for human beings to express themselves in reaction to events using their emotions. Those expressions are not necessarily symptoms. It can also be quite natural for human beings to suppress those reactions if the environment at the time is not safe enough to allow that expression. Such suppression could be quite survival oriented and, therefore, healthy.

There is a fine and sometimes vague distinction between health and disease. In food poisoning, for example, there is usually vomiting as the stomach attempts to purge itself. Is one sick to be vomiting or is one well to be expelling the poison?

Characteristics of persons are often described in **Materia Medica**s with judgement rather than as factual observations of a person's unique adaptation (reaction) to that person's unique past and current experiences.

Adaptations are always appropriate within the context of what kinds of resources have been available to the individual. This is not to say the adaptation itself is without harm to the individual or others with whom the individual has contact.

Adaptation can be variously viewed. Take the Nobel Prize winning work of Otto WARBURG in cellular respiration. Taking normal somatic body cells and reducing the oxygen

pressure 35% changes those cells into anaerobically respiring primitive life with very little efficiency to do anything more than to reproduce itself. The normal cells do not die—they adapt to the oxygen deprivation in an attempt to survive. Life always attempts towards itself. Yet Otto WARBURG'S new cells are termed Cancer cells!

If remedies are prescribed with the intention of physiologically supporting the individual and not as an attempt to fix one's custom designed adaptive capacities, then I believe that Homœopathy is practiced ethically. But all too often remedies are prescribed with an unconscious attempt to fix an assumed sick emotional expression – to quiet certain emotions which represent a story begging to be heard. For the person to alter in a whole and healthy fashion, the story needs to be heard by a safe human witness. The ultimate sense of protection is derived by safe human contact, by a human ally, not a medicinal agent.

Let's look at *Arsenicum album* which is described in the **Materia Medica**s as "self-centered", "selfish", and "demanding" terms which have negative connotations. It is my contention that *Arsenicum album* will not alter a person's so called "selfishness". That selfishness was derived as a unique and necessary adaptation to particular experiences. Perhaps as a tiny infant its needs were not adequately met. Perhaps it grew up in a dysfunctional family. Perhaps the infant was made to feel bad for even having needs. Such unfilled needs could result in a very imprisoned and psychologically paralyzed child. Later, though the body matured into an adult body it took with it an undernourished inner child. This deprived inner child cannot be healed by a homœopathic remedy given years later. The hurt and disappointments from the original deprivations must be attended to by a safe human witness who can use effective techniques to gain access to the original painful story. I believe healing will spontaneously occur if both adequate nurturing takes place and the hurt

from the past lack of nurturing can be discharged with a safe witness.

The *Arsenicum album* selfishness is there for a purpose. That person still has a right to receive the kind of nurturing from which he was deprived. In fact, he must receive it for true healing to take place.

There are times one will consciously choose to quiet one's emotions with homœopathic remedies. Perhaps simply to gain time. Perhaps more sophisticated healing isn't immediately available. But homœopathic remedies prescribed with the intention of hushing one's emotions act only to cover up an old painful story in need of being lovingly heard.

It is not a safe world out there. We all learn quite efficiently as young people that directly expressing our reactions to our experiences is very often unwelcome and not safe. This has been particularly true for males who have been allotted only certain emotions and for centuries have been severely reprimanded by society for attempting to make use of other expressions. There is nothing wrong with a person who has correctly discovered that it is clearly unsafe to express certain emotions because of harmful attitudes prevalent in society. It is irresponsible to attempt to fix the person for the person is not broken. We can support the person and we can do so homœopathically, but as prescribers let us be wary of our own unconscious needs to view emotional expression as sickness. Let us be aware of a need to continually update our definitions of health and sickness to accommodate a clear, fair, and dynamic perspective. I believe it would also be helpful for homœopaths to gain human relations skills to learn ways to help ourselves and fellow human beings feel safe enough to express their inner hurts.

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2. Some thoughts on the Psychology of *Nux vomica* with special reference to children
SHORE Jonathan, (JAIH, Vol. 83, 4/1990)

Introduction:

Nux vomica is a broad polychrest well known in its action. The introductory passage in BOERICKE gives a clear description of the classical type. "Nux is pre-eminently the remedy for many of the conditions incident to modern life. The typical *Nux* patient is rather thin, spare, quick, active, nervous, and irritable. He does a good deal of mental work; has mental strains and leads a sedentary life, found in prolonged office work, overstudy, and close application to business, with

its cares and anxieties. This indoor life and mental strain seeks stimulants, coffee, wine, possibly in excess; or again, he hopes to quiet his excitement, by indulging in the sedative effects of tobacco, if not really a victim, to the seductive drugs, like *Opium*, etc. These things are associated with other indulgences; at table, he takes preferably rich and stimulating food; wine and women play their part to make him forget the close application of the day. Late hours are a consequence; a thick head, dyspepsia, and irritable temper are the next day's inheritance. These conditions produce an irritable, nervous system, hypersensitive and over-impressionable". The psychological "essence" delineated by VITHOULKAS accords well with this description, restating it in 20th century terminology. Ambitious, driving, competitive, with a great emphasis on efficiency and fastidiousness. These descriptions, however, give us no indication of the evolution of the remedy image in time, of the "staging" of the remedy.

This concept of staging may need a few words of explanation. A remedy image may be thought of as a pattern, a pattern of symptoms, a pattern of events. These patterns may be seen to exist not only in space but also in time. It is a mistake to think of all the symptoms of a remedy as being connected in a one dimensional fashion. Events in nature have beginnings, middles and endings. Thus remedies are like the people they suit, they have their manifestations of youth, of adolescence, middle and old age. Looking at things from a certain viewpoint we could conceive that in the life of any person all their possibilities are contained and inherent in their genes and in their energy body at the time of conception, and that these possibilities are gradually filled out and made manifest by stages. The same principle may be applied to our understanding of remedy patterns. All the possible symptoms are contained in the configuration of the remedy, and are "filled out" or emphasized dependent upon many factors. These factors include influences of culture, social milieu, geography, the age and vitality of the patient and the stresses to which they are subject. Thus the frequency of use of certain remedies varies in different parts of the world and in different centuries.

Children

In children, for example, we see a somewhat different pattern of symptoms from the adult. The essence or thread is the same, but the manifestation is different corresponding to the different stresses which bear down upon the organism and the different possibilities for the expression of symptoms. I have been struck by

certain similarities in the psychological presentation of the *Nux vomica* children I have seen, and will attempt to clarify this image. The repertory² offers some indications. Though only four rubrics are to be found dealing directly with children, they point us in a definite direction.

JEALOUSY, children, between
OBSTINATE, headstrong, children
SENSITIVE, oversensitive, children

**SHRIEKING, screaming,
shouting; children, in**

As expected the emphasis lies in an irritability of the nervous system. Children are, in general, more healthy than adults. They have more vitality and have not been deadened and suppressed by the restrictions and vicissitudes of life. Thus we might expect their expression to be more free, more spontaneous, less conditioned by social expectations. Given this we do not expect to find many *Nux vomica* children, as the etiologies described in the introduction do not really apply to children, and when we do see them we might expect to see strong expressions and anger and irritability.

My experience is that neither of these suppositions holds true. With respect to the etiology, the great increase, not only in the pace of modern life, but also in the use of substances designed to alter the functioning of the organism in general, have very definite deleterious effects upon the nervous systems of the parents as well as on the fetus in-utero and the young infant. Implicated here are not only the illegal drugs, but especially the legal ones, ranging from vitamins through tobacco and coffee to the myriad over-the-counter and prescription drugs consumed by the large majority of the adult population of North America. *Nux vomica* is quite a common remedy as will be seen from Table 1.

TABLE 1:

Percentage of Paediatric (and all) Prescriptions for the Five Main Groups of Paediatric Remedies
1. <i>Calc .phos.</i> 6% (2.2% of all prescriptions)
2. <i>Carcinosin</i> 5.5% (3.5% of all prescriptions)
3. <i>Sulph., Nat-m., Mercurius, Puls.</i> , each about 4.5%
4. <i>Nux-v., Sanic., Sil., Tub.</i> , each 3.5%
5. <i>Med., Calc., Bell., Caust., Rhus-t.</i> , each 2.5%
The above remedies comprise about 57% of all paediatric prescriptions.

As regards the emotional expression of these children, whilst it is true that they can be very irritable, and very demonstrative in the expression **of this irritability, there exists a polarity, in which the anger, although present, is more contained and internal. These are sullen, unlikeable, non communicative individuals who appear to have “a chip on their shoulder”. They seem to dislike people and resent their interference. Their attitude suggests the inner feeling that life has been unjust to them, that it has not given them all they deserve. This sentiment was directly stated in two cases as “Life is unfair” and “People are against me”. Younger children express this somewhat differently in that they say that people are ugly. This state is well represented in the repertory by the following rubrics:**

AVERSION; persons, to certain; to all ³ :
Absin, Calc., Chin., Merc-ac., Nux-v., Phos., Staph., Sulph.

**SULKY; MOROSE, cross;
DISCONTENTED, displeased,
dissatisfied; HATRED; SUSPICIOUS,
mistrustful; REPULSIVE mood;
DELUSIONS; persecuted, that he is;
DELUSIONS; pursued, thought he
was; enemies, by; DREAMS; pursued
by, of being.**

Both of the polarities may exist simultaneously, in varying degrees of admixture, or in their pure form.

The case which best illustrated the sullen presentation is Case 1, Christopher P. If we take the observations of the prescriber: not a likeable child, adult and sullen; skin has yellowish caste; very irritable in office because he was being spoken about (2); contradicts mother constantly (2); and add to this some of the other symptoms: loner, not popular at school; deceitful (1); and devious; we can get a feel for the state of this child. He is reserved, unfriendly, disagreeable and sullen. A quarrelsome child with few friends. A misanthrope. Case 2, Stephanie S. is another example of a clear polarity. Case 3, Lauren G., a

three year old, shows these same tendencies: Cannot approach her, will not be friendly, pushes and hits everyone saying "Go away, you are ugly." The expression here falls within the limitations of a three year old, yet her inner state is quite easy to imagine.

Less obvious but still along the same lines is the expression of Case 4, Zoe T., age 18 months. Here we see an infant with an unusual degree of hardness, of lack of caring for the opinions of others and an aggressivity which is brought out when approaching her. In this instance we have to use more imagination to justify our assumptions. The biting itself is not as important as the context. She does not go out of her way, it is only when the examiner tries to relate to her, to make contact, that she becomes aggressive. There is hardness, an obstinacy, and a mischievousness (Mind; MISCHIEVOUS; *Agar., Anac., Ars., Calc., Cann-i., Cupr., Hyos., Lach., Merc., Nux-v., Stann., Stram., Tarent., Verat.*), a sort of meanness and disrespect for people. Of course these prescriptions were not made only on the above symptoms. The basis for the prescriptions is given at the end of each case. It is the correct and deep action of the remedy which justifies the retrospective analysis of the emotional state.

Fears

In general the fears of *Nux vomica* are not a very prominent feature of the pattern. There is one fear which I have observed both in children and in adults, but more strongly in children, and have been unable to find in any of the related rubrics of the repertory and that is fear of, or at least a definite dislike of, the dark. My sense of this is that it is not so much the dark itself, or imaginations about the unknown, but rather a feeling of presence of other energies in the room when it gets dark. I have no direct evidence for this in the children but the combination of two adult cases and some other features of the nature of this remedy have led me to this speculation.

Nux vomica is one of a group of substances which have their center of gravity of action on the nervous system like *Ignatia* and *Strychninum* (*Strychnine* being the active ingredient of the material substance in all three remedies). The sensitizing of the nervous system, leads not only to irritability but also to an increased capacity for the reception of other energies. This idea finds support in the combination of two rubrics; Sympathetic, and the amelioration from Magnetism or Mesmerism. The former indicates an openness to the ambient emotional energies, while the latter

speaks to sensitivity to electromagnetic or vitalistic forces.

The first case which brought this idea to my attention was a 40 year old woman who revealed during the third or fourth interview that she had a fear of psychic attacks (2) or ghosts (1). She felt that certain forces or spiritual entities were encroaching upon her. This sense was especially strong while alone at night (1) and in a dark room (2). She was rather a coarse woman with no pretensions to any form of spiritual or psychic development. *Nux vomica* was given on other aspects of the case and although it did not act very deeply it almost completely removed the fear of psychic attacks and of the dark. The other case is one in which *Strychninum* was given after struggling for many years to find the true simillimum. At the time of administration of this remedy she was in her mid thirties and afflicted with great fears of disease, insanity and death in addition to a myriad physical complaints. Some three weeks later she reported that the severe anxiety attacks she was having at night (they would begin in fact as soon as it began to get dark) had been replaced by a different type of experience. Instead of the panic, she felt as if she were transported back in time to the age of between five to seven years old. It was as if she were that age again, standing alone in the living room of the house and feeling that there was somebody or something in the room with her. Something which frightened her and which she did not like at all. Three months later she reported that all the anxieties and fears had subsided and that for the first time in her life she feels really "strong and courageous".

The question of whether this remedy, or any remedy or person for that matter, may have the possibility for a direct experience of certain "otherworldly" energies as opposed to simply impressions resulting from an overactive imagination is a fascinating one. It is one, however, which will be left as being beyond the scope of this **Journal** to address.

CASES:

Case 1: This case is presented in full as it illustrates some interesting points in both case analysis and management. Cases 1, 3 and 4 were all done as consults. It is ofcourse not possible to address all the subtleties of the analysis in an article of this length. The author welcomes any questions or comments.

Christopher P. Age seven.

29.3.89: Recurrent infections x 3 months. Began with high fever 105°. Spike up and down x 3

days. Epistaxis with fever. Then rhinitis and cough. Past week has pain in left ear. Now has rhinitis. Past Hx unremarkable physically. In past, school problems. New sibling since February. No apparent jealousy. (Contradicts mother constantly (2)). (Very irritable in office because he was being spoken about (2)). Ashamed and embarrassed to speak about problems (2). Will not cry in front of others (1). Extremely irritable if woken in morning (3). Allergic to all furry animals (2). Fear robbers (2) dark(2) (Not a likeable child, adult and sullen. Skin has yellowish caste). Loner, not popular at school. Restless(2). Problems at school. Poor concentration (2). Warm(2). Deceitful(1) devious. Nasal obstruction(2) mouth breathes, at night. Flatulence(2). Desires sausage(2) sweets, bacon, eggs, lemonade. Averse tomatoes(1)spicy, mushrooms. Thirst cold. Offensive perspiration feet(1).

Nux vomica 200c.

Comment

It is clear that the center of gravity of the pathology lies in the emotional sphere. That is to say it is in the realm of the emotions that the main obstructions to the free flow of energy lie, the main limitations to his freedom of expression. Thus it is from this realm that the chief features of the similimum are to be found. On careful consideration of the case we find ourselves, confronted with morose, sullen child, who is strongly averse consolation, and exhibits a marked tendency to contradict. Although the remedy is not well confirmed on the physical level it appears as the best choice with a fairly clear essence. The fact that he is quite warm blooded must be taken into consideration but, as children in general are much warmer than adults, this fact is insufficient to negate the selection. Other considerations were *Thuja*, *Nit-ac.*, *Lycopodium*.

17.5.89: Looks quite different. Much more outgoing, cheerful, communicative. Behaviour problems at school subsided. Doing well. No infections/colds. Nasal obstruction slight amel. but still has coryza. Fears markedly decreased. No longer irritable in the morning. Enuresis is much improved.

21.6.89: Mother says still a problem. Manipulative (2) bossy especially at home. Aggressive. Enuresis returned.

Lycopodium 30c.

21.7.89: Serious behaviour problems. Hitting (1) aggressive (2) and very mean to other children. Malicious towards little sister (2). So angry he cannot help himself (2) just comes on so suddenly. Hardness, does not care if scolded. Fears are returning, dark, robbers. Hates the wind (2) Hates fat (2) Suspicious (1) and contradictory.

Nux vomica M.

Comment

Here we meet one of the great obstacles to cure, prescriber error. It is clear that the *Nux vomica* had an effect on the case. The question is what sort of effect, and what do we expect from this type of reaction? Six weeks after the remedy on 17.5.89 the child is in quite a different state. We see that the remedy has affected every level of the organism. This sullen, irritable unlikeable person has opened outwards to the world, he is much more free emotionally and physically in every way. A beautiful action of the correct similimum. Now one month after this he has relapsed for no apparent reason, the prescriber, not appreciating the depth of action of the remedy, doubts the validity of the initial prescription and changes course. Homœopathy is a lawful science, nature is lawful, events do not just occur at random, there is order. When we see our remedies act deeply, clearly, when we see the case unfolding towards health in this fashion, things do not just go wrong. The case does not relapse within a month or so.

Only the correct remedy will produce a result such as this, and the movement begun by this contact will unfold in an orderly fashion. If we reason in this way we arrive at the conclusion that there is something about the progress of this case which is very odd, very suspicious. What is probably happening here is a combination of a transient (and quite lawful and expected) dip in the child's vitality, difficulties in the home life, especially in relationship to the mother, and a mother who is intolerant of the child's symptoms and is exaggerating them to impress upon the clinician just how bad things really are. The prescriber is lured into the trap and, when month later the case presents in a truly relapsed state, is thrown into confusion by the apparent disorder of the case and the failure of the indicated remedies to bring about the expected result. From a distance this may look all rather obvious and simple, but when one is lost in the details and has no guiding principles to order the thinking, the way out is hard to find.

15.2.90: (Child is pleasant, friendly, co-operative) Mother is terrible historian. She has Hx Gonorrhoea at least twice. Not doing well in school. Restless (2), poor concentration (2), always talking to the other children. Constant rhinitis (1) agg. left side (2), excoriating (1) (Allergic salute (2)). In past nasal obstruction was much worse, now looser and excoriating. Enuresis is amel, malicious is amel (2), not aggressive to little sister at all. Can get angry, throw and bang but only in his room when confined there. Hates restriction (1), being told what to do.

(Child by previous marriage, part time with either parent, observe that mother does not really like him).

Hospitalized in December 1989, bad flu, dehydration. Stomach aches (1), feels it in his throat. Hates fat (3) obsessed with this (2). Desires pasta, salami, bacon, sausage. Fear dark, robbers. Bad dreams about robbers. Cat allergy much ameliorated (2). Weeps easily, likes consolation. Does not like the wind.

Phosphorus 200c.

Comment

Here, nine months later, we see quite a different picture. Our earlier suspicions are confirmed by the observation of the prescriber that the mother is both a poor historian and does not have a good relationship to this child. The picture now is fairly clear for *Phosphorus*, the extroverted, diffused nature of which matches closely to the child's current hyperactive state as well as his fears etc. This "essence" is well confirmed in an unusual way by the picture of his allergic symptoms. These present a clear demand for *Allium cepa*, and it is complimentary to *Phosphorus* which confirms it as the deeper "constitutional" remedy. Often some apparently small consideration may tip the scales. If there had been a strong desire for onions, one might have gone with *Allium cepa* first. It is interesting to note here that his allergy to cats was removed by *Nux vomica*.

Case 2: Stephanie S. age eight years.

15.12.88: Asthma (2). The first episode occurred in April 1988 shortly after the family moved from a bigger into a smaller home. This lasted a few weeks and then subsided. Now it has returned and she has been on medication (Slo-Bid) for the past month. (She is a sullen child. She sits with her fingers in her mouth (2) most of the time and says very little in response to my questions. When she does talk it is mostly to contradict her mother).

Sleeps through the night despite Asthma(2). Sleeps right side(1). Appetite is poor. She just wants to sit around(1). Eczema(1) since age 2. dry(1), itchy(2) skin.

Family History: Both mother and father have allergies. Headaches(2) 2-3 times week. Frontal(1) ameliorated by eating(1). Not a complainer (1). Does not like to tell the teacher if she is ill(1). Desires liver(2) fruit(2) seafood(1) sweets(1). Averse meat(2) fish(1) Chicken(1). They moved because her father lost his job and has been unemployed. Since this move she has become quiet(2). Normally "bubbly, outgoing with a mind of her own". When ill she just gets quiet(1). She is a person(1), averse to consolation(2). Above average student(2) Likes to read(2) (Here I observe that while her mother is not looking she, without provocation, forcefully jabs her younger sister in the back with a stick like toy she has in her hand.) Gets frustrated easily. Irritable in the mornings(1). Musty(1) body odor from axillae.

Nux vomica 200c.

16.1.89: Used inhaler 2 times around Christmas, no other medication. No wheezing. Attitude is great(2). No longer irritable in the morning(1). Energy is 100%(1). No headaches, no body odor. Still sucks fingers but 50% less.

Comment

The basis for the prescriptions here is fairly obvious. Sullen, withdrawn child, probably secondary to the mortification (anger) at her change of life circumstances; contradicts her mother and is malicious to her sister. Confirmed by the rubric Asthma in children.

Case 3: Lauren G. age three years.

Cannot approach child, will not be friendly Has been with *Silica* in the past with good action. Recurrent colds with high fevers. Irritability(3) from afternoon nap(3) in morning(2) Obstinate(3). Willful(3) Demanding (3). Frequent waking at night and will not sleep alone after this. Wakes especially 2 a.m.(1). Pushes and hits everyone except mother; says, "Go away you are ugly". Picky eater(2) prefers liquids(2). Desires sweets(3) cheese(2) nuts(1) butter(2) salt(1) shrimp. Aversion meat(1). Thirst cold drinks(1). Fears dark (2) strangers, ok alone as long as she knows mother is in the next room. Stool/urine strong odor. Constipation(2) with normal stool. Holds stool in as painful. Likes to stay up late(1). Sleeps abdomen(1).

Nux vomica 200c.

Comment

The choice here rests upon three legs. Irritability is the center of the case. The remedy has a strong complementary relationship to *Silica* which acted well in past and it is confirmed by the constipation with tenesmus. This latter fact may not be obvious from the case but we can reason that if the child has a normal stool with no rectal pathology the mother's interpretation that the passage of stool is painful may well be inaccurate, and what is painful is the characteristic "against the flow" peristalsis of *Nux vomica*. Other thoughts included *Lycopodium*, *Chamomilla*, *Stramonium*, *Silica*.

30.10.89: Good response to *Nux-v*. 200c January 89. Otitis 25.9.89 responded to *Hepar*. Tired lately. Few colds, one otitis. Less irritable but hitting again "makes me feel good". Gets very frustrated if can't get things right. Fear dark(2). Mother says this did not really change. Dances to loud music. No problems in school. Quite popular, a leader. Large stools with no pain/problems at all. Does not like to be alone. Demands a lot of attention. (much more open, friendly and pleasant) cannot stand to be touched on the top of her head. Little shy. Desires liquid foods(2) rather drink than eat. Cheese(2) spicy(2) liquids(2) sweets(3) salt (2). Sleeps abdomen. Fears the sea. Perspires feet.

Nux vomica 12c daily for 1 week with good response.

Comment

Here we see a relapse after 10 months. A little shorter than expected for a 200 potency in a child. Thus we consider that either the acute ailment and/or the acute remedy may have caused this regression. Thus 12c daily is given to see whether the vitality can be restimulated without committing ourselves, in this case, to a relatively extreme measure. The subsequent response of a further 9 months remission justifies this approach. 5.7.90: Now has relapsed to previous very irritable state. No tenesmus with stool.

Nux vomica M.

Comment

The absence of tenesmus raises a serious question about the repetition of a remedy in a case in which one of the major points for prescription is now absent. However, the initial response was excellent and there is no other

indication to take us away from a remedy which has acted well.

Case 4: Zoe T. Age 18 months.

6.12.88: (Bright, restless, demanding, into everything). Flu for 6 weeks, antibiotics 3 weeks ago for bronchial infection. Began with diarrhoea, fever, loss of appetite. Vomiting with fever initially. Now: cough(1) agg. at night Gags(2) with cough. Agg. motion(2). Agg. overheated(1) Amel. open air(2), desires open air (2). Perspires vertex(2) waking and sleep. Heat on vertex(2). Agg. twilight(2). obstinate(2), mischievous(2) bites(2). (Bit me when I took her toy away). Fearless. No remorse, cannot make her feel guilty. Fastidious(3). Vomits undigested food(2) if ill. Diarrhoea has fishy odor. Syndrome: fever, vomits undigested food, greenish, fishy stool, then to chest. Sleeps right side. Desires salty(1) eggs, sweets. Thirst warm(1). Desires open air in general(2).

Nux vomica 200c.

Comment

The two most predominant features of the case are irritability, and fastidiousness. Only one remedy covers both these symptoms with the requisite intensity. Other thoughts were *Carc.*, and *Sanic*.

Notes

1. **Pocket manual of Homœopathic Materia Medica.** William BOERICKE, 9th edition 1927.
2. The **Complete Repertory** Vol.1.6. Roger Van ZANDVOORT, Holland 1990.
3. This rubric is credited to GALLAVARDIN in the **Complete Repertory**.

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3. In search of the Genius of the Remedy.
An utopia?
LAMOTHE Jacques (HL 14, 4/2001)

Introduction

Among the different methods used to reach the simillimum, the most worthwhile is the so-called 'academic' method, i.e., proceeding with Repertories and **Materia Medicas**, focusing on the most peculiar symptoms. There is another method, based on knowledge of the genius of the remedy and on intuition, but never in any case are we allowed to eliminate classical methods. This second way is an additional help in the search for the remedy. Moreover, it aids homœopathic research and allows clarification of ideas and facilitates the teaching of Homœopathy.

Through three cases – a plant, an animal and a mineral case – we see, besides a classical research method, a discovery of the concordance between the problem of each patient and the genius of the remedy on a very deep level.

The goal of every homœopath is to find the *simillimum*. We know there are many possible ways to achieve this aim, and that they are all valuable, as long as they succeed. Even if they are not the *simillimum vitae* – which is very seldom – they cure ‘well enough’ (to use Winnicott’s expression when she talked about a ‘good enough’ mother for his children).

Among all these ways, the ones we admire the most are techniques using a small number of very peculiar symptoms, which allows us to find a very rare, unknown and little proven remedy, after consulting the **Materia Medica** and the repertories. This technique gives us a better knowledge of these lesser-known remedies, until we know them almost as well as the *polychrests*, which in turn makes their future prescription easier.

Verifying **Materia Medica** increases our knowledge base, by confirming what we already know. Also what we don’t have as much awareness about, fascinates us, especially when learning about small remedies through clinical experiences. Along with a group of researchers, we think it is very important to describe the remedies well, along with describing their various aspects in Paediatrics, since the expression of the symptoms in people of varying ages is different and specific.

As we advance, we become aware of the necessity of simplifying the **Materia Medica**, to clear up the dishearteningly long list of symptoms, as much as to simplify the teaching so as to make the prescribing easier. We have tried to find an ‘Ariadne’s thread’ for every remedy, reading all that has been written about the synthesis and the spirit of the remedy, and also gathered information of the substance of the remedy: physiology, toxicology, chemistry, physics, industry, traditions, linguistics, used in different civilizations, etc.

Making a synthesis of all that, we come up with a hypothesis, which has to be verified by clinical experience before we can publish it. Our conclusions seem more valid since they were formed by consulting very different authors around the world and since they had clinical verification; however we are convinced that our conclusions are never definitive, but always perfectible, by modifying or adding a keyword.

One of the advantages of knowing an almost definite aspect of the genius of the remedy is to educate our intuition. This sixth sense, this royal way, sometimes helps us to think of a remedy while in the presence of a patient, before beginning the conscious process of analyzing the symptoms. It is especially useful in the defective, incomplete cases, such as the newborn or infant’s cases, for instance.

In other words, to feel a remedy from an impression, an issue or idea, can be very useful for the patient, as the three following cases try to prove. We have intentionally chosen a plant, an animal and a mineral remedy.

Besides this, the other advantages of this method are to clarify homeopathic knowledge. And lastly, on an important and more philosophical level, this method demonstrates, step by step, remedy by remedy, and element by element, the existence of a unity in the Universe we live in (as many other civilizations have been convinced of for millennia). To name and to specify our Universe makes it more human and useful for us.

Below, we can read about three cases where we were fortunate enough to grasp the genius of the remedy the day it was prescribed, and moreover, this intuition has been of benefit to the patient.

Case 1

Hannah is the second child of a happy couple. She was 4.100 kilos and 51 cm when she was born by a normal delivery. She was breast-fed. Since her first month, she’d often choked while being fed and had a small stridor, ‘hic-hic-hic’; she even choked when breathing sometimes. She would get more and more hiccoughs (she had already had some in utero). These symptoms didn’t yield to the prescription of *Hyoscyamus* 7CH. She also suffered from colic pain and fits of red face, which stopped at once thanks to *Belladonna* 5 CH. Between one and two months, she suffered from a cold with fluid, grey discharge and a morning cough, and then an impetigo on the forehead. *Thuja* 7 CH was useless, although chosen on the following symptoms;

- Mind; Restlessness, nervousness; tendency; evening (57)
- Nose; Discharge; grey (21)
- Female; Fetus; motions; violent (6)

Two and a half months later, her cold still persisted, in spite of *Kali carbonicum* and *Rhus toxicodendron*. Her father went away for a few days and she and her brother became ill at once. She had a temperature of 39°C, along with sudden,

brief and repeated shrieking pain, moaning all day long, difficult burps, vomiting, weakness and hypotonia, swollen eyelids and half-closed eyes. On the next day, the fever and pains decreased spontaneously, but a cheese-like discharge appeared in her right ear. A congestion of the right eardrum could be noticed. *Lycopodium* 9, 15 and 30 CH was useless on the infections. The baby woke up every two hours at night and found it very difficult to go back to sleep even though she was exhausted. Besides, she was, either excited and cheerful, or in a bad mood, when she couldn't bear being handled or held. The new rubrics are the following ones:

- Ear; Discharges; thick (23)
- Sleep; Sleeplessness; sleepiness, with (125)
- Face; Swelling; eyes; around (35)
- Mind; Irritability; alternating with; cheerfulness (29)
- Mind; Touched; aversion of being (63)

If we add the rubrics:

- Stomach; Hiccough; violent (26)
- Throat; Choking; constricting; drinking, when (30)

Natrum muriaticum and *Stramonium* are suggested. The latter was chosen for rather tortuous reasons, hence we need to deal with the mother's story.

The mother is a rather exceptional person who's very kind and reliable and who can very well sacrifice herself or overcome suffering and anguish. When she was nineteen she experienced a NDE: (near death experience) during a car crash. The driver and a nine-year-old boy died; she survived but was in a coma for a week. Just after the crash, she felt herself rise above the car, as well as above her own body, which she could see. As she was looking for her friend, she saw the firemen from up above them, and felt like telling them: 'Leave us alone!' As a matter of fact, she felt like drifting in the air; she was fearless and peaceful. Then, she dove into a dark space that looked like a tunnel and was carried away through triangles, circles or squares. When she woke up, (and she's kept the same feeling since) she knew she wasn't afraid of death anymore. It was as if she had become immortal. She told us about this experience one day, as her first-born baby boy was undergoing a serious and very violent attack of asthma. He had already had several of them, without our homeopathic treatments being able to cure him. It was very difficult for her to talk about all this, because she hadn't had the opportunity to do so, nevertheless she did, because she felt this

reflection could cure her son. And it did, since *Opium* 30 CH greatly helped this boy for a few months. Then, *Carcinosinum* cured him. What was most striking in her story was what she said about death: 'If this is dying, it's wonderful'.

Before the baby boy was born, her pregnancy was wonderful; the baby gave her so much energy from inside that she yearned to have such an experience again. She added that she doesn't fear her own death anymore, yet other people's death scares her, and it was agonizing for her to learn about her girl-friend's and the child's death, three months after the crash, for the doctors had thought it better to hide the truth from her.

Nine months after the boy's birth, she got pregnant accidentally, she says, but a second pregnancy was welcome after all. However this pregnancy was less peaceful. She was overworked and so she had little time left to think about this baby. She acted as if she wasn't pregnant at all and focused more on the outer world in a down-to-earth way. Moreover, she had to look after the baby boy during the last term of her pregnancy, as her husband was working a lot on his Ph. D. and trusted her with the housework. When Hannah was born, the minute her mother saw her, she had the feeling of a sturdy child, deeply rooted in the earth (hence the name, Hannah). She found herself thinking 'I can rely on you, you're very strong'. On the contrary, the first pregnancy had been self-centred, with a feeling of wellbeing, of paradise in a way, and she had felt that this first child needed her protection. Hannah cried for three months and became ill when her father had to leave for a couple of weeks; as a matter of fact, this journey was the last straw. The father kept working towards his Ph.D. and the mother held his lack of assistance against him. When he left, she felt forsaken and both children fell ill. We can add the symptom:

- Mind; Forsaken; feeling (83)

This was felt by the mother during and after her pregnancy and, hypothetically, by the foetus, about which she was so careless at the beginning. *Stramonium* looked even more appropriate. However *Stramonium* itself convinced us more than the rest.

Datura, Stinkweed, Hierba del Diablo, is a holy and initiator plant in many civilizations, which reveals in man its quest for the absolute, for the imaginary object (masi). It blooms at night; it doesn't depend on occurrences (Servais). What mainly comes out of the pathogenic symptoms? First of all, a complete feeling of desertion. This person feels alone in the wilderness, in a jungle;

besides he feels like garbage (the plant grows in wastelands). *Stramonium* is a weed, the Devil's weed which gives way to primary animal reactions in man following a violent situation or a desertion he experiences. He feels split up. This person then lives within a duality; he's alive on the one hand, dead and buried on the other; *Stramonium* is suitable for patients who have two sides, two worlds, who are split into two parts, two trends, light and shadows. Harmony is lost.

As for the light, he thinks he's unique, handsome like a statue, and carefree. He deludes himself; nothing is beautiful enough. He's easily carried away.

As for the shadow, this world doesn't suit him; he feels he's an outcast. He speaks a foreign language, he rebels, he's indifferent, and he has grown apart. However he looks for light, for help; he's attracted to spiritual matters and detachment. He needs to dive into deep matters, as deep as his sufferings, to be born again.

In Hannah's mother's experience, we find all these elements. This woman, who is loving and selfless, has a spiritual quest and a passion for what is true, sacred, faithful and deep. These are her values, with which we can feel she lives every minute. She's drawn to what is strange, Homeopathy included, and what is foreign; she's an English teacher, by the way. She's always been independent, has chosen to live in the countryside, and came out of her NDE experience with a taste for the beyond, for another world, which she experienced again in a way when she was pregnant for the first time. Yet she was also enabled to care less about the second pregnancy. All in all, in both cases, the babies seem to have been led too far; the first one had too much of paradise, the second one was deserted. Too much light and too many shadows are unbearable for a foetus, which then develops violent diseases (for instance, Hannah's brother who underwent terribly violent attacks of asthma).

And what about Hannah? She also has symptoms of duality: forsaken during pregnancy, restless in utero. Then, when she was born, she often choked while being fed and had violent hiccoughs. When her mother felt deserted by her husband, Hannah lost her balance, was either cheerful, or irritable and refused to be touched. One side of her was seriously ill - the right one.

Follow-up

When she was three months old, on 18 July 1997, Hannah was given a dose of *Stramonium* 200K and the symptoms yielded very quickly,

except for the ear infection, which lasted about three weeks, together with repulsion towards her mother for three months. Then everything disappeared. Hannah's tympanograms proved to be quite normal on 9 September 1997 and her behaviour was usual and loving although she had to start Kindergarten in September 1997, when she was four and a half months. Unlike other babies, she had not been ill very much. She had only one bout of bronchitis in October 1997, and a relapse of the right ear infection, which was cured with *Stramonium* 200K. A nose, throat and right ear infection yielded spontaneously when her teeth came out in December 1997. A bilateral acute Otitis with slight bronchitis, cured quickly with *Stramonium* 9,15 and 30 CH in April 1998. A light and short relapse of her ear infection, followed by right Otorrhea in June 1998 also yielded spontaneously and eventually Roseola in September 1998. There has been nothing else up until now. Hannah is an eighteen-month-old, sturdy, and quiet baby, who has it her way and has already started talking. She's radiant with joy and good health.

Case 2

Clement was seven years and one month old when he received his homeopathic remedy for the first time, on 7 March 1998. We had needed two consultations with his mother to choose his remedy.

Clement had been in seemingly perfect health until 11 May 1997, when he suddenly presented with a convulsion. He was sent to the hospital. On the next day he had another convulsion, without any prodrome. After performing tests, the specialists diagnosed a right Temporal tumour. A left spastic hemiplegia also clearly developed a few days after the convulsion. A surgical procedure performed on 11 July 1997 removed a Spongioblastoma. Clement subsequently received chemotherapy and then radiation therapy (27 sessions).

On 6 May 1998, because of a recurrence, a second ablation was performed in the same place. After this surgery, Clement was given a very poor prognosis. The child has received corticosteroids and Valproate since November 1997, because of internal burns of the cerebral tissues due to the radiation therapy. Afterwards, he developed obesity due to corticosteroids treatment. The left spastic hemiplegia partially recovered. The child developed frequent and severe headaches, and disturbances of his mood, including aggressive tendencies, which had been completely absent before the disease.

Here are the salient points, which came out of the interviews and allowed us to find the remedy.

Until his illness, Clement had always been a cheerful and communicative child, much less withdrawn than his only elder brother.

During his disease, he showed much bravery, endured injections even though they had frightened him before, always staying in a good mood and smiling in the hospital. He was nevertheless aware of his state; he realized perfectly that he couldn't move one half of his body though he tried, however, to move it all the time. These persistent efforts produced some improvement. Many times during the consultation, we noticed his huge will and his determination to try to move his paralysed side, at the expense of great sacrifice.

As we asked his mother to tell us about him, she said he was always even-tempered, cheerful, very affectionate, had a sunny nature and was able to make do with anything. He was very kind, had a lot of friends and would enter into all games, protecting the younger children in a motherly way. In other respects, his room is in perfect order and nobody is allowed to disarrange it. He criticizes the members of the family when they don't tidy things up. He is the policeman of the family; as soon as his mother asks the family to sit down to eat, everybody must obey in a few minutes. In the evening, he reminds his mother that the shutters must be closed. He likes cleaning and doing dishes. He can't bear stains on his clothes, or getting in the swimming pool when other children might splash him. He is a real stickler to rules and cannot bear to be late. He is rather dictatorial, gives orders and gets angry if one refuses to obey. For instance, he can scold his elder brother when he refuses to help in housekeeping. He can get angry at trifles and throw himself on the floor, especially if one refuses him something. Yet he avoids confrontation, criticizing his brother all the more loudly while his brother is away. He appears to care about the cohesion of the family circle. At the clinic, he needed to see everybody and would ask his mother to check on the good health of his dog, his guinea pig and the flowers, which had remained at home. Amazingly to his mother, while he was away from home, he inquired everyday about all the people he knew and wanted to know everything. He asked for news of relatives, friends and neighbours. At 5 p.m., he would say: 'Look, my brother is coming home from school', at 8 a.m.: 'Look, the delivery man has probably just brought the milk', etc., etc. So, this child has quite a talent for observation. He

was capable of noticing a lot of details about people, such as their clothing, hairstyle and phone numbers. He would remember routes followed in the past much better than his parents did. Or facts like the date of a storm four years before. He perceives, hears and registers everything, all the conversations, without responding, and there is no logical explanation for this behaviour. As soon as he woke up after the surgery, he said spontaneously to the doctors: 'My name is Clement. I was born on .. etc'. He is very fond of knowledge, arts and painting. Though quite young, he had a great will to learn. He would start over a thousand times until he would succeed in doing something perfectly well. So, he could manage to do 1,500 pieces jigsaw puzzles and colour faultlessly. He is very dextrous and tidy. He puts away and files all his belongings, knows where his things are, as well as being able to find the belongings of the other family members. It is he who often helps others to find their things when they have forgotten where they put them (for instance, his father's hammer). What is more, like St. Thomas, he believes only what he sees; if he is wrong about something, you have to show him with a finger and only then does he admit his error.

On the physical level, he appears a bit slow, not walking until eighteen months and receiving help from his elder brother. He is quite cautious and timorous on the motor level and doesn't act if he is uncertain. He is terrified at the sight of blood, wounds, storms, bees and spiders.

On the medical level, he has a very good health without any specific pathological previous history, except for molluscum contagiosum on the elbow and the right side, which were removed surgically in February 97. There is no other previous familial pathology either. Let's notice that the father's parents are separated. He is fond of cheese, shellfish and spinach.

We don't find a trigger factor for the disease, whether mental or physical, except a shock. Three months before the onset of the disease, a girlfriend of his mother's died suddenly from diabetic coma, due to a drug error. However, the child didn't appear shocked at the time.

On the other hand, Cancer prodromes clearly appeared during the three months before the sudden outbreak of the disease. They consisted in the appearance of thirstlessness, constipation with hard stool in balls every four days, with a few involuntary stools, nightmares between midnight and two a.m., followed by waking in the morning with a headache and a sensation of hearing noises in the head. There was also a characteristic

change of his behaviour. Whereas he had always been keen on his brother, he suddenly couldn't bear him any more, attacking him, drawing in his exercise books, tearing his drawings, wanting all his belongings, imposing his law upon him e.g., telling him 'We do what I say!', sitting in his brother's seat, defying him continually which provoked fights (whereas before he had been very conciliating). Most surprising was the way he was teasing his brother incessantly, for example taking his things and running away with them, shouting at him; 'I robbed that from you!' He would hide his brother's shoes in the morning, before going to school, or his bag, and to crown it all, he refused to say where he had hidden the things, surrendering neither to threat or pressure, not even from his parents. Days, or even weeks later, whenever he would decide, he would take pleasure in returning the objects. During all this time, he would tell his brother he knew where the thing in question was, but he wouldn't reveal it, and it was so well hidden that the poor brother had to endure the loss of his things, sometimes important things, for a long time. These facts had astonished his whole family because that was unlike him and seemed incomprehensible.

For these reasons, with the help of Dr.Darmon (from Montpellier), we started treating him on the 9th of July, 1998, giving him 10 pills of *Apis* MK every week until the 31st of August. On the second day, the constipation disappeared and the thirst came back. The sleep became normal again. On the third day, the behaviour completely changed. He stopped hiding his brother's things, rediscovered all the toys he had deserted during this whole period when he spent his time disturbing his brother; most of all, a wonderful cheerfulness appeared, persisting until today. His cheerfulness was much more so than before his disease. He sings all day long, and plays his guitar again, happier than he ever was before. On the motor level, the recovery speed, which had been somewhat slow, clearly increased.

Later on, he had a short convulsion on the 9th of October 1998, during his first session of Osteopathy. The convulsion was caused by a sharp decrease in his Valproic acid serum level (the dose of the drug had been cut down too fast) and also to Hypoglycaemia due to fasting and stress. He also suffered intense anticipatory fear of the osteopathic session, because the matter hadn't been explained enough. So in the morning before going to the appointment, an idea occurred to him and he had a fit of panic and refused to have his head touched. Subsequently, he has had no recurrence of the symptoms and so, he never

received another dose of *Apis*. He just took placebo three times – successfully – for abdominal pains after vexations. The two first times, schoolmates had laughed at his motor handicap. The third time was the day when his mother went back to work, on the 11th of January 1999, (She had stopped because of Clement's disease).

On the behavioural level, apart from that, he remains very easily offended; he refuses to be called 'small Clement', he gets upset if pupils younger than him eat at his table in the dining-hall, but the few, terrifying, temper tantrums he had before never returned.

On the motor level, he recovered beyond all hopes, surprising the consultants and the physiotherapists; he still presents a mild hemiparesis, but he can walk and run, though awkwardly and very asymmetrically. At the beginning of November 1998, corticotherapy was discontinued, by reducing the doses progressively.

On the radiological level, a MRI had shown , on 8 October 1998 (just before the remedy), an obvious and important contrast uptake with a nucleus at the right ventricular junction, continuing in the surgical access path. With a contrast uptake of the adjacent meninges, a still obvious oedema at the posterior part of the temporal lobe with a dilated right lateral ventricle was seen. An image remained suspiciously and a clearly seen sequela of a haemorrhage in the right ventricle at the right occipital horn, made one suspect a substantial recurrence.

Based on these findings, Chemotherapy was about to be started, but the consultants deferred , owing to the wonderful clinical amelioration of the child.

A MRI on 25th November 1998 showed, by comparison with the previous MRI of August 1998, a persisting contrast intake at the site of the surgical access, extending into the ventricular junction, although it was less intense and more heterogeneous. This area was surrounded by traumatic oedema (probably relating to the strong radiation therapy). There was still an abnormal sign in the right occipital horn, although it was less obvious. The co-ordinating oncologist concluded that the whole picture did not suggest a further development of the tumour and did not initiate any further treatment.

Comments

The remedy *Apis* seemed to produce an incredible effect in this case, which had a very quick and fatal prognosis. *Apis* apparently induced a radical physical and mental change within 48 hours and consequently, an apparent

recovery. It can claim to have granted at least ten months of happy life – even happier than before he was ill! It can claim a true remission for this Cancerous boy, whom the specialists had said to be beyond cure and who lived the burden of his family anguish, being ill and in agony. When I saw him for the first time, he was dull, as if living under a death sentence; this sentence and agony were also obvious in his parents' eyes, whereas they actually lived the opposite, hoping and living, so much so that his mother has become pregnant again lately.

The remedy wasn't found through an academic method, although a classical repertorisation indicated *Apis*, followed by four polychrests. However, the prodromic symptoms: constipation, thirstlessness, nightmares, followed by waking with headaches and noises in the head, were missing modalities and could have been matched by numerous remedies. The same limitation applies to the personality symptoms, such as right-sidedness, dictatorial tendencies, jealousy, ailments from bad news, curiosity, conscientiousness, desire for cheese and shellfish, etc.

What led us to the remedy instead was an awareness of a perfect match between the spirit of the remedy *Apis* and the most curious physical and mental reactions of Clement, i.e., Clement appeared to constantly watch the actions of the people around him, which make us think at first of *Elaps*. But his mode of watching was rather an '*Apis*-way', because Clement seemed to want to master the order of the structure of his little world; he knew and controlled what other people did, he sometimes enjoyed mastering the order by himself, as in tidying up the belongings. He was the one in the family who remembered the details of the past. In one word, he generated order and cohesion (or disorder). One day, without clear apparent reason and without any emotional problem, he needed to ensure this organization much more, and then his cells started multiplying rapidly in the structure of his nervous system, and, with his behaviour, he suddenly started to disorganise his brother's life, with jealousy and authoritarianism. At the same time, there appeared water retention, with constipation and thirstlessness.

Rubrics:

- Head; Noises in (104)
- Stomach; Thirstlessness (K530,G451) (166)
- Rectum; Constipation; Children, in (G519) (55)
- Head Pain; General; dreams, after unpleasant (K139,G116) (3)

- Head Pain; General; night; agg.; waking, on (K135, G112) (25)
- Generalities; Side; right (K1400, SII-590, G1155) (225)
- Mind; Dictatorial, domineering, dogmatic, despotic (K36, SI-398, G28) (30)
- Mind; Jealousy (K60, SI-674, G48) (65)
- Mind; Ailments from; bad news (K9, SI-15, G8) (63)
- Mind; Inquisitive (K56, SI-633, G45) (14)
- Mind; Conscientious about trifles (K16, SI-180, G13) (79)
- Generalities; Food and drinks; cheese; desires (K484, SII-228, G414) (21)
- Generalities; Food and drinks; oysters; desires (K485, SII-260, G415) (11)

Apis is made from the whole bee. What does a bee do? His core problem is to preserve the structure and the functioning of the hive through action, will, preciseness, cleanliness, specialization, coordination, gathering, hierarchy (and authority), through the jealous holding on to the common property and retention of her own emotions. *Apis* is a remedy acting on the covering membranes, the serous membranes, i.e., on the support of the precious structures. Also it is a remedy for water retention and for the retention of emotions, with violent outbursts of rage, oedemas or violent diseases. All that disorganizes a society or a structure will create an imbalance in *Apis* patients. According to the miasm, *Apis* needs a structure or conversely cannot bear any restraint by the community if the latter stops respecting her personal desires. So, we see Clement really idolized his father, who came from a 'broken' family – in any case this is what we know about him - and Clement tried very hard to create and maintain cohesion in his family.

Recently, his mother was able to tell us about her husband's 'broken' family. Clement's father is the illegitimate son of a woman who got pregnant very young and who was not able to raise him because of chronic mental problems (she did a lot of sleep therapies). So, Clement's father was first brought up by his own grandmother who died of a brain Cancer (!) when he was ten years old; then he went to live with his godmother, in a reconstructed family because his godmother already had two children. Clement's mother, who is still alive, married Mr. B. (Clement's surname), but she still refused to reveal the identity of Clement's biological father, and the situation seems hopeless to him, considering the mental troubles of his mother. Clement's father never wanted to speak about all this, because he suffered

very much from this unclear family situation. Yet, there is such a deep subconscious communication between Clement and his father, that the child is unwell or edgy whenever the father is in the same state, even if the father does not show it or if he is away or if Clement has not yet met him. Clement knows a phone call from his father amongst the many phone calls of a day; also, he can guess that his father will bring back to the house such and such a thing when nobody could possibly know about it!

Follow-up

The last news about Clement was unfortunately very bad: an MRI in March 1999 showed a recurrence of the left occipital tumour, which measured 4 cm and seems to have spread through the ventricles. On the 10th of May 1999, visual symptoms appeared, which led to blindness, without alterations of his consciousness or pain or oedema of the fundi. More severe problems were expected. A consult with a re-known specialist in Paris did not bring any hope for any further treatment. His family accepted the situation without trying heroic therapeutic measures. I still tried a new remedy, thinking naively that as long as there is life, there can be some hope. After I concluded that *Apis* had not acted deeply enough, I gave him *Carcinosin* MK, considering that the familial suffering had been killed and kept inside with great suffering, and also considering Clement's need to bring order and fight chaos. Later, I palliated depressive symptoms with *Opium* 15 CH which worked very well, and I also used *Apis* 15 CH for moral comfort. But hope was diminishing dramatically.

The end of Clement's story was a sad one, since *Apis* didn't cure his Cancer. On 10 May 1999, he became gradually blind and on 25 May he underwent a fit of convulsion and anguish, during which Clement told his mother: 'I don't want to jump!' Then he passed away in a coma the following night. His mother told me afterwards that he had always been joyful, except for some difficult moments in his last days.

Homœopathy cannot save everybody's life, but it can grant people some joy thanks to clear-mindedness and personal achievement until the end.

Let's be content with this event though we'll try to do better next time.

Case 3

Axel was eleven years and two months old when he received his remedy for the first time. Having known him for eleven years, I feel I can

say that he had never really lived until the day he took his remedy. As an infant, he was sleeping a lot, he was meditative, he was 'elsewhere', and he was indifferent to noises and accepting of everything. At the age of two months he was put in a cast for a metatarsus varus, and then he wore Von Rosen splints. He tolerated all this very well, in a passive manner. When he was three, his parents almost adopted a six month old baby but they kept it only for five months and were unable to adopt later. Since this time, Axel has displayed a huge forsaken feeling at the least opportunity; his parents could never let him out of their sight for more than a second without him immediately bursting into extremely anguished tears. As a nursing, all his colds turned into bronchitis with much vomiting. He was even more frequently and seriously ill when his sister was born. When he was six, he had the measles with malignant fever, giant Urticaria, Quincke oedema and Pneumonia. Later on, he had two serious bouts of Pneumonia requiring hospitalization. He was late in learning to talk, starting at age four. He always tired very easily; after the least exertion he is worn out, and he often gets weak suddenly. When he was ill his mother had the feeling that he would let himself be invaded by the disease, in a very passive way, without any reaction. He is a shy child. His personality is overpowered by his older brother and his younger sister, whom he once called 'my elder sister'. He fears that he will not succeed, and he dreams that he becomes modelling clay and that he grows smaller.

Carbo vegetabilis 9, 15 and 30 CH quickly and clearly ameliorated him. He put on weight, his energy increased, his bronchitis occurred less and less frequently. He seemed to have bountiful energy for a few months after his treatment. His energy was rather uncontrolled since he came back one month later with a fracture of his radius, having fallen off a horse when overdoing it. When we thought he was healed, nine months after the beginning of the treatment, he caught the flu and he had a fever of 42° C. It happened on the day of the anniversary of his grandfather's death by Cancer.

Carbo vegetabilis cleansed the aftermath of the disease.

Later on, until recently, Axel needed his remedy about once or twice a year, often in 200K (only once in MK), because of pharyngitis from the cold, sinusitis with fatigue, vertigo on rising, muscular and tendinous pains, small infections after a physical trauma – in other words for minor diseases.

Emotionally he continued to blossom; he became more and more independent. He is now 22 and seems to be a very confident young man, a fighter, fervently pursuing his university studies. He remains somewhat vulnerable in some life situations, very minimally compared with the seriousness of his initial state. For instance, he still has some anticipatory anxiety before his examinations, but much less than before. During the winter of 1998, he caught a cold while traveling alone in the USA because his friend's family who welcomed him proved to be less friendly than he had fancied. So, he was somewhat isolated and felt low and tired, with a backache, a fever, and a great desire to return home. He also is afraid of catching venereal diseases when he has sexual relations. He still consults his paediatrician (that is understandable because the paediatrician has always cured him, but there is still in Axel a certain dependence and submission). However, his personality seems more solid. Recently, he had the courage to change his orientation in his studies. He left his engineering studies – he had a childhood dream of creating remote-controlled machines – and undertook the study of economics and social sciences, which seems to fit him better, for he is a very open-minded and kind young man.

During these eleven years of observation, it was interesting to notice the progressive resolution of the abandonment anxiety, of the feeling of inadequacy and of the lack of mental and physical energy when facing stress until these pathologies reached a very acceptable minimal level, which is compatible with an almost perfect health. This improvement continued into his adulthood, which certainly wouldn't have been the case without the remedy, for the child was probably going to contract a very serious chronic disease, especially considering the important family antecedents of serious diseases on both sides.

Comments

In this child, we could see many physical and mental symptoms of the remedy *Carbo vegetabilis*, as well as the spirit of the remedy. Vegetable charcoal is one of the best remedies for patients in the process of dying. It is made of Carbon and Oxygen, the two atoms which are the basic for life to exist. It is inert, lifeless, cooled down, and is used as a passive substance. Beechwood burns very slowly. Turfing soil smothers it. Its burning is incomplete and needs wind and oxygen to flare up again. The patients needing *Carbo vegetabilis* have very little energy and a weak response when facing physical stress

(cold, heat, exertion, virus, trauma, operations, vaccination, anti-inflammatory medication) and mental stress (desertion, want of help, necessity to adapt oneself to changes and to develop). *Carbo vegetabilis* children seem to have a very frail and weak personality. They are very dependent and always need help from adults. They need the adult's 'spark', their 'oxygen' for growing, changing and building themselves. The remedy is needed mostly during periods of life requiring changes and it is perhaps for this reason that it is most useful at the two extreme periods of life – in children and in the elderly. Like the vegetable charcoal which does not burn completely, the *Carbo vegetabilis* patient has difficulty transforming himself completely and remains very static, passive, refusing the change demanded by another person. We have noticed that this remedy is well indicated in infants who have missed sudden death several times, and who have a very dull and passive personality, as if they had not yet been born. Moreover, no other remedy has given life back to this kind of children as wonderfully.

Since we can do it sometimes, let's help them to live!

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4. Seasonal Affective Disorder

O'BRIEN John & CHUCKLEY Stuart
(PROBE, XXX, 3/1991)

Winter depression or seasonal affective disorder (SAD) is a cyclical disorder characterized by annual depressions during winter followed by recovery and sometimes rebound hypomania in the spring. Hippocrates first postulated a link between season and psychiatric disorders and it is now well established that there are more successful suicides in spring. Other similar associations include a summer peak for hospital admissions for mania and a bimodal distribution, with peaks in spring and autumn, for admissions with depression.

The true prevalence of SAD is unknown. However, all studies show that women are more frequently affected than men, with a female to male ratio of at least 3:1. Seasonal mood cycles usually start after the age of 20. A diagnosis of SAD can be made when there is a regular pattern of clinically significant depressions restricted to the winter months.

Hyperphagia is a clinical feature which is usually accompanied by carbohydrate craving and

weight gain but this is usually shed with ease the following summer. Patients have to go to bed earlier during the winter and wake up later, but sleep less soundly and often feel unrefreshed during the day.

SAD is generally a mild disorder. Most patients are able to work during the winter (possibly with increased time off sick) and few require hospitalization. There have been no reports on the development of psychotic features, such as delusions or hallucinations and there are no data available on the incidence of suicide.

In a few cases the syndrome has only become apparent after a move from the Equator to a northern latitude and some patients have reported an improvement on going towards the Equator.

Many patients have a first degree relative with a history of affective disorder, but the seasonal pattern of such illness is unknown.

In general, investigations are not helpful in making the diagnosis. EEG studies confirm the subjective hypersomnolence in those with SAD and this is accompanied by increased sleep latency and a decrease in delta sleep.

Many of the symptoms of SAD are also found in neurotic depression and it is important to recognize other diagnoses such as a chronic depressive illness or personality disorder. Possible causes of periodic mood and sleep disturbance include the Klein Levine syndrome in which episodes of hypersomnia and hyperphagia occur, though these usually only last for 7-10 days.

It is often impossible to make a definite diagnosis of SAD at first, despite careful assessment and information gathering, and it is therefore important to follow patients through the year.

The first case of SAD to be successfully treated with artificial light was reported in 1982 and several placebo-controlled trials have confirmed the efficiency of artificial phototherapy as an antidepressant in SAD. The lights used are bright full-spectrum, lights which simulate daylight as closely as possible by emitting all wave-lengths including infrared and ultraviolet providing 2500 LUX (the unit of light) at four feet, the equivalent of looking out of a window on a clear summer day.

Patients are instructed to have the lights about four feet in front of them. They should not stare at the lights but may read, work or watch television as long as light does actually enter the eye. Phototherapy appears safe but further studies are being conducted.

It is generally thought that four hours of light treatment are needed daily and that early morning

is probably the most effective time, although the duration of treatment is probably more important than its timing. If patients are going to improve they will do so after four or five days, and if phototherapy is stopped they relapse within a few days. It is therefore important that the effectiveness of light treatment is evaluated very carefully before it is prescribed.

Seasonally-induced changes in human mood and behaviour are of great interest because of the importance of season in some biological functions in animals. Seasonally induced breeding has been described in many animals and is controlled by the photoperiod, i.e. the length of day between dawn and dusk. The secretion of melatonin by the pineal gland (under control of the suprachiasmatic nucleus in the hypothalamus) is inhibited by bright light (daylight or artificial daylight) but not by ordinary room lighting.

These changes in melatonin secretion trigger seasonal behaviour in animals. No such changes in behaviour have yet been described in humans, and it was thought that SAD might be the first evidence of their existence. However, there are no consistent differences in melatonin secretion between those who suffer from SAD and controls.

As yet, the cause of SAD and the mechanism by which light treatment exerts its antidepressant effect are unknown.

(Abstracted from PRACTITIONER (1989): (233), 1479, 1575.)

5. Neurology

(PROBE, XXX, 3/1991)

(Editorial-abstracted from Lancet (1989): ii, 719)

Dyslexia

Some children unexpectedly encounter difficulties in learning to read, although most sail through the process of acquiring the complex set of rules and exceptions with apparently little effort. Research into Dyslexia has largely concentrated on two issues: who may be appropriately labelled a dyslexic, and what causes the condition? The dyslexic label is applied only to those children of normal intelligence who have a reading impairment, and to define such children as those whose reading skills are in the bottom 5-10% for their age.

Dyslexic children are impaired in many language skills, to varying extents. They are likely to have been late in starting to talk, to show subtle deficits in spoken as well as written language, and to have limited immediate memory

for verbal material. So, for most children classed as dyslexic, the reading disorder appears to be the most severe manifestation of a generalized language impairment.

What is the nature of the language deficit underlying Dyslexia? The dominant view among the psychological community is that the central deficit resides at some point in the processes of representing speech sounds, and in maintaining and manipulating these phonological representations in memory. Poor readers have trouble in making explicit judgements about the sound structure of spoken words. Dyslexic children typically have difficulty in identifying the number of sounds in the spoken word "cat" or in synthesizing the sound "duh", "oh", and "guh" into a single recognizable word. The deficit in what is termed "phonological awareness" reflects difficulties in making explicit the highly automatic and specialized process involved in speech perception and speech production. Learning to read similarly involves the conscious decomposition of complex sounds into single sounds that can then be matched to letters. And problems in this classification of sound segments will lead to failure in learning to read phonically.

Dyslexic children also have short-term memory impairments. Poor readers, compared with children of ordinary skills, have difficulty even with the simple task of repeating an unfamiliar spoken item. Such repetition deficits also characterize children with more general language disorders suggesting that reading and language impairments have a common aetiology. The difficulty in retaining novel speech sounds may impair the learning of letter-sound correspondence rules in the early stages of reading, and may also explain why both poor readers and language-disordered children tend to be slower in learning new words than do children with normal reading and language development. Very high heritability estimates are obtained for abilities to retain sound in memory. This genetic component readily explains the common observation that although Dyslexia runs in families, it does not influence all family members.

Other deficits of dyslexic readers such as their unusual eye movements and poor eye vergence control during reading seem more likely to reflect consequences rather than the causes of retarded reading. Eye movements are executed in response to the need for higher cognitive processes for visual information; thus dyslexic readers are probably deficient at the higher levels controlling eye movements, rather than in the mechanisms of eye movements themselves.

Assessments of tissue volume across the two cerebral hemispheres indicate that whereas symmetry of the two hemispheres is relatively unusual in normal readers, it is common in dyslexic children. Children with poor language skills differ from normal in their patterns of activity in the temporal neocortex. Such findings raise the possibility that fundamentally different brain structures mediate reading in children with normal or impaired language abilities.

Understanding of Dyslexia has advanced space in recent years. It is now known that Dyslexia represents a generalized language disorder, in which reading is most affected, that it has a genetic component, and that it may be associated with unusual brain function. It is also clear that training in awareness of the constituent sounds of words helps. The major challenge is to develop techniques that will allow correct inferences about causality to be drawn from this symptom complex.

6. Chronic and Migraine Headache
Dr. KENNETH A. Mc. LAREN
(The homœopathic prestige, May 1991)

In a short paper it would be impossible to fully explore such an extensive subject as the title suggests. The subject is, however, of great interest to all physicians because of the numerous patients who complain of such headaches, and because of the difficulty met with in giving anything like permanent relief to these sufferers.

OSLER lists headache as relative to its cause, and gives Migraine headache in a separate chapter. The layman uses the term Migraine as descriptive of any headache which has proved difficult to relieve and which may show some evidence of periodicity.

Among the causes listed by OSLER are Cerebral Tumour, Cerebral Syphilis, mouth breathing, Uraemia and Migraine. I might add arterial Hypertension. George ROYAL, in his book **Diseases of the Brain and Nerves**, classifies headache into two general classes: direct exogenous and reflex endogenous. Drugs, excitement, and shock, may be the cause of these direct or exogenous headaches - while the cause of the endogenous or reflex form, may be many and difficult to ascertain. Injuries; eye strain; disease of the brain and spinal cord; remote effects of drugs such as tea, coffee, quinine; effects of the sun; reflex symptoms from the digestive tract; the generative organs; allergic conditions; and many

others including arterial Hypertension, all come under this classification and include Migraine.

Migraine headaches appear to have as well as hereditary background. Some authors claim these are closely related to Epilepsy, and state that more parents suffering from Migraine have epileptic children than do epileptic parents. Certainly Migraine sufferers have prodromal symptoms, frequently ocular with blurred vision, half vision, or temporary blindness, before the full violence of the attack is established. More cases are seen in women than in men and the attacks tend to decrease in number and violence, and may cease entirely after fifty.

Other authors do not subscribe to this theory and take the position that the disease is of vasomotor origin, a Neurosis. In support of this, they claim there is a tendency to arteriosclerosis of the vessels on the side of the head usually affected. During the attack the arterial tension may be considerably raised; while in many cases in chronic Headache, and true Migraine, there is present an increased arterial tension. Marked periodicity is present as a cardinal symptom of true Migraine.

Because of the numerous causes listed and unlisted, it behoves every physician to make a very thorough examination and enquiry into the past history and present physical state of these patients. He should listen carefully to all their subjective symptoms, and check these and their objective symptoms against the results of his complete physical examination. Then only is he in a position to make a real diagnosis and offer any reliable prognosis.

The case of Mrs. M. well illustrates this point. Healthy woman of 38; throbbing left sided headache of several years standing; occipital area most affected; was worse from jar, stooping; and strong light; two moderate sized wens were found in this area which were tender to touch and pressure. *Belladonna* was given, the wens removed by surgery, and the headaches have never recurred. *Belladonna* would have relieved this condition temporarily, but it was evident that the removal of the wens produced the cure.

If no cause can be found your case may at once become much more difficult of successful solution; for with no discernible physical cause you are forced to the conclusion that you have to deal with a possible allergic or hereditary neurotic state. For example, let me quote the short history of Mrs. R., young matron; healthy vigorous mother of two sons; violent headaches from time to time for which no cause could be ascertained. She went the round of many physicians of note in

our University Medical Centre without relief. At last, she consulted an elderly professor of medicine who finally removed apples from her diet with the result that her headaches ceased. This conclusion was brought about by careful questioning and not by the use of skin tests. The professor was not a member of the homeopathic fraternity, but he had not entirely relegated all subjective symptoms to the care of the waste basket.

From the very first it is your duty to discover whether your patient merely wants temporary relief or wants to attain as nearly as possible the so-called cure. If he only wants something to take at the time of the headache, it will not pay you to take the time for discovery of possible pathology and a proper study of his history and subjective symptoms, for these cases are rarely cured by one or two prescriptions. The above is not always true but is generally the case.

To illustrate the cure in one prescription of a terribly severe case of chronic headache, I will quote the following short case history. Mr. S., Halifax, N.S., has had terrible chronic headache for years; had been to a well-known clinic. He is a dapper, dark haired man, commercial traveler; has had bad foot sweat for years and history of three Carbuncles; wants the head wrapped up warmly when the headache is on. *Silicea* is clearly indicated and prescribed. Two years after he again visited me as the headaches were beginning to recur.

The climatic conditions which obtain in any given section of the country where the patient resides, may help in the selection of the acute remedy indicated for a first prescription; while the results of your examination and analysis of the subjective symptoms, will point the way to the selection of the chronic or constitutional remedy.

In colder climates where any exposure to cold winds may start off a headache of the neuralgic or congestive type, *Aconite* or *Belladonna* may be quickly palliative. The so-called sinus headaches are relieved, and sometimes cured by *Belladonna*. They are made worse by jar, stooping, light and noise. The face is red and flushed, the pupils are dilated and the carotids throb visibly. *Belladonna* in any potency is marvelous in this type of headache.

In the warmer climates it is probable that there are more patients who need *Bryonia*, *Gelsemium* and *Melilotus*. *Bryonia* is a truly remarkable remedy, in that its action is both acute and chronic. When indicated it will cure permanently with no second remedy to follow up. The typical cases are usually found in dark

complexioned, brown eyed people. The headache comes on in the morning with first movement in bed is a dull full feeling attended with some vertigo, and is made worse by stooping. It is relieved by bathing the face and head with cold water. Mentally, these patients are irritable, they are also usually constipated, but with no desire for stool.

Nux vomica patients also have headaches first thing in the morning and are constipated, but have frequent ineffectual urge to stool. They are irritable, quick, nervous, depressed and the headache is generally relieved by their morning cup of coffee.

The Migraine patient with terrible morning headache attended by a great deal of nausea, and more nausea, is frequently cured by *Ipecacuanha*. In my experience, the presence of a clean tongue and a great deal of nausea, plus periodicity, points the way to *Ipecacuanha*. It is quite able to cure this type of case.

When the headache is found to change sides each time it returns, *Lac caninum* is indicated, or the headache may change to the other side during the same day. The headache is extremely violent, probably because these patients are neurotic and fanciful. They are attended with a peculiar type of vertigo which is described as if floating on the bed, or walking on air, when walking.

Iris versicolor produces a periodical type of sick headache attended with salivation and burning in the stomach with vomiting of very acid, burning, watery or ropy mucus. There is often blurring of the vision and one sided frontal pain.

Sanguinaria produces the typical sick headache, periodical, commencing in the morning and not relieved until evening. This is attended with hot flushes, vomiting and the pain is right sided from the right eye to the occiput.

Silicea patients sweat profusely, generally give a history of suppuration or foot sweat, and the headaches are relieved by wrapping the head up warmly.

In *Spigelia*, we usually encounter the seat of pain over the left eye or in the eyeball. It is a neuralgic type of pain and is frequently accompanied by elevation of the blood pressure and rapid heart action. The presence of, or history of stabbing pains in the region of the apex area will assist in making the decision, and also assist the patient with the resultant drop in blood pressure, and relief of both headache and stabbing pains. This remedy is often indicated in sinus headaches after influenza and acute sinus

involvement, and will cure the postnasal catarrh which attends such cases.

Sepia patients are easily identified by their facial appearance, uterine history, relief of symptoms from moving about, and by the fact that their headaches are frequently relieved by eating.

For cases where the only apparent cause seems to be elevation of the blood pressure, accessory measures to help in reduction of the tension are in order. These include more rest and proper diet, the elimination of stimulants, the reduction of salt intake and increase of water and decrease in fat and protein consumption must be considered and stressed. In short, a change in their mode of living is necessary.

The ideal way to prescribe for your patient is to take the totality of his symptoms, work it out in the repertory, then look up the resultant remedies in the **Materia Medica**, and make your choice. This becomes easier the oftener it is done. Personally, I have not the time, so essay some shortcuts.

If your patient has had a history of Epistaxis, or bleed)ng, is nervous, likes cold drinks, has nightmare, is upset by thunder-storms, you will have possibly two remedies to consider, namely *Phosphorus* and *Natrum muriaticum*. If the patient has weak ankles, a red V in the neck, dislikes consolation, you eliminate *Phosphorus*. If mild, tearful, chilly, is upset by fats and has a catarrhal tendency, you will think of *Pulsatilla* with possibly *Silicea* in the offing. If a history of car sickness and uterine disorders, or Tinnitus and Eczema, you think of *Sepia* or *Petroleum*. For those with heat flushes and blood-pressure, you think of *Natrum muriaticum*, *Ferrum*, *Lachesis*, *Sulphur* and *Sanguinaria*. For the more gastric type, you think of *China*, *Iris versicolor*, *Ipecac*, *Bryonia*, etc.

It is really very easy and rather rapid, of course the more you consult your repertory, the better your knowledge of **Materia Medica** becomes, and that in the end determines your choice remedy.

I never see one of these patients oftener than once every two weeks and the great majority of all my chronic cases are given one month's supply of medicine at each consultation. This prevents the too frequent changing of the prescription. In an old chronic case it is not reasonable to expect brilliant results in one or two weeks.

Here follow a few short illustrative case reports:

September, 1945. Mrs. S., age 26; slender; brown hair and eyes; has suffered from Migraine

headaches for ten years; was run down and anaemic when they commenced. She usually wakes with a headache which may stop from taking aspirin; when not relieved it becomes worse and is attended by a great deal of nausea, but she does not vomit. The headache is in the middle and left side of forehead and extends to the occiput; is worse from light, jar or false step from stooping, and is a dull headache. It is hard to decide between *Belladonna* and *Bryonia*. *Bryonia* CM was given. October 1945, a slight improvement; the headache is worse during the menstrual period. *Natrum muriaticum* has this symptoms in high type. I find she is afraid to be alone at night, worse from thunderstorms, and dislikes sympathy. *Nat-mur.* is given with great relief. January 1946, *Nat-mur.* repeated in higher potency. April 1946, *Nat-mur.* again given in still higher potency. This girl is now practically well.

January 1944, Mr.R., age 47; fair hair, blue eyes; complains of attacks of indigestion from fats, raw fruits, and sweets; feels bloated and belches a great deal during the attack; has a weak gone feeling relieved by eating; and whenever he is constipated the urine becomes scanty and objects seem to tremble or print jiggles; he then gets a severe headache attended with little nausea but no vomiting. Three remedies stand out, *Sulphur*, *Carbo veg.*, and *Cyclamen*. *Sulphur* 200 was given with several powders of *Cyclamen* 200 to be taken in case the headache becomes severe. Patient returned in April 1944, reports great relief, prescription repeated. Reported for more medicine September 1944, did not want any headache powders as no more headaches; stomach gas now the only complaint given; *Carbo veg.* low twice day. Every three of four months since I get a telephone request for more gas pellets.

January 1939, Mrs.F.S., age 55, stout; twelve years ago diagnosis made of an infected gallbladder; has recurring severe attacks of headache with vomiting; starts with a dazzling light in the right eye which comes suddenly; the vision is reduced to half of normal within twenty minutes; this prodromal condition is followed in about one half hour by terrible headache attended with nausea and vomiting white stringy mucus; she never vomits food; the vomiting stops when all the mucus has come away; the attack usually commences about 11 a.m. and lasts for two days; they are becoming more frequent and intervals are never more than two months; there is no vertigo, only a few flushes, some loud belching. The arterial tension is up 180/110. *Kali bichromicum* 200 every four days; to report in two months. March 1939, no attack, but was a little dizzy on

stooping when next headache was due; S.P.B. 160/90; *Kali bichromicum* 200 q.i.d. Two months and only a very slight attack; *Kali bichromicum* 10M one dose and placebo; B.P. 160/90. There elapsed one year without any headaches, then she was persuaded to give a blood transfusion. Following this she suffered a slight left sided stroke, and consulted me again in 1941. B.P. 200/120; headaches have returned; *Kali bichromicum* M once a week soon put her right again. It is evident that this woman is suffering from a toxic condition, probably the focus is in the gallbladder. She lives 175 miles out in the country, refuses operation, and feels she can stand the very rare headaches she now has.

Mrs. B. slender; brown hair and eyes age 40; frequent morning headaches on first moving in bed; no vomiting but a lot of vertigo on stooping. *Bryonia* CM one dose a month. Only slight return of the headache.

February 1942. Mrs.B., slender; fair haired: mother of two boys, allergic to dust and house mould; has had hay fever for years; gets injections for it. Moved to Toronto from California where hay fever is much less, probably due to living in heated house; Migraine headaches for years; they come on with a great deal of nausea but no vomiting. *Ipecac* 200 once a week completely cured her in three months.

(Journal of the American Institute of Homœopathy, November 1946).

7. Pseudoseizures: Seizures That Are Not Epilepsy, BETTS Tim (PROBE, XXX, 3/1991)

Non-epileptic attack disorder (NEAD) is a better term for pseudoseizures and is not accusatory. Modern technology may help to distinguish epileptic from non-epileptic attacks but will not help to decide what to do with the patient whose seizures are not epileptic.

Perhaps 20% of patients referred to specialist centers for treatment of intractable Epilepsy have non-epileptic attacks and have had much previous unnecessary investigation and anticonvulsant treatment. All have experienced treating a patient's Epilepsy unquestioningly for years only to discover eventually that the seizures were something else. Conversely, a confident diagnosis of Pseudoseizures may have to be revised to Epilepsy, eg. bizarre behaviour in frontal lobe seizures is easy to misdiagnose. Often NEAD and Epilepsy co-exist which makes recognition difficult.

Non-epileptic attack disorders

Organic attack disorder

Neurological

Cataplexy

IIIrd ventricle cyst

Transient ischaemic attacks

Migraine (basilar)

Benign drop attacks

Cardiovascular

Fainting

Stokes-Adams attacks

Mitral valve prolapse

Atrial myxoma

Aortic stenosis

Other causes

Insulinoma (and other hypoglycaemias)

Phaeochromocytoma

Psychiatric disorders mistaken for Epilepsy

Hyperventilation attacks

Panic attacks

Anxiety with derealisation/depersonalization

Episodic dyscontrol syndrome

Emotionally based attacks

Swoon – cut-off behaviour

Tantrum - immature displays of emotion

Abreaction or symbolic attack

Deliberate simulation

Distinguishing between NEAD and Epilepsy can be very difficult and may need lengthy acquaintance with and study of the patient. The diagnosis should not be rushed, especially since many patients have both kinds of attacks.

Interictal electroencephalogram (EEG) examination is misleading (except that a patient having several “convulsions” a day who has a normal EEG is unlikely to have Epilepsy). Ambulatory or telemetered EEG is helpful. A characteristically raised Prolactin level occurs after major seizures and a slightly less convincing rise occurs after complex partial seizures.

What should doctors do when it has been decided that a patient has NEAD of an emotional type? Blunt confrontation of the patient with the truth is best avoided. The patient should be led gently into recognizing the non-epileptic nature of his attack and the diagnosis put in positive terms. Above all, he must not be rejected but allowed to save his face. The principles of treatment are exploration of the underlying reasons for attacks and operant conditioning – seizure activity is ignored so that it is not reinforced – and seizure – free periods are reinforced with praise and other “rewards”. Intensive anxiety management and counselling, especially for victims of abuse, may be necessary and the family or close relatives should be involved in the therapy.

8. Three cases

SNEEVLIET Annete

(JAIH, Vol. 83, 2/ 1990).

Case 1: A 68 year – old man presented with a severe pain in the right lateral lower chest near to the abdomen. In fact, it was difficult to discern whether it was in the lower chest or just above the right iliac crest. The pain was so excruciating that it prevented sleep. He described it as a stitching pain, worse coughing, worse deep respiration, better lying on the painful side or from pressing on the painful area (*Bryonia*). The pain was localized to a small spot. It did not hurt when he turned his body. The pain was as if the lobe of the lung were adhering to the rib (*Kali carbonica*). The pain caused him to move constantly. Sitting was nearly impossible so he kept walking. The pain was unaffected by heat or cold, indoors or outdoors. Both *Bryonia* and *Kali carbonica* were given to no avail. The repertorization in KENT’s repertory was as follows:

GENERALITIES: pain, small spots (K 1378)

CHEST: pain, stitching (K 863)

CHEST: pain, stitching, deep respiration (K 864).

Prescription : *Ranunculus bulbosus* 1 M.

Follow-up: Within a few hours the pain diminished and by the next day had completely disappeared.

Discussion: *Ranunculus bulbosus* is an important remedy for Pleurodynia most on the left side but pain also can be localized in the abdomen or on the right side. It is worse turning the body and worse motion. So the above case was a bit atypical.

Ranunculus is also a big remedy for Herpes Zoster with blue vesicles (*Mezereum*). See KENT: Chest, pain after herpes zoster (K843) and Skin, eruptions, blue, dark: (K 1309).

In headaches, *Ranunculus* has pain above the right eye, Head, pain above right eye (K159) and better from standing (K161) and walking (K161).

It can also be useful in drunkards : Stomach, Hiccough, after alcoholic drinks (K502) and in drunkards (K502). In delirium tremens it can play a role: Mind, Mania-a – potu (K 64).

It also has Fear of ghosts (K45).

Case 2: A 49-year-old man was treated two years ago at the clinic when he complained of tremendous fatigue and severe joint pains worse after sleeping. His problem antedated to 1978 when he developed severe Influenza followed by a

kidney infection with high fevers which required hospitalization. While there he became septic and went into shock with a systolic blood pressure of 70-80mm Hg. He received high doses of intravenous antibiotics. His liver was adversely affected. He recovered but within a few months he developed Prostatitis, again requiring antibiotics.

Subsequently he felt so tired and worn out that he described himself as "an old man". He could scarcely work he was so weak. An engineer at a factory for years, he found he could no longer walk about the factory and he was reassigned to desk work. Warm weather was especially debilitating. He hated the sun. The joint pains began between the scapulae and involved the cervical spine. He described them as "stitching". Eventually all the joints were involved especially the shoulders and hips. Joint pains were worse after sleep and went away during the day. When he had sex with his wife he was exhausted for the next three days. He was bald.

He received a high potency single dose of *Selenium* using the following rubrics:

GENERALITIES: Weakness, following prolonged fever (K 1417)
 GENERALITIES: Weakness from heat (K 1417)
 GENERALITIES: Weakness from the heat of the summer (K1417)
 GENERALITIES: Weakness from slight exertion. (K1417)
 GENERALITIES: Weakness after coition (K 1416)
 GENERALITIES: Sleep, after, agg. (K 1402)
 GENERALITIES: Sun, agg. (K 1414)
 HEAD : Hair, falling, (K 120)

Discussion: *Selenium* is a major remedy after prolonged fevers and septic states. It has a specific desire for alcoholic beverages, especially brandy.

It is the only remedy to desire alcohol before the menses. (K.484). It is worse in general from tea and lemonade. Both beverages can cause headaches (K 141, 149). It is one of two remedies (the other is *Belladonna*) in bold for afternoon headache, (K 134). There is stitching pain over the left eye, (K 209).

Other keynotes for *Selenium* are:

HEAD: Hair, painful when touched (K 120)
 GENITALIA: Hair, falling off, (K 698)
 FACE: Emaciation of face and hands, (K 365)

ABDOMEN: Pulsation (K 599)
 ABDOMEN: Eruptions, red, itching rash over the region of the liver (K 547)
 MIND: Forgetful, he remembers all he had forgotten during sleep (K 49)
 SLEEP: Waking every night at the same hour (K 1256)
 SLEEP: Sleeplessness from pulsation of the body and particularly in the abdomen (K 1254, addition).
 PROSTATE GLAND: Emissions, with every emotion; during and after stool; and after urination (K 667).
 URETHRA: Biting pain after urination as if a drop were forcing its way out (K 674).

Follow up:

Within 14 days of receiving *Selenium* his energy had improved markedly and he was able to walk about his factory. On returning home from work he no longer had to lay down to rest. He was also able to have sex without the extreme fatigue afterwards. The pain in his joints gradually disappeared over the next few months and he returned to the level of health he enjoyed prior to his illness in 1978.

Case 3: A 33 year-old woman was seen in November, 1989, for depression, diminished libido and pain in her ear. Married with two children, she had developed a severe depression following each birth. The second depression, unlike the first, had never gone away and she had suicidal thoughts. She kept thinking of jumping out of a high window. Trouble concentrating, she could not remember what she had done a few minutes earlier. She was very irritable with her children. Whenever she was stressed her depression would worsen. Her responsibilities to her family were a burden. Making decisions was difficult. She would decide something and then immediately doubt her decision. Even thinking about when and how to clean her house had become a major issue. Whatever was happening she wanted it to be different. In 10 years of marriage she had fallen in love with as many as 10 different men, most recently with her brother-in-law.

Often as soon as she began to kiss her paramour she would begin to feel discontented and if the relationship had the promise of being a

sincere one she would stop seeing the man. She didn't know if she wanted to remain with her husband or some other man. It was as if there were two conflicting wills in her. She was very open about her sexual adventures and seemed to have no sense that what she was doing was in any way wrong. During the last year she had been unable to achieve orgasm and did not enjoy sex. She had very low self esteem. In every situation she felt inept.

She came from a family in which her father was very harsh and domineering. He made the most important decisions for her without consulting her. This included what she was to study. During the teenage years she became a hippie and dressed like a punk rocker when away from home yet very conservatively for her parents. Her parents made it clear they wanted her to dress nicely and to speak well. She liked to curse and use dirty words. She said swear words seemed very natural to her. She remembered her father telling her often that he was ashamed of her. If her mother criticized her clothes she would change them and then wonder if she had chosen well.

During the lengthy interview there was nothing to suggest she was a cruel person though she admitted at times to feeling so angry at her children that she felt like striking them.

Concentration was difficult and she felt hurried. "There's always a shortage of time," she said. "Everything goes too quickly". She tended to want to do several things at the same time but because of her indecisiveness little got done. "I start cleaning a room," she said, "and then I'll hang up some clothes and then I'm doing something else never finishing what I started". She was very distractible. She never knew what she wanted to do. She would start reading an article and leave it and begin reading another.

During church she noted she often perspired on her back.

For about one year she felt like there was a foreign body in her ear which she described "as a plug". Whenever she brushed her teeth her gums bleed.

Anacardium was prescribed using the following rubrics:

- MIND: Will, contradiction of, (K 95)
- MIND: Confidence, want of self, (K 13)
- MIND: Suicidal disposition, throwing herself from a height, (K 85)
- MIND: Concentration, difficult, (K 13).
- MIND: Irresolution, (K 57)
- MIND: Discontented, (K 36)
- MIND: Cursing (K 17)
- MIND: Moral feeling, want of (K 68)

EAR: Pain, pressing, like a plug (K 312)

MOUTH: Bleeding gums, when cleaning them. (K 398)

BACK: Perspiration (K 944)

Discussion:

Anacardium can be sweet and the cruel disposition might not be obvious. The center of gravity of the remedy is inner contradictoriness. The description of "Two wills" or "an angel on one shoulder a devil on the other" found in all the **Materia Medica**s does not have to be present. Sometimes it is needed in children whose parents are divorcing and they feel compelled to choose one or the other. Always there is the inner conflict or contradictory will.

Anacardium people often involve themselves in triangular love relationships. When single, this type may be dating four people at once. There is strong element of inferiority and lack of confidence. They need to prove themselves.

It is an important remedy for postpartum depression. In fact, a new rubric can be added: MIND: Sadness, after parturition: *Anacardium*, *Aurum*, *Belladonna*, *Cimicifuga*, *Natrum muriaticum*, *Platina*, *Pulsatilla*, *Sepia*, *Stramonium*, *Veratrum album*.

They can have the plug sensation any where in the body. With all complaints they feel better from eating.

Follow up:

A few weeks after receiving the remedy she felt much better. She ended her extramarital affair and began to be happy for the first time in five years. She started enjoying sex and having orgasms. She even reported doing a striptease in front of her husband. She felt more secure with her children and reported she could make decisions again. The plug-like sensation in her ear was much improved.

(These three cases were originally presented at the Small Remedies Seminar in Hechtel, Belgium, February, 1990).

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9. Sewer Gas – A 20th Century Obstacle to Cure
ROULEAU Patricia
(JAIH, Vol.83, No.2, June 1990)

Sewer gas, mentioned prominently by James Tyler KENT, M.D. as an environmental toxin impeding cure, is not a problem relegated solely to the 19th century. This article, the result of eight

years of research on the effects of sewer gas, came about as a result of a personal experience of sewer gas poisoning. This toxic gas produces symptoms on many levels and the treatment of its chronic effects is, as with other diseases, indicated by the symptoms. Ailments caused by environmental toxins can masquerade as a variety of mental, emotional, and physical illnesses.

"This little paragraph might seem to relate to nothing but hygiene. One of the most superficial things in it is to say that persons about to be made sick from bad habits should break off their bad habits, they should move from damp houses, they should plug their sewers or have traps put in if they are being poisoned by sewer gas", (**Lectures on Homœopathic Philosophy** J.T. KENT, lecture V).

References to sewer gas poisoning in *Materia Medica* and *Repertory*:

William BOERICKE, *Homœopathic Materia Medica*

- P.794 Abdomen, Diarrhoea, Cause, Occurrence from noxious effluvia: *Bapt.*, *Carb-ac.*, *Crot. h.*
- P.957 Charcoal fumes, illuminating gas, ill effects: *Acet-ac.*, *Am-c.*, *Arn.*, *Bell.*, *Bov.*, *Coff.*, *Op.*
- P.959 Ptomaine poisoning. Sewer gas or noxious effluvia, ill effects: *Anthr.*, *Bapt.*, *Phyt.*, *Pyrog.*

J.T.KENT, *Repertory*

- P.611 Rectum, Diarrhoea, bad drainage: *Carb-ac.*, *Pyrog.*
- P.612 Rectum, Diarrhoea, effluvia noxious from: *Crot-h.*, *Pyrog.*
- P.1270 Chill, Sewer gas: *Pyrog.*
- P.1348 Coal gas, from: *Arn.*, *bov.*, *carb-s.*, *carb-v.*

E.B.NASH, *Leaders*

Pyrogen – "..... and when we remember that typhoid is often traced to defective drains, sewer gas, etc. as its cause, this remedy, if the symptoms are reliable ought to be invaluable".

J.H.CLARKE, *Materia Medica*,

Reference to sewer gas poisoning are found in the discussions of or listed as causations in the following remedies.

Am-carb., *Bapt.*, *Bov.*, *Crot-h.*, *Kreos.*, *Op.*, *Phyt.*, *Pyrog.*, *Sulph. hydrogenisatum*.

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

term chronic exposure where symptoms have moved to deeper levels.

1. Male, age 38. Chief complaint: Unable to concentrate for the last 24 hours. He has just finished re-modeling his bathroom. The commode was removed and the drain line was open during this time. Head feels full and in spite of great effort he cannot concentrate. Thoughts cloudy; whole body aches; feels exhausted. He noticed that his face looked dark red and somewhat swollen. *Baptisia* 200c prescribed.

He was contacted the following day and said that improvement began shortly after he received the remedy. By the evening of the following day he was symptom free.

2. Male, age 9. chief complaint: Sore throat, headache, and stomach ache.

He asked the same question over and over again and couldn't remember the answer. He feels he has an "extra toe" coming out of the side of each foot. They annoy him and he would like to get rid of them. Fever 100°F. No thirst, no appetite. Moans from the discomfort of aching. He spent the last two days in a house with a "bad smell". In that house the commodes were loose and the drains had all been dry. *Baptisia* 30c prescribed.

The following day there was a slight improvement of all symptoms though he still felt he had "extra toes". *Baptisia* 30c repeated. Within three days all symptoms had gone. He was happy and energetic. His appetite and thirst were normal.

3. Female age 55. Chief complaints: Fatigue, depression, nausea, abdominal cramps, heaviness and numbness of the right leg which felt as if it dragged. Concentration difficult. These symptoms began after moving into a newly built home. All physical and neurological findings normal. Sewer gas leak from a broken cleanout was repaired and at the same time *Nux vomica* 30c was prescribed with an amelioration of symptoms.

(*Nux vomica* was prescribed on the earlier symptoms as well as current symptoms).

3. Dog, 6½ years old. She lived in the same home as the previous client. In 1986 she became listless; her pace slowed while walking and she could no longer jump up onto chairs. She was unable to control her front and back legs on the right side. She was unable to place her front paw where she intended.

The right side of her face was tightly drawn back. This dog was described as shy and sensitive, very aware of the moods of people. She slept in the utility room where the broken cleanout was located. *Causticum* 200c was

prescribed several times during the following year. The dog became energetic and able to jump into chairs and to go for walks. There was still a slight tension on the right side of her face.

Discussion

Sewer gases can be a toxic contaminant of indoor air in residences and in public buildings. In a correctly working and undamaged plumbing system these gases are vented harmlessly to the outside through vent pipes extending through the roof of the building. They are prevented from entering the indoor environment by the water in the U-shaped traps under all plumbing fixtures and drains, and by the wax seal under commodes. The effects of these gases on health can range from mild irritation of the eyes to flu-like symptoms to severe, debilitating illness.

Sewer gases, methane and hydrogen sulfide, are product in waste disposal systems. Methane is an odorless gas which is classified as a simple asphyxiant. Toxicity occurs as methane displaces oxygen in the environment. Hydrogen sulfide is classified as a toxic asphyxiant. "Acute eye problems can include photophobia and muscle spasm of the eyes. Headache, giddiness, and loss of energy occur with increased secretions from mucus membranes and pharyngeal soreness. Bronchitis, Pneumonia and pulmonary edema can occur. ..."¹

Even low concentrations of hydrogen sulfide are harmful. "Chronic low concentrations may cause many problems, but irritation of the cornea that can proceed to Conjunctivitis and, if the exposure is prolonged to Keratitis is most common. Neurologic problems such as absent or abnormal reflexes, facial paralysis, signs of cerebral and extra-pyramidal damage, personality changes, and poor recent memory have also been reported associated with chronic exposure"¹

The concentrations of sewer gases can vary in different areas of the same building. As homes are more tightly winterized, the accumulations of contaminants of indoor air can increase. Occupants of the same building may not experience the same severity of symptoms since they may not have been exposed to the same degree. For example, persons sleeping in a room adjacent to a bathroom with faulty plumbing could develop severe symptoms while other household members might have no symptoms or present very mild or different symptoms.

Water must be maintained in the traps of all drains of sinks, showers, baths, laundry sinks, automatic washing machine drains, bar sinks, other plumbing fixtures, and in all floor drains in both residences and larger buildings. All drains in

homes, public buildings, schools, hospitals, etc. must be filled with water at regular intervals; these intervals depend upon the evaporation rate. In homes floor drains are frequently located in laundry rooms, near water heaters, in garages and basements.

The wax seal under commodes needs to be correctly installed and replaced when necessary. These fixtures should not move or leak. If any plumbing fixtures are removed such as a water fountain or a sink, the drain pipe must be capped. Appliances with both a drain and a potable water connection, such as dish washers, water softeners, and water treatment systems must be connected to the drain line on the upstream (inlet) side of the trap. These appliances must also be protected by an approved air gap. Garbage disposal drains must enter the drain line on the inlet side of the trap.

Vent pipes in the walls can be damaged during remodeling or during the installation of mirrors or cabinets. This can allow gases to vent into the wall space rather than through the vent pipe to the outside. If there are damaged vent pipes in the walls, odors may be noticed in the area of the electrical outlets and switches. Correctly installed vent pipes prevent siphonage and effects from back pressure and they also provide air circulation for the drainage system. Specific trap and venting requirements can be found in the Uniform Plumbing Code.²

Plumbing codes require that the vent pipes on the roof be placed at specific distances away from or higher than any air conditioner, door, window, or any other opening. These distances are required to prevent the return of these gases to the inside of the building through any openings, including ventilation, heating, or cooling systems. Occasionally water in a trap can be lost when another fixture is drained. For example, water in a trap in a sink may be lost after a commode is flushed in a different room. It can be helpful to check with a flashlight to see if a trap is holding water. Older homes that have been remodeled to include laundry facilities may not have a trap or a vent for the drain line. Some washing machines have strong pumping action that forces standing water out of the trap at the end of the washing cycle. A mirror as well as a flashlight are useful to look into the drain to see if the trap has maintained its water seal.

Odors are not always a reliable indicator of the presence of sewer gas. There may or may not be a "sewer smell" or a "rotten egg smell". There may be a smell noticed only once in a while or a very faint odor. It may seem as if there are

“fumes” in the building or that the air is “not right”. Feeling worse inside the building and better outside or after being away for a time could indicate a problem with the quality of indoor air.

If there are any concerns regarding the air quality or safety of a residence or work place, contact the appropriate persons or agency for assistance.

Careful visual inspection, a review of the plumbing code requirements, and the use of the peppermint test (see below) can assist in the location of problem areas in the plumbing system. A qualified plumber who is aware of the dangers of sewer gases can use these as well as other methods to establish the safety of the plumbing system.

The Peppermint Test

A test can be made to help locate some types of problem areas by pouring a one ounce bottle of peppermint extract down each vent pipe, and then covering the pipe with a plastic bag and a rubber band. After waiting for a few minutes, return to the inside of the building to check for the smell of peppermint. The peppermint odor is unmistakable and will help locate problem areas; there should be no peppermint odor inside the building. It is most effective to do this test during the warm part of the day. Remove the plastic bags from the vent pipes as soon as the test is completed.

This test can help locate bad fittings, damaged or poorly installed pipes, etc. It does not always reveal defective commode seals. They should be replaced if the fixture is loose or if there is any question that the seal may be old or defective. There are plumbing problems that the peppermint test cannot locate.

References: 1. Rom Wm.Ed., **Environmental and Occupational Medicine**. Boston: Little Brown & Co., 1983.

2. **International Association of Plumbing and Mechanical Officials Uniform Plumbing Code**, 1988.
3. Richard T. LUCKETT, Licensed Plumbing Contractor. Albuquerque, New Mexico.
(For additional information contact Pat Rouleau, P.O. Box 347, Corrales, New Mexico 87048. Telephone 505-898-6230).

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10. Day to Day Management of Anxiety and Depression
S. SPENCE David (BHJ, Vol. 79, 1/1990)

This is not a regurgitation of the textbooks. I think you will find that when you use homœopathic medicines your need for standard

anti-depressants and anxiolytics will steadily decline; this is certainly something which I have found. Here, when you think about it, are two groups of conventional medicines, the anxiolytics and antidepressants, which really have been woefully over-prescribed during the last couple of decades in general practice. As a result we now have hundreds of thousands of what one might call psychotropic addicts in our land and this because there has been a tremendous over-prescription of these ordinary drugs. I think this is a field where one can very quickly see some of the very simple advantages of homœopathic medicines. These are all pretty well known to you:

- freedom from side-effects, such a big problem with the psychotropic group of drugs, and then this particular factor.
- Safety from the possibility of overdosage.

This is very useful area when using homœopathic therapeutics in the acute situation in general practice because, obviously, there is always a problem, or at any rate a potential problem, of patients taking an overdose of their tablets. This has happened to me on a number of occasions where one has prescribed remedies for a patient and later the same day relatives have rung up and said: ‘HORRORS, VERONICA has taken the whole bottle’. It is very nice to just be able to say: ‘Well, that’s fine and not to worry about it at all’, because you are not going to do any damage. So that is really quite an important point in being able to use homœopathic therapeutics in this particular field: and then, of course, there is an important point:

- that homœopathic medicines are free from problems of drug abuse or addiction.

I am going to review a number of medicines some of which are very major medicines, but I only want to highlight that part of their **Materia Medica** which is pertinent to the field of anxiety and depression as encountered in general practice, and I want to indicate some of the clinical situations in which I find these medicines useful. Very largely speaking I will be talking about what I might call the neurotic or emotional rather than the psychotic end of the scale. I think treating true psychoses using homœopathic therapeutics is extremely difficult and probably not something for you to try getting involved in too quickly. I think it is also fair to say that true psychotic patients are relatively uncommon in the average practice. When you think around all the patients you have in your practice who might fall into this group of patients, where anxiety and depression might be the diagnosis, you will probably think to yourself

that there is only a very small number of them who are truly psychotic.

So we are going to be looking at medicines which would be useful for the vast majority of these patients you see in the average practice. I think it goes without saying that the nearer you get to the totality of the symptoms of your patient the better suited the medicine is going to be and the better result you are going to get: but that is not always possible in an NHS general practice; we cannot set about long histories in the middle of the morning surgery. You may however recall me saying on the Introductory Course that if you've been in a practice for a while, you probably know your patient, so that you are going to be able to fill in some of the picture from your previous knowledge.

Take advantage of that and, secondly, be as observant as you possibly can be, because there are many things that you can observe and which will help you to enlarge the picture and get as close as possible to the totality. As we run through some of the medicines I do not intend to go through massive amounts of **Materia Medica**. You can look them up for yourselves. This is not an exercise in spoon-feeding. What I am trying to do is to jog your memories or give you some ideas of medicines that may be helpful and I shall rely on you to go away and look the medicines up: look up the repertory and see which medicines you might feel are going to be appropriate for you to use.

Anxiety

There are 37 medicines in bold type in the 'anxiety' rubric in Kent's **Repertory** and there are a further 87 medicines in italic type, let alone the number that there are in ordinary type. So there are a large number of medicines involved. Now if we stick with the repertory and look at depression, we do not actually find depression as such in the repertory. It comes under 'sadness'. You will find that the main rubric is sadness, and then in parentheses after that it says 'mental depression'. In that rubric we have got 47 remedies which are in bold type and a further 91 which are in italics. If we superimpose these two rubrics in the repertory you can see that these are the medicines – many of them you would expect to see – which actually come through.

Aconite you might expect; *Arsenicum*; *Lycopodium*. These are the ones which come through in bold type. Now there are obviously some in bold type in the sadness rubric which are not in both. *Aurum* is there, of course. All the other remedies that are in the anxiety rubric are in the depression rubric as well; all of these are in

fact in italics, with the exception of *Bismuth* which does not appear at all in the depression rubric, and *Secale* which only appears in ordinary type. That covers the two main rubrics in the repertory.

Do look at the repertory – look at these particular rubrics – look at the medicines which come through strongly and consider how useful they might be to you in clinical practice. When we break it down a bit, staying with the repertory again, if you qualify anxiety, you find that the medicine lists become very much smaller.

This means that under anxiety we then start looking at situations in which the patient is anxious, e.g. during thunderstorms = *Phosphorus*. There are only bold type remedies. So you have only got one medicine coming through in bold type there, and one can, in fact, narrow it down very well. Anxiety anticipating an engagement: *Argentum nitricum* is the only bold type remedy. Notice the medicines that come through on a number of occasions – *Arsenicum* for instance comes through as a bold type remedy in quite a number of places. This immediately gives you the impression of the anxious nature of the *Arsenicum* patient. The repertory is really quite helpful and informative if one looks through it in this way to see which medicines come out strongly in bold type in any particular group of rubrics. So do look at it and see how it will be helpful in directing you to medicines you should consider.

Let us move on now to practical clinical situations, keeping with anxiety to begin with. How do you think I felt this morning at the prospect of having to give this lecture? Terribly anxious – so you might be thinking of some medicines that are apprehensive and anxious. If we look at this rubric – 'anxiety, anticipating an engagement' we have got *Argentum nitricum* down there in bold type; *Gelsemium* and *Medorrhinum* are the other two remedies that are in that rubric. 'Anxiety, if a time is set' is another rubric which would be appropriate to me this morning. *Argentum nitricum* in italics and again *Gelsemium* and *Medorrhinum*. There is a rubric under 'Fear; church or opera when ready to go'; *Argentum nitricum* again in bold type and *Gelsemium* in italics. Then of course, there is the rubric for anticipation, where you get these medicines coming through and again. You have got those three we have been talking about; *Argentum nit.*, *Gelsemium*, *Medorrhinum*, together with the other three: *Arsenicum*, *Lycopodium*, *Silica*.

Argentum nitricum and *Gelsemium*, I suggest are the two most useful ones in every-day general practice; what one might call specifics or semi

specifics for this type of problem – for the chap who is coming up to London to give a lecture and is really very nervous and apprehensive about it. People who are worried about flying, about taking their driving tests, about forthcoming exams, all these sorts of common everyday situations that we meet in general practice. So those one might think of very much as the more ‘local’ medicines, as one might call them.

Arsenicum and *Lycopodium* are rather deeper-acting medicines that I tend to think of much more in a constitutional way and they are obviously very useful in the patient who you feel is close to that particular constitution. So many people ring up in general practice – the mums ring up and say: “Georgina’s got her A – levels in a fortnight and she’s in a terrible state about it; or she’s taking Grade VI piano or whatever, can the doctor give her anything?” There would I suggest that *Argentum nitricum*, and *Gelsemium* are the two medicines that you would consider top of the list.

Those two may be considered in more detail. The **Materia Medica** of *Argentum nitricum*: fearful, anxious, apprehensive – those are the strong features. Anxiety causes diarrhoea. The patient may well tell you that they have a terribly loose tummy just prior to doing something. It is very much the patient who is a little on the neurotic side. That is a frontline thing to think about. You have been through all the other general features of *Argentum nitricum* already this morning, so we will skate across them.

Gelsemium has effects of fright, fear, excitement/trembling. This is a very strong feature of the patient who needs *Gelsemium*, so watch out for it and ask for it if necessary. For stage fright, exam nerves, all the sort of situations that I have mentioned to you just now, *Gelsemium* may be extremely useful. Particularly the trembling; the patient who tells you that they get into a terrible state of the trembles with something that they have got to do – very useful for people who are taking things like piano exams – it is very difficult to play the piano when you are trembling! This, then, is the remedy to think of for the patient who is anxious before exams or anything they have got to do, where trembling is a particular feature.

Going back to our ‘anticipation’ rubric, we will mention in passing out old friend *Lycopodium*: sensitive, anxious, apprehensive – those are very much the mental features of *Lycopodium*. Intellectual people very often have an anticipatory fear of failure. Consider therefore, whether the patient is a *Lycopodium* type, at any rate in a situation like this. You might use

Lycopodium for this particular situation of apprehension about a forthcoming ordeal.

Staying with anxiety, it is obvious that the closer we get to the totality of the symptoms the better we are going to be able to help the patient. We therefore need to look for very much more detail if we are going to do something which is in the long term more helpful. We are going to do better to use one of the more major medicines or polychrests. If you are using *Argentum nit.* or *Gelsemium* as a specific - I tend to use it in the 6th potency, but you could equally well use it in the 30th potency and give it twice or three times a day. Either potency would be perfectly adequate and if you are beginning I would perhaps stick with the 30th potency. It saves you having other things to consider.

Thinking of constitutional remedies: some of these medicines are particularly anxious. *Arsenicum* is a very anxious medicine; *Lycopodium* is also a very anxious medicine; *Phosphorus* tends to be rather anxious and I think one would say *Silica* was also rather anxious. A number of the others also have anxiety as part of their mental picture. If we were to consider three major anxiety medicines - we have already looked at *Argentum nit.* this morning - the other two would be *Arsenicum* and *Lycopodium*.

Arsenicum: think of anxious, restless, fearful, fastidious - these are the four main mental symptoms of the *Arsenicum* patient. The aggravation time is particularly important and they tend to be very chilly patients. You may well be able to cast your mind round some people in the practice and actually think of patients who are like this; rather restless, anxious people who are frightfully pernickety, fussy and tidy and have to have everything done just so. That type of patient would be very well suited by *Arsenicum* and if you can use it on a constitutional basis you will do much more long term good for the patient.

Now let us come back to *Lycopodium*. This is an extremely useful medicine, one which was originally proved by Hahnemann and a substance which, of course, had previously been thought to be totally inert. It is made from the spores of the Club moss and had been used for all sorts of things - wrapping pills, etc.—in the past because it was thought to be inert. It was not until HAHNEMANN prepared it by trituration that it was realized that the spores had medicinal properties. It is an oily substance in the spores which has medicinal properties and you need to fracture the spores in order to release it.

When we look at Hahnemann’s provings we get the impression of a severely dyspeptic patient.

Indigestion discolours the whole of his life; anxious and irritable, muddled and confused. Most of his troubles follow the consumption of food; the heartburn, the waterbrash, the flatulence, the rumblings, the fullness and distension, the discomfort in the rectum occur over and over again in the provings. Other mucous membranes are also affected: the nose, the conjunctivae, the pharynx and urinary tract. But with all the provings of *Lycopodium* none is more clearly determined than the profound effect on the digestion and the excessive production of wind. So these are the things that come through very strongly in the provings and in fact it is in many of the late **Materia Medica**s that one gets the mental side coming out rather more strongly. These patients tend to look older than their years. Now do not be too misled by appearance; it can be helpful, but it can also be misleading if you put too much emphasis on it: but with *Lycopodium* that can be quite a large feature. Worried frown, the anxiety - tends to be visible in the *Lycopodium* patients. They are frequently intellectual people; frequently professional people, teachers, accountants, doctors, people like that; but do not debar people from being *Lycopodium* if you just think they are not very intellectual or intelligent. It is however frequently useful in people who have a strong intellect.

They are very sensitive patients, sensitive in a very large variety of ways. Sensitive to all sorts of impulses that they get and as a result they can be rather sort of crabby and irritable. They are often very irritable with their children - especially small children; it is almost as though they are a bit above that, and they really cannot quite cope with the sort of endless nagging of little children. So they are very sensitive to all sorts of things. They are emotional people, although they do not really like to show their emotions; a little bit like *Natrum mur.* here. But they do tend to be emotional people and they will do strange things like burst into tears when somebody is thanking them for something, and so the emotions do come out sometimes. Then they have the anxiety that I have already mentioned, apprehension about forthcoming things - a very strong feature. There is another very important feature with the *Lycopodium* patient: when they actually come to do what they have got to do they do it quite well - probably much above their own expectations. There are other medicines that also have apprehension but do not perform terribly well when they actually come to do what they have got to do. These two things grouped together - the apprehension, and yet dealing with the problem

well when it arrives - very much fit the *Lycopodium* picture.

They have this strange almost contradictory thing of fearing to be alone yet are not keen on company. It sounds contradictory on paper but it is not really. They are not terribly keen on company and socializing; they like selected company; they like to have a dinner party with Mary and John or whatever because those are people they like socializing in that way. They fear being alone particularly when they are unwell. The books say of *Lycopodium* that they fear being alone: they do not want anybody in the room with them but they would like to know somebody's in the house and that they can call them if they need to. So they have a very real fear of being alone, particularly when unwell.

You may also pick this up: making mistakes in speech and writing. Some patients will complain of that, professional people especially, you may find them actually telling you about that particular problem. Fitting it in together with this mental picture of *Lycopodium* you will get the whole picture quite well.

The time aggravation can be very strong feature sometimes in *Lycopodium* patients. It can be morning or evening. Much more commonly we think of it as a 4-8 p.m. time aggravation, or perhaps 4-6 p.m. dragging on till 8 p.m. and then better again after that. But you do see some *Lycopodium* patients who suffer a lot from waking up in the early morning and worrying. They are the sort of patients who are awake at 4 and 5 o'clock in the morning and worry about all the things that are going to happen in the day that lies ahead. They often go to sleep again and have great difficulty waking up when it is time to actually get up. So you see this time aggravation in the early morning.

You may well find that your *Lycopodium* patient has the main strong dyspeptic symptoms of the *Lycopodium* **Materia Medica**. You may have to dig for it, but it is always worth asking in passing. One quick question: 'What is your digestion like?' will often reveal quite a lot and might just help to cement the picture for you and make you realize that this is the right medicine to use.

This is *Lycopodium* used much more in constitutional way. You may give the same patient, off the cuff, *Argentum nit.* or *Gelsemium* for a particular event, but if you are going to actually help them to be a good deal better, to raise their base line as it were and therefore, their resistance to the anxiety problem, you need to treat the *Lycopodium* constitution.

Depression

I think it is worth looking at some types of emotion and thinking about the medicines that might be appropriate, because very often your depressed patient has in fact got some emotional disturbance and it may well be that the remedy that is applicable to that emotional disturbance will be the one that is best indicated.

Angry medicines:

These are the medicines to think about in a patient whose depression is really very much bound up with anger over a particular situation. Somebody asked Dr. LEARY earlier on about using other forms of treatment: whether we would use psychotherapy or whatever. Obviously it is of paramount importance, dealing with this group of conditions, that one goes behind the presenting symptoms and tries to find out what is at the root of it all, because putting that right is going to be probably the most important thing. Think about *Colocynthis*, *Nux vomica*, *Chamomilla*. Those are three particularly angry medicines and may be very appropriate.

Resentment

This is a very very potent cause of reactive depression in general practice. *Staphysagria* has resentment as an extremely strong feature; they tend to be very irascible patients; very angry and irritable but they have got this terrific underlying resentment about something that has happened or is happening. This may be some problem at work which they are extremely resentful about – somebody's got promotion over them when they feel they should have got it. *Staphysagria* may well be the key to unlock that depression and improve the situation. *Natrum muriaticum* is another medicine which has resentment very strongly in its **Materia Medica**. These patients are much less forthcoming of course – we will come back to them.

The weepy patient

Think of *Pulsatilla* as the first thing you might consider, although a number of other medicines may present as being weepy: *Ignatia*, which we will come back to, comes under this heading; *Sepia* can also be quite weepy. *Pulsatilla* has the very mild type of temperament which is very weepy as well. *Ignatia* is very much more the hysterical type of picture – the hysterical type of temperament which is also weepy.

The indifferent patient

Sepia very indifferent; indifferent particularly to family and loved ones; as opposed to *Phosphorus*, which is really rather what I would call 'apathetic when ill'. *Phosphorus* does not tend to be indifferent at all when well. They are

very effervescent and vivacious people when they are well, but they tend to get rather apathetic when they are unwell. This can particularly be seen in the depressed *Phosphorus* patient, who can have a very acute, deep, black depression and be very apathetic indeed. It may of course be very useful for you to find out from the family what they are normally like if you do not know them. But in the general practice situation you probably do know them and you may know that they are now very different to how they usually are.

Sympathetic people

Phosphorus and *Causticum* particularly have that as a strong feature; not terribly relevant to depression.

Fright and shock are relevant. *Aconite* is one of the medicines of our programme and is a medicine very useful in the situation of fright or shock.

Suicidal

We have talked about *Aurum metallicum*.

Jealousy and Suspicion – with *Lachesis* and *Hyoscymous* also. We have skated over all these already.

Let us consider some of these medicines in more detail.

Aconite is purely an acute medicine. Look for this mental picture in the patient who needs *Aconite* in the acute situation, fear and terror, intense anxiety, very restless, very panic stricken. *Aconite* will be your medicine of choice there. Repeated frequently this very short acting medicine would be very useful in that particular situation.

Ignatia is particularly useful under the heading of grief. I use it in what I call the situation of acute grief as opposed to the sub-acute or chronic, which is very much more *Natrum muriaticum*. *Ignatia* covers the effects of shock and grief and disappointment – you will nearly always find the hysterical element in the patient who needs *Ignatia*. Very emotional people; a lot of sighing and sobbing, and can be really quite melancholy and depressed. An interesting symptom is a sensation of a lump in the throat – 'globus hystericus'. *Ignatia* is very useful for that and, heaven knows, it is not easy to treat using ordinary therapeutics; that is something for which *Ignatia* can be extremely useful. *Ignatia* is much more an acute medicine. The girl who comes in: her boyfriend had just given her up and she is in floods of tears and really quite over the top about it all. *Ignatia* is very useful for that sort of situation; later on the same day she takes the whole bottle and you are quite safe. That has happened to me several times. *Ignatia* is therefore

very useful in that particular acute situation; hysterical weeping, effects of shock, grief, disappointment, etc.

Natrum muriaticum is a much more deep-acting medicine for use in the depression that may follow grief or bereavement. These patients are not easy to get details out of. They can be weepy patients but they will only weep when they are alone; they do not like to show their emotions; they are very much people who bottle everything up; they cannot express their emotions; they do not like to anyway, because they do not like to be seen; and of course, there is one strong feature; they cannot bear to be consoled or anybody to make a fuss or bother over them. Think of this in bereavement situations for the sub-acute or chronic situation; ill effects of grief; depressed patients can be a little bit on the irritable side; they have this lovely phrase applied to them in some of the books: 'nice to know but awful to live with', and I think there is quite a bit of truth about that. They are very poor at mixing with other people; they like a lot of their own company and they are not good at mixing with others.

There are lot of other features; obviously, it is a very large medicine indeed, with strong general features. They often have a salt modality. I have not put down 'desires salt', which it says in most of the books; you do occasionally meet a patient who actually does not like salt but who really is a *Natrum muriaticum* patient. But they often or nearly always will have a salt modality. Similarly they frequently have a seaside modality and they are nearly always worse at the seaside, but occasionally one can get the opposite. They are chilly patients – this is another of these apparently rather contradictory statements. They tend to be chilly patients, but they are definitely worse for heat, for humid muggy heat and therefore worse in stuffy rooms. These are very strong adjuvant factors, general modalities, and yet the patients may tell you that they tend to be rather chilly. So that you see (you get that a little bit with *Pulsatilla* as well) they can be chilly patients but very much made worse for a fog and for humid heat.

Think of *Natrum muriaticum* as a more deep-acting remedy in your depressed patient who has suffered very much from the ill effects of grief and who has this particular mental picture. Now if we go back to the depression of sadness/mental depression rubric in the repertory, all these medicines are in fact in that rubric. So you can see how markedly emotional disturbances come through or be a very potent factor in any of the depressive states that we see in every day general

practice, and these are some of the medicines which I think you will find extremely useful.

11. Do homœopaths use Cortisone?

Dr.PRABHA PATWARDHAN

Do Homœopaths use Cortisone, a Steroid? This question is often posed by some patients during the course of a consultation. The answer is a definite "No". Homœopaths of integrity and commitment to their profession do not use Cortisone, and in fact have no need to. Their **Materia Medica** is very rich in remedies with a vast range of curative effects. I am an allopath who turned to Homœopathy after experiencing a personal cure for a minor but irritating ailment which allopathy was unable to cure. I then studied Homœopathy and have been in homœopathic practice for the last 15 years. My only regret is that I did not study it earlier. Homœopathy is a wonderful system of therapeutics, and no one who has seriously studied it has ever doubted its efficacy. Then why are people having doubts about the medicines being adulterated with Cortisone?

When I posed this question to my patients who voiced these doubts they said that either they or some friends had the medicines given by their doctors tested (in most cases very reputable doctors), and they tested +ve for Cortisone.

I try to reason with them with the following arguments:

1. If one has been on long term Cortisone, one would show some side effects like "Moon Facies", excessive bodily hair, Osteoporosis, Diabetes etc.
2. Cortisone is not a "Cure All" for all the ills of the world.
3. Homœopathic remedies have a very wide range of curative properties.
4. Using Steroid would in fact be counter-productive as they would have a suppressive effect.

In view of this why should any homœopath resort to using Cortisone?

Recently I had an occasion to test these allegations.

One of my old patients who had changed to another homœopath nearer her home, telephoned me frantically to say that she had her medicines checked and they tested +ve for Steroids. I decided to send some of my medicines to be tested at the same place. The medicines sent were:

1. Unmedicated Pills.
2. *Cina* 1M
3. *Belladonna* 30
4. *Sulphur* 30

All these medicines were sent in a base of a small amount of lactose (Milk Sugar).

A report the following week said all of them tested +ve for Steroids!

I asked them to carry out the same test on plain Lactose. This also tested +ve for Steroids. It was now obvious that all these medicines were giving a false +ve test for Steroids. (Cortisone is a Steroid).

The test used was the "Colorimetric Method using Tetraxolium Blue salts". In this test, the reaction depends upon the reduction of Tetraxolium Blue salt to give a highly coloured compound known as "Farmazan". Under controlled conditions the amount of Farmazan developed is proportional to the quantity of Steroid or any reducing sugars present in the material being tested. In fact for some years, Tetraxolium salts have been used for determination of reducing sugars. So if the drug contains any Lactose, it will impart a strong colour with tetrazolium blue salt which will give a false impression of the presence of Steroid. Secondly, if the alcohol used in this method is not completely free from aldehyde, it will interfere with the reaction and will impart some characteristic colour in the reaction, which may again give a false +ve impression of Steroid. So this method is not advisable to determine the presence of Steroids in the drug.

Most homœopaths use Lactose as a base for holding the pills containing the homœopathic remedy together, in the powders. The pills themselves are made of cane sugar, a reducing sugar. Moreover almost all homœopathic remedies have alcohol as a diluent. One can see how homœopathic remedies, either as pills, powders or in alcohol, are likely to give a false +ve test for Steroids if this method is used. Other methods that are utilized to test for Steroids are:

1. Liberman buchard test
2. Thin layer chromatography method.
3. UV Absorption method.

The UV absorption method

Almost all Steroids show UV absorption between 235 to 240 nm in dehydrated alcohol or methanol in a clear solution. A complete spectrum of this solution is taken in the range 400 nm to 220 nm on a suitable spectrophotometer.

If any Steroid (Cortisone) is present it will show maxima at 240 nm.

It was decided to test the same homœopathic remedies for Steroids using the UV absorption method.

None of the four samples showed maxima between 230 to 250 nm showing absence of Steroids.

The same samples when adulterated with a Steroid showed maxima at 235 nm, showing the presence of a Steroid. (The Steroid added was clobetasone-17 butyrate which has maxima at 235 NM).

Conclusion

Before accepting a claim that the tested medicine does contain a Steroid, one must find out what testing procedures were used to eliminate a possibility of a false +ve result. If tests conclusively prove that the medicine given is indeed a Steroid, under the guise of a homœopathic remedy, then one must confront the doctor and seek an explanation, or complain to the homœopathic council so that disciplinary action can be taken against the erring doctor. Unsubstantiated allegations against any doctor are most unfair and damaging to his most cherished, professional integrity, and indeed to the profession.

12. The proving of *Lac asinum*

LAMOTHE Jacques (HL 14, 4/2001)

The protocol

A short proving was suggested to the 'Rencontres des Antipodes', which took place in Toulouse on May 29th. 1998. A group of homeopathic doctors (49) accepted to take, in one dose only, a nameless dose prepared by the **Schmidt-Nagel laboratories**, (27, rue du prÈ-Bouvier, CH-1217 Meyrin/Geneve, Suisse, tel. (41) 22 719 19 19, Fax (41) 22 719 19 20), to which we express our grateful thanks.

During the three days of the convention, the provers had to write down all their symptoms and later on, they had to report any belated ones to us. Two thirds reported back and among the 34% who didn't (seventeen people), only 12.2% specified they felt nothing (six people), whereas 22.4% (eleven people) didn't give their papers back.

Otherwise, for each symptom mentioned, they specified if it was a new symptom, a former but modified one, or a very old one. In any case, symptoms already felt in the past, previous to the experiment, weren't to be mentioned. The former but modified symptoms (MS) as well as the very

recurrent old ones (OS) are mentioned between brackets in the listing of the symptoms of the pathogenesis. All others are new symptoms. The prover's number, as well as the time when the symptom appeared in relation to the taking of the medicine, are mentioned between brackets, at the end of each symptom.

The medicine

The basic product is ass's milk. The medicine of the proving was diluted into 30 CH; it is therefore a question of a dose of globules of *Lac asinum* 30 CH. A few cm³ of milk were taken under sterile conditions by Dr.Youssef Baba Aissa, St.Jean 31 240, rue du 19 mars 1962, from a she-ass from Poitou, called 'Lark', that lives in a farming concern of the department of Tarn, near Gaillac. The ass, which was fed entirely naturally, without any medicine or additives, had been suckling for one month. The milk was immediately diluted into 1st CH and sent by special delivery to the above-mentioned laboratory.

The pathogenesis

Why the choice of ass's milk?

Many provings were made with animal medicine and, as far as the mammals are concerned, it is customary to use their milk because it is the best expression of animal's genius, as KENT says: 'It is any young animal life's food and it originates our nature in its deepest recess.' We think that there is something animal in man and that in some men there is a great deal of some animals, as some patients have their animal equivalents. So we have chosen the ass because, to our knowledge, up to now, there is not any diffused pathogenesis. Then, because, since the mists of time, this member of the horse family has been known to arouse in human beings a lot of fantasies and symbols, for it has been his working assistant as pack animal, in charge of carrying heavy loads (about 120 kilos).

Because it is one of the oldest domestic animals, its long partnership has allowed man to see himself partly in it and to project what he likes on it. Reading the **Dictionary of Symbols** by CHEVALIER-GHEERBRANT, the Robert, the historical dictionary of the French language **The Symbols by Seringe** and the CD of the **Encyclopaedia Universalis** version 4.0 is interesting.

At the end of those readings, a great number of synthetic ideas can help us to guess the ass's genius.

The ass

Mammal, member of the horse family from the shores around the Mediterranean, from Middle East, Central-Asia.

Adjectives: (French) asinin or asinien meaning from the ass, about the ass.

Latin: asinus / Xth century French: asne/French > XIIth century: asne / Italian: asino / Spanish:asno

Greek: onos/English: ass or donkey.

Key-ideas, symbolism (in the whole world):

- **Stupidity and stubbornness:** ignorance, darkness, little intelligence, and idiocy. For example expressions such as: he's a real ass!, silly or stupid ass, as stubborn as a mule, to make an ass of oneself, don't be an ass. Literature: Perrault, La Fontaine, Buridan's donkey. It is that side which is the most persistent in literature nowadays.
- **Humility and kindness:** seemed as important to us for we can find – in numerous traditions (and particularly in the **Bible**) – an idea of parody, an excuse for a reversal of values which allows us to go back to essential ones. Jesus' donkey: the female-ass's beneficial part, the fools' mediaeval festival, etc. The ass, even if it is stupid, is nevertheless a humble, relentless worker, a little foolish but obedient, enduring, patient and nice (to man when domesticated).
- **Curse and punishment:** It's the main theme of a lot of myths and tales; the person who's punished is changed into a donkey. The ass also represents sensual tendencies: sex, Satan, the Beast.
- **Indecisiveness:** which can be found in Buridan's (the donkey dies because he couldn't choose between a pail of water or a hay bale) as well as in Pausanias (Descent into Hell), he never succeeds in what he undertakes because he can never make up his mind.

The medical material

After reading the 124 symptoms this first proving brought in, we can cautiously put forward a few general impressions.

1. The dilution must have been well chosen since there are 31 mental symptoms out of 124, that is to say 25%. The experimenters

have well observed their symptoms, for seventeen among them, that is to say 34%, made a very accurate description of them.

2. There are a lot of pains and sensations in the head and, especially around the eyes like a blindfold or a 'carnival mask'. Shall we see a festive notion in it, as a female prover, commented. (Reversal, occultation of values), unless it is blinker's intolerance?!!!
3. There are also a lot of 'pins and needles', of paraesthesiae in the head as well as in the trunk or the limbs.
4. There are a lot of symptoms of the sympathetic system, such as venous vasodilatation with oedema, sweat, oliguria and menorrhagia.
5. A lot of symptoms are unilateral, mainly on the right. There is also a general aggravation from exertion from heat.
6. A kind of intoxication, peacefulness, well-being, fitness, good recovery while resting, absence of hunger, stamina, can often be observed.
7. On an emotional level, a sensation of helplessness and desertion appears unexpectedly. People who surround the experimenter seem spiteful, unfair, and ruthless and the subject feels as if he was an innocent, passive and defenceless martyr; though he feels some brief desire for rebellion, they don't find expression in malevolence, his defence being clumsy. The idea that he is some tragic, passive witness can also be found again.

Important comment:

Up to now and with this material only (124 symptoms), it is difficult to talk about clear, and even less about complete, pathogenesis. This work is only a beginning and demands further experiment.

Lac asinum

Psychological

- Sensation of floating peacefully (prover 13, 29th hour).
- Euphoria, impression of being on a cloud for six hours until she goes to sleep towards 12.30 P.M. (unusual after a conventional day which normally exhausts her) (pr.19, 18th h.).
- Sensation of being 'tipsy'. But not euphoric, for three quarters of an hour, with the impression of having drunk some bad wine, a light headache, compressing like a vise, and stomach-ache like a mild burn (pr.28, 2nd h.).
- She is calm, cheerful, whereas she has been very tired for several days; in the evening,

people around her think she looks well (pr.40, 1st day).

- Always in a good mood, unusually talkative, which wears her out a little and makes her feel guilty (pr.40, 28th h.). In the evening, she is still cheerful and somewhat intoxicated. Her sister, to whom she has been talking about the pathogenesis, tells her that the medicine must somewhat be related to a festive notion because of the mask and of the psychic effects like the intoxication (pr.40, 2nd day).
- Not hungry and surprisingly peaceful in spite of being seriously annoyed by a phone call (pr.37,4.30, MS).
- Frequent mistakes in spelling (pr.21).
- Towards the end of the afternoon, while going back to the hotel, sensation of being deserted which can't be explained (pr.25, 1st day, OS).
- Important anger with shouts at some patients who are pushing her too far (she is prone to that from time to time); for three weeks, she doesn't have these shouting fits of anger while consulting any longer, but only with her family circle. These fits alternate with an unpleasant epigastric sensation (pr.40, 9th day.).
- She feels the urge to phone her daughter and she hears she is not well (pr.48, 3rd day, MS).

Dizziness

- Slight dizziness which appears and disappears progressively (pr. 6, 45th mn).
- Towards the third h., sensation of slight dizziness, as if he was hungry, though he isn't used to eating in the middle of the day. Until the 11th h., several times, he feels a very fleeting sensation of intoxication, especially when changing position as if he had stumbled (pr.20).
- At the end of a very busy day, very intense revolving dizziness for a few minutes, a little improved if he shuts his eyes, with a normal blood pressure (pr. 40, 15th day).
- Sensation of dizziness for five minutes when waking up, which disappears completely when getting up (pr.46, 2nd day).

Head

- A parietal flashing pain in the right side of the head for 30 seconds (pr.3, 5th min.).
- Occipital pain for ten minutes, greatly increased by turning the head to the right (pr. 3, 5th h., MS).
- Frontal headache: like a heavy rod, for one hour (pr. 5, 2nd h., a.m.).

- The headache becomes a real nuisance by its unusual intensity in the forehead and it disappears completely one hour after drinking a cup of coffee (coffee usually improves those headaches) (pr.5, 58th h., MS).
- Temporal headache on the right and behind the right eye (pr. 10, 2nd h., MS).
- Flashing pain in the right temple for one second, without any ocular sign, but with a jump of the arm. Still lingers like a pricking with a different sensitivity, a little hypoaesthesia, confined to the temple up to the frontal bump and the sidepiece of the glasses, disappearing completely 5 minutes later (pr.43, 1st h.).
- Hazy sensation in the forehead, then cephalic passing tensions for two minutes, then frontal heaviness for one hour (pr.30, 5th min., OS).
- Left-sided headache starting from the nape quickly soothed by having a cup of coffee (pr. 43, 1st h.).
- Fleeting pain in the temple (pr. 48, 2nd h.).
- More noticeable than usual hair loss (pr. 21, 2nd month).
- Feeling as if she had a small spider in her hair or on her neck, and at times on her forehead, for more than 6 hours (pr.31, 3rd day).
- Tightness in the upper jaw and cheekbones for 30 min. (pr. 17, 20th h., OS).
- Itching and scratching of the left cheek, which leads to the forming of a pimple (pr.25, 50th h., OS).
- Real heat in the right cheekbone (pr. 40, 20th min.).
- Discreet pins and needles which spread from the cheekbone to the eyebrow, the temple and the wing of the nose, on the right. (Wrong) impression that her hair is a nuisance on her temple and at the corner of her eye. The paraesthesiae progressively reach the farthest right part of the upper jaw (back teeth) and becomes vaguely painful, still with heat. She is afraid of getting a headache or a facial neuralgia. Extension of 'the pins and the needles' sensation. The hair nuisance and light pruritus of the left side around the cheekbone: the angle of the eye and the temple. She feels as if she was wearing a carnival 'eye-mask', a sensation of light pressure, spreading towards the parietal bones and the occipital bumps, with a pruritus, especially on the right at first (25th min.) Then one hour later, pins and needles on precise areas: on the right, at the top of the posterior axillary line and in the pubis, on the left, at forearm and breast level, but particularly at scalp and back level, and internal and external eye-corners. This paraesthesiae linger on all day long on the first day, with a sensation of heat in this area of half-facial mask, so particular but painless. On the second day, they weaken. On the third day, when waking up, she still feels pruriginous pins and needles under her right shoulder blade. On her right buttock and left ankle she feels the mask only like a light pressure behind her cheekbones, and when going to bed she feels a dull pain inside her sockets and vaguely queasy. When waking up on the fourth day, she still has a pain behind the eyes, particularly on the right, until the morning is in progress.

Eyes

- Burning pruritus in the external angle of the left eye for 30 min. at 10a.m. (pr.18, 24th h.).
- Burn of the right eyelid (pr.18, 24th h.).
- Pain behind the eyes, especially on the right, at the end of the day before going to bed (pr.40, 25th day).

Vision, ears, hearing, nose

- A heavy weight at the base of the nose is the only symptom felt (pr. 35, 2nd h.).
- Rhinitis with discharge from the right nostril and conjunctivitis in the right eye (6th hour for half an hour) then mild rhino-pharyngitis in the morning of the second day and disappearance of anorexia. A spot in the right nostril (pr.37, 41st h.).
- For a quarter of an hour; intense pruritus in the left pillar of the palate, in the left nostril and in the left external auditory canal, appearing rather violently, whereas the rhino-pharyngitis is getting better (pr. 37, 42nd h.).

Face

- Sensation of heat at the upper jawbone and at the eye level. Sensation of opening on the forehead (like a third eye) for one mn (pr. 6, 5th min.)

Mouth, teeth, throat

- A strange sensation in the throat which is not improved by swallowing or eating at 12 a.m., better by eructations (pr. 7, 1st h., MS).
- Important fits of anger with shouts at some patients 'who are taking advantage'; for three weeks, these shouting fits of anger don't happen while consulting any longer but with the family circle only. They alternate with an

unpleasant epigastric sensation (pr.40, 9th day).

Neck

- Small spasms of the cervical muscles, on the left, when waking up. Though he slept well, he thinks this sensation looks like a pain felt after a bad sleep because of a bad pillow and lingers until the afternoon (pr.20, 46th h.).

Stomach

- Epigastric pain with rumbling for two days (pr. 13, 8th h.).
- Sensation of emptiness in the stomach as soon as the medicine is taken, for 25 min (pr. 17, 10th min.).
- Sensation of heat in the solar plexus for 5 min (pr.7, 30th min.).
- Unusual hunger: he isn't used to eating at 12, which disappears $\frac{3}{4}$ of an hour later (pr. 20, 3rd day).
- Impression of having drunk some bad wine, with a light headache, like a compressive cradle, and stomach pain like light heartburn. Sensation of being 'tipsy' but not euphoric, for $\frac{3}{4}$ of an hour (pr.28, 2nd h.).
- Impression of swelling like a balloon or of being full to bursting with disturbance because violent rumbling and feeling of distension. At the 6th hour, appearing again at the 29th hour for three hours with again, the impression of being an inflated and distended 'child's toy balloon'. At the 32nd hour it stops but a sensation of an empty queasy stomach takes over, exactly as it is at the beginning of a pregnancy (pr. 28, MS).
- She is very thirsty. She drank more than two litres of water on the second day, plus some tea and some fruit juice. She drinks out of big glasses; she has the impression of being thirsty again as soon as she puts the glass down. She isn't thirsty any longer if she is outside or if she opens the windows of the room where she is. On the second day, the impression of passing a little amount of water, in relation to the liquid intake. Everything comes back to normality on the third day (pr.33).
- Absence of hunger at lunchtime and bout of fatigue; one apple will do (pr.37, 2nd h.).
- On the first day: anorexia, which disappears on the second when gets a cold (exp. 37)
- Fancies fizzy drinks (she has this urge to drink non-alcoholic, fizzy drinks usually only after having drunk too much alcohol, which is not the case), seafood, a festive meal (pr.40).

- Rumbling noise when waking up on the third day. (pr.43).
- Strong nausea for half an hour (pr. 44, 9th day).
- Bouts of nausea for half an hour (pr.44, 32nd h.).

Abdomen

- Abdominal spasms and colic pains (33rd h.). These spasms reappear with swelling and violent pains on the second day for 24 hours (pr.16).

Rectum

- Woken up by liquid faeces with wind and burning anus for 30 min. (pr. 27, 17th h.).
- Only one but very diarrhoeic motion in the day, in the morning of second day, with heartburn, a sense of distaste for the usual bread and butter and coffee, craving for cherries and eating them, cold sweat and feeling of discomfort all morning, then improved with *China* 200K (pr.49, 2nd day).

Faeces, bladder, kidneys

- Very weak and colourless spurt of urine, impossible to accelerate it or make it stronger, lasting for nine hours, together with normal sensation while passing water (pr. 17, 40th min.).

Prostate, urethra, urine

- Urine decreasing on the second day accompanied by a profuse perspiration of the hands and menorrhagia (pr. 21).
- On the second day, impression of passing little water in relation to the liquid intake. Everything comes back to normal on the third day (pr. 33).

Male genitals, female genitals

- More abundant than usual periods, bleeding on the day she takes the medicine, coming back to normal the following day and starting again in the evening of the third day (pr.21).
- Second day period with a lot of clots and such a massive continuous flow of blood like she has never seen before, for 5 min. (pr. 44, 10th h.).

Larynx and trachea, voice, breathing, cough

- Dry and irritating, with pharyngeal pruritus for half an hour (pr. 42, 6th h.).

Expectoration, thorax

- She has Bouveret disease, which is usually triggered by extreme fatigue and sometimes triggered spontaneously. At present, though she had a very busy fortnight, she feels very energetic, without any problems of palpitations (pr.21, 2 months later).
- On the first day, after coffee break, slight thoracic pressure and a few sighs, same thing on the second day after the meal. The epigastric pressure at the solar plexus level lingers nearly all the afternoon with a sensation of discomfort on the 9th and 15th day (pr.40).
- Right sub-costal heaviness improved by a sustained pressure, at the second and fifth hour. (pr. 42).
- Palpable felt palpitations under right costals (pr.44, 7th h.).
- Right rib pain, after being pinned against an arm rest while picking up something on the floor, just before taking the medicine. What seems remarkable to him is that the pain is relatively intense compared to the lightness of the trauma and it lingers for three days after taking the medicine. It is a precise, bruise type, and is increased by yawning or by making some effort (pr.46, 1st h.).
- Impression of aching all over which goes away during the day. Stabbing pain in the middle of the back when waking up (pr.43, 1st day).
- Brief pain on the tip of the left shoulder blade, then in the right one but lasting longer (pr. 44, 30th min.).

Extremities

- Pins and needles in the right wrist as painful as numerous burning pin-pricks of the forepart for fifteen min (pr.9, 31st h).
- Pins and needles in the fingers of the left hand for a quarter of an hour (pr. 30, 30th min.).
- Prickling and pins and needles only in the left thigh: in a warm atmosphere, for one min (15th min.). Reappearing at the end of the second working day, in the left thigh, felt as a shiver for five seconds and in the morning of the third day, for two min, several times (pr. 21)
- Bone pains in the metacarpals of the two hands and in the right socket, in the morning at 9.00 (pr.18, 22nd h. 45.).
- Pain in the metacarpals of the right hand, increased by movement and writing, lingering all day long in the second and third finger with erratic pains of the superior left limb (pr. 18, 2nd day.).
- Pain in the first metacarpo-phalangeal joint of the right thumb, existing for a few days before the proving, but clearly improved, with a need for stretching the joint and making it crack but impossible to do (pr. 24, 6th 30, MS).
- Very brief pain under the right heel when walking, for two or three min (pr.19, 2nd h.45).
- Dull cramping pain in the left buttock and in the sacro-iliac area, increased when sitting and walking, radiating towards the knee, with the impression that the kneecap is unjamming (pr.43, 1st day, MS).
- Pain in the right leg after sitting for a long time (pr.25, 32nd h.).
- Dull diffuse pain, in the anterior part of the left shoulder, but neither radiating nor hampering the mobilization, for ten min. (pr.30, 5th h.45).
- Sensation of fullness with movements at feet level, forcing him to untie his shoelaces (pr.16, 2nd day).
- Swollen hands and fingers, (second day), for three hours, difficult to bend, impossible to take the wedding-ring off and sweating palms, really wet for one min, then sweaty for one hour, improved by moving, at the end of the

Back

- Pain in the left hip with lumbago when sitting for a long time (pr.18, 24th h. 45).
- Sensation of cervical heaviness (pr. 18, 2nd day, TA).
- Sensation of lumbar heaviness (pr.18, 2nd day, OS).
- Dull pain, improved by moving a few minutes, at the level of the postero-superior iliac edge bone, on a very precise spot, for one or two hours (pr.19, 2nd day).
- Dull ache of the paravertebral right muscles (between the spine and the shoulder blade) going up towards the nape, at 30th min., for one hour and a half (pr.34).
- Dull dorsal pain around the hepatic area, increased by pressure, which radiates, forming a belt, and increased by stretching backwards, at the 5th hour, for an hour, reappearing for half an hour on the second day (pr.37, OS).
- Violent pain in the coccyx in the evening, after sitting for a long time, which is not usually the case (pr.40, 31st h., OS).
- Always present and daily pruritus in a precise spot of the back, on the right, a month later (pr.40).

morning session at 10.00 and after a walk following the meal. Resumption of hand sweatiness in the afternoon while working, then improvement while standing during break and total disappearance at the end of the day, then new appearance on the third day at 12.00, specially to the right hand and on the 9th day (pr.21, OS).

- Impression of sticky hands, with perspiration. (pr.13, 2nd h.).
- Oedematous aspect of the legs with veins showing and marked varicose veins (pr.40, 6th day.).
- Sensation of heaviness in the legs, impression of congestion when crossing them (pr.43, 2nd and 3rd day, MS).
- Fissure between the big and the second toe of the left foot, only for two days (pr.40, 5th day).

Sleep/dreams

- Quiet all afternoon, absence of the usual sleepiness after lunch (pr. 25, 1st day).
- Slept soundly and peacefully without waking up, which is unusual (pr.27).
- She slept like a log. She didn't wake up, even for a few minutes, which is very unusual. She didn't even feel she was moving in her sleep. She woke up in a good mood, which is far from usual for her (pr. 33, 1st night).
- Pleasant dreams. She has some trouble leaving them and fancies starting them again (pr. 25, 1st night).
- Dream I have a walk with an old friend (pr. 16, 2nd day). The following week, internal tension in the evening, nervousness preventing from falling asleep, increased during new and full moon nights (pr.21)
- Waking up four times during the night for half an hour, between 2.00 and 6.00 with the sensation of not having slept during that time, as if 'awake while having a nap' (pr. 10, 8th h.)
- Half-asleep dreams of dirty, sewage water (pr. 10, 8th h.)
- Woken up during a dream, at 6.45, by the noise of a flush, with the impression it was somebody having a shower (pr. 7, 2nd night).
- Dreams she is at the end of her pregnancy, in a flat where she is to give birth in a very dirty empty room that she has to clean. The door is ringing: there is a little lost old woman, who is looking for work. She suggests giving her a job. The old woman starts cleaning the sink in a fastidious way, stain by stain, with her

head bent over it. Seeing that she helps her inefficiently, she prefers to tell her to go (pr.3, 2nd day).

- Peculiar dream about working: he was in a big room surrounded by naked male and female patients lying on stretchers; a person, a physiotherapist he knows, not very highly regarded, is taking care of them in a bossy way.
- Exaggerated noise of the same drops of urine falling into the basin (pr.7, 3rd day).
- Dreams he gives too much money to buy something in a shop. People around him are enjoying themselves and making fun of him while staring. He folds the old bank notes he is given back into four and goes out (pr. 16, 1st night).
- She dreams she has a walk in the town, naked from the waist up, in a quite natural way (pr.25, 2nd night).
- Dreams she has to water a miniature garden and that a child who she had lent her bedroom to, has made a mess of it by putting sand everywhere (pr.25, 2nd night).
- Dreams she suspects someone of wanting to steal her bag. There is already a mound of stolen bags. She is suspicious, she holds her bag tight (pr. 25, 2nd night).
- She dreams she is riding a tortoise and that she lets herself be 'trailed along' (pr.28).
- Dreams of children frozen to death (pr.30, 14th h. 15).
- Dreams she has to look for a room during a convention. She was walking across a shopping arcade, with the possibility of buying a lot of things (mementoes, cakes), then she is working in a pub with a group of homœopaths that she belongs to (but she doesn't recognize any one of them). While going there and on the spot, her right hand is displaying variations of mauve and purple colour, from the wrist to the hand, then the elbow which is congestive and painful. It gets better if she moves her fingers, but it comes back in brownish patches, spreading quickly from the thenar protuberance; then it comes back and she feels like moving her hand. She goes into a chemist's and asks for *Secale cornutum* MK. The chemist explains to her that with those dilutions, she can't be given ten granules but only one or three, then they talk about other products that she orders. Next, she goes back to the group and they talk about *Millefolium*, which would be 'chickpea', immediately afterwards they give

her 50 mg of aspirin. Finally, she walks across the shopping arcade again to go back to the convention. She woke up with her right hand a little numb, especially at the 5th finger level, but that happens quite often to her at the moment. The following nights she had “long, in space and time, dreams” (pr. 21, 12th day).

- Dreams that he was carving his dog with an instrument (knife or scalpel), starting with the umbilical area. It triggered in him an intense feeling of compassion. He had a lot of trouble accomplishing his act though, in his dream, it was something he must have already done. He woke up with relief, at the very moment he was starting to carve the dog (pr.36, 27th h).
- Dream of a person knifed to death leads to waking up (pr.9, 1st night).
- Dream: a large mansion, at night, an old woman becomes crazy and beheads her husband with an axe. There is a lot of blood; her daughter wants to intervene but she strikes her with the axe full in the face: then she wakes up with a start and yells (pr.9; 2nd night).
- Very bad nightmare: slaughter of a whole unknown but nice family by a badly dressed, sturdy man alone and also, unknown, who comes into the house and violently and systematically kills all the occupants who are artists and craftspeople who are very fond of one another. They can be seen just before the killer’s arrival. They live on their crafts at the seaside in a little harbour; in an old house, a woman makes dresses.
- She wakes up, she’s very hot, she can’t fall asleep again till 2 a.m. She has a bad, jerky sleep. During the two following hours, she feels hate and rebellion against someone who is dear to her whom she doesn’t usually hate.
- She painfully wakes up; she is exhausted and rebellious, but her hatred has disappeared. She relates that with a phone annoyance she had the evening before last (pr.37, 2nd night).
- Dream of the first night, she makes a rather vehement writing answer, intended to protect her in case of legal proceedings, to a paranoid letter she received and which is a threat for her. She realizes she forgot to mention the references to the letter she got in her mail, but the date, written at the top, is absurd, the numbers are inverted. She writes them out, such as they are (pr.40).
- Dream of the second night: a young man, a kind of righter of wrongs, Robin Hood type, is wanted by a very dangerous provost and his men at arms. A young woman finds him unconscious near an abandoned dwelling. She hangs him, letting the loop a bit loose around his neck, on a tall beam, to put him out of reach and to make them believe he is dead. Then – for the dangerous people are not far away – she rushes to join her companion who some people have hidden and who she finds asleep, concealed under a heap of thin planks and papers which cover him entirely. They have to clear the entry of secret stairs, which go down under ground, to take cover. Though there was a pressing notion of danger, she thought it was not a nightmare but only an action dream (pr.40).
- Dream of gardening in a vegetable garden – the dream is hazy, but there is an idea of competing with other gardeners (pr.46, 1st night).
- A little confused dream: he is in company of different people he knows and his mission is to provide a link not between them but with something or a different entity which is not present (pr.46, 2nd night).

Shiver, fever, perspiration, skin

- Some black histiocytifibromas she had on the front part of the left wrist, on the internal side of the right knee, on the internal malleolaire area of the left ankle, have disappeared, flattened, leaving only a white or black scar (pr.21, two months).
- Followed by fly’s fort at least two months (pr.40 and pr.1).

Generals

- Feeling very tired can hardly walk (pr. 16, 32nd h.)
- Feeling like having a shower or a bath (had three that very day), which is very unusual for she doesn’t like water too much usually, even when the weather is very hot (pr. 17, 2nd day).
- Hot flushes with the need to breathe in very deeply (pr. 44, 30th mn).

13. A homeopathic rogue’s gallery ROBERTS, H.A. (HT 22, 2/2002)

(The following article, originally titled “Monotony” appeared in the July 1926 **Homœopathic Recorder**. It speaks of one practitioner’s successful use of Homeopathy for many serious problems, long before the invention of antibiotics or other modern-day drugs. Each

vignette gives important characteristic indications of the homœopathic remedy that was used. Dr.H.A.ROBERTS originally read this article before the **International Hahnemannian Association** Meeting in June 1925.)

RECENTLY, IN THE MIDDLE OF A BUSY DAY, a patient said, "Doctor, I should think you doctors would get everlastingly tired of diagnosing cases and treating the same old diseases, day after day, year in and year out." "But my dear fellow," I said, "the homeopath does not treat diseases, he treats sick individuals, and no two patients ill with the same disease are ill in exactly the same way. The patient's individuality is present, be he well or ill and the individuality is part at least of the spice of medical life, which gives it variety enough to flavor it." As I went on my rounds the train of thought he had aroused went with me persistently, and I present it to you for your consideration.

Modern criminology has its rogue's gallery, wherein it records photographs, measurements and thumb-prints of offenders against society. Homœopathic **Materia Medica** has its Rogue's Gallery, with just as unmistakable records. The homœopathic physician follows the old adage and sets a rogue to catch a rogue.

Patient No. 1 comes in, "Phew, it's hot in here!" It isn't hot, but the patient is, and the thumbprints of the remedy are presented for my identification as she continues, "Doctor, I am so tired all the time, I can't get rested. I am more tired when I get up than when I went to bed, and when I sleep I have such terrible dreams." The patient is about fifty years of age and is passing through the experience of the cessation of the function of the ovaries. She is ill and to cure her I must act the part of the angel in the Garden of Eden and drive out the serpent - *Lachesis*.

Patient No.2. A young woman of twenty who had influenza in 1920, but was not under my care at that time. Since then she has had tonsillitis at intervals of three or four months. The inflammation always begins on the left tonsil and then goes over to the right side. The left tonsil becomes very much enlarged and then the right follows suit. The throat is always very much more sore after sleep, even after a short nap, and she awakes choking. An "empty swallow" is always more painful than swallowing either solid or liquid food. With a temperature of 102, the patient complains of being hot and chilly. Here is the trail of the same serpent. *Lachesis* cures the acute tonsillitis and removes the tendency induced by the Influenza.

Patient No.3. A woman of sixty-eight. She suffered during the night with acute pericardial

pain, which extended down her left arm to her fingers. The pulse was weak and irregular. A pallor extended all over her face. This patient had similar attacks previously and they always come on during sleep and she has wakened with a start in severe pain. Here we have a serious case of *angina pectoris* and again I bruise the head of the serpent *Lachesis*.

Patient No. 4 had to call me to "come in" when I rang the bell. I found her sitting on the side of a big chair, holding a cane. She had such severe pains in her left leg, extending from the left lumbar region down the back of the leg to the heel that she could not walk, but she could not keep still and had to get up and move in spite of the pain. Wet feet in a cold rain the previous night was the opportunity seized by the rogue *Rhus tox* to make his thumbprint unmistakable.

Patient No. 5 was almost hysterical, quiet physically and excited mentally. Her eyes were full of tears, the lids badly swollen, eyes half open. She was suffering from a severe headache with the pain coming in waves, the crest of the wave being in the occiput. Very frequent micturation of clear, light-coloured urine. The menstrual period was just over. The face and thumbprint of *Gelsemium* were unmistakable.

Patient No.6 is Miss baby, about a year old, well nourished, with an exceedingly white skin. She is extremely constipated. For several days there will be no stool, then the rectum will be packed with little hard lumps of fecal matter, held together by mucus. I am not a great believer in heredity, but it is interesting to note that both the mother and grandmother had the same arch enemy, and the constipation of three generations was cured by *Aluminum*.

Patient No. 7 is at the other pole in age: seventy-four. A sharp chill in the night was followed by severe stabbing pains in the right side of the chest. Her face was pale except that her lips were very red. She sat propped up in bed, her chest filling rapidly with mucus which was easily expectorated. There was constant nausea. Temperature 102, respiration 52. Remember that she was seventy-four years of age, and the symptoms listed above are grave at that age. *Ipecac* is unmistakably the thief to catch the thief. The patient made a good recovery from her Pneumonia.

So also did **Patient No. 8**, a girl of seventeen, who had the characteristic chill and a sharp pain in the right side of the chest. She had a loose rattling cough with no expectoration. Labored breathing with dilation of the alae nasi at every

respiration, temperature of 104, thirst for large quantities of water. *Lycopodium* was recognized.

"Same old disease" Pneumonia, but two individuals, each requiring a different remedy. I did not prescribe either *Ipecac* or *Lycopodium* for Pneumonia, but Mrs.G. had the Pneumonia of *Ipecac*. Miss D. had the Pneumonia of *Lycopodium*. Both recovered.

I have tried to present you some of the individuals in my Rogue's Gallery that I met in one afternoon. If I have made you see what I meant when I said that "the homœopath does not treat diseases, he treats individuals," the object of this paper is accomplished.

14. The treatment of Cancer

(Report of a seminar by Dr. RAMAKRISHNAN)

HARDY Jonathan (HL 14, 3/2001)

An excellent conference was organized by Robin Logan and attended by 150 homœopaths.

The purpose of this seminar report is to share with as wide a readership as possible what I believe to be exceptionally valuable and reliable information, which will enable us to treat our Cancer patients much more effectively.

Dr. RAMAKRISHNAN studied the long course at the **Royal London Homeopathic Hospital** and obtained his Membership of the Faculty of Homeopathy in 1967. He has been practicing Homeopathy ever since. He visits clinics in Singapore and the United States to treat Cancer patients and works in his practice in Madras from 7.30 in the morning until 9.00 in the evening. He is a busy doctor. He sees fifty or more patients daily. He confided he has lost both a sister and a brother (also a M.F.HOM.) to Cancer.

His experience in the homeopathic treatment of Cancer is extensive. He has treated over 4,000 cases of Cancer. He describes himself as a strict Kentian homeopath. However, using the classical method, his results with Cancer patients over the first twenty years of his practice were usually very poor. He has developed a new approach, which has brought him much greater success. In all other diseases he remains a pure, single remedy, single dose prescriber, but in Cancer he uses multiple remedies in alternation, frequent repetition of the dose, and a special method of plussing.

As is probably the case with many homeopaths, the majority of Cancer patients who come to Dr. RAMAKRISHNAN for treatment are at an advanced stage. He gives the following

figures for his practice up to the end of 1998: Total number of Cancer cases: 4020. Number of cases, grade 1 at presentation: 330. Number of cases, grade 2 and 3: 1040. Number of cases, grade 4: (terminal) 2650

He obtains a cure rate in grade 1 cases of 90%. He gave no figures for cures of the other grades.

Dr. RAMAKRISHNAN gave a great deal of very helpful advice. He listed the most commonly indicated Cancer remedies. Those kinds of Cancer most effectively treated homeopathically, his treatment protocols and which remedies are indicated in certain types of Cancer.

1. Organ/tissue remedies

The first prescription should be a medicine with a specific affinity to the site of the primary tumour.

2. Nosode

The appropriate Nosode should be prescribed inter-currently with the organ/tissue medicine. Never use a Nosode below a 30 potency in a case of the corresponding disease.

3. Constitutional remedy

The patient's constitutional medicine should be prescribed in alternation with the previous two medicines, and at a later time when the disease is under control. At the outset of treatment, particularly if the tumour is out of control, the organ remedy, nosode and constitutional medicine should be given for one week each, in alternation. The most appropriate potencies are 30, 200 and 1MK. Especially if using the plussing technique Dr. RAMAKRISHNAN uses the 200 potency, which will be explained later.

When the disease is being controlled well with Homœopathy or Surgery or a combination of the two, single doses of the indicated medicine weekly, fortnightly, monthly or two-monthly as appropriate should be administered.

Dr. Ramakrishnan's Plussing system

This method has been found to be extremely effective in rapidly reducing tumour size and decreasing pain.

Three pills of the remedy are dissolved in eleven teaspoons of water. The patient sips one teaspoon every fifteen minutes.

Between each dose the water is gently stirred, or, if in a bottle, shaken once. The patient takes ten teaspoonfuls over the course of three hours and reserves the last teaspoon for the next day.

The next day ten teaspoons of water are added to this teaspoon and the process is repeated. The dosing continues for seven days.

Dr. RAMAKRISHNAN advises that Homœopathy should never be used simultaneously with Chemotherapy or Radiotherapy. They will interfere with the action of the remedy and therefore the homœopathic treatment protocol will be less effective. If Chemotherapy is being given intermittently, i.e. weekly or two-weekly, then the Plussing is a very effective technique. Plussing will make aggravation much less likely, and ensures a powerful impact of the remedy.

When the disease is being controlled well with Homœopathy or Surgery or a combination of the two, single doses of the indicated remedy weekly, fortnightly, monthly or two-monthly as appropriate should be administered.

Dr. Ramakrishnan's protocol for treating Cancer homeopathically

1. Pre-Cancerous state. Homeopathy is the treatment of choice. (Conventional medicine has little or nothing to offer.)
2. Very early stage of cancer. Homeopathy.
3. Small lump, operable, no gland, no spread. Surgery, followed by Homeopathy.
4. Operable lump with affected local lymph nodes, which are also operable. Surgery followed by Homeopathy.
5. Primary lesion inoperable. Secondaries in glands and surrounding organs. Try Homeopathy for three to four weeks, if no success, then use Radiotherapy, followed by Homeopathy.
6. Stage 4. Primary fixed, with pressure effects in surrounding areas and secondaries widespread in the body. Homeopathy for palliation.

The adverse effects of primary and secondary lesions require urgent attention. One medicine only should be used at a time, but medicines should be alternated frequently.

Cancer types and frequently indicated remedies

Of course many other remedies can be indicated but Dr. RAMAKRISHNAN finds these named medicines are the most commonly indicated in the specific Cancers listed.

Astrocytoma or Glioma of the brain:

Plumbum metallicum. *Plumbum iodatum* if the tumour is infected. Iodatus are excellent antiseptics and antibiotics and can be used for any infected tumour.

Baryta carbonica and also sometimes *muraticum* are also very effective in Cancer of the brain. *Baryta* has an affinity with brain tissue and the *muraticum* salt is very good for re-establishing blood flow to the brain.

Cancers of the oral cavity:

90% require *Aurum muraticum*, which has a stupendous affinity with the oral cavity.

Cancers of the maxillary antrum, nasopharynx, oro pharynx: (essentially periosteal tumours)

Phytolacca, *Symphytum*.

Cancer of the oesophagus:

Conium. *Scirrhinum*.

Cancer of the head of pancreas:

Ceanothus americanus. Occasionally

Natrium sulphuricum.

Cancer of the rectum:

Graphites, *Acidum nitricum*, *Hydrastis*, *Aloe*.

Cancer of the ovaries:

Lachesis, *Lilium tigrinum*. (The latter especially in chocolate cyst of the ovaries, which is a pre-Cancerous state.)

Cancer of the breast:

Conium, *Scirrhinum*.

Cancer of the cervix of the uterus:

Aurum muraticum natronatum (this remedy is also very effective for dysfunctional bleeding, leucorrhoea, amenorrhoea etc). *Lachesis*, *Lilium tigrinum*, *Thlaspi bursa pastoris*, *Sepia*.

Cancer of the prostate:

Conium, *Thuja*, *Sabal serrulata*, *Hydrangea* (Dr. RAMAKRISHNAN stumbled on *Hydrangea* as a treatment for Prostate Cancer while treating bladder and renal calculi – he has seen a number of cures of Cancer of the prostate with it).

Homœopathy can very effectively reduce levels of prostate specific antigen (a situation for which there is no conventional treatment). If the PSA is marginally high, use *Thuja*. If it is very high, use *Conium*. Dr. RAMAKRISHNAN says

Conium is more or less a specific when the PSA is very high and should bring the levels down to normal. Use a 200C potency, once every two weeks and re-check after two to four months.

Cancer of the urinary bladder:

Terebinthina, Cantharis.

Cancer of the skin:

Sulphur, Arsenicum iodatum, Calcareo arsenicosa.

Epitheliomas are usually infected and therefore *Arsenicum iodatum* is often an effective treatment.

Cancer of the stomach: (Poor results)

Cadmium sulphuricum, Cundurango, Ornithogalum umbellatum.

Cancer of the lungs: (Poor results, unless it is a primary tumour.)

Conium, Scirrhinum.

Medicines for palliation of pain

Arsenicum bromatum, Radium bromatum, Magnesium phosphoricum, Plumbum iodatum, Opium, Aconite, Kalium salts.

In Blood Cancers:

Ferrum phosphoricum, China arsenicosa and *Kalium arsenicosum*, all in 6C can be used because of their profound action on the blood. They help with fever and musculo-skeletal pain. One dose four to six times daily.

Main Cancer remedies in detail

Carcinosin:

This can check the rapid deterioration in terminal cases. Dr.RAMAKRISHNAN has been astounded by its action at all stages of Cancer (not just in cases with a strong family history or pre-Cancerous states as has sometimes been stated). The picture he sees often is as follows:

Psychotic background.

Moralistic attitude in a young person.

Anxiety prone and sensitive.

Indecisive with mental dullness: and effort to think.

A dichotomy between lack of confidence and a highly moralistic state of mind with firm principles especially in a child or teenager.

Many fears: of poverty, death, of all kinds of tragedies.

A strong desire for sweets.

Blinking of the eyes and facial tics.

Right frontal headache.

Disturbed sleep.

Therefore very similar to *Argentum nitricum, Scirrhinum*: (Prepared from Cancer of the liver)

The picture of *Scirrhinum* closely resembles *Phosphorus*.

Thinly built and chilly.

A strong desire for cold drinks.

Many fears.

Keynote symptom: sinking sensation at the navel (*Carcinosin, Kali carbonicum, Phosphorus*).

Other strong features of *Scirrhinum*:

Haemorrhoids and sometimes a chronic, necrotic haemorrhoid mass.

Glandular affections.

Keynote symptom: glands and lumps which are STONY HARD. (*Conium*).

Varicose veins and painful varicose ulcers.

Threadworms in children. (They crawl out at 5-6 PM, not during the night, causing marked itching.)

Baryta iodata:

A very important remedy for glandular treatment and therefore effective where lymph nodes are involved. Of particular use in post-mastectomy with oedema of the arm. *Baryta iodata* is effective because the Baryta component has an affinity with the glands and the Iodata component is effective for infection. It may only be possible to palliate.

Sanguinaria is another medicine for stasis of the lymph and circulatory disorders in general.

Arsenicum bromatum:

A great remedy for infected skin. *Arsenicum* has an affinity with skin and *Bromatum* (as with the other halogens) has an affinity for infections.

Bromides and the halogens generally are great treatments for glands, infections and indurations in breasts and other tissue. If the indurations are calcified, use *Calcareo fluorica*. *Arsenicum bromatum* is also indicated in Hodgkin's lymphoma.

Aurum muriaticum

Has a very strong affinity with Cancers in the mouth. It can also be used to treat leukoplakia (a pre-Cancerous condition in the mouth). Also for lichen planus, which is potentially Cancerous and found in the mouth and skin.

Conium maculatum:

When there are stony hard glands (*Scirrhinum*) in Cancers of the breast, liver, prostate, oesophagus and glands anywhere. Nearly a specific for raised prostate specific antigen. *Conium* is the sheet anchor treatment in Cancer of the prostate (the next is *Sabal serrulata*).

Conium and the liver:

Conium has a strong affinity with the liver possibly because the liver is a hard organ and hardness is the essence of *Conium*. *Conium* can

be used to treat fatty degeneration of the liver, alcoholic and non-alcoholic cirrhosis. Benign tumours in the liver and hepatomegaly.

Euphorbium officinalis:

Many Cancer patients have severe pain and *Euphorbium* is a very effective treatment for very severe burning pains, which are relieved by cold applications. *Euphorbium* is a chilly patient. The burning pain may be due to a gangrenous process internally. It should be given as a 6C or 12C, or as tincture every one to two hours..

Hecla lava: (Contains *Silica*, *Alumina*, *Magnesium*, *Iron oxide* and *Calcium carbonate*)

For sarcomas, malignant myelomas, Eel's disease, some leukaemias, exostoses, calcaneal spurs, Epulis (a growth from the angular process of the upper or lower jaw - also *Thuja*, and bony growths on the skull.

Hydrastis:

It is a very important remedy for Cancer treatment. TYLER highlights it as being very important for pre-cancerous states. For Cancers of the stomach and Cancers affecting the intestinal tract generally. *Hydrastis* is often useful where the primary is unknown and there are a lot of stomach symptoms. It also covers the respiratory system well.

Symptom picture: flabby tongue, all gone sensation in the stomach, all discharges are putrid – almost like pus – and very foul smelling. *Hydrastis* is very good for infected tumours. In this case give a 30C four times daily, for a week then re-assess.

Kalium salts:

These are great medicines for the nervous system. Where there is debility, weakness and prostration and therefore important in terminal stages. *Kalium bromatum* is helpful where there are secondaries in the brain, especially if they are producing convulsions.

Opium:

Where there is extreme pain and for symptoms arising out of fear. *Opium* is one possibility, if there are secondaries, particularly with pain or seizures, use *Plumbum iodatum* 6c, every one to two hours Astrocytoma, Glioma and neoplasms of the spinal cord.

Radium bromatum:

A great remedy for dryness and breakdown of tissue and therefore often indicated post-radiotherapy and post-chemotherapy. Very prominent burning and itching.

Sabal serrulata:

Benign prostatic hypertrophy – tincture or 6C. for Cancer of the prostate or raised PSA – 30 potency upwards.

Cadmium sulphuricum:

One of the chilly remedies. If a secondary, particularly with pain or seizures, use *Plumbum iodatum* 6C, every one to two hours. Astrocytoma, Glioma and neoplasms of the spinal cord.

Types of Cancer which respond well to Homœopathy

Astrocytoma of brain.

Cancers in the oral cavity.

Oesophagus.

Head of pancreas.

Rectum.

Ovaries.

Breast.

Cervix of uterus.

Prostate.

Urinary bladder.

Skin.

Testes and external male genitalia.

In his experience the following Cancers respond poorly:

Body of the uterus.

Stomach.

Liver.

The following homœopathic remedies are commonly indicated in cases of Cancer

Arsenicum bromatum

Aurum muriaticum

Baryta salts

Cadmium sulphuricum and other *Cadmium* salts

Carcinosinum

Cundurango

Conium maculatum

Euphorbium

Hecla lava

Hydrastis

Kalium salts (*arsenicosum*, *iodatum*, *bichromicum* and *bromatum*)

Magnesium phosphoricum

Opium

Plumbum and its salts

Radium bromatum

Sabal serrulata

Scirrhinum

Symphytum

Terebinthina

Thuja

Of these, he emphasized *Carcinosinum* and *Scirrhinum* as being the two most important.

In Cancer cases often there is a race against time and it is a complex problem. For symptomatic relief of stomach Cancer where there is coffee ground or black vomiting, *Cadmium bromatum* or *Cadmium iodatum* can also be used, particularly if the patient is hot-blooded. *Cadmium iodatum* can be used for Hodgkin's disease.

Symphytum:

This remedy has a very strong affinity with the bone and can be used for any infection and Cancers of the bone and periosteum. Can be used in Osteomyelitis in conjunction with *Arsenicum iodatum* 6C. Sarcomas, Ewing's tumour and Osteoclastoma – a self-limiting Cancer of the bone which never spreads.

Terebinthina:

Can be very effective in Cancer of the bladder – high potency to cure, low potency for symptomatic relief. Very effective for strangury and haematuria. (Also a very useful treatment for simple albuminuria, for example in a child with Glomerulonephritis.)

Thuja:

Cancers of the throat, pharynx, vocal cords, pancreas, rectum and prostate.

Treatments for nausea from chemotherapy

Cadmium sulphuricum is probably the treatment of choice. Other medicines which can be used are *Arsenicum album*, *Nux vomica* and *Ipecacuanha*.

Strictures

In patients with strictures, adhesions and fibrous strands, causing pain or other symptoms, several remedies can be used, but mostly think of: *Graphites*, *Causticum* and *Thiosinaminum*.

Several examples

Case 1

Male doctor, age 52, Cancer of the stomach.

A five cm. diameter mass in the greater curvature of the stomach. Surgery was performed to remove all of his stomach, but he had multiple cancerous mesenteric glands and secondaries in the spleen, liver and lungs.

Protocol:

Week 1: *Hydrastis* 200C – one dose

Week 2: *Conium* 200C – one dose

Week 3: *Carcinosin* 200C – one dose

This cycle was repeated for three months. Plussing was not used in this case because surgery had already controlled the primary tumour well. Plussing is used when it is necessary to quickly reduce the size of an out-of-control tumour. Plussing also reduces the likelihood of aggravation. At the end of three months all the metastases had disappeared. This patient was exceptionally lucky because not only does Cancer of the stomach not often respond well to homœopathy, but the tumour was in the greater curvature where the prognosis is not as good as in the pylorus.

Hydrastis was chosen because it is major remedy for Cancer of the stomach; *Conium* was chosen because of its affinity with Cancer of the glands, particularly when they are very hard, as they were in this case; *Carcinosin* was the appropriate Nosode. Again, a dramatic cure, which remains several years later.

Case 2

A six-year-old boy with chronic Myeloid Leukemia.

The patient had a very large number of affected glands and was febrile with Hepatomegaly and Spleenomegaly. The main features homœopathically in the case were that three of the glands were very hard, which is abnormal in chronic Myeloid Leukemia, and the patient was thirstless and had an oedematous face.

Protocol:

Scirrhinum 200C – one dose four times a day for two weeks.

Apis 200C – one dose.

Scirrhinum 200C – once each week.

At four weeks the hard glands were much softer, no new glands had appeared and the swings of fever were much reduced. The child's haemoglobin count had risen.

At twelve weeks the child was totally afebrile and the glands were 25% reduced in size. His Hepatomegaly and Spleenomegaly was much reduced. However his leukaemic blood picture remained exactly the same, therefore it was essential to change the strategy.

Protocol:

Symphytum 200C once weekly.

In a matter of months, the blood picture returned completely to normal and the patient has remained well for some years now. In this case *Scirrhinum* was the indicated Nosode and *Apis* the constitutional medicine. The medicine, which totally turned the case around however was the

tissue remedy: *Symphytum*. This is well known as a medicine with a very specific action on the bone and Dr.RAMAKRISHNAN confirmed that it is also an extremely effective remedy in Leukemia, because it has a very powerful affinity with bone marrow.

Case 3

Male, age 40, with a mass in the right temporal region.

There are secondaries in the spine, ribs and cervical gland. Diagnosed as a round-cell, undifferentiated, malignant tumour. He is without pain, but the patient is tired, cachectic and has lost a large amount of weight.

Protocol:

Symphytum 30C, and again, two weeks later and then 200C two weeks later.

At two months the patient feels somewhat better, but the tumour is no smaller.

Protocol:

Hecla lava 200C weekly.

Two months later the mass on the head has completely disappeared.

Protocol:

Calcarea fluorica 6C for several months.

The patient refused scans to check secondaries and any more follow-up but is still alive seven years later. This patient was treated before Dr. RAMAKRISHNAN developed his Plussing technique and current protocols.

Case 4

Astrocytoma of brain presented with a third recurrence after three operations. Tumour was in the frontal lobe on the left side. Patient has decreased short term memory and slow movements.

Protocol:

Plumbum iodatum 200C with plussing alternating with *Carcinosin* 200C with plussing. After two months *Baryta carbonica* 200C every two weeks. After six months the tumour is completely gone. Patient remains well nine years later.

Dr.RAMAKRISHNAN has had a lot of success with Astrocytoma of brain, even in the third stage.

Case 5

A twelve-year-old boy, with Ewing's tumour – a Sarcoma in the left fibula. He is hyper-active, extrovert and very energetic. At the age of three, he had a primary tubercular complex. He has a strong fear of animals.

Protocol:

Hecla lava 200C alternating with *Carcinosin* 200C every week. After six months the tumour has completely disappeared. Two months later a secondary appears in the right ankle, picked up on routine scanning.

Protocol:

Tuberculinum 10MK, one dose. The tumour completely disappeared.

Case 6

A 60 year old male with Cancer of the oesophagus.

Total occlusion of the oesophagus with inability to swallow more than a few sips of fluid. One secondary in the right seventh rib. Very reserved, soft-spoken, sensitive and conscientious. Lacks stamina, is chilly and a poor eater. Wants cold food and drinks and has an aversion to milk.

Protocol:

Silicea over a course of six months in ascending potencies from 200C to 10MK, with occasional doses of *Conium* 200C intercurrently.

Patient totally cured.

Case 7

A 47 year-old-woman with Cancer in the left cheek. Hard sloughing ulcer with an involved sub-mandibular gland. Also leukoplakia inside the right cheek.

The patient has a flabby tongue with a foul odour of the mouth and foul eructations. An all-gone feeling in the epigastrium.

Protocol:

Hydrastis 200C weekly.

At three months, the tumour is 75% reduced and the sub-mandibular gland is absent. The patient then ceased to follow-up but returned a year later with re-growth of the tumour, which had been getting gradually bigger again over the previous two months.

Protocol:

Hydrastis 10MK. The tumour completely disappeared and the patient remains well eight years later. This case again was treated before Dr.RAMAKRISHNAN developed his present protocol and Plussing method.

Case 8

A 62-year-old male with multiple Myeloma.

Hecla lava (because of multiple sites in bone), in alternation with *Carcinosin*.

Case 9

Tumour of the head of pancreas.

Cadmium sulphuricum in alternation with *Carcinosin* followed by *Arsenicum album*.

Case 10

A 68-year-old male with bronchogenic carcinoma.

Lycopodium in alternation with *Carcinosin* with *Sanguinaria* used to palliate haemoptysis.

I hope this report will encourage colleagues to approach their Cancer patients with more confidence. Dr.RAMAKRISHNAN is writing a book on the homœopathic treatment of Cancer, which will probably be available at the end of this year. He is returning to England in August and will be presenting this information again. The venue has yet to be announced but it will be in the north of the country.

PART III

(While Part II features articles from other journals, Part III contains the editor's own contributions and other original articles.)

1. COMMUNICATION FROM DR.R.P.PATEL: CONSTRUCTION OF BOENNINGHAUSEN'S THERAPEUTIC POCKET BOOK⁴ AND CONVERSION OF GRADES INTO KENT'S REPERTORY.^{1,2,3} by Dr.Ramanlal P.PATEL, Dr.Jawarlal R.PATEL, Dr.(Miss) K.H. MATANI. Dr.R.P.Patel Institute of Homœopathy for Research and Education, Subhanpura, Baroda – 390 023.

In constructing his **Therapeutic Pocket Book**, BOENNINGHAUSEN based his grouping of symptoms on Hahnemann's teaching that it is imperative that the homœopathic physician prescribes on the *totality of the case*. He proceeded on the hypothesis that this totality was not only the

sum total of the symptoms but was in itself one grand symptom, the symptom of the patient. BOENNINGHAUSEN evaluated the drugs by introducing variation in sizes of types, signifying the varying importance of the symptom-rubric to the various drugs listed. We find the following *five grades* of evaluation against Dr.KENT's, three;

- | | |
|-----------------------------|------------|
| 1. CAPITALS | (5) Marks. |
| 2. Bold face or type | (4) Marks. |
| 3. <i>Italics</i> | (3) Marks |
| 4. Roman | (2) Marks |
| 5. (Roman in parenthesis) | (1) Mark. |

1. CAPITALS – A symptom recorded in many provers and it is very prominent and verified.

2. **Bold face or type** – A symptom appeared in several provers and confirmed in reprovings and verified on the sick.

3. *Italics* – A symptom appeared in a few provers and verified occasionally on the sick.

4. **Roman – A symptom brought out by only a few provers but not confirmed or verified on the sick.**

5. (Roman in parenthesis) – Doubtful remedies which require critical study.

Dr.Kent's three grades:

1. FIRST GRADE SYMPTOM.

A symptom caused in the 'majority' of provers; also obtained by reprovings and clinically verified

extensively can be up-graded to **CAPITAL** or **Boldface** type (3 marks) OR

A symptom recorded in the majority of provings, or brought out in every prover, confirmed by several reprovings and verified upon the sick, (7, p.213); is related to the **FIRST GRADE**. It is printed in Kent's Repertory in **CAPITAL** or **Boldface** (8, p.63)

2. SECOND GRADE SYMPTOM.

A symptom caused in a few provers; also obtained by reprovings and has been confirmed and occasionally can be upgraded to *italics* (2 marks) (7, p.214) OR

A symptom brought out in a few provings, confirmed by reprovings and occasionally verified upon the sick is classified under **second grade**. It is printed in Kent's repertory in *italics*. (8, p.63).

3. THIRD GRADE SYMPTOM.

A symptom caused now and then in a few provers, and not yet obtained by reprovings; but standing pretty strong or having been confirmed clinically can be up-graded or inserted in ordinary or roman type (1 mark), (7, p.214). Also a clinical symptom can be inserted or added in ordinary or roman type (1 mark) OR

A symptom brought out by a few provers, not confirmed by reprovings or verified by curing a patient but standing out very prominently, is being classified as third grade symptom. It is printed in Kent's Repertory in ordinary or roman type.

Certain symptoms that are not in the proving but yielding to a particular remedy and confirmed again and again by others in clinical experience and admitted as clinical symptoms, are admitted to the third grade symptoms (8, p.63). It is said that "Only a minority of the symptoms listed in Kent can be traced to provings" (Editorial, British

Homœopathic Journal, April 1993, 82, p.81). I disagree according to my experiences for the above statement in the editorial of the Journal.

"The fifth place, the last of all, contains the doubtful remedies which require critical study and which occur most seldom" (Boenninghausen)⁴. In other words, these are the remedies that have been found to have that symptom but rarely, or to have had it verified in clinical work only. The fifth evaluation Boenninghausen has used mostly in the chapter on relationship. When you compare both Repertories, you will find that in Kent's Repertory drugs which are graded highest i.e. **BOLD** or **CAPITAL** (3), You will find same drug graded highest i.e., **CAPITAL** (5) in Boenninghausen's *Therapeutic Pocket book*, with a few exceptions. Similarly drugs in *Italics* (2) in Kent's Repertory are found graded as **Bold face** (4) in *Therapeutic Pocket Book*. Other three grades of drugs in Boenninghausen's therapeutic Pocket Book are found graded in roman type (1) in Kent's repertory, also with a few exceptions. Dr.M.L.DHAWALE² of Bombay recommended the following table for conversion of evaluation (grades) of drugs in a rubric from Boenninghausen to Kent, which in practice is found quite dependable.

BOENNINGHAUSEN	KENT
5	3
4 & 3	2
2 & 1	1

NB: Kent uses three grades, Boenninghausen has four, but this fourth grade is included in those of the third (1) under Kent's classification (Bidwell)⁵.

Kent's Repertory^{1, 2, 3} has a list of 657 medicines³ while Boenninghausen *Therapeutic Pocket Book* has only 346 [Original 126 + 220 (Allen)]⁴. And so the final selection of the medicine will be more or less the same.

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4. DR.BOENNINGHAUSEN: therapeutic Pocket Book, 5th American edition, 1931, Boericke and Tafel, 1935.
5. DR.BIDWEL, G.I.: How to use the Repertory? Dr.DHAWALE M.L.: Principles and Practice of Homœopathy.
6. Dr.KENT, J.T.: Lectures of Homœopathic Philosophy.
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8. American Institute of Homœopathy: The Homœopathic Pharmacopeia of the United States, Volume 1, 1979.

2. [An Extract from John STEINBECK's *Travels with Charley*, The curtis Publishing Co. Inc. 1961]

In the middle of the night Charley awakened me with a soft apologetic whining, and since he is not a whining dog I got up immediately. He was in trouble, his abdomen distended and his nose and ears hot. I took him out and stayed with him, but he could not relieve the pressure.

I wish I knew something of veterinary medicine. There's a feeling of helplessness with a sick animal. It can't explain how it feels, though on the other hand it can't lie, build up its symptoms, or indulge in the pleasures of hypochondria. I don't mean they are incapable of faking. Even Charley, who is as honest as they come, is prone to limp when his feelings are hurt.

Charley was a really sick dog, and due to get sicker unless I could find some way to relieve the growing pressure. A catheter would do it, but has one in the mountains in the middle of the night? Then I remembered something about pressure causing muscular tension which increases the pressure, etc., so that the first step is to relax the muscles. My medicine chest was not designed for general practice, but I did have a bottle of sleeping pills – Seconal, one and a half grains. But how about dosage? I took a capsule apart and unloaded half of it and fitted it together again. I slipped the capsule back beyond the bow in Charley's tongue where he could not push it out, then held up his head and massaged it down his throat. At the end of an hour there was no change in him, so I opened a second capsule and gave him another half. I think that, for his weight, one and a half grains is a pretty heavy dose, but Charley must have a high tolerance. He resisted it for three quarters of an hour before his breathing slowed and he went to sleep.

I must have dozed off too. The next thing I knew, he hit the floor. In his drugged condition his legs buckled under him. He got up, stumbled, and got up again. I opened the door and let him out. Well, the method worked all right, but I don't see how one medium-sized dog's body could have held that much fluid. Finally he staggered in and collapsed on a piece of carpet and was asleep immediately. He was completely out that I worried about the dosage. But his temperature had dropped and his breathing was normal and his heart beat was strong and steady.

On the outskirts I looked up a veterinary in the phone book... and rushed Charley into the examination room as an emergency.

The doctor was, if not elderly, pushing his luck, but who am I to say he had a hang-over? He raised Charley's lip with a shaking hand, then turned up an eyelid and let it fall back.

"What's the matter with him?" he asked, with no interest whatever.

"That's why I'm here – to find out."

"Kind of dopey. Old dog. May be he had a stroke."

"He had a distended bladder. If he's dopey, it's because I gave him one and a half grains of Seconal."

"What for?"

"To relax him."

"Well, he's relaxed."

"Was the dosage too big?"

"I don't know."

"Well, how much would you give?"

"I wouldn't give it at all."

"Let's start fresh – what's wrong with him?"

"Probably a cold."

"Would that cause bladder symptoms?"

"If the cold was there – yes, sir."

"Well, look – I'm on the move. I'd like a little closer diagnosis."

He snorted. "Look here, He's an old dog. Old dogs get aches and pains. That's just the way it is."

I must have been snappish from the night. "So do old men," I said. "That doesn't keep them from doing something about it." And I think for the first time I got through to him.

"Give you something to flush out his kidneys," he said. "Just a cold."

I took the little pills and paid my bill and got out of there. It wasn't that this veterinary didn't like animals. I think he didn't like himself, and when that is so the subject usually must find an area for dislike outside himself. Else he would have to admit his self-contempt.

On the other hand, I yield to no one in my distaste for the self-styled dog-lover, the kind who

heaps up his frustrations and makes a dog carry them around. Such a dog-lover talks baby talk to mature and thoughtful animals, and attributes his own sloppy characteristics to them until the dog becomes in his mind an alter ego. Such people, it seems to me, in what they imagine to be kindness, are capable of inflicting long and lasting tortures on an animal denying it any of its natural desires and fulfillments until a dog of weak character breaks down and becomes the fat, asthmatic, befurred bundle of neuroses. When a stranger addresses Charley in baby talk, Charley avoids him. For Charley is not a human; he's a dog, and he likes it that way. He feels that he is a first rate dog and has no wish to be a second-rate human. When the alcoholic vet touched him with his unsteady, inept hand, I saw the look of veiled contempt in Charley's eyes. He knew about the man, I thought, and perhaps the doctor knew he knew. And may be that was the man's trouble. It would be very painful to know that your patients had no faith in you.

....Charley had been taken with his old ailment again, and this time he was in bad trouble and great pain. I remembered the poor incompetent veterinary in the Northwest, who did not know and did not care. And I remembered how Charley had looked at him with pained wonder and contempt.

In Amarillo the doctor I summoned turned out to be a young man. He drove up in a medium-priced convertible. He leaned over Charley. "What's his problem?" he asked. I explained Charley's difficulty. Charley sighed a great sigh and his tail wagged slowly up from the floor and down again. Charley put himself in this man's care, completely confident. I've seen this instant rapport before, and it is good to see.

The strong fingers probed and investigated and then the vet straightened up. "It can happen to any little old boy," he said.

"Is it what I think it is?"

"Yep. Prostatitis."

"Can you treat it?"

"Sure. I'll have to relax him first, and then I can give him medication for it. Can you leave him for may be four days?"

To complete the episode, I picked up Charley four days later, completely well. The doctor gave me pills to give at intervals while traveling so that the ailment never came back. There's absolutely nothing to take the place of a good man.

Charley, as he came back from the good doctor, looked half his age and felt wonderful, and to prove it he ran and jumped and rolled and laughed and gave little yips of pure joy.

BOOK SHELF:

1. Homœopathy – Watch out every dose - Shantharam, B.Jain Publishers Pvt. Ltd., Rs.60/- ISBN – 81-7021-1082-1. Book code – BS – 5534.

By any account this is a very thought provoking book. As the author has stated in his Foreword the book has been written "As a small step further to unfold a segment of the undiscovered area of Homœopathy --- and show how homœopathic medicines behave under various circumstances, thereby giving a specific direction on good prescribing." The theme of this book appears to me the effect of various prescriptions given specifically to sensitive/hypersensitive and weak patients, especially with psoric constitutions. After this the various concepts, conditions and situations can be applied to non hypersensitive group of patients. This book is addressed to students just graduating out and to the vast community of unqualified doctors present in large numbers across the country whose practice can do both good and harm to their patients. It is to this category of practitioners to whom the book is addressed, to be thoroughly read before making their next immediate prescription. The author has stated that hypersensitive people do not have any specific difference in appearance from non-hypersensitive people. The hypersensitives are those whose mind and nervous system are primarily and readily intense in reactivity with problems related to nervous system including nervousness so that they highly react to different types of influences. Also the physique of such people is highly sensitive to external factors like smell, touch, pain, climate, food and drinks. Such sensitive and hypersensitive constitutions need not be weak at all. They are very energetic and it is in such constitutions that the author throughout his book has stated with innumerable examples of wrong homœopathic medicines given in high potencies that cause the Vital Force to turn inwards. Along with this the author has also dealt with the very vexed question of what potencies to be given, to which the God given Vital Force can deal with the desired, effective beneficial effect.

The book is divided into four parts. Part A – is devoted to facts and restrictions essential for good prescribing. This part should be thoroughly read before moving to Part B which gives complications at dynamic levels by improper and wrong prescribing to such hypersensitive persons. Part C is devoted to twenty illustrative cases. Though the

author says these illustrative cases are hypothetical in content and format they are based perhaps on the actual experiences of the author from his practice and from the practice of various prescribers. Strange to say on page 140 the author has stated, "The repertory is the greatest enemy to the pure homœopathy. It is an arm chair method of accessing medicines giving wide choices and at the same time mosaic choices. To a beginner and an averager, it does more crowding of the mind than anything else. Leaving a Hobman's choice, it kills the very foundation of pure Homœopathy." [We entirely agree; it cannot be better said = KSS] Further the author has also stated, "If you happen to handle the emergency and traumatic condition of the patient with wrong prescriptions and wrong doses on whom pure Homœopathy was given in the past, then you cannot return the patient to his original constitutional state even supposing his or her life has been saved."

Part D of the book gives the author's family homœopathically studied starting from his grandfather downwards giving the homœopathic constitutional remedies of his family. There is also an annexure of safe medicines given on page 145 - by safe - meaning - provings of these medicines have not given rise to extreme symptoms during the Provings. The author has also a deep knowledge of Astrology and he has given various astrological combinations with the indicated homœopathic remedies. He has also on page 65 dealt with a preliminary knowledge of Palmistry given to the reader to find out from the health line and its course how energetic the constitution of the person is.

On page 45 he has described in detail an interesting case of his childhood friend by name Prakash who had a fanatical and deep interest in Astrology and Homœopathy. One renowned scholar in Astrology had seen the horoscope of this friend Prakash and predicted that he would spoil his health with his own hands by wrong medication. Subsequent to this prediction both of them i.e. the author and his friend went head-long into the study of Astrology and Homœopathy. The further course of Prakash's life from page 44 to 60 is an exhaustive account of intense self-medication by Prakash with high potencies and the tremendous effects of these potencies on his constitution. *Magnet* was the deepest medicine which Prakash took. But his health deteriorated when he took a dose of *Nux vomica* 10M followed by a *Psorinum* 10M dose. Ultimately, Prakash became totally against Homœopathy and though he is still alive working at a small-time job as a clerk in a private school he lives with all his sicknesses having learnt the most bitter lesson of his life. What I felt when I

read this book is the author's intense commitment to the cause of giving right homœopathic medicines and potencies and the disastrous consequences caused by lay, ignorant prescribers or beginners to sensitive and hypersensitive patients. Whether the reader and also the senior practitioners of Homœopathy agree to all the contents and concepts in this book is altogether a different issue. But certainly this book will make a profound effect on any reader who will think ten times before venturing into the potency and the indicated medicine.

The type is excellent and for its price it should be in the possession of everybody.

D.E. MISTRY.

2. **First Aid with Homœopathy** – S.M. GUNAWANTE, B. Jain Publishers (P) Ltd., New Delhi, ISBN: 81-8056-159-5; 2002. Rs.75/-.

In a book of 122 pages Dr. GUNAWANTE has given a wonderful book on First Aid especially directed towards a health worker working in a rural set up. He has taken his information from various masters both from India and abroad. It is his contention that any village level health worker could be selected and trained for 2-3 weeks in the use of this book in treating common ailments. This could lead to tremendous saving of cost to the government which in our economically compromised state government situation would be very beneficial.

In the plan of this book Section 1 contains 13 pages on the principles of Homœopathy including the law of cure, study of symptoms, selection of the remedy, potency and repetition of the dose, Hering's law of direction of cure, management of the case and valuable observations from past masters like H.A.ROBERTS, E.J.LEE, and Margaret TYLER and KENT.

Section 2 is the Therapeutic Section in which various ordinary complaints from abdominal pains, aphthae, etc. are given in addition to sections on emergencies, eyes, female complaints, fevers, headaches, mental and emotional disturbances, rheumatism, skin, sleeplessness, tonsils, urinary complaints, vertigo and vomiting. In each section

the remedy is mentioned along with its leading characteristic symptom which point out to that remedy. e.g. on page 37 in the section on mastitis he has given *Belladonna*, *Bryonia*, and *Phytolacca* as the 3 leading remedies with their characteristics symptoms that point to that remedy.

Section 3 is a special section which deals with ailments of children and babies, from pages 67 to 80. It contains various topics like mind and disposition of the child, Asthma, bed wetting, developmental arrests, worms etc. etc.

Section 4 contains **Materia Medica** – characteristics of 81 remedies from *Aconite* to *Vipera*. According to me this is the best part of his book because every sentence and word has been so given that it gives the characteristics of the remedy in a clear, lucid synoptic form. In some of the drugs mentioned especially prominent symptoms, which are keynotes are given in italics, which should immediately when found in a patient point out to the remedy. For e.g. in *Teucrium marum* the symptoms in italics are – ascarides with nightly restlessness, crawling in nostrils, loss of sense of smell – these 3 along with other symptoms should immediately lead us to think about this remedy.

Having gone through this book very carefully, I feel its usefulness would be to all especially students preparing for their exams and also to the busy practitioner who may need it as a ready reference in day to day work. Moderately priced and with large print this is a book which should be on everybody's table. Dr.S.M.GUNAWANTE, the author of six other books well known to all homœopaths should be congratulated for bringing out this easy to read 7th book for everybody.

D.E. MISTRY.

3. Encyclopaedia of Remedy Relationships in Homœopathy, edited by Abdur REHMAN, Karl F.Haug Verlag, Heidelberg, 1997. ISBN. 3-7760-1545-4. Pages 362.

In his famous Essay “**On a New Principle for Ascertaining the Curative Powers of Drugs**” (1796) published in the “*Journal der praktischen Arzneikunde und Wundarzneykunst*”, Vol. II Part III, which shook the medical world Samuel HAHNEMANN speaks of the remedy affinities. He makes it clear that the botanical affinity of plants do not mean that they all have similarity of taste – for example astringent taste – of different remedies to not produce similar action. Plants

similar in their outward growth do not have similar action.

In §§118 and 119 and their footnotes HAHNEMANN further said “each substance works in its own different but determinate way (which forbids all confusion), engendering modifications in the state of health and in the condition of human beings.”

In §120 he further says “... the medicines upon which the life and death, the disease and health of human beings depend must be exactly, painstakingly distinguished from one another.....”.

In this regard HERING's article “**Etwas über Verwandtschaft der Pflanzen und ihrer Wirkungen**” (AHZ 30 (1846) (248-256 in GYPSEY's 3 volume compilation ‘**Herings Medizinische Schriften**’ – Band II)) is very relevant.

The knowledge of the ‘relationship of remedies’ is required, in homœopathic practice, only to distinguish the **individuality** of the **one** medicine which is most similar with regard to the ‘characteristics’ of the case.

It was von BOENNINGHAUSEN who first ‘connected’ the homœopathic medicines in his ‘**The Sides of the Body and Drug Affinities**’ (1836).

Calvin Knerr's Repertory to Hering's **Guiding Symptoms** (1896) carried a detailed remedy relationship.

These are pioneering works and subsequent works came out of these with of course, additions etc., in accordance with the author's experience.

In the recent times Dr. H.L. CHITKARA published a book on Remedy Relationships, and late Dr. Will KLUNKER enlarged Gibson MILLER's booklet. The latest edition of this (Gibson MILLER & Will KLUNKER, (tenth reprint), has in addition, the ‘relationship’ according to HERING, BOENNINGHAUSEN, BOGER, GUERNSEY, ALLEN H.C. (Haug, 1995).

The present work of Dr. Abdur REHMAN has to be appreciated in this background. **This is the most comprehensive and thorough of all the works so far published.** It is also **Materia Medica** indeed, in a way. Over 670 remedies, have been covered by this work and that is great.

The earlier works on ‘Relationship of Remedies’ mentioned only the ‘complementary’, the ‘remedies that follow well’, ‘inimical remedies’, ‘antidotal’, ‘duration of action’, ‘sequence of remedies’.

The present work goes far beyond these. In addition is given herein the ‘collaterals’ with the specific ‘symptom’/‘state’ of collaterality of each

of the remedies'; the 'miasm' of the remedy; the Food(s) to be avoided/encouraged; the 'related bowel Nosode'; the 'temperament' (i.e. choleric, sanguinous, phlegmatic etc); 'Remarks'.

It has taken the author 16 years to collect all the information from as many as over 180 sources and compile them. A herculean task indeed! A labour of love.

The source from which each entry has been made is given with superscribed number and the key to the numbers is given at the end of the book. The 'proof reading' must have been a very great strain, errors are scarce.

In the 'Bibliography' in p.319 Knerr's **Repertory to Hering's Guiding Symptom** is mentioned as having been published in 1886. It was actually in 1896. In p.49 '*Anantherum muricatum*' has been erroneously given as '*Anantherum muriaticum*'.

In reference to *Bothrops lanceolatus* I would like to draw the author's attention to Robert Romer's article in the '**Zeitschrift für Klassische Homöopathie und Arzneipotenzierung**', Band 27, Heft 6 S.243-254 wherein he has given 11 cases treated with *Bothrops lanceolatus*, wherein 5 cases the symptoms were right upper and left lower, two cases left upper and right lower, 9 cases had right sided, three cases had 'heart region' symptom. BOERICKE's Keynote "Symptoms are diagonally localized" are verified in these cases. Dr RÖMER also proposed to add to the rubric "side, crosswise" in Kent's repertory."

In the section 'Followed well' and 'Collaterals' the state in which the remedies 'follow well' are collateral are also given – e.g. *Cocculus indicus*. Followed well by: *Ant-t*. (Sea sickness when *Cocc.* fails), etc. The work may be consulted even otherwise than 'Remedy relationship', for rare information. For example in respect of *Gun powder* – it is given "*Gun powder* (in high potencies) has proved very successful even in obstinate cases of Psoriasis which have not yielded to simillimum".

The Book is a great mine of information and can be utilized in the day-to-day practice. I have personally found it of great use. **Strongly recommended for every Practitioner.**

A very important and useful improvement of this English edition over the German edition is that there is an index at the end which covers diseases as well as syndromes.

A German version of this book has been reviewed in the QHD XX, 1&2/2003.

- K.S.SRINIVASAN

4. **Materia Medica der Geist und Gemütssymptome, von Dr. H.L. CHITKARA, aus dem Englischen übersetzt (Materia Medica of the Mind Symptoms by Dr.H.L. CHITKARA, translated from the English) von Dr.med. Christoph ABERMANN und Dr. med. Angelika MAURER, Karl F. Haug Verlag, Stuttgart. 2003. ISBN 3-8304-7088-6. (German)**

Dr. H.L.CHITKARA, authored the book **New Comprehensive Homœopathic Materia Medica of Mind**, published by B. Jain Publishers Pvt. Ltd., New Delhi, in 1998. This was a very much-welcomed book and went through four editions. The 4th edition is a much thoroughly revised and corrected edition and was warmly received by the profession particularly by those who were following the 'Sehgal-method' of 'Mind only' technique.

Dr. CHITKARA has been practicing since many years on this technique and obtaining very satisfactory results. He has also trained many Homœopaths from India and overseas. For many years some of the practitioners of the 'Sehgal technique' have been holding periodical meetings and exchange the benefits of their experience. These meetings were under the supervision of CHITKARA. The volume under review is therefore quite reliable as it comes from a ripe experienced Homœopathy practitioner.

CHITKARA's basis was the Synthetic Repertory Vol.I by Horst BARTHEL; in addition he drew from the '**Additions to Kent's Repertory**' by VITHOULKAS, Repertory of S.R. PHATAK **Synoptic Key** and **Materia Medica** by C.M.BOGER, **Repertorium Generale** by J.KÜNZLI, a small list of additions given by K.S.SRINIVASAN, and Repertory of C.B.KNERR. The translation of the volume under review took into consideration the corrections from Horst BARTHEL's manuscript, and corrections by Will KLUNKER and Klaus HOLZAPFEL. These sources are numbered and the numbers are superscribed over the relevant symptoms. All the other symptoms are from the Synthetic Repertory of Horst BARTHEL.

It is heartening to note that a mechanical translation has not been done, but the authors have taken the time and pains to verify many of the

rubrics and symptoms with the source books (**Materia Medica Pura, Encyclopaedia**, etc.), and have made certain valuable corrections. They have corrected some of the earlier erroneous translations of the symptoms, to make them appropriate; e.g. the rubric as it is in the Repertory: "Anguish, driving, restlessness, with (*Acon.*)" has been corrected (with reference to the source) as "Anguish, driving from place to place, restlessness, with".

In 623 pages, double columned, about 950 remedies have been covered.

The layout is good. Good paper, print is easily readable, with margins where one can make one's additions or notes.

Although the book was compiled as an aid to the practitioners of 'Mind only' technique of Dr.M.L. SEHGAL, it will be equally helpful to the Classical method practitioners also to compare remedies and select the most similar homœopathic remedy.

The book is a very welcome addition to the library of every practitioner.

It is suggested that the English version may carry out the corrections made by the German translators so that the advantages can be enjoyed by a larger number of Homœopathy practitioners.

- K.S. SRINIVASAN

5. Homœopathy at its Best, Dr. P.S.KRISHNAMURTY, Salim Ashraf Publ., Dr. Sayed Sams Babar, Banjara Hills, Hyderabad, Andhra Pradesh. pp.436, Rs.475/-.

The author has compiled in six chapters most of his writings in various journals, his addresses etc., spread over a period of over 50 years intensive Practice, Seminars, etc.

Dr.KRISHNAMURTY has covered all the three branches of Homœopathy – Philosophy, **Materia Medica**, Therapeutics – also Research and Repertory. Truly total in that sense and all classical and in tune with the basics.

In the present day when new innovations, some of which quite far from the fundamental principles of Homœopathy, are taught about widely, it is very refreshing to listen to an experienced teacher telling us to 'hew to the line'.

Chapter I contains 21 lectures, not arranged chronologically; however, many of these articles are as relevant now as they were then: E.g. "Although nearly fifty thousand homœopathic practitioners come out every year in India from

medical colleges, the majority of them are practicing Allopathy." This situation is more or less same even now. Apart from many practicing Allopathy, many more are practicing multiple remedies, polypharmacy. The defect is in the teaching as rightly said by Dr. KRISHNAMURTY. We will certainly agree with him when he says (p.8) that there is no Government Hospital for Infectious Diseases. "It is the homœopathic profession which should recover faith and strive hard to infuse faith in the people with successful treatment." Amen, we would say.

Reg. Organon: "The **Organon** is not an old book interesting only to the bibliophiles. It is a work that the busy practitioner will be able to utilize every day on his working table." Yet how many colleagues examine whether their practice accords with the **Organon**?

An important axiom voiced by Dr. KRISHNAMURTY is "A disease whether acute or chronic should 'exteriorize' in order to conform to the standard of cure in Homœopathy". He explains what this 'exteriorization' is. Another valuable fact which is scarcely remembered in a busy practice is "Suppression of a disease or disease manifestation, like a catarrhal discharge has greater impact on the development of a hydraheaded chronic disease, and it is more with the number of operations. In such situations total cure of the disease is difficult." The practitioner who has many cases of women with suppression of uterine and other vaginal discharges, and operations (hysterectomy, etc.) know the difficulties well.

The 'Research' Section contains "experimental research" of *Cineraria maritima* in Cataract, the "use of *Influenzinum* during out-break of epidemic in India in 1968". He also discusses 'empirical' use of Homœopathy where individualization is not possible. There is an excellent article on *Cataractinum*, with clinical proving as also another Nosode, *Osteoarthritis* Nosode.

The **Materia Medica** Section contains several interesting and educative articles.

Section on Repertory discusses the Repertories of BOENNINGHAUSEN, KENT, HORST BARTHEL and KLUNKER's Synthetic Repertory, Frederik SCHROYEN's Synthesis, and BOGER.

Nearly 150 pages take up 'Therapeutics' Section dealing with amongst others, Hypertension, Amoebiasis, Bronchial Asthma, and six 'most unforgettable cases' are some of the other articles. Very interesting and educative.

The last Section contains brief life sketches of some stalwarts of Homœopathy.

The book is warmly recommended.

- K.S.SRINIVASAN

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K.S.SRINIVASAN.

6. **Repertory of the Homœopathic Materia Medica** by Dr.J.T. KENT, sixth American Edition. Corrected Revised and Improved Edition, by Dr. Ramanlal P. Patel, published by Dr. Ramanlal P. Patel for Dr. R.P. Patel Institute of Homœopathy for Research and Education in Homœopathy, Atmajyoti Ashram Road, Subhanpura, Baroda. 390023. Gujarat. India – Rs.500/-.

The story of KENT's Repertory is legendary. Until about 30 years or so ago 'Repertory' meant 'Kent's'. In the 60s came a revolution with BARTHEL & KLUNKER's Synthetic Repertory in 3 volumes, trilingual. Then came the Synthesis, the Complete Repertory, Murphy's etc. etc. but the 'Kent' is still considered as the standard and most dependable since it has stood the test of decades.

There were many errors in the Kent (as indeed in other repertories too) and from time to time these were brought to light by colleagues. These had to be carried into the Repertory and a comparatively 'error-free' Repertory made available to the users. All these have been dealt with at length in Dr. Patel's Preface.

Dr. Patel brought a 'Corrected, revised and improved' edition in 1990, in large format and it was warmly welcomed.

Soon, over the following years some more corrections came to light and Dr.Patel accessed all these and has brought out this edition under review.

This edition is slightly smaller than the 1990 edition but still full and large 'professional' model. The paper is very good, print clear, sharp and soothing to the eye to go over the pages. Well bound. **It should be on the table of all Practitioners.**

Dr.Patel has given the sources from which he obtained the 'corrections'.

I have used this in the daily practice since nearly 2 months or so and found it good.

In the course of the use I have observed the following which need to be corrected:

P.546: Col. 2 top should read 'Emptiness'

instead of 'Distension'

P.1197: Col. 1 Swelling, upper limbs,
uncovering amel. should read 'chim'.
(Chimaphila umbellata) instead of 'chin.'
(China) – see GS.

P.1353: Col. 2: 'Convulsion: exertion, after' and
the rubrics/sub rubrics below it should not

OBITUARY: Dr. Jacques BAUR (1920-2003), eminent homœopath, a student of the great teacher of the last century, Dr. Pierre SCHMIDT passed away on the 22 July 2003.

Dr. BAUR took part in the LIGA (International Homœopathic Medical League) founded by Dr. P. SCHMIDT. He studied deeply Ayurveda and searched in it for ideas of 'similar'. He was also a student of Sanskrit, and was well acquainted with many hoary texts.

Dr. BAUR collected copies of different editions of the **Organon** in different languages and published a book titled '**Un livre sans frontières, histoire et métamorphoses de l'Organon de Hahnemann**' (Editions Boiron, 1991), 311 pages. Besides brief information about these editions it contains pictures of the cover pages of these books. It is a treasure. A smaller German version of this jointly authored by Jacques BAUR and Wolfgang SCHWEITZER was titled '**Ein Buch geht um die Welt**' (Haug Verlag, 1979) with 16 pictures. This book contains a 'Foreword' by Dr. Pierre SCHMIDT, dated 21 February 1975.

A grand collection of Dr. Pierre SCHMIDT's lectures to his students in the '**Groupement Hahnemannien**' was published by Dr. BAUR, in two volumes - '**Homéopathie, médecine de l'individu**' (Editions Similia, 1999). This book is the result of his many years of deep study and practice of Homœopathy. This book has four major sections: 1. Elements Doctrinaux et Historiques, with 15 chapters. The history of Medicine from ancient time upto the advent of HAHNEMANN is covered in 300 pages.

2. **La Matière Médicale Homeopathique**, with 7 chapters. Dr. BAUR makes a very detailed study of *Aconitum napellus* as it evolved in the various works developed by HAHNEMANN.

In 1793 – 95, Apothecary's Lexicon,

In 1796, Essay on a New Principle

In 1805 Fragmenta de viribus medicamentorum . . . which contains the results of the first experiments of drugs carried out on living humans; the pathogenesis of such 'poisonous' substances as *Aconitum napellus* are listed in this. For the first time in the history of medicine HAHNEMANN linked the mental states and the accompanying physiological alterations by drugs. The great beneficial effects of substances which were until then considered as dangerous poisons were brought to light by the pure experiments done by HAHNEMANN. That every drug has a wide range of curative action in different diseases was also evident by these experiments. If one reads CLARKE on *Aconitum* the great revolution in Medicine brought out by HAHNEMANN one would appreciate it much more. The further development of Homœopathy with the publication of the **Organon**, the **Materia Medica Pura**, the Chronic Disease, and various other writings are covered in this Chapter.

In the Third Section the '**Techniques of Homœopathy**' and in the fourth Section '**Homœopathy and the Society**' are considered.

All the different chapters deal extensively and thoroughly and no aspect of Homœopathy has been ignored. The book speaks for the thorough scholarship of

Dr. BAUR. His love of Homœopathy and HAHNEMANN shine through these.

Section 4 '**Homœopathy and Society**' raises the social questions and answers them.

As said earlier this book shows Dr. BAUR's deep and wide knowledge of Homœopathy.

Another grand work of Dr. BAUR is the publication of a study of the Case Registers of the pioneer French homœopath Dr. Comte Sebastian DES GUIDI (5 Aug. 1769 – 27 May 1863). The Case Registers of DES GUIDI were carefully preserved by Dr. GALLAVARDIN who was a student of DES GUIDI. This is an excellent study and shows how closely the past masters analysed a case and took so much pains to give the correct remedy in every case. It may also be pointed out that it was at this time that our master HAHNEMANN settled down in Paris and practiced and where the 50 millesimal potencies were used for the first time.

Dr. BAUR suffered two bereavements in the year 1997. In December 1997 he lost his wife. They were married for 40 years and Mrs. BAUR accompanied her husband to the LIGA meets. Within 5 days of his wife's expiry he lost his sister. This was double shock for him. Subsequent to these his health went down. He had to be hospitalized.

In 2003 he was hospitalized for a metastasis in dorsal spine and he passed away on 22 July 2003.

Dr. BAUR's death is a personal loss to me. We had regular correspondance for many years, on Homœopathy and Philosophy, particularly the literature. I had met him and his wife during the LIGA Congress in New Delhi in 1995. He gifted to me some rare books of great value, also some of his own great works mentioned above. He was a regular reader of the **Quarterly Homœopathic Digest** since many years and was very appreciative of it. He read it critically and even conveyed the rare errors.

Dr. BAUR was a gentle, unassuming person. He always said there is only one Homœopathy – and that was founded by Samuel HAHNEMANN and there cannot be different schools.

The journal **Cahiers du Groupement Hahnemannien du Docteur P. Schmidt** being published from Geneva under the able editorship of Dr. BAUR since many years, has been serving pure Homœopathy. It was in economic distress since it did not carry any advertisement and had to survive on its own merit. We have to wait to see whether this 'torch' of BAUR is carried on in future. God bless his soul.

- K.S.SRINIVASAN.